HS002119

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):** 15001 Branched Oak Rd

JAD **Legal Description of Property:** Township: T12 Range: R8 Section: S34

Block _____ Lot 32 SubDivsion _____ Add: _____

***Parcel ID** 25-34-100-010-000 (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:** Replace The lateral field and potentially Add Tank if its too small

5. **Current Type of Lateral** Perf. Pipe & Gravel **Current Linear Ft. Of Lateral -** 270'

Current Tank Gallonage Unknown

6. Print Name Steven C Lewis Address 3300 N 71st Phone: 4024321082

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
3131 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 10/19/20 Amount $235.00 Check No. 1013 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

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 15001 Branched Oak Rd (no rural route) City Waverly, NE Zip 68462

Legal Description _____

1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 25-34-100-010-000

B. Owner

Name Kalu & Ryan Bourek Signature _____

Address 15001 Branched Oak Rd City/State/Zip Waverly NE 68462

Home Phone _____ Work Phone _____

C. Certified Installer

Name: Steven Lewis Signature _____

Address 5300 N 71st Street City/State/Zip Lincoln NE 68507

Work Phone _____

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 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3

Garbage Grinder? ☑ Yes ☐ No

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic

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 _____ **ACTION** ☐ Approved ☐ Disapproved

Date frwd _____ Signature _____

Comments _____

2. Supt. Bldg. Insp. or Village Clerk

Comments _____ Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved

Date frwd _____ Signature _____

3. City or County Engineer

Comments _____ Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved

Date frwd _____ 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

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

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 15001 Branched oak Rd (no rural route) City Waverly NE, Zip 68462

Owner Kala & Ryan Bourek Address 15001 Branched Oak Rd.

Date of Tests 10-18 to 10-19 Weather: Precipitation ~0 Temperature 30°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	10/18	0800	10/19	0800	10/19	0810	6	10/19	0830	30	3/4	46
2	"	"	"	"	"	"	"	6	"	"	"	5/8	48
3	"	"	"	"	"	"	"	6	"	"	"	3/4	40
4	"	"	"	"	"	"	"	6	"	"	"	3/4	40
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis

Phone: 402 432 1082

Address 3300 N 71st Street Lincoln NE 68507

Sum of Percolation Rates: 168

Average of Rates: 42

Rate Used for Calculation: 40-50

Soil type (NRCS Maps/Other) 7207 Aksarben silty clay loam N & 7684 Wymore Silty clay loam 5 of tests

Groundwater Depth over 10'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) _____

Signature of Reviewing Official _____ Date _____

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. HS002119

System Type: Standard

Situs: No Site Address Specified

Issued: 10/20/2020
Expires: 10/20/2021

Description: S34, T12, R8, 6th Principal Meridian, LOT 32 NW

Owner: BOUREK, RYAN J & KALA A
24201 S 68 ST
FIRTH, NE 68358

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

STEVEN LEWIS
3300 N 71ST ST
LINCOLN, NE 68507

SCANNED

HS002119

Application to Alter or Repair an Onsite Wastewater Treatment System

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Legal Description of Property: Township: T12 Range: R8 Section: S34

Block _____ Lot 32 SubDivsion _____ Add: _____

***Parcel ID** 25-34-100-010-000 (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

1500 Minimum

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

4. **Description of proposed alteration or repair:** Replace The lateral field and potentially Add Tank if its too small
e2-flow

5. **Current Type of Lateral** Perf. Pipe & Gravel **Current Linear Ft. Of Lateral** - 270'

Current Tank Gallonage Unknown

6. Print Name Steven C Lewis Address 3300 N 71st Phone: 4024321082

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 10/20/20 REVIEW: ☑ Approved ☐ Disapproved By: _____

Comments (if any): Will provide more info on the repair after some more investigation by the contractor 10/20

Site visits
Date 11/13/20 By DS
Date ___/___/___ By _____

Installation final written approval
Date 11/16/20 By _____

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: 10/19/20 Amount $235.00 Check No. 1013 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

Exhibit 5

Permit Number: 4-5002119

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/13/20 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 15001 Branched Oak 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 1,440 Sq. Ft. Tank Size 2 tanks — #1,250 #2,000 gals

Total length of laterals 320' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) En flow

No. of Absorption Laterals 3 Width 4.5 No. of Drop Boxes _____ 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 _____ NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 11/18/20

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 11/16/20

Field Note Drawing (See Reverse Side):

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

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) 25-34-100-010-000

Owner Ryan Strala Bourek Address 15001 Branched Oak Rd

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 130 ft.

B. Septic Tank

1. Material Plastic / concrete
2. Capacity: 1000 New / 1250 existing
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well over 100 ft.
   Pressure line NA ft
   Property Line 50 ft.
   Foundation 130 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 36 ft. SW

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: Infiltrator EZ Flow 12x3
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 120 ft. 120 ft. 80 ft.
4. Drainfield size: 1440 sq. ft.
5. Distance to:
   Well over 100 ft.
   Pressure line NA ft.
   Property line 6 ft.
   Depth of Groundwater over 8

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: [signature] Date: 12 Nov 2020

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

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

200808 As Built



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.

SCANNED

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

200808 As Built



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