HS0022247

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):** 6705 W. VAN Dorn

   Legal Description of Property: Township: 5 Range: 9 Section: 1

   Block ____ Lot 4 SubDivsion NW 1/4 Add: ____

   ***Parcel ID** 03 - 01 - 100 - 001 - 060 (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:** New TANK 1250 gal

5. **Current Type of Lateral-** unknown **Current Linear Ft. Of Lateral -** unknown

   Current Tank Gallonage- unknown

6. Print Name Bob Beneš Address 1640 Normandy Phone: 402-416-9660

Applicant Signature: [signature] $ 235

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: 6/25/21 Amount $235 ck Check No. 1112 Initials [initials]

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. HS002247

System Type: Standard

Situs: No Site Address Specified

Issued: 7/6/2021

Expires: 7/6/2022

Description: S1, T9, R5, 6th Principal Meridian, LOT 4 NW

Owner: BENES, MICHELLE S REVOCABLE TRUST
1640 NORMANDY CT STE A
LINCOLN, NE 68512

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

BOB BENES
1640 NORMAND CT, STE A
LINCOLN, NE 68512

SCANNED

HS0022247

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Applicant Signature: [signature]

$ 235

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HEALTH DEPARTMENT USE ONLY

☒ Municipal Code 24.38 ☐ County Resolution Number 02-30

Date received 7/6/21 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Comments (if any): ____

Site visits
Date 7/24/21 By DS.
Date ____/____/____ By ____

Installation final written approval
Date 7/26/21 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: 6/25/21 Amount $235 ck Check No. 1112 Initials [initials]

Revised 4/8/13

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

Exhibit 5

Permit Number: HS002247

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/26/21 Legal Description ___ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6705 W. Van Dorn 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 1100 Sq. Ft. Tank Size 1,250 gals

Total length of laterals New 180' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow
Added 180' (800 sq. ft.) of new lateral to existing 100' plus ft. all laterals

No. of Absorption Laterals 4 Width 4.5 No. of Drop Boxes ___ Distribution Box 1 Now existing credited as 300-350 sq. ft.

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 DS Date 7/26/21

Follow-Up ___ Date ___

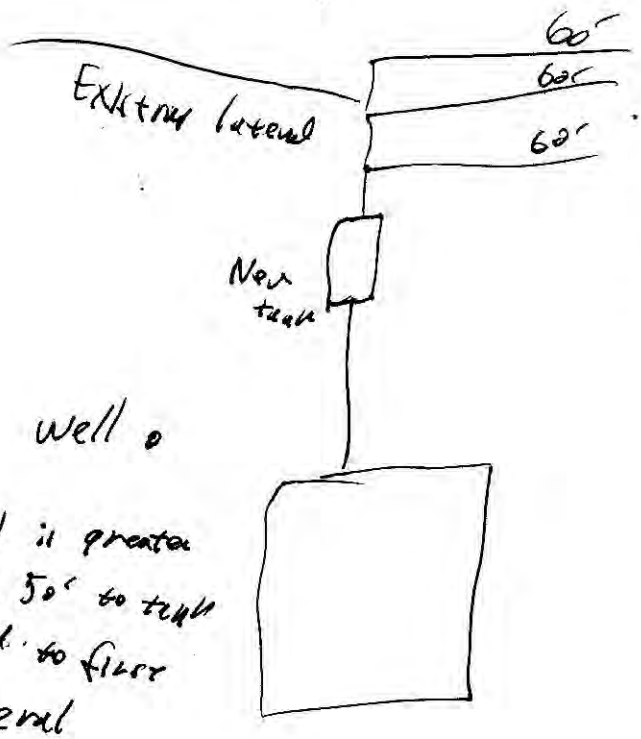
Follow-Up ___ Date ___

Installation Final Written Approval
By Dave Mutch

Date 7/26/21

Add Note Drawing (See Reverse Side):

Updated 4/15



3 New runs
60' - each @ 4.5 facing - E2 flow
180' total new

- well is greater than 50' to tank and 101' to filter lateral

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Legal Description of Property: Township: 5 Range: 9 Section: 1

Block _____ Lot 4 SubDivsion _____ Add: _____

***Parcel ID** 03-01-100-001-000 (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:** New 1250g tank, Perk 37, Add 800# Lateral = 178' of EZ Flow 1203,

5. **Current Type of Lateral-** pipe & gravel **Current Linear Ft. Of Lateral -** 100' or 300#

Current Tank Gallonage- 750

6. Print Name Robert Bones Address 1640 Normandy Ct Phone: 402-423-6811

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 7/24/12 By _____
Date ___/___/___ By _____

Installation final written approval
Date 7/26/12 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: ___/___/___ Amount _____ Check No. _____ Initials _____

Revised 4/8/13

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" Street • Lincoln, NE 68510-1514
Phone: 402-441-8643

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 6705 W. Van Dorn (no rural route) City Lincoln NE, Zip NE

Owner Robert Bones Address

Date of Tests 7-1 to 7-2 Weather: Precipitation DRY Temperature 90

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	7-1	9 AM	7-2	10AM	7-2	11 AM	6	7-2	:30	30	3/4	40
2							:01	6		:31		3/4	40
3							:02	6		:32		3/4	40
4							:03	6		:33		1"	30
5							:04	6		:34		1"	30
6							:05	6		:35		3/4	40
								6					
								6					

Person Conducting Percolation Test

Name: Bob Bones

Phone: 402-[illegible]

Address 1040 Normandy Ct. Lincoln.

Soil type (NRCS Maps/Other) Zook.

Groundwater Depth 7'10"

Sum of Percolation Rates: 220

Average of Rates: 36.6

Rate Used for Calculation: 37

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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D Exhibit 4

Permit Number: HS002247

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) 0 301, 0000 1000

Owner: Bates Address 6705 W. VAN Dorn

A. Wastewater Piping

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

B. Septic Tank

1. Material 1250 PVC
2. Capacity: 1250
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 100 ft.
   Pressure line 80 ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 8 ft. W

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☑ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: NEW 1203 36"
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 100 ft. 60 → 100
   ft. 100 ft. 80
4. Drainfield size: 1100 sq. ft.
5. Distance to:
   Well 120 ft.
   Pressure line 80 ft.
   Property line 40 ft.
   Depth of Groundwater 15

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

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

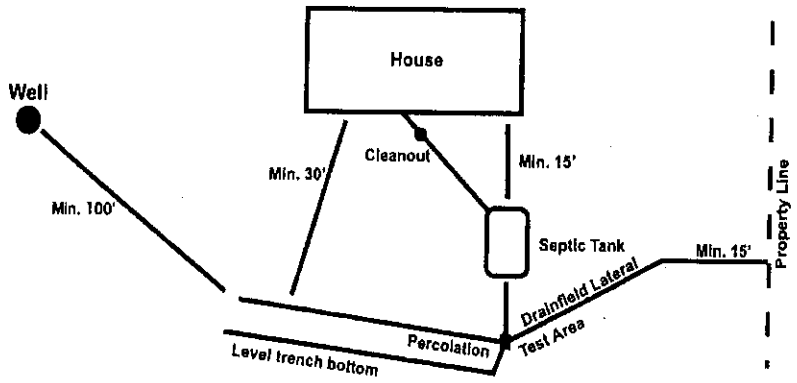
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 8-30-21

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

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

6705 West Van Dorn

