#S002029

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):** 13060 Lizzie Lane

Legal Description of Property: Township: 10 Range: 8 Section: 8

Block 3 Lot 2 SubDivsion _____ Add: Stevens Creek Pointe

***Parcel ID** 23.08.403.002.000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms 4 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:** add 150' of EZ Flow and a Junction Box

5. **Current Type of Lateral-** Plastic 1½ Road **Current Linear Ft. Of Lateral -** 288'

Current Tank Gallonage- 1500

6.Print Name Steven Lewis Address 3300 N 71st St Phone: 402 432-1082

Applicant Signature: _____

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 ___/___/___ REVIEW: ☐ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date ___/___/___ By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 6/17/20 Amount $230.00 Check No. 174085 Initials AO

Revised 4/8/13

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

Janet O'Neal

From: Nate C. Hartman
Sent: Wednesday, June 17, 2020 10:28 AM
To: Janet O'Neal
Subject: FW: Lizzie Lane

Please ad this to the file...

Thanks!

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
3131 'O' Street, Lincoln, NE 68510
O: 402-441-8643 F: 402-441-3890

From: Doug R. Smith
Sent: Monday, June 15, 2020 7:55 AM
To: Nate C. Hartman <nhartman@lincoln.ne.gov>; Steven Lewis <septicinspectne@gmail.com>
Cc: Doug R. Smith <drsmith@lincoln.ne.gov>
Subject: Lizzie Lane

Nate,
Steven Lewis called and confirmed the alteration permit app that I just sent you is not in failure. The owner wants to add more lateral because he has been having a lot of company on weekends and is worried about overloading.

Doug Smith, REHS, CP-FS
Senior Environmental Health Specialist
3131 "O" Street, Lincoln, NE 68510
O: 402-441-8031 F: 402-441-3890

Employee Owned

bryant

Air Conditioning, Heating,
Electrical & Plumbing

3324 Ox Bow Circle
Lincoln, NE 68504
P 402.467.1111
F 402.467.2791

Chris Hile
Residential Plumbing Estimator
D 402.261.7172
C 402.610.2545
chrish@bryantlincoln.com

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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. HS002029

System Type: Standard

Situs: No Site Address Specified

Issued: 6/17/2020

Expires: 6/17/2021

Description: STEVENS CREEK POINTE ADDITION, BLOCK 3, Lot 2

Owner: GERLACH, GREGORY P
13060 LIZZIE LN
LINCOLN, NE 68527

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

BRYANT AIR CONDITIONING & HEATING
5401 CORNHUSKER HWY
LINCOLN, NE 68504

SCANNED

HS002029

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4. **Description of proposed alteration or repair:** add 150' of EZ Flow and a Junction Box

5. **Current Type of Lateral-** Plastic 1½ Round **Current Linear Ft. Of Lateral -** 288' (165 feet)

Current Tank Gallonage- 1500

6. Print Name Steven Lewis Address 3300 N 71st St Phone: 402 432-1082

Applicant Signature: _____ (1737 Proposed)

Please contact LLCHD for the current permit fee for this application
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HEALTH DEPARTMENT USE ONLY

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

Date received 6/17/20 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 6/19/20 By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 6/17/20 Amount $230.00 Check No. 174085 Initials _____

Revised 4/8/13

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: 1300202

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/19/20 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 13060 Lrree Ln City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☐ New System ☒ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

_____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 675 added Sq Ft Tank Size 1500 gals

Total length of laterals 150' added Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) 22-flow

No. of Absorption Laterals 1 Width 3' No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☒	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☒	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial 6/17/20 Date NA

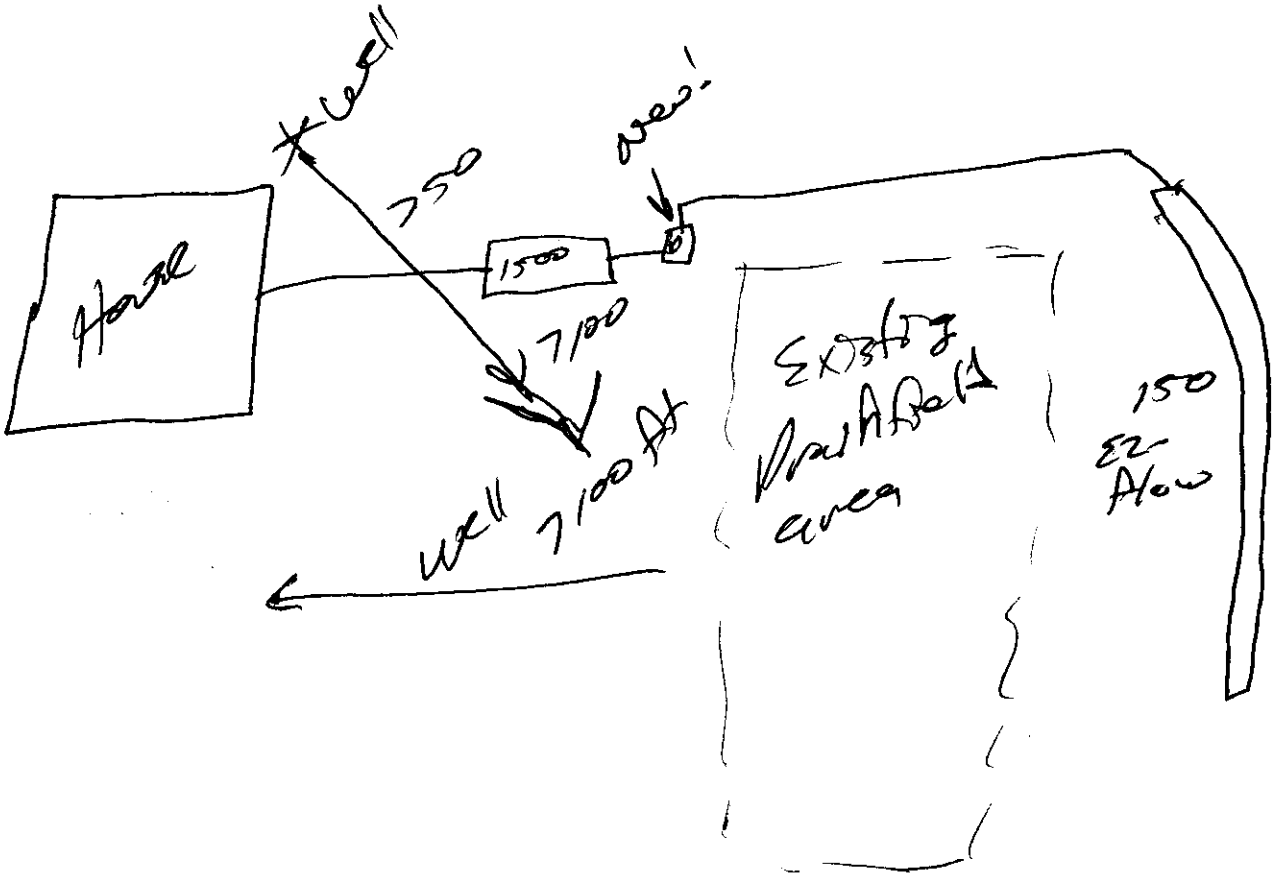
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 6/19/20

Field Note Drawing (See Reverse Side):


well
750
area
House
1500
7100
Existing
Parking
area
well 7100 ft
150
EZ
flow