Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

#5002047

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☒ ALTER ☒ EXTEND ☒ REPAIR an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 10 Range 8E 1/4 NE 1/4 SE Section 8
   Block 2 Lot 1 Addition Stevens Creek Pointe Addition
   Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 3501 N. 131st

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 6 Describe ____

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

4. **Description of proposed alteration, extension or repair** Upgrade to 6 bedroom, Replaced Septic Tank because of corrosion.

5. **Work to be done by:** ☐ owner ☒ contractor's name Earnest Well Drilling Inc.

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Justin Peterson Address P.O. Box H Milford, NE 68405 Phone: 402-641-6174

Applicant Signature (owner or lessee) ____

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

---

HEALTH DEPARTMENT USE ONLY

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: ____

Site visits
Date ____/____/____ By ____
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: 441-8643

Business Office Use Only

Received: Date: 7/08/20 Amount $230.00 Check No. CC 7422 Initials JAW

Revised 3-09

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

A

Permit Number

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 3501 N. 131st (no rural route) City Lincoln NE Zip 68527

Legal Description NE SE 8 10 6E
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: 40 50 48.32 -96 32 38.78 PID

B. Owner

Name Matt Underwood Signature

Address 3501 N. 131st City/State/Zip Lincoln, NE 68527

Home Phone Work Phone

C. Certified Installer

Name: Earnest Well Drilling Inc. Signature

Address P.O. Box H City/State/Zip Milford NE 68405

Work Phone 402-641-6174

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 6 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 700

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☒ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5/10

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 7/7/20 Legal Description NE (1/4) SE (1/4) 8 (Section) 10 (Township) 8E (Range)

Onsite System Location

Address (no rural route) 3501 N. 131st City Lincoln NE, Zip 68527

Owner Matt Underwood Address

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 71 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream NA ft.
   pressure line 100+ ft.
   property line 50+ ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Concrete Accurite Precast
   Number of compartments: 1
2. Capacity: 2000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 16 in.
5. Inlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 50+ ft.
   Property line 50+ ft.

C. ☐ Distribution Box ☒ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: PVC
   Number available outlets: 2
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 5 ft.

D. Drainfield Absorption

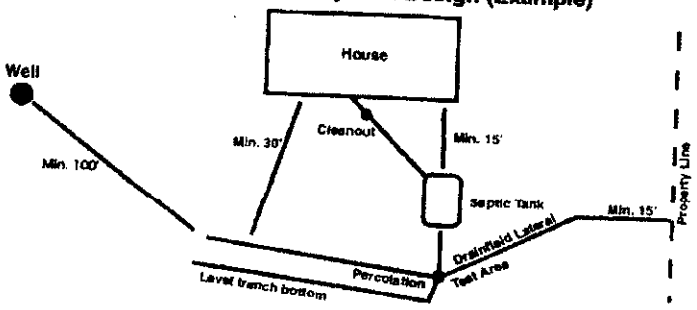
☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: 12" EZ FLOW
   Number of distribution lines in bed
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other
2. Drainfield Laterals: Number 5
   Length of each line: 110 old ft. 130 ft.
   120 ft. 60 ft., 80 ft.
3. Drainfield dimensions: Width 3 ft.
   Distribution Pipe Slope 3/4 in/100 ft.
   Average depth 30 in
4. Filter material: Native Clay
   Depth of material All in.
5. Distances to: Well or suction line 100+ ft.
   Pressure line 50+ ft.
   Property line 20+ ft.
   House or building 95 ft.
   Lake or Stream NA ft.

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

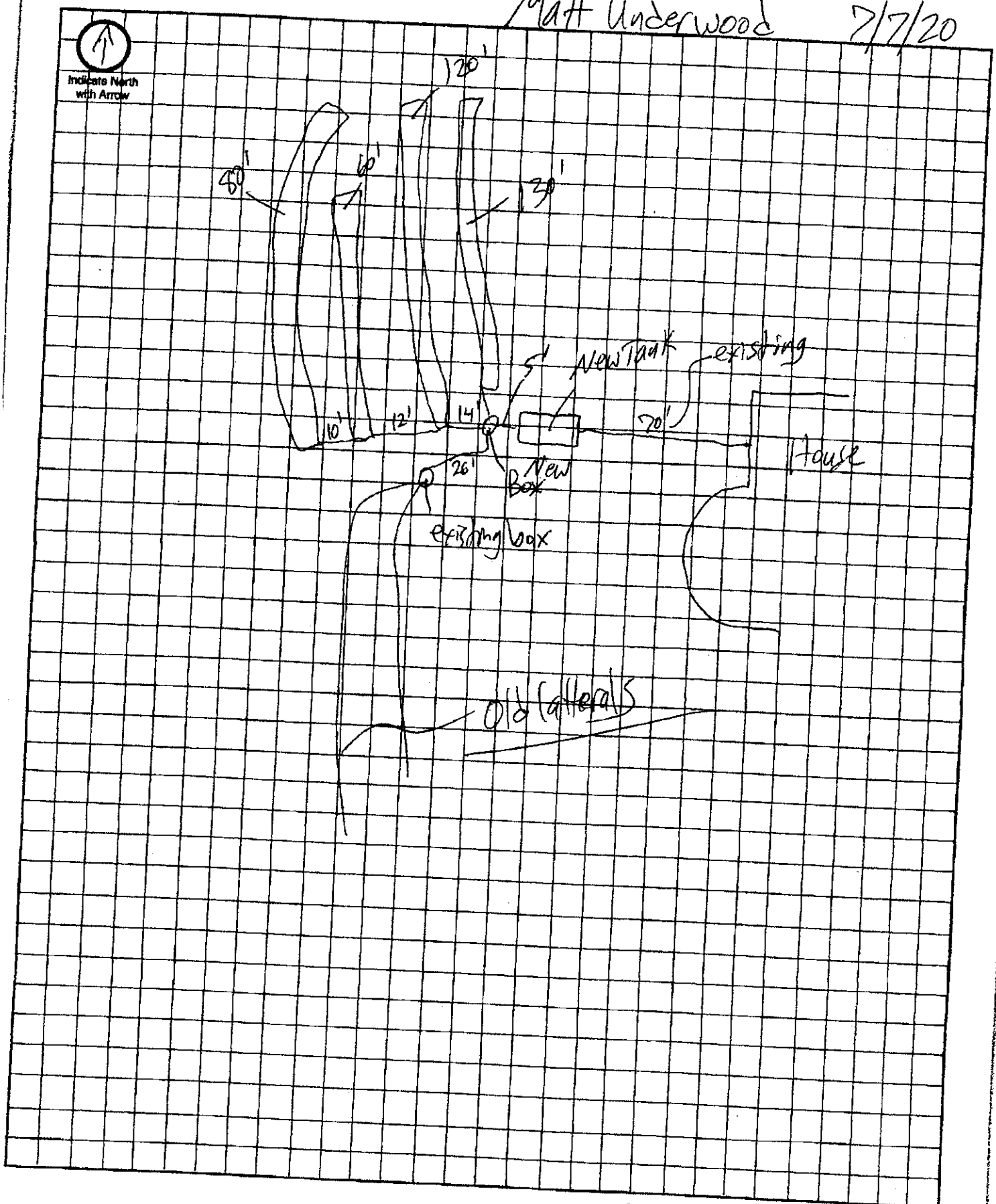
Indicate North with Arrow

Onsite Wastewater System Design (Example)



As Built Drawing

Matt Underwood 7/7/20



Approximate Scale: _____ ft. = _____ grid line/s

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. HS002047

System Type: Standard

Situs: No Site Address Specified

Issued: 7/9/2020

Expires: 7/9/2021

Description: STEVENS CREEK POINTE ADDITION, BLOCK 2, Lot 1

Owner: BROZEK, DENNIS D & DIANE M
3501 N 131 ST
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

JUSTYN PETERSON
PO BOX H
MILFORD, NE 68405

SCANNED

LLCHD 402 441 3890 P.04/08

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

#50020047

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☒ ALTER ☒ EXTEND ☒ REPAIR an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 10 Range 8E 1/4 NE 1/4 SE Section 8
   Block 2 Lot 1 Addition Stevens Creek Private Addition
   Parcel ID _____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 3501 N. 131st

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 6 Describe _____

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

4. **Description of proposed alteration, extension or repair** Upgrade to 6 bedroom, Replaced Septic Tank because of corrosion.

5. **Work to be done by:** ☐ owner ☒ contractor's name Earnest Well Drilling Inc.

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Justyn Peterson Address P.O. Box H Milford, NE 68405 Phone: 402-641-6174

Applicant Signature (owner or lessee) _____

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

HEALTH DEPARTMENT USE ONLY

Date received 7/9/20 REVIEW: ☒ Approved ☐ Disapproved By: _____

Site visits
Date 7/9/20 By DL
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 7/12/20 By _____

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

Business Office Use Only

Received: Date: 7/08/20 Amount $230.00 Check No. CC 7422 Initials _____

Revised 3-09

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

Exhibit 5

Permit Number: HS002047

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/17/20

Legal Description _____ OS

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3501 N 131 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: - upgrade system from 4 bd. to 6 bd.
- New lateral plus some use of existing for total square footage
- existing lateral was not in failure

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

Total square feet of drainfield 2,153 total Sq. Ft. Tank Size 2,000 gals

Total length of laterals 390' new 110' existing 500 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ flow

No. of Absorption Laterals 4 New 2 existing Width 4.5 factor = 3.625 on existing 2 No. of Drop Boxes _____ Distribution Box _____

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 NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial OS Date 7/8/20 (2)

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Amos

Date 7/17/20

Field Note Drawing (See Reverse Side):