Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS001979

System Type: Standard

Situs: No Site Address Specified

Issued: 4/8/2020

Expires: 4/8/2021

Description: S14, T10, R7, 6th Principal Meridian, LOT 35 SE

Owner: MAY, MICHAEL P & EVON
9400 HOLDREGE ST
LINCOLN, NE 68505

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

HAES EXCAVATING INC.
9800 BREAGAN RD
LINCOLN, NE 68526

H5001979 SCANNED REC'D APR 06 2020

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☑ **ALTER** ☐ **REPAIR** an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 9400 HOLDREGE ST

   Legal Description of Property: Township:_____ Range:_____ Section:_____

   Block_____ Lot_____ SubDivsion_____ Add:_____

   ***Parcel ID**____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 3 Does the system have a: ☒ Garbage Grinder ☐ Large Capacity Tub

3. **Type of Present Individual Disposal System** ☑ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** REPLACE LATERALS acc - left / run of existing laterals

5. **Current Type of Lateral** CONCRETE **Current Linear Ft. Of Lateral** - 210 Easy Flow

   Current Tank Gallonage 1500

6. Print Name Scott Hues Address 9800 BRIAGAN RD Phone: 402-423-3553

   Applicant Signature: Scott Hues

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☒ Municipal Code 24.38 ☐ County Resolution Number 02-30

Date received 4/8/20 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Comments (if any):_____

Site visits
Date 3/31/20 By DH
Date __/__/__ By_____

Installation final written approval
Date 4/8/20 By [signature]

Return application to: Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 04/06/20 Amount $230.00 Check No. 2738 Initials JAD

Revised 2/18

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED

D Exhibit 4

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☑ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 9400 HOLDREGE ST

Owner: MIKE MAY Address

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 70 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 195 ft.
   Pressure line ft
   Property Line 170 ft.
   Foundation 70 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 6 ft. N

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EASY FLOW
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 110 ft. 110 ft. ft.
4. Drainfield size: 990 sq. ft. $25 per ft
5. Distance to:
   Well 215 ft.
   Pressure line ft.
   Property line 60 ft.
   Depth of Groundwater >7

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

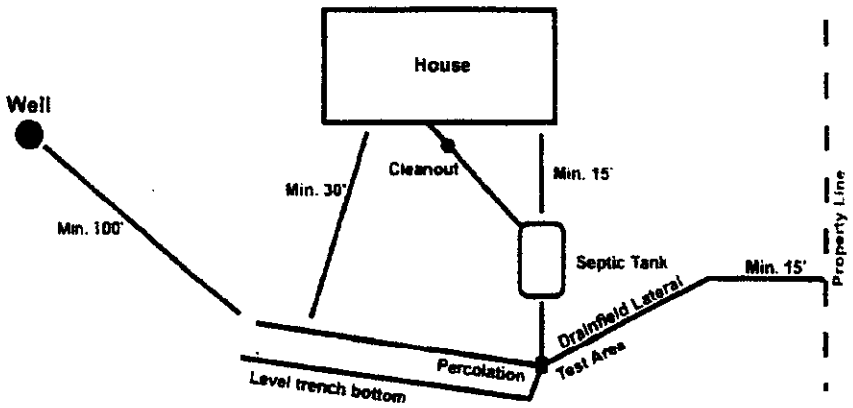
Certified Professional Signature: Date:

Complete As-Built drawing on the back of this form.

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:





*Note-If Lagoon, show all applicable dimensions

WELL
195'
HOUSE
PROPERTY LINE
70'
1500 GALLON TANK
110 Easy Flow
6"
DISTRIBUTION BOX
PERK TEST
60'
110 Easy FLOW