HS002259

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):** 6445 W. Old Cheney Rd.

   Legal Description of Property: Township: 9 Range: 5 Section: 13

   Block _____ Lot 7 SubDivsion _____ Add: _____

   *Parcel ID 03 . 13 . 400 . 005 . 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:** Replace Collapsing Septic System with 1500 gal plastic and tie back into existing laterals

5. **Current Type of Lateral-** Pipe & Gravel **Current Linear Ft. Of Lateral -** 350'

   Current Tank Gallonage- 1250 - Concrete

6. Print Name Steven C Lewis Address 3300 N 71st St. Phone: (402) 432-4082

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: 7/15/21 Amount $235.00 Check No. 5909 Initials: JH

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. HS002259

System Type: Standard

Situs: No Site Address Specified

Issued: 7/20/2021

Expires: 7/20/2022

Description: S13, T9, R5, 6th Principal Meridian, LOT 7 NW

Owner: MCNAIR, MICHAEL R & BRENDA L
PO BOX 22297
LINCOLN, NE 68542-2297

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

H5002259

SCANNED

Application to Alter or Repair an Onsite Wastewater Treatment System

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   Legal Description of Property: Township: 9 Range: 5 Section: 13

   Block _____ Lot 7 SubDivision _____ Add: _____

   *Parcel ID 03 - 13 - 000 - 005 - 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:** Replace Collapsing Septic System with 1500 gal plastic and tie back into existing laterals

5. **Current Type of Lateral-** Pipe & Gravel **Current Linear Ft. Of Lateral -** 350'

   Current Tank Gallonage- 1250 - Concrete

6. Print Name Steven C Lewis Address 3300 N 71st St. 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 7/19/21 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 8/17/21 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: 7/15/21 Amount $235.00 Check No. 5909 Initials _____

Revised 4/8/13

Nate C. Hartman

From: Nebraska Septic <nebraskaseptic@gmail.com>
Sent: Wednesday, July 21, 2021 7:25 AM
To: Nate C. Hartman
Subject: 210620 Complete, D and Drawing
Attachments: 20210719_134657.jpg; 20210719_134714.jpg; 20210719_134753.jpg; 210620 D Sheet Jul 21, 2021.pdf; Portrait.pdf

I measured the laterals again, and you can see how complicated they are on the lot, but I believe when they added the eastern most lateral they went above their requirement. I attached images I took of the existing tank, and the excavation of the new tank hole.

Please let me know if you have any questions

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

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) 03-131-000-005-000

Owner: Mike & Brenda McNair Address 6445 W. Old Cheney Rd.

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 26 ft.

B. Septic Tank

1. Material plastic - Infiltrator
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 8 in.
4. Distance to:
   Well > 100 ft.
   Pressure line NA ft
   Property Line 2100 ft.
   Foundation 26 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 40 ft. W

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☑ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Mix of Perf. Pipe & other
2. Number of Laterals: 5
3. Length of each lateral (linear): ft. 100 ft. 65 ft. 65 ft. 85, 70 Ex. Existing
4. Drainfield size: 1076 ≈ sq. ft.
5. Distance to:
   Well 2100 ft.
   Pressure line NA ft.
   Property line 2100 ft.
   Depth of Groundwater unknown

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

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

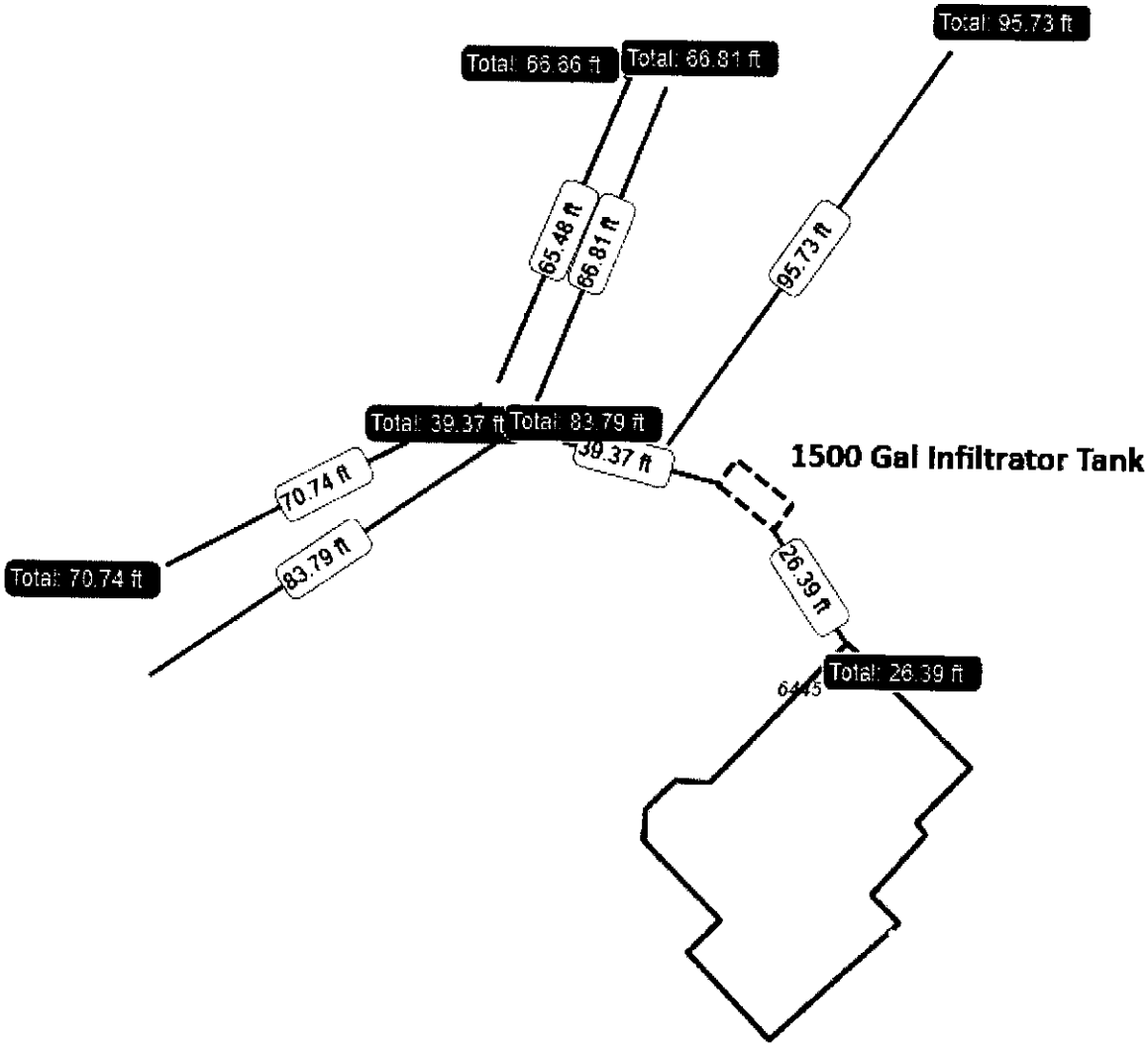
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 7-21-21

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

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 7/21/2021

Map Scale
1: 564

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.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION
3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

No. 98380187101

Permit
SEWAGE INSTALLATION
LAGOON

Issued 10/19/98
Expires 04/19/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment
PRAIRIE HOME BUILDERS
T9N R5E SEC 13 QTR NE
E HALF OF NE QTR LOT 2IT
6445 W OLD CHENEY RD

TOTAL $150.00

Permittee
PRAIRIE HOME BUILDERS
BOX84891
BOX 84891
LINCOLN NE 68501-4891

Issued By Health Director
Lincoln-Lancaster County Health Department

008208

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 6445 W. OLD CHENEY RD City LINCOLN NE, Zip 68532
(no rural route)

Legal Description LOCATES IN THE EAST HALF OF OF THE NORTHEAST QUARTER OF
1/4 1/4 Section 13 Township 9N Range 5E Subdivision LOT 2 I.T. Addition Block 2 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name PRAIRIE HOME BUILDERS Signature Rob Champoux
Address P.O. BOX 84891 City/State/Zip LINCOLN NE, 68501
☒ Check if owner designed system Home Phone 476-6599 Work Phone 730-7302

C. Contractor ROB CHAMPOUX

Name PRAIRIE HOME BUILDERS Company Name PRAIRIE HOME BUILDERS
Address P.O. BOX 84891 City/State/Zip LINCOLN, NE, 68501
☐ Check if contractor designed system Work Phone 476-6599 730-7302

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub (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. 2832

1. Health Department	Date rec'd 10-8-98 Date frwd 10/9/98	ACTION ☒ Approved ☐ Disapproved Signature [signature]	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 10/9/98 Date frwd 10/9/98	ACTION ☒ Approved ☐ Disapproved Signature [signature]	
3. City or County Engineer	Date rec'd 10-9-98 Date frwd 10-9-98	ACTION ☒ Approved ☐ Disapproved Signature [signature]	

10/15/98 L.C.H. Need drawing.

Installation Final Written Approval

By Gerald C. Hood
Date OCTOBER 20, 1998

Business Office Use Only

Date Rec'd 10/9/98
Amt Paid ~~175.00~~ 150.00
Rec'd By CW Cash/Check No. 8137

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6445 West Old Cheney (no rural route) City Lincoln NE, Zip 68532

Owner Prairie Homes Addresss 6445 West Old Cheney

Soil Type (SCS): _____ Percolation Rate: 40 min./inch

Date of Tests 9-24-98 to 9-25-98 Weather: Precipitation - 0 Temperature 85-90

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. 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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36"	8/24	10:00	8/24	2:15	8/25	1:00	6"	8/25	5:00	30m	7/8	34.29
2	36"	8/24	10:00	8/24	2:15	8/25	1:00	6"	8/25	5:00	30-	3/4	40
3	36"	8/24	10:00	8/24	2:15	8/25	1:00	6"	8/25	5:00	30m	7/8	34.29
4	36"	8/24	10:00	8/24	2:15	8/25	1:00	6"	8/25	5:00	30-	7/8	34.29
5	36"	8/24	10:05	8/24	2:20	8/25	1:05	6"	8/25	5:05	30-	3/4	40
6	36"	8/24	10:05	8/24	2:20	8/25	1:05	6"	8/25	5:05	30-	1	30
7	36"	8/24	10:05	8/24	2:20	8/25	1:05	6"	8/25	5:05	30-	3/4	40
8	36"	8/24	10:05	8/24	2:20	8/25	1:05	6"	8/25	5:05	30-	3/4	40

Sum of Percolation Rates: 292.87
Average of Rates: 36.60
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Phillip Nalley
Phone: 438-3349
Address: 6005 West A

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks OK.

Signature of Reviewing Official John F Glenn Date 10-8-98

FORM 23-101 10-96

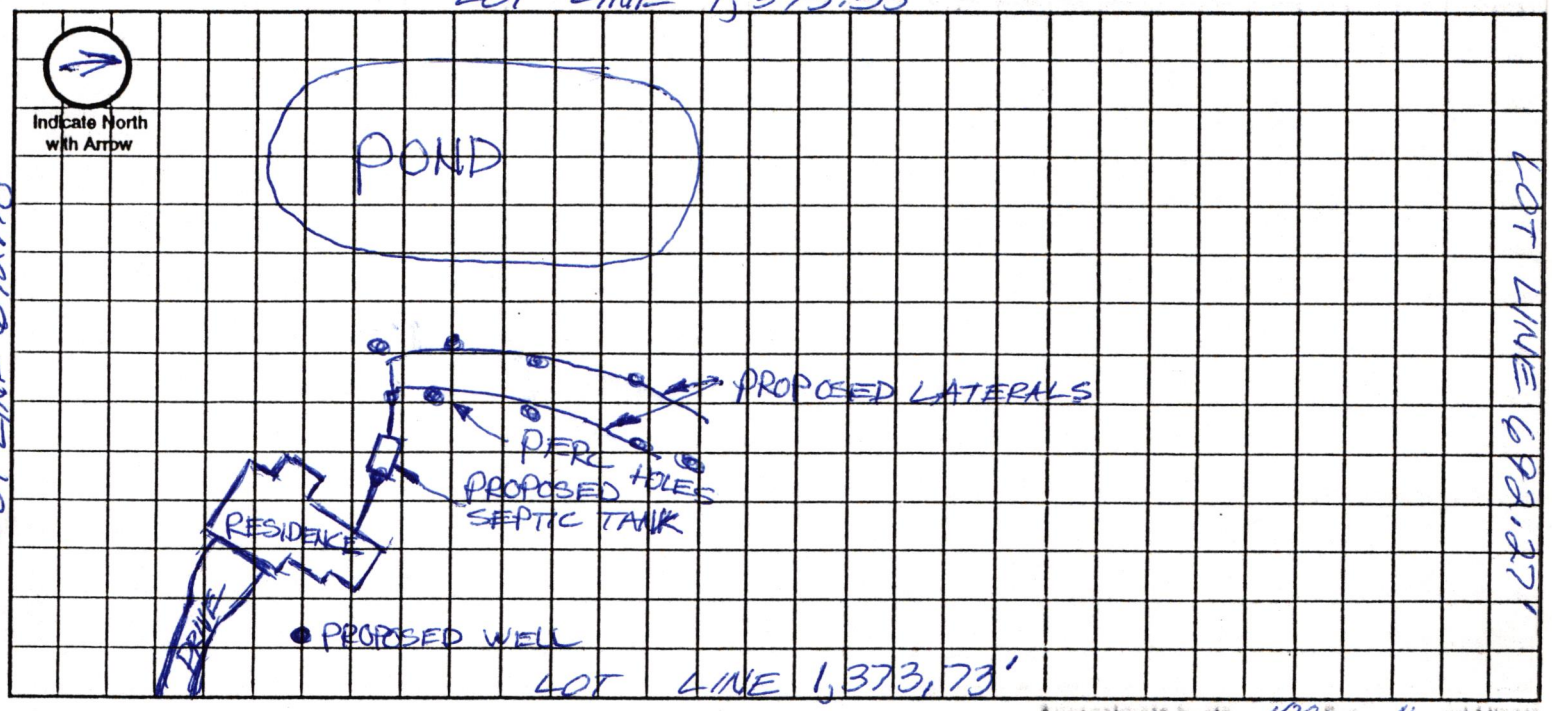
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 100 ft. = 4 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6445 W. OLD CHENEY City LINCOLN NE, Zip 68532

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 40 (min. per inch) Soil Type: Land Slope: 5 %

Type of Absorption System: ☐ Trench ☒ Bed ☐ Other INFILTRATOR

Total Square Feet of Field Required: sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material:

Capacity of Septic Tank 1000 gals Number of Absorption Beds: Number of Distribution Laterals per Bed

Total Length of Laterals 215 ft. Number of Trenches 3 Trench Width 4 ft

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor PRAIRIE HOMES Rob Chaney Date 10-8-98

Installer Larry Schwarck Date 10-9-98

OCT 19 1998 D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 10-15-98

System Location (Indicate correct number and street)

Address 6445 (W) Old Cheney Rd (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 46' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8" in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 49' ft.

D. Absorption Field

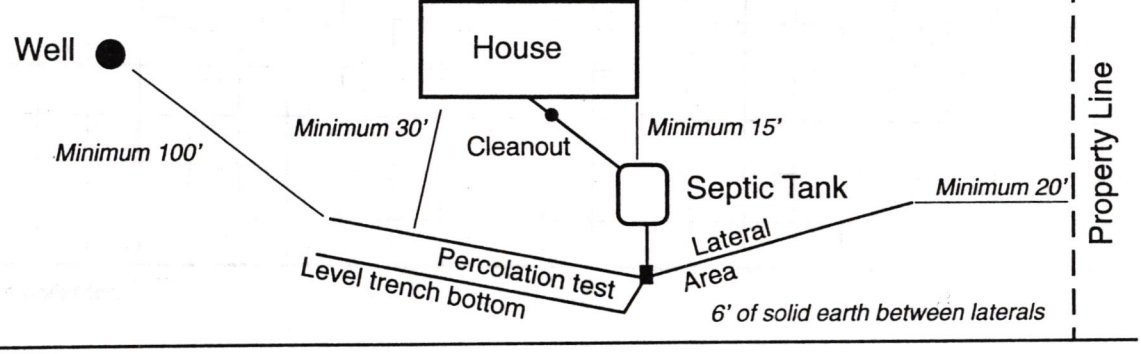
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 15"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number ~~2~~ 3
   Length of each line: 88 ft. 79 ft.
   58 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope — in/100 ft.
   Average depth 32 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

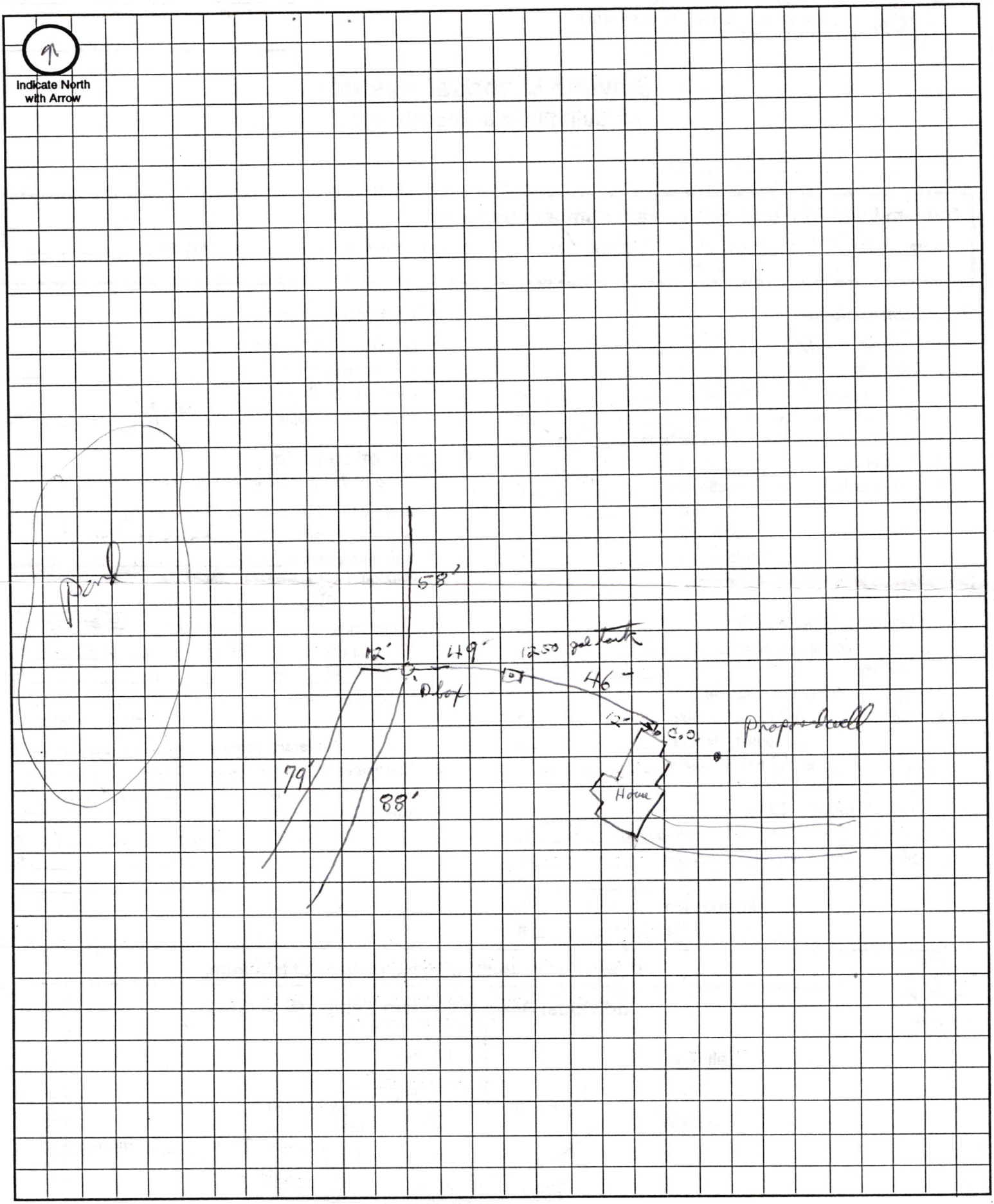
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s