Application to Alter or Repair an Onsite Wastewater Treatment System

HS002542

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):** 9700 Leighton Ave

Legal Description of Property: Township: 10 Range: 7 Section: 14

JMD

Block _____ Lot 123 SubDivsion _____ Add: _____

***Parcel ID** 17 - 14 - 200 - 013 - 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:** Replaced lateral field that is failing due to burrows & crushed concrete chambers with 240' EZ Flow

5. **Current Type of Lateral-** Concrete chamber **Current Linear Ft. Of Lateral -** 262

Current Tank Gallonage- 1000

6.Print Name Steven Lewis Address 1722 W. Avalanche Rd 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: 5/18/24 Amount $245.00 Check No. 097164 Initials JMD

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 9700 Leighton Ave (no rural route) City Lincoln NE, Zip 68507

Owner Mark Hanson Address

Date of Tests 5-15-23 to 5-16-23 Weather: Precipitation 0 Temperature 67°

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			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	5-15	0900	5-16	0900	5-16	0900	6	5-16	0930	30	.5	60
2	"	"	"	"	"	"	"	6	"	"	"	.5	60
3	"	"	"	"	"	"	"	6	"	"	"	.5	60
4	"	"	"	"	"	"	"	6	"	"	"	.5	60
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 432 1082
Address 1722 W. Avalanche Rd.
Lincoln NE, 68512

Soil type (NRCS Maps/Other) Clay
Groundwater Depth >8'

Sum of Percolation Rates: 240
Average of Rates: 60
Rate Used for Calculation: 60mpi

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. HS002542

System Type: Standard

Situs: No Site Address Specified

Issued: 5/24/2023

Expires: 5/24/2024

Description: S14, T10, R7, 6th Principal Meridian, LOT 123 NE

Owner: HANSEN, MARK D & PATRICIA A
9700 LEIGHTON AVE
LINCOLN, NE 68507

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
1722 W AVALANCHE RD
LINCOLN, NE 68522

SCANNED

HS002542

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Block _____ Lot 123 SubDivsion _____ Add: _____

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 5/24/23 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 05/25/23 By DS
Date ___/___/___ By _____

Installation final written approval
Date 06/05/23 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: 5/18/24 Amount $245.00 Check No. 009764 Initials JMD

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: HS002542

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/5/23 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9700 Leighton 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

Current field ~ 900 - added as new

Total square feet of drainfield 1,080 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) F2 flow

_____

No. of Absorption Laterals 2 Width 4.5 factor 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 NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial OS Date 5/25/23

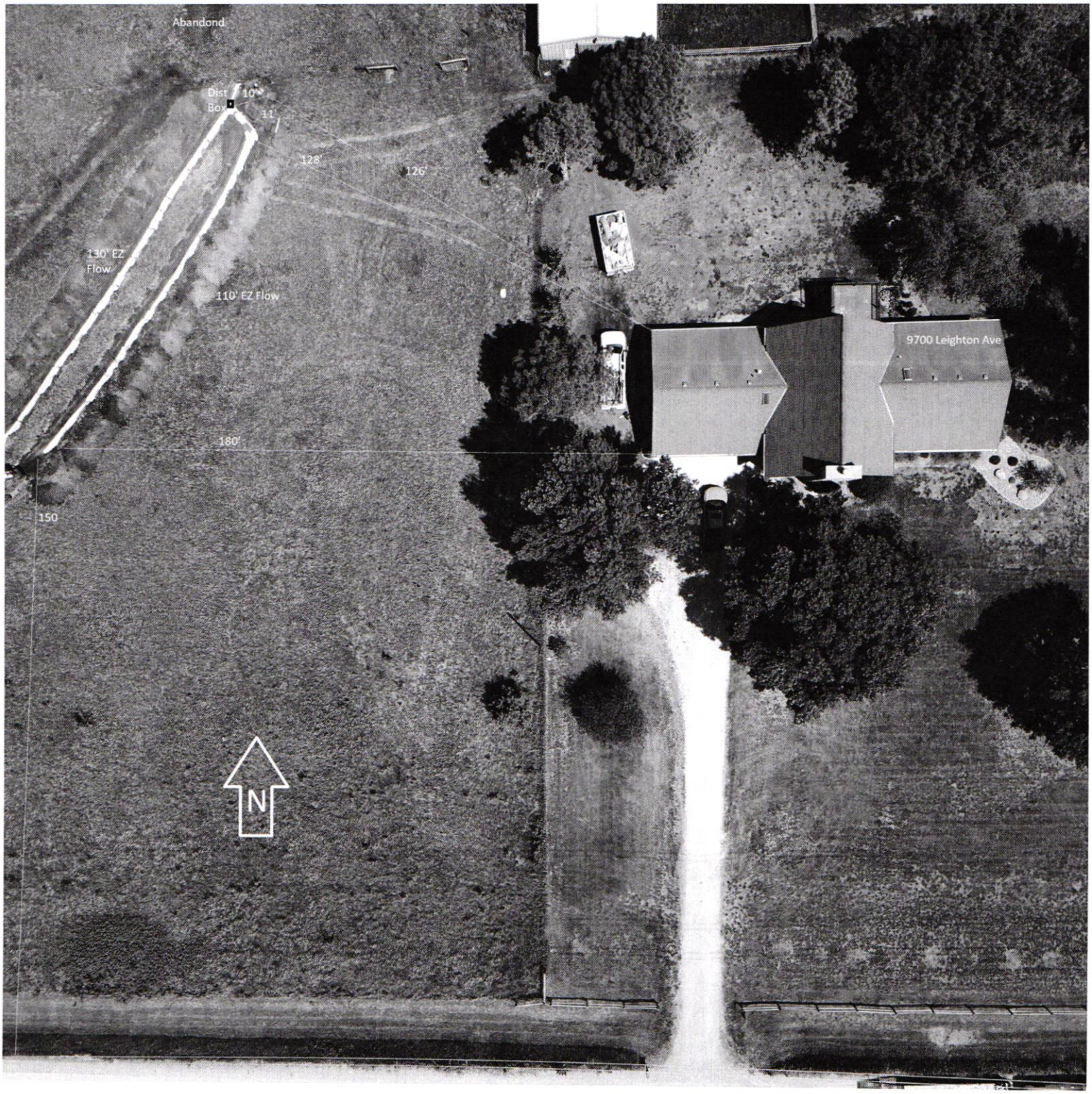
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Amick

Date 6/5/23

Field Note Drawing (See Reverse Side):


Abandond
Dist Box
10'
11'
128'
126'
130' EZ Flow
110' EZ Flow
9700 Leighton Ave
180'
150
N

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): 17-14-200-013-000

Owner: Mark Hansen Address: 9700 Leighton Ave. Lincoln NE, 68507

A. Wastewater Piping

1. Material: pvc Diameter: 4 in.
2. Distance between dwelling and septic tank: 126 ft.

B. Septic Tank

1. Material: Concrete
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 150 ft.
   Pressure line ____ ft.
   Property Line ____ ft.
   Foundation 126 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 10 ft. SW

D. Drainfield/Absorption Field

● Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ❑ Other
   Material brand and inside width of Chamberless.
   EZ Flow
2. Number of Laterals: 2
3. Length of each lataral (linear): ft. 110 ft. 130 ft. ____ ft. ____
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well 192 ft.
   Pressure line ____ ft.
   Property line ____ ft.
   Depth of Groundwater >8

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: 5/26/2023

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