HS002184

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):** 11920 W Bean Hill Rd

   Legal Description of Property: Township: 9 Range: 5 Section: 29

   Block ____ Lot 17 SubDivsion ____ Add: ____

   *Parcel ID 03 . 29 . 100 . 007 . 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:** Due to the Regulation chanes I will add 540 Sq ft of EZ Flow and install another 1000 gal Tank to the system

5. **Current Type of Lateral-** Plastic Yr Round **Current Linear Ft. Of Lateral -** 200 (725 sq ft)

   Current Tank Gallonage- 1000

6. **Print Name** Steven Lewis **Address** 3300 N 71st Street **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: 3/18/21 Amount $235.00 Check No. CC5909 Initials JAD

Revised 4/8/13

Doug R. Smith

From: Nebraska Septic <nebraskaseptic@gmail.com>
Sent: Tuesday, March 16, 2021 12:41 PM
To: Doug R. Smith
Subject: 210305 Alteration and Repair Permit
Attachments: 210305 alteration permit Mar 16, 2021.pdf

Good Morning, I have another address I will be installing a repair as there system is currently overloaded and in need of additional laterals, due to the rules I will also be adding in another tank to bring it to standards. Please let me know if you have any questions and if she is available, have Janet give me a call when she is able and I will pay this fee over the phone!

Thank You!

Steven C Lewis
Master Installer/ Inspector OSWWTS

Nebraska
SEPTIC
(402)432-1082

www.NebraskaSeptic.com

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. HS002184

System Type: Lagoon

Situs: No Site Address Specified

Issued: 3/22/2021

Expires: 3/22/2022

Description: S29, T9, R5, 6th Principal Meridian, LOT 17 NW

Owner: ROPER, THOMAS H TRUST
11920 W BEAM HILL RD
DENTON, NE 68339

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

STEVEN LEWIS
3300 N 71ST ST
LINCOLN, NE 68507

SCANNED HS0021B4

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):** 11920 W Beam Hill Rd

Legal Description of Property: Township: 9 Range: 5 Section: 29

Block ____ Lot 17 SubDivsion ____ Add: ____

***Parcel ID** 03 . 29 . 100 . 007 . 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:** Due to the Regulation changes I will add 540 Sq ft of EZ Flow and install another 1000 gal Tank to the system
$826.8 cement

5. **Current Type of Lateral-** Plastic 4" Perf **Current Linear Ft. Of Lateral -** 200 (725 Sq Ft)

Current Tank Gallonage- 1000

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

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 3/22/21 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Comments (if any): ____

Site visits
Date 03/26/21 By DS
Date ___/___/___ By ____

Installation final written approval
Date 04/01/21 By [signature]

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: 3/18/21 Amount $235.00 Check No. 059009 Initials JAD

Revised 4/8/13

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

Exhibit 5

Permit Number: HS002184

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/1/26 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 11920 W. Bean Hill Rd. City ____

Owner ____ Address ____

Mark One: ☒ Dwelling ☐ Non-dwelling

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

4 bd.

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

file Perc. data 27 mpi 4,000 sq. ft required

Drainfield Absorption System:

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

Total square feet of drainfield 1,380 t. Sq. Ft. Tank Size ~~2,000~~ 1,000 gallons gals added a 2nd 1,000 gal. tank

Total length of laterals 360' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) 62 flow -120'

4.5 — 120' = 540

No. of Absorption Laterals 3 Width 3.5 — 240' = 840 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 DG Date 3/26/26

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Rouse

Date 4/1/26

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) 03-29-100-007-000

Owner: Thomas Roper Address 11920 W. Beam Hill Rd

A. Wastewater Piping

1. Material: Sch 40 pvc Diameter: 4 in.
2. Distance between dwelling and septic tank: 57 ft.

B. Septic Tank

1. Material Plastic Infiltrator
2. Capacity: 1000 New, 1000 existing
3. Depth to top of tank, below unfinished grade: 36 in.
4. Distance to:
   Well 93 ft.
   Pressure line NA ft
   Property Line over 100 ft.
   Foundation 57 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 27 ft. N

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ Flow, 3x12 (4.5)
2. Number of Laterals: 3, 1 New
3. ~~Length~~ of each lateral (linear): ft. 130 ft. 110 existing ft. 120 ft. ____
4. Drainfield size: 750 existing 540 New sq. ft. 1290 total
5. Distance to:
   Well 100 ft.
   Pressure line NA ft.
   Property line over 100 ft.
   Depth of Groundwater over 10

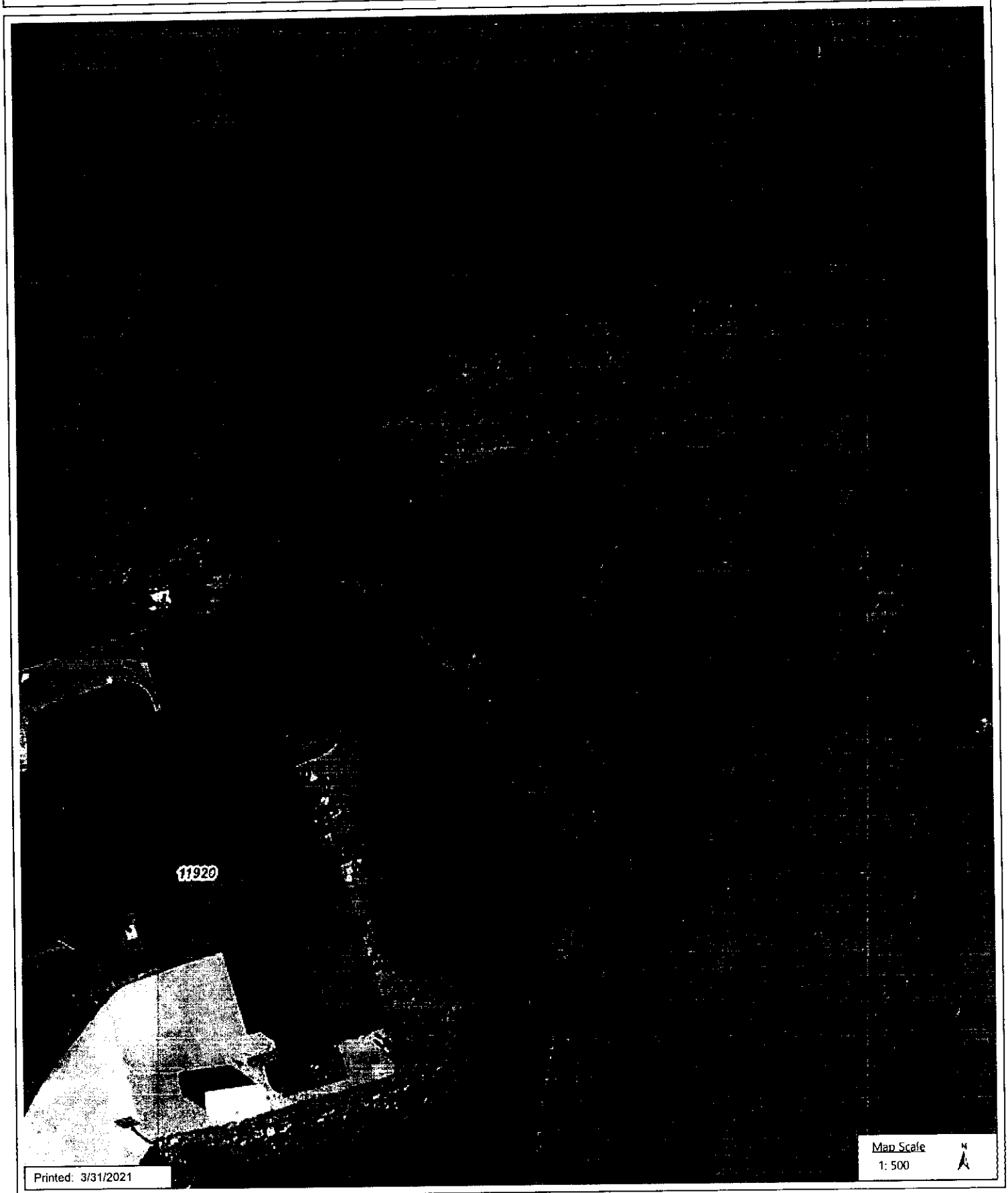
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☑ No

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

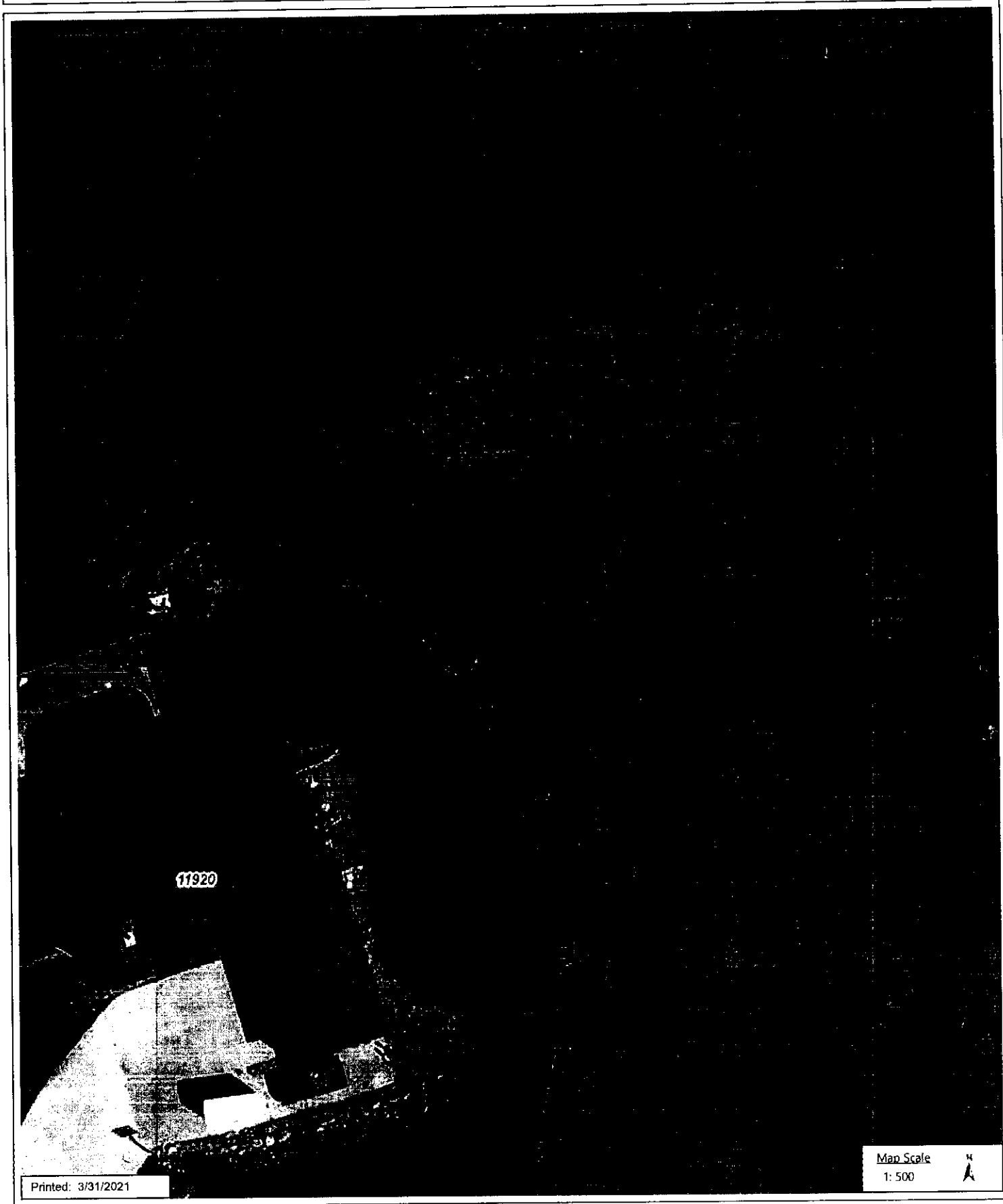
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 3-31-21

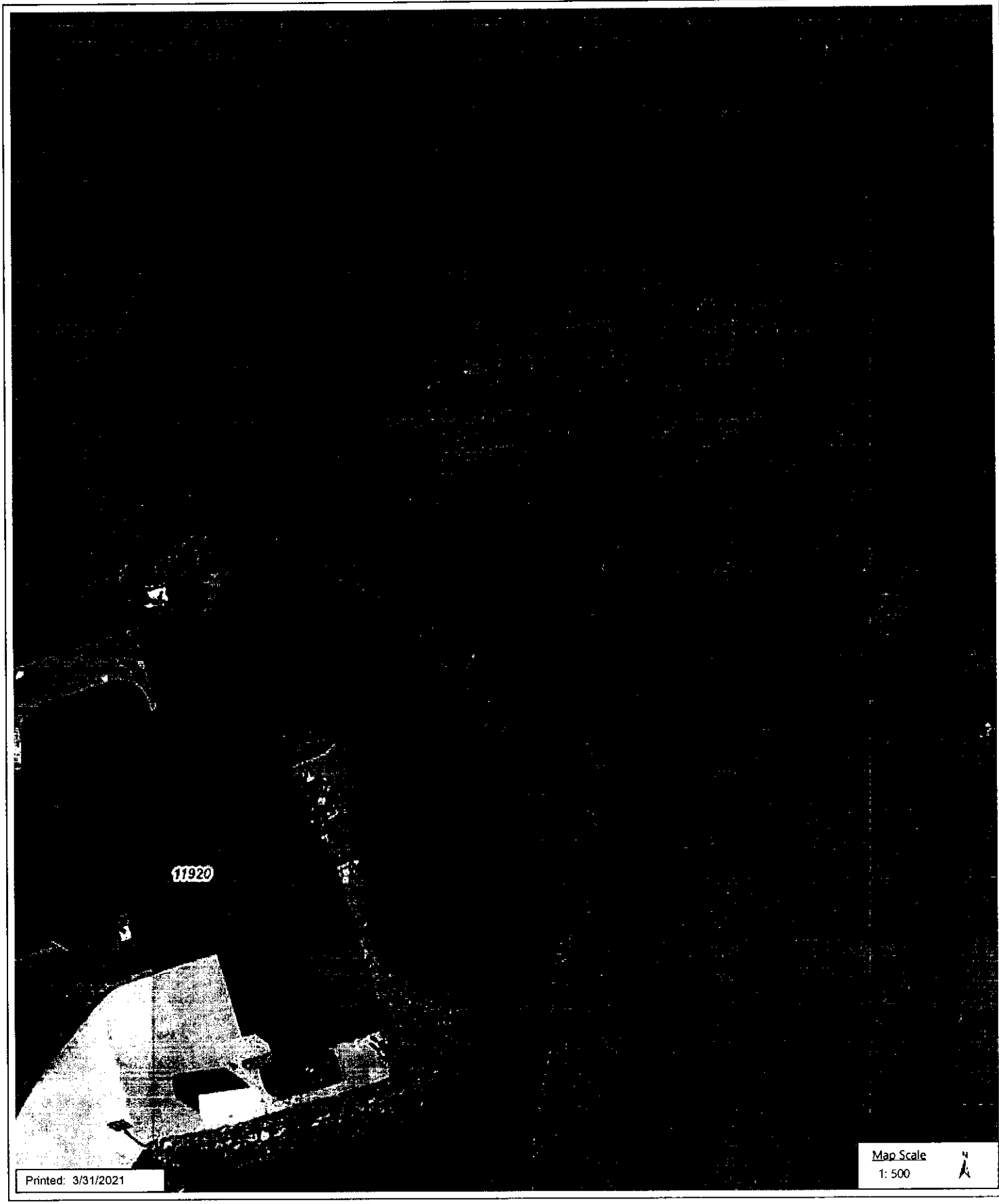
Complete As-Built drawing on the back of this form.



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.



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Doug R. Smith

From: Nebraska Septic <nebraskaseptic@gmail.com>
Sent: Wednesday, March 31, 2021 9:33 AM
To: Doug R. Smith
Subject: 210305 Septic Alteration Completed
Attachments: 210205 D Sheet Mar 31, 2021.pdf; As Built.pdf

11920 W. Bean Hill

Hello Again Doug!

I have the D Sheet and the As Build Drawing attached to this email, please let me know if you need anything further!

Thank You!

Steven C Lewis
Master Installer/ Inspector OSWWTS

Nebraska
SEPTIC
(402)432-1082

www.NebraskaSeptic.com

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

SCANNED

D Exhibit 4

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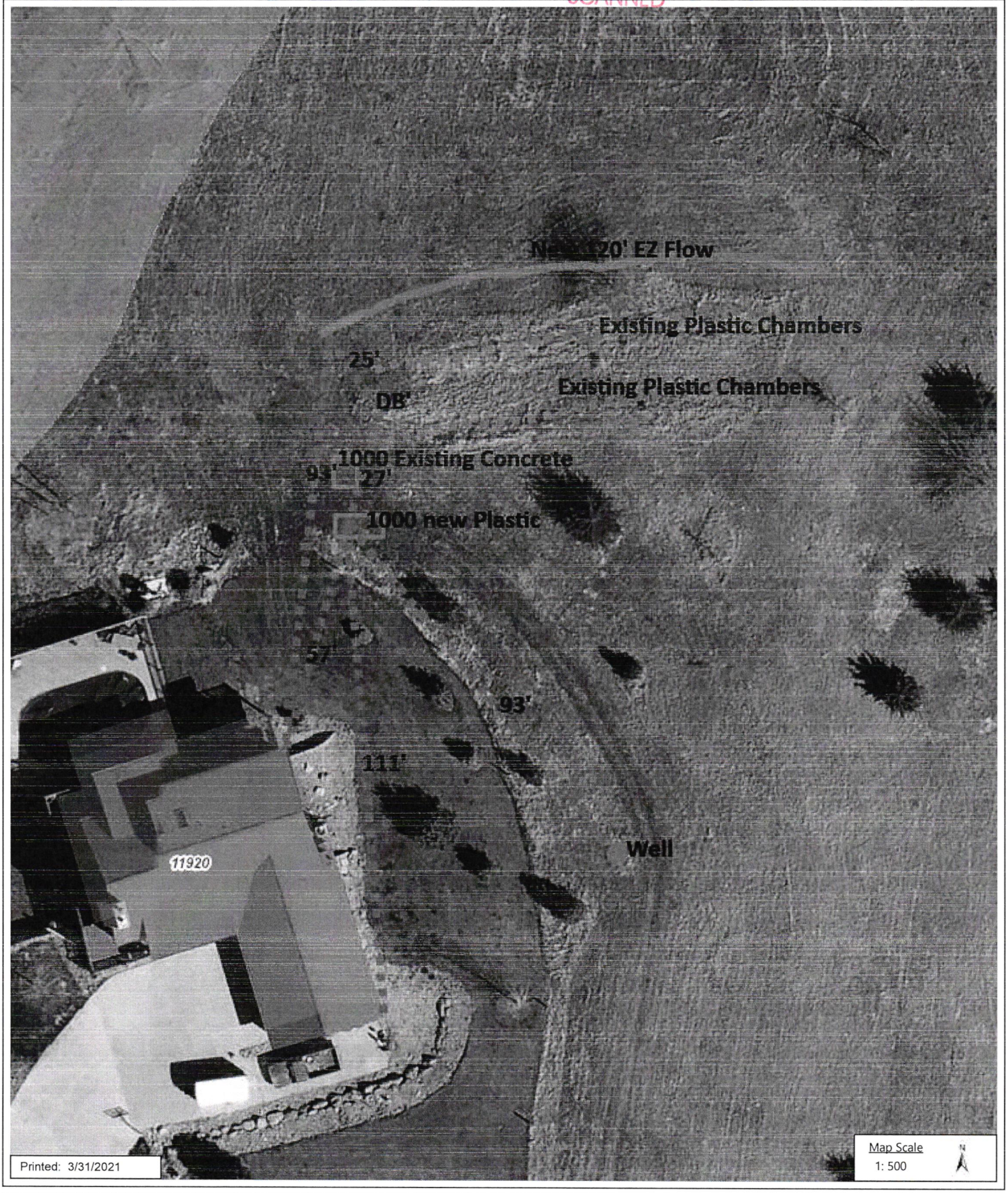
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Certified Professional Signature: [signature] Date: 3-31-21

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

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