HS002168

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):** 8333 Dunrovin Rd

   Legal Description of Property: Township: 9 Range: 7 Section: 26

   Block 4 Lot 1 SubDivsion _____ Add: Dunrovin Acres

   ***Parcel ID** 16-22-409-001-000 (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 Septic Tank & Distribution box

5. **Current Type of Lateral** ~~[illegible]~~ Experimental perforated pipe **Current Linear Ft. Of Lateral** - 2 runs of 100' 8' wide

   Current Tank Gallonage 1,000 gallon

6. Print Name Matt Johnson Address 2949 Cornhusker Hwy Lincoln, NE 68504 Phone: 402-802-5440

   Applicant Signature: [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: 1/11/21 Amount $235.00 Check No. 003798 Initials [initials]

Revised 2/18

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. HS002168

System Type: Standard

Situs: No Site Address Specified

Description: DUNROVIN ACRES, BLOCK 4, Lot 1

Issued: 1/13/2021

Expires: 1/13/2022

Owner: BLACK, DIRK ERVIN & MARISSA LYNNE
8333 DUNROVIN RD
LINCOLN, NE 68516

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
Health Director

MATT JOHNSON
2949 CORNHUSKER HWY
LINCOLN, NE 68504

SCANNED

HS002168

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):** 8333 Dunrovin Rd

   Legal Description of Property: Township: 9 Range: 7 Section: ~~22~~ 22 PM

   Block 4 Lot 1 SubDivsion _____ Add: Dunrovin Acres

   ***Parcel ID** 16-22-409-001-000 (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 Septic Tank & Distribution box

5. **Current Type of Lateral** ~~Expansion~~ Experimental Perforated Pipe **Current Linear Ft. Of Lateral** - 2 runs of 100' 8' wide

   Current Tank Gallonage 1,000 gallon

6. Print Name Matt Johnson Address 2949 Cornhusker Hwy Lincoln, NE 68504 Phone: 402-802-3440

   Applicant Signature: Matt

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 1/13/21 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Comments (if any): Tank & D Box Replacement

Site visits
Date 1/12/21 By MH
Date ___/___/___ By _____

Installation final written approval
Date 1/12/21 By [signature]

Tank replaced just 15' to the East & D-Box, Downspout work

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: 1/11/21 Amount $235.00 Check No. CC3798 Initials [initials]

Revised 2/18

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $_____

FILE NO._____

DATE:_____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 7E ; Section 22 ;
   Block 4 : Lot 1 : Addition DUNROVIN ACRES
   Street Address 8333 DUNROVIN RD.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe_____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: —— ft. EXPERIMENTAL SYSTEM

Brett A. Jucas
Signature of Applicant (Owner or Lessee)

4641 MEREDETH, LINCOLN NE 68506
Address 434-5468 Work
484-8903-Home
(Do not write below this double line) 790-7498-Pager

1. Health Department: Date Rec'd. 3/25/93. Date Frwd. 3/25/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/26/93. Date Frwd. 3/26/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spi

3. City or County Engineer: Date Rec'd. 3-26-93. Date Frwd. 3-26-93. ACTION: Approved ☒ Disapproved ☐ Signature: KD Mahon

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 9/29/93 by: J. C. Hood
Date: 10/6/93 by: J. C. Hood
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 10/14/93 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

* EXPERIMENTAL SYSTEM PROVISIONAL APPROVAL

FORM 23-43

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

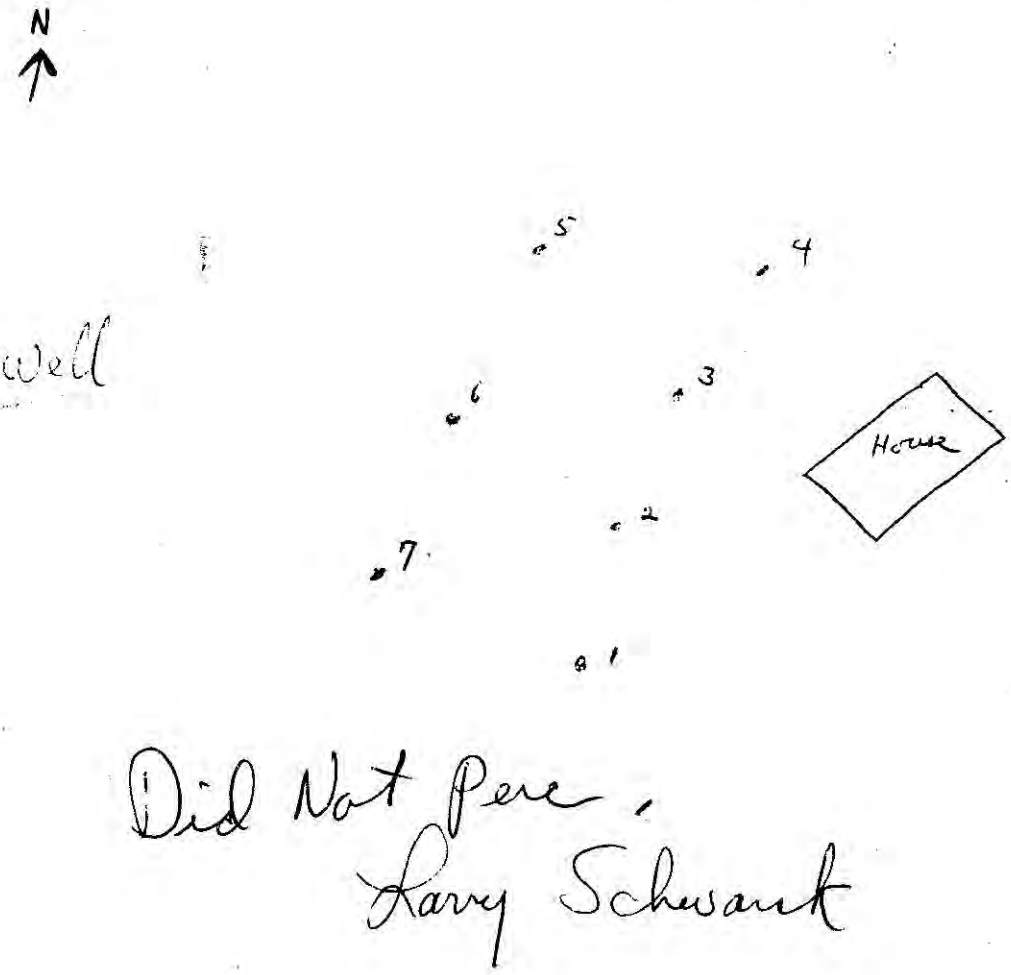
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



Did Not Perc.
Larry Schwank

REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

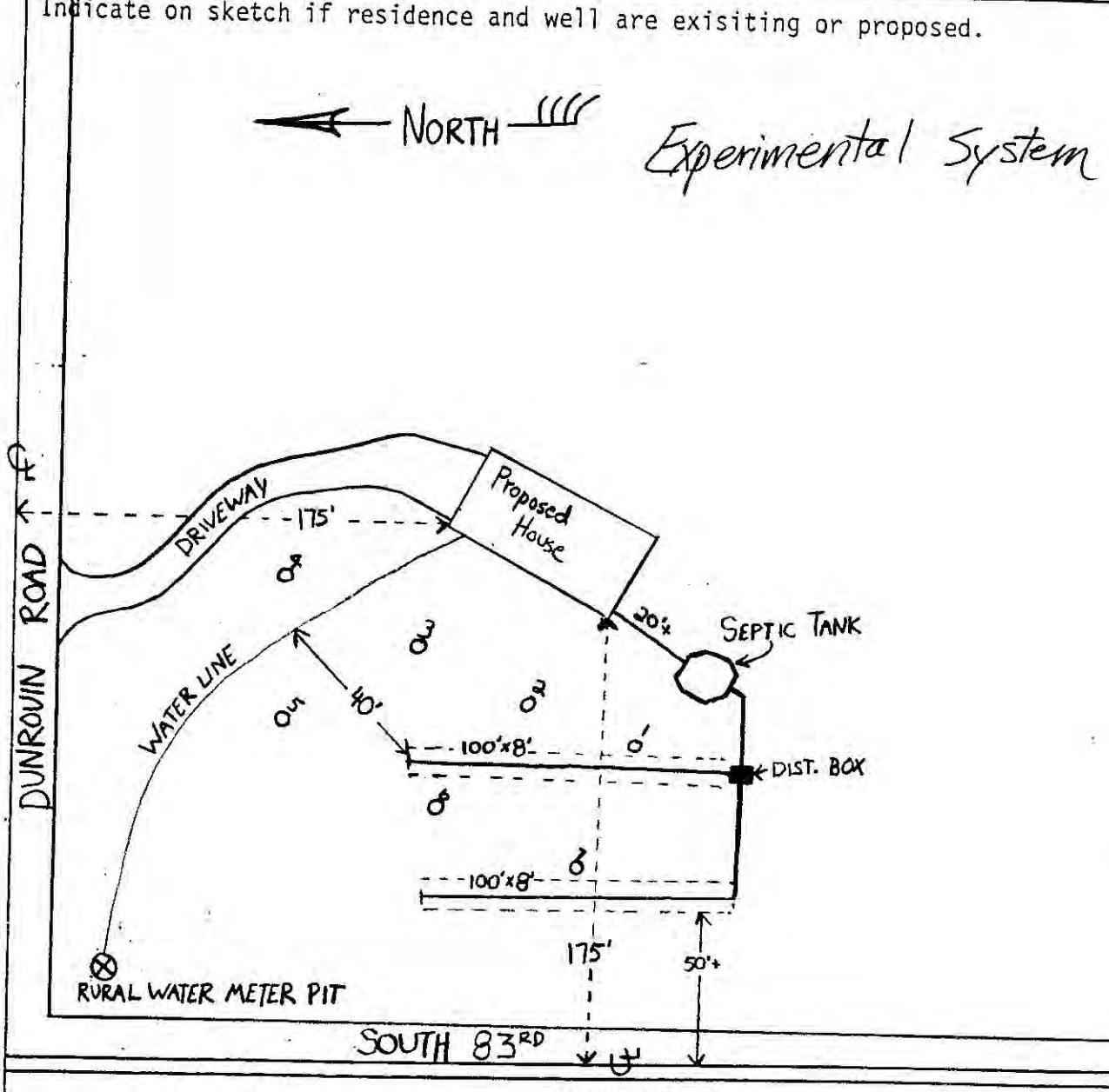
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

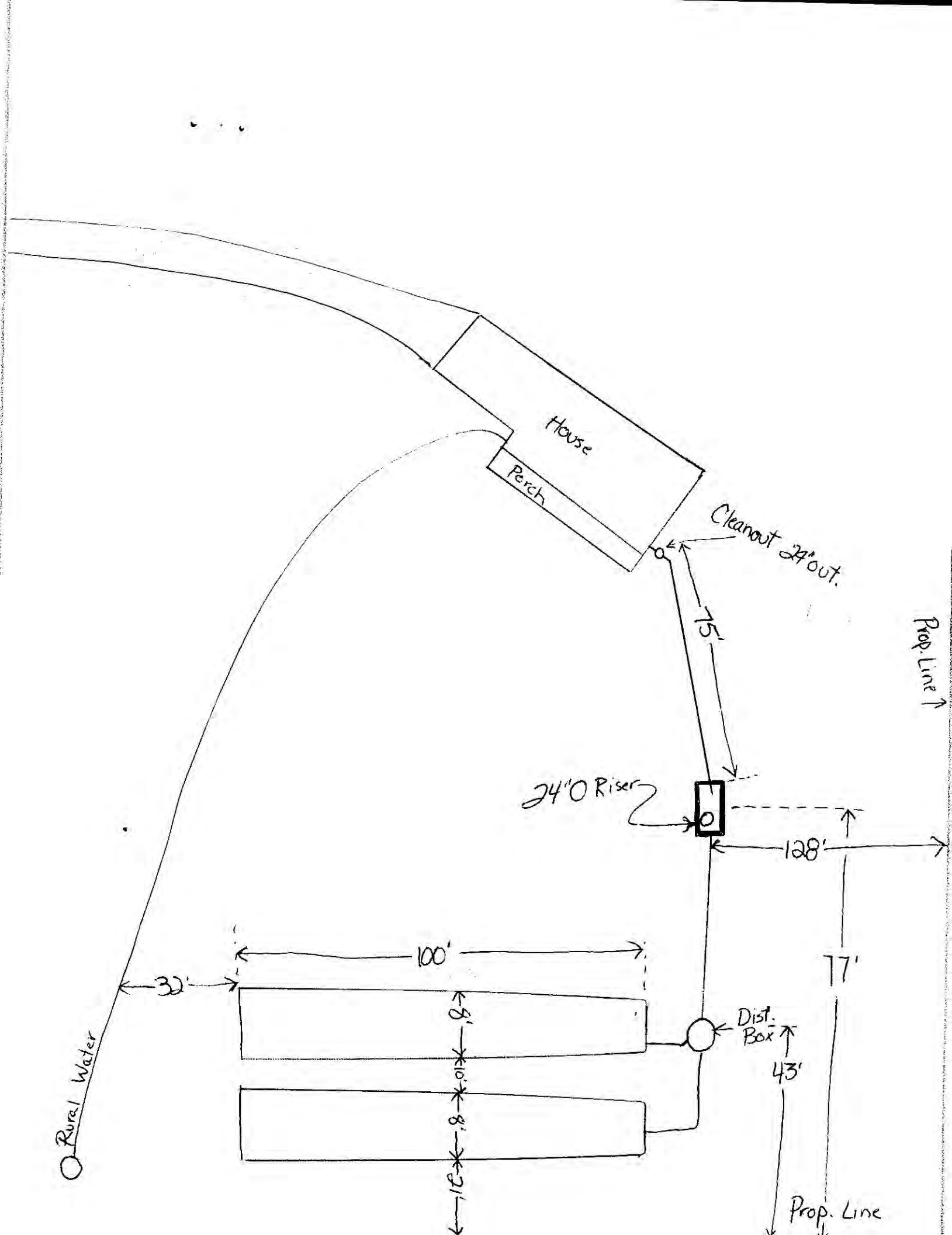
Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official


House
Perch
Cleanout 24" out.
75'
Prop. Line
24'0 Riser
128'
100'
77'
32'
8'
10'
8'
12'
Dist. Box
43'
Rural Water
Prop. Line

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: _____

FILE NO: _____

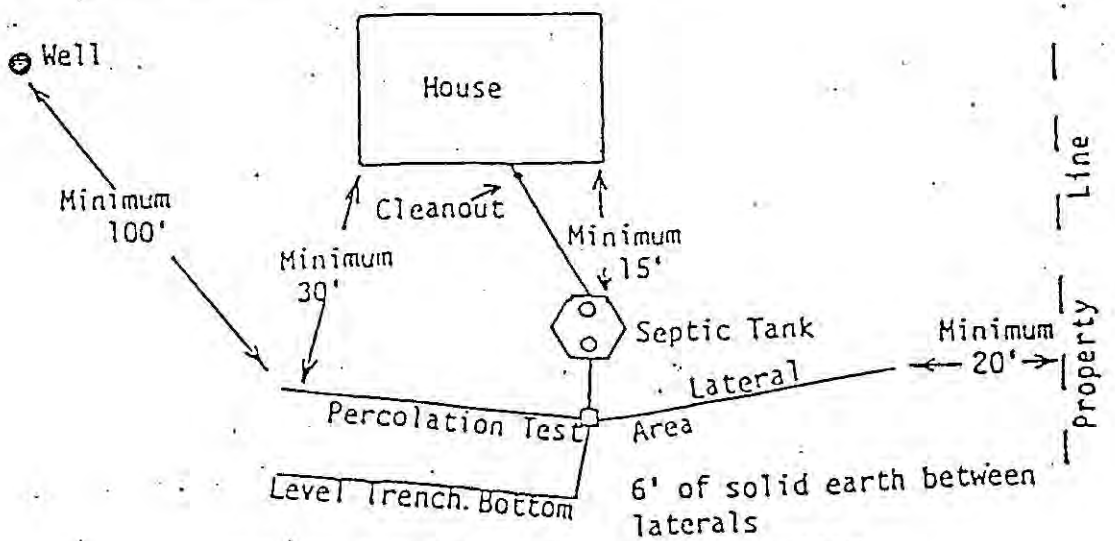
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Cast ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 77 ft.
4. Number of clean-outs 1.
5. Distances to: Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line [illegible] ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments ____.
2. Capacity 1200 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Precast Products)
4. Manholes: Over Inlet; diam. ____ in. Over Outlet; diam. ____ in. Riser Above ☐ Below ☒ Grade 12 in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 36 in.
8. Distances to: Well or Suction Line [illegible] ft.; Stream ____ ft.; Pressure Line 150 ft.; Property Line 77 ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number available outlets 4.
2. Factory Built: Yes ☒ No ☐ (Company Precast Products)
3. Distance from Septic Tank 35 ft.

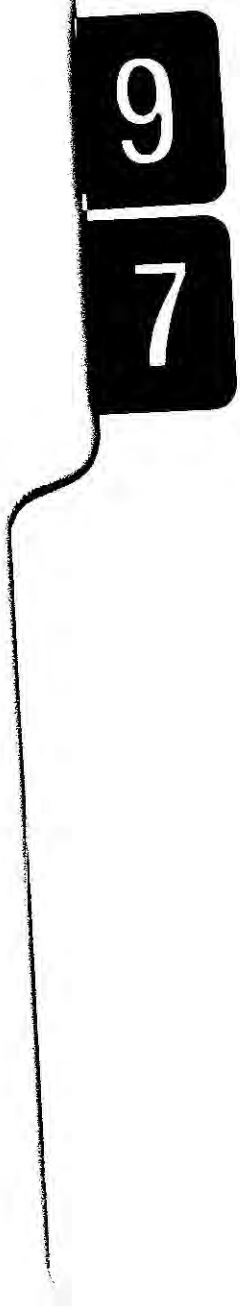
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☒ Diameter of Half Round ____ or Perforated Pipe 4. Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____.
2. Lateral Lines: Number 2 ; Length of each line 100', 100', ____, ____, ____ ft.; Total length of laterals 200' ft.; Distance between lateral lines [illegible] ft.
3. Trench dimensions: Width 8 ft.; Slope 0 in/100 ft.; Average Depth 36 in.
4. Filter Material: Hay/Gravel Depth of Material 26 in.
5. Distances to: Well or Suction Line [illegible] ft.; Stream ____ ft.; Pressure Line 32 ft.; Property Line 22 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

9 7

8333 Dunrovin Rd. (SEPTIC)
T9N; R7E; Sec 22; Blk 4; Lot 1
Dunrovin Acres


9
7