HS002371

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):** 6900 Bucks Cir.

   Legal Description of Property: Township: 9 Range: 6 Section: 18

   Block 5 Lot 5 SubDivision Rolling Meadows Add: _____ LC

   *Parcel ID 09.18.405.005.000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 2 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:** existing lateral field = 435 sq ft installed in 1997 has standing effluent @ the end of the we will install 720 sq ft and replace existing lateral field.

5. **Current Type of Lateral-** Concrete chamber **Current Linear Ft. Of Lateral -** 145'

   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: ____/____/____ Amount _____ Check No. _____ 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. HS002371

System Type: Standard

Situs: No Site Address Specified

Issued: 3/11/2022

Expires: 3/11/2023

Description: ROLLING MEADOWS, BLOCK 5, Lot 5

Owner: PREUSS, JESSE & LAHNERS, JENNIFER
6900 BUCKS CIR
LINCOLN, NE 68523

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

STEPHEN LEWIS
3300 N 71 ST
LINCOLN, NE 68507

5440 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS002371

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/16/22 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 6900 Bucki 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 = 720' New + 145' existing + 160 added Sq. Ft. Tank Size existing 600 gals

Total length of laterals 160' New Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ flow

2 new 2 existing

No. of Absorption Laterals 4 Width 4.5 facti No. of Drop Boxes — Distribution Box 2

Leveling Method Used Laser

2 bd - 50 - Perc. 60

720 sq. ft Added

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 DL Date 3/15/22

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Shuck

Date 3/17/22

Note Drawing (See Reverse Side):

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 6900 Bucks Cir. (no rural route) City Lincoln NE, Zip 68523

Owner _____ Address _____

Date of Tests 2-28 to 3-1 Weather: Precipitation 0 Temperature 65°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	86	2/28	1330	3-1	1330	3-1	1330	6	3-1	1400	30	5/8	48
2	"	"	"	"	"	"	"	6	"	"	"	1/2	60
3	"	"	"	"	"	"	"	6	"	"	"	1/2	60
4	"	"	"	"	"	"	"	6	"	"	"	5/8	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 4024321082
Address 3300 N 21st. Street Lincoln NE. 68507
Soil type (NRCS Maps/Other) 7684
Groundwater Depth >8'

Sum of Percolation Rates: 216
Average of Rates: 54
Rate Used for Calculation: 50-60

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:

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): 09-18-405-005-000

Owner: Jesse Preuss Address: 6900 Bucks cir.

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 96 ft.

B. Septic Tank

1. Material: Concrete
2. Capacity: 1000 gal
3. Depth to top of tank, below unfinished grade: 20 in.
4. Distance to:
   Well 156 ft.
   Pressure line NA ft.
   Property Line >100 ft.
   Foundation 96 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 35 ft. SE

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZ Flow laterals for New
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 70 ft. 75 - concrete chamber & gravel
   ft 90 ft. 70 - EZ Flow
4. Drainfield size: 1 155 sq. ft.
5. Distance to:
   Well 210 ft.
   Pressure line NA ft.
   Property line >50 ft.
   Depth of Groundwater >10'

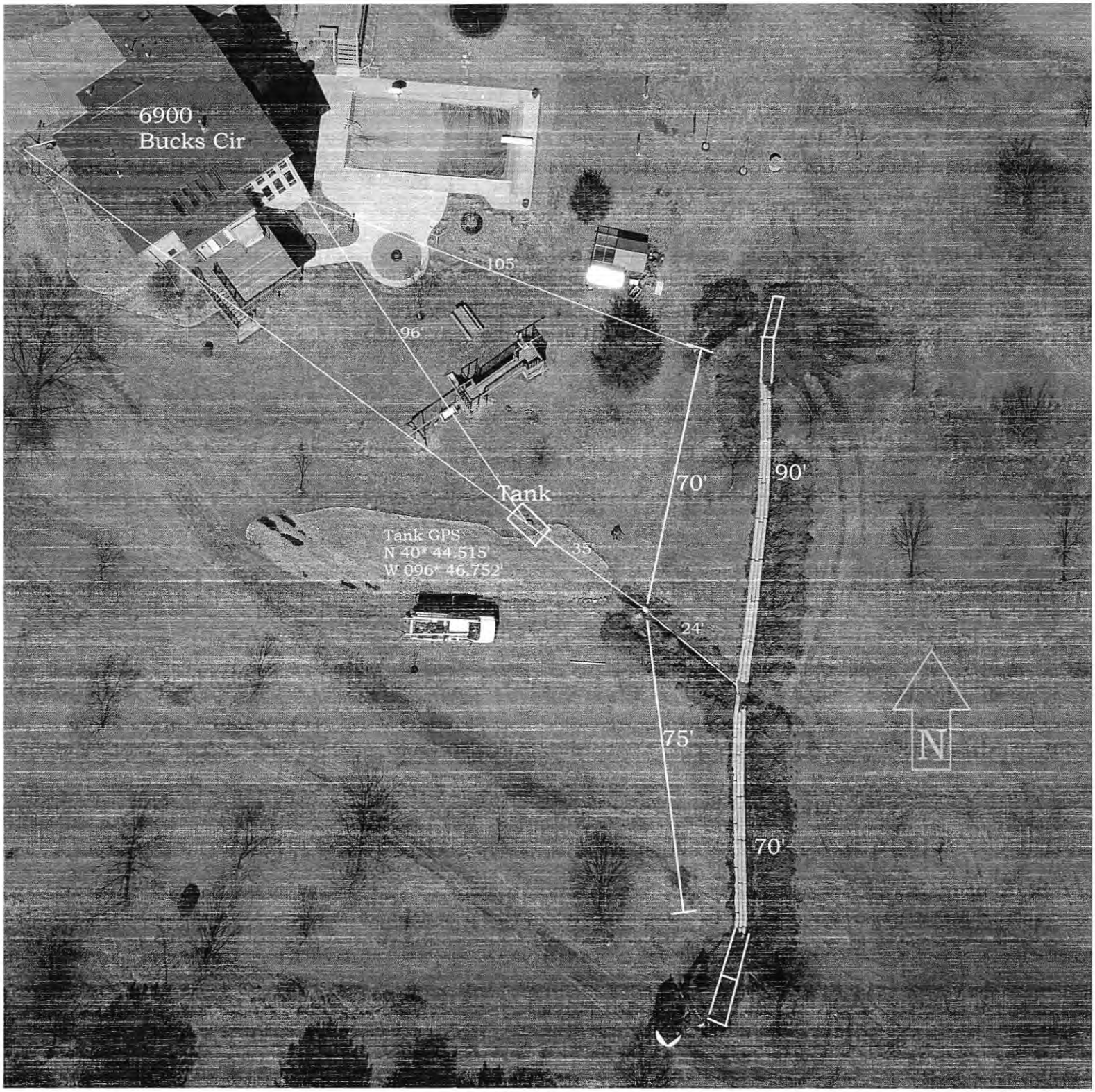
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☑ No

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: [signature] Date 3-15-22

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


6900
Bucks Cir
105'
96'
Tank
Tank GPS
N 40° 44.515'
W 096° 46.752'
35'
70'
90'
24'
75'
70'
N

HS002371
SCANNED

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3140 "N" Street, Lincoln, NE 68510
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Business Office Use Only
Received: Date: 3/10/22 Amount $240.00 Check No. CC5909 Initials LC

Revised 4/8/13