#5002194

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):** 10001 Weeks Dr.

Legal Description of Property: Township: 9 Range: 7 Section: 33

Block 1 Lot 1 SubDivision Nealrene Acres Add: _____

JAD

*Parcel ID 16 . 33 . 100 . 044 . 000 (i.e. ~~99-99-999-999-999~~)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms 3 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 50 ft of EZ Flow to extend life of System

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

Current Tank Gallonage- 1000

6.Print Name Steven Lewis Address 3300 N 71st. St. 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
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 4/06/21 Amount $235.00 Check No. CC5909 Initials JAD

Revised 4/8/13

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. HS002194

System Type: Standard

Situs: No Site Address Specified

Issued: 4/13/2021

Expires: 4/13/2022

Description: NEALRENE ACRES, BLOCK 1, Lot 1, EX N17' FOR RD (INST #05-17064) & .523 AC IN N PT LOT 2 (AKA SUB PERMIT #2261 PARCEL #1)

Owner: JOHNSON, DEREK ROBERT &
TIFFANY MICHELLE
10001 WEEKS DR
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

STEVEN LEWIS
3300 N 71ST ST
LINCOLN, NE 68507

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

Exhibit 5

Permit Number: H5002194

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/5/21 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 10001 Week Dr. City ____

Owner ____ Address ____

Mark One: ☒ Dwelling ☐ Non-dwelling

Adding 50' of lateral

☐ 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

Existing 880 + 225 =

Total square feet of drainfield 1,105 Sq. Ft. Tank Size 1000 gals

Total length of laterals 270' 220 linear existing Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) 50 ft. EZ flow

220' existing + 50' new existing = chamber ground 4.0 ft. 4.5 EZ flow

No. of Absorption Laterals 4 Width ____ 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 N/A

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial DC Date 5/4/21

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Thiele

Date 5/5/21

Field Note Drawing (See Reverse Side):

SCANNED #5002194

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☒Municipal Code 24.38 ☐County Resolution Number 02-30

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

Return application to:
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3140 "N" Street, Lincoln, NE 68510
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Business Office Use Only
Received: Date: 4/06/21 Amount $235.00 Check No. CC5909 Initials JAO

Revised 4/8/13

FORM HD-43 (73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 474-1541)

10001 Weeks

FILE NO. 1055

PROPERTY WHERE SOIL TESTED:
Location: Township _____: Range _____
Section & ¼ Sect. _____
Property Dimensions: _____ft. x _____ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: _____
Address: _____

Dates of Tests: _____ to _____. Weather: Precip._____Temp._____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Signature of Person Conducting Test

Address _____

Phone _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: Appears to be Wymore silty clay Loam (S.C.S.) may have different conclusions.

DATE: May 16, 1977

Approved Percolation Rate (a)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

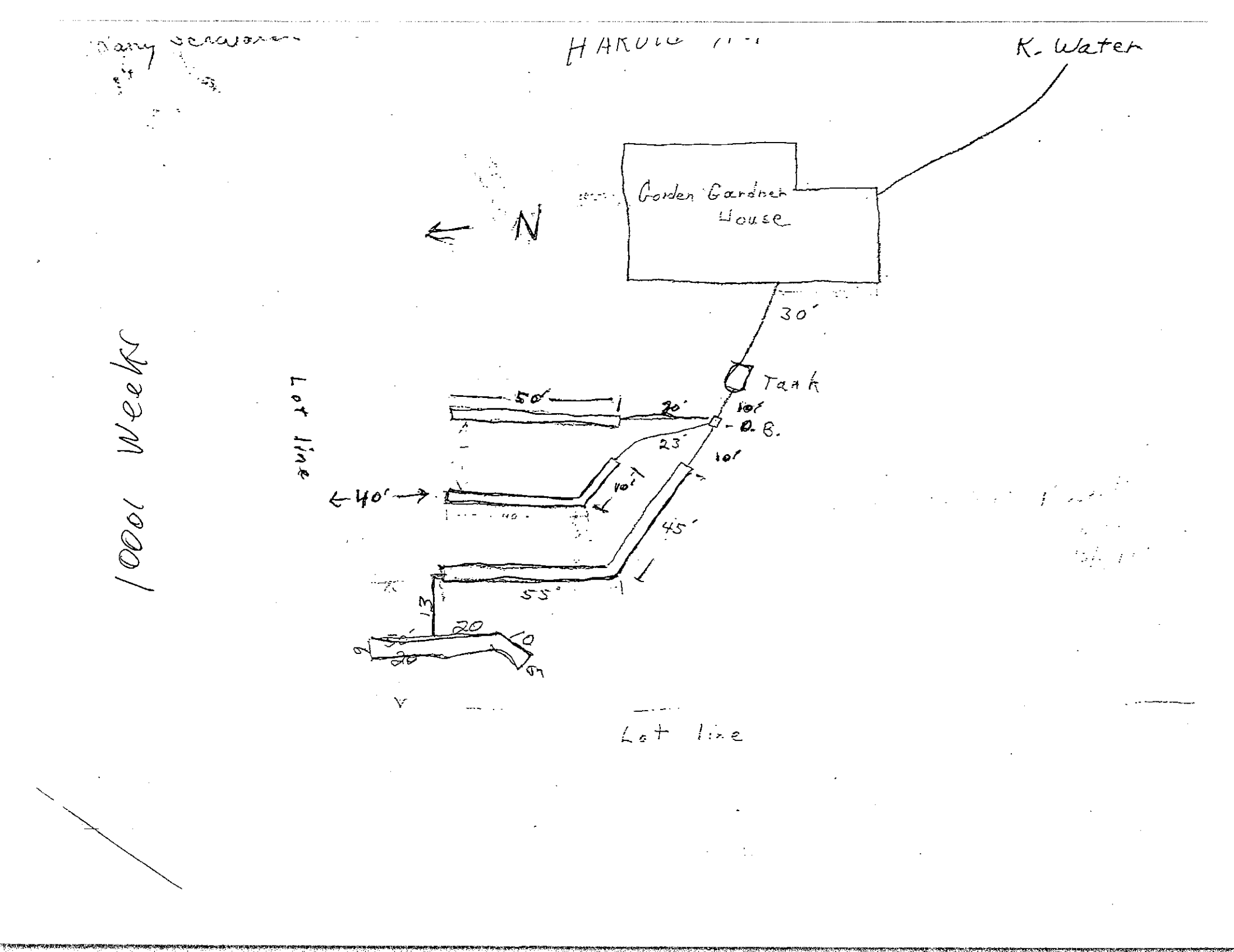


Tue 5:00 PM
Sat 9:00 AM

10001 Week

LANCASTER COUNTY MOUNTED SHERIFF'S POSSE, Inc.

9:00 AM 9:30 AM	dry 8" – dry	dry 10" – dry	10" – 9½"	11" – 10"	dry 8" – dry	16" – 14½"
9:45 AM 10:20 AM	8" – 2"	9" – dry	10" – 9½"	10" – 9½"	9" – dry	14½" – 14"
10:30 AM 11:00 AM	8" – 2"	8" – dry	9½" – 9"	9½" – 9"	9" – 2"	14" – 14"
11:10 AM 11:45 AM	8" – 4"	8" – dry	9" – 8½"	9" – 8½"	8" – 6"	14" – 14"
11:55 AM 12:45 PM	8" – 2" 9" – 4½"	9" – dry 8" – ¾"	8½" – 8" 8" – 7½"	8½" – 7" 7" 7"	8" – 5" 8" – 6"	14" – 13" 13" 13"
1:00 PM 1:40 PM						
2:00 PM 2:30 PM	8" 5"	8" 2½"	9" 8"	8" 7¾"	8" – 7"	13" – 13"
2:45 PM 3:30 PM	8" – 4¾"	8" – 3¼"	8" – 7"	9" – 8¾"	7" – 6¾"	13" – 13"


K. Water
Garden Gardner House
N
30'
Tank
50'
20'
10'
B.
23'
10'
40'
10'
45'
55'
13'
20'
10'
Lot line
Lot line
10001 Week

10001 Weeks

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 1055

SPECIFICATIONS

DATE: _____

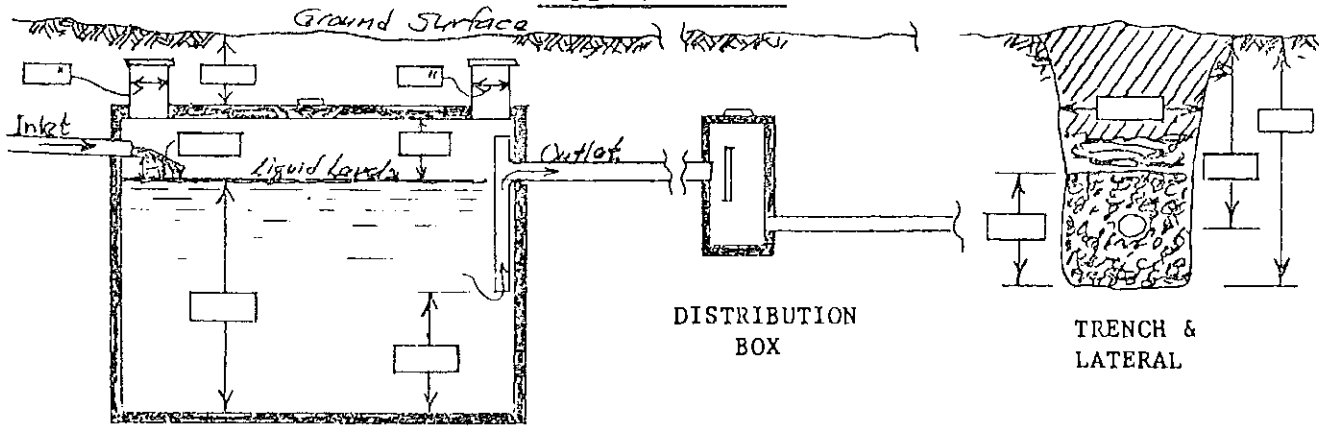
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material _____; No. available outletes _____.
2. Factory Built: Yes ☐, (Company _____)
No ☐
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Wall Mound
2. Lateral Lines: Depth below grade ___in.
Number 2; Length of each line ___ft
Total length of Laterals 143 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.;
Width 48 in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: 15 minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant