Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

HS002413

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 10 Range 6 1/4 ____ 1/4 ____ Section 32
   Block ____ Lot 73 Addition ____
   Parcel ID 10-32-100-009-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 2000 SW 40th

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe ____

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Replace Existing 2 Small Septic tanks with 1 new 2000gal. Concrete

5. **Work to be done by:** ☐ owner ☒ contractor's name Earnest Well Drilling Inc.

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   (b) Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Justin Peterson Address P.O. Box 11 Milford NE 68405 Phone: 402-641-6174

Applicant Signature (owner or lessee) ____

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: ____

Site visits
Date ____/____/____ By ____
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: 441-8643

Business Office Use Only

Received: Date: 6/03/22 Amount $240.00 Check No. CC7422 Initials JAS

Revised 3-09

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. HS002413

System Type: Standard

Situs: No Site Address Specified

Issued: 6/6/2022

Expires: 6/6/2023

Description: S32, T10, R6, 6th Principal Meridian, LOT 73 NW

Owner: LESOING, DELLA L REVOCABLE TRUST
2000 SW 40 ST
LINCOLN, NE 68522

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

JUSTYN PETERSON
PO BOX H
MILFORD, NE 68405

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SCANNED

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Print Name Justin Peterson Address P.O. Box 11 Milford NE 68405 Phone: 402-641-6174

Applicant Signature (owner or lessee) [signature]

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HEALTH DEPARTMENT USE ONLY

Date received 6/6/22 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 6/9/22 By [signature]

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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) _____

Owner: _____ Address 2000 SW 40th

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 100+ ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 36 in.
4. Distance to:
   Well NA ft.
   Pressure line NA ft
   Property Line 50+ ft.
   Foundation 100+ ft.

C Distribution Box or Drop Box

NONE

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

Unknown

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lataral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

✓ called ahead

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: 6/9/22

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

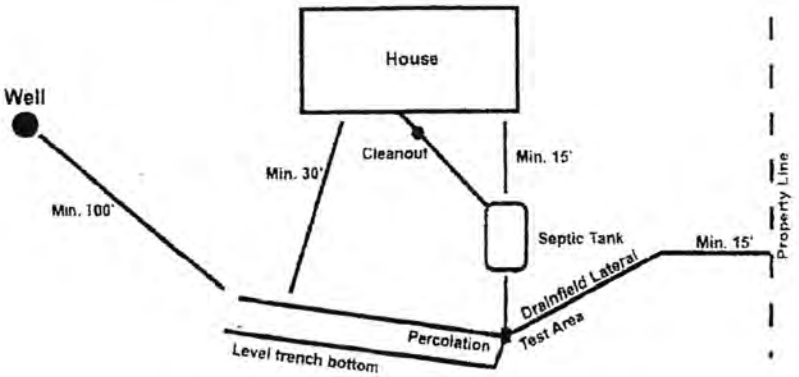
Nate C. Hartman

From: Justyn Peterson <justyn@earnestwell.com>
Sent: Thursday, June 9, 2022 7:36 AM
To: Nate C. Hartman
Subject: 2000 SW 40th
Attachments: 2022-06-09_0734252000sw40th.pdf

Nate,
Sorry for the delay, I had a college visit with my daughter yesterday so I was not in the office.
Thanks
Justyn

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

2000 SW 40th

6/9/22

There was 2 approx. 500 gal. tanks we removed & put new tank in same location & tied both inlet lines and outlet lines together

existing laterals

6'

6'

New 2000 gal. Septic Tank

4" line

4" line

25'

Driveway

Detached Garage

House