11/14/22 2nd tank

HS002484

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):** 2720 S 98th St

   Legal Description of Property: Township: 10 Range: 7 Section: 36

   Block _____ Lot 24SW SubDivsion _____ Add: _____

   ***Parcel ID** 17-36-300-008-000 (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:** Add 1000g tank and replace Abandoned laterals with New for Road project

5. **Current Type of Lateral-** Plastic 1/2 inch **Current Linear Ft. Of Lateral -** 265

   Current Tank Gallonage- 1000

6. Print Name Steven Lewis Address 3300 N 7th 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: 11/15/22 Amount $245 Check No. 005909 Initials _____

Revised 4/8/13

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 2720 S 98th. (no rural route) City Lincoln NE, Zip 68516

Owner ANNE Mccauley Address

Date of Tests 12-21 to 12-22 Weather: Precipitation Ø Temperature 55

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				Water Level Drop G. H. I. J. K. 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 Rate (Min/in = mpi)
1	36	12-21	13:30	12-22	13:30	12-22	13:30	6	12/22	14:00	30	1 ½	20
2								6				1 ½	20
3								6				1	30
4								6				1 ½	20
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 432 1082
Address: 3300 N 71st. St.
Lincoln NE, 68507
Soil type (NRCS Maps/Other) 7281- Judson Silt loam
Groundwater Depth >10'

Sum of Percolation Rates: 90
Average of Rates: 22.5
Rate Used for Calculation 20-30

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 (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002484

System Type: Standard

Situs: No Site Address Specified

Issued: 11/23/2022

Expires: 11/23/2023

Description:

Owner: MCNEELY, ANNE R
ATTN: JOSEPH P & ANNE R
MCNEELY 2720 S 98 ST
LINCOLN, NE 68520

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

STEVEN LEWIS
3300 N 71ST ST
LINCOLN, NE 68507

11/14/22 2nd tank

SCANNED

Application to Alter or Repair an Onsite Wastewater Treatment System

HS002484

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):** 2720 S 98th St

Legal Description of Property: Township: 10 Range: 7 Section: 36

Block _____ Lot 245 SubDivsion _____ Add: _____

***Parcel ID** 17-36-300-008-000 (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:** Add 1000g tank and replace Abandoned laterals with New for Root protector

5. **Current Type of Lateral-** Plastic 1/2 perf **Current Linear Ft. Of Lateral -** 265

Current Tank Gallonage- 1000

6. Print Name Steven Lewis Address 3300 N 7th 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 11/23/22 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 11/16/22 By DS
Date ___/___/___ By _____

Installation final written approval
Date 11/21/22 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: 11/15/22 Amount $245 Check No. 005909 Initials _____

Revised 4/8/13

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

Exhibit 5

Permit Number: #500248 4

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/23/22 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2720 S. 98th 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 1,115 Sq. Ft. Tank Size 2,000 gals 2 - 1,000 gal tank

Total length of laterals 310 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) Existing + total EZ flow

No. of Absorption Laterals 4 Width Varies - existing + New 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 _____

Lateral #1 NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 11/16/22

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Thiel

Date 11/23/22

Field 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 2720 S 98th. (no rural route) City Lincoln NE, Zip 68516

Owner ANNE Mccauley Address

Date of Test 12-21 to 12-22 Weather: Precipitation Ø Temperature 55

Percolation Test Data Table

A.	B.	C. D. Saturation/Swelling Time		E. F.		G. H. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr		I.	J. K.		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)	Initial Water Lev. (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	12-21	13:30	12-22	13:30	12-22	13:30	6	12/22	14:00	30	1 1/2	20
2								6				1 1/2	20
3								6				1	30
4								6				1 1/2	20
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 432 1082
Address: 3300 N 71st. St.
Lincoln NE, 68507
Soil type (NRCS Maps/Other): 7231- Judson Silt loam
Groundwater Depth: >10'

Slow Percolation Rate: 90
Average of Rates: 22.5
Rate Used for Calculation: 20-30

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date


2720 S 98th St
R
1000g Concrete Tank
R
1000g Plastic Tank
N
100'
Concrete
Chamber
100' Plastic
1/2 round
50' Plastic
1/2 round
181.25sqft
Install 60'
EZ Flow
270sqft
300sqft
Abandond12'
362.5sqft
1383.75 sqft
total lateral field

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) 17-36-300-008-000

Owner J Philip McNeely Address 2720 S 98th Street 68520

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 20 ft.

B. Septic Tank

1. Material: plastic x 2
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 30 in.
4. Distance to:
   Well 70 ft.
   Pressure line NA ft.
   Property Line >50 ft.
   Foundation 20 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 12 ft S

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZ Flow - New
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 100 ft. 100 ft. 50 ft. 60 - New
4. Drainfield size: 1383.75 sq. ft.
5. Distance to:
   Well 100 ft.
   Pressure line NA ft.
   Property line 5 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 1-15-22

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