HS0025556

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):** 9701 W Wendelin Rd, Crete, NE 68333

   Legal Description of Property: Township: 7 Range: 5 Section: 10

   Block _____ Lot 24 SubDivsion _____ Add: _____

***Parcel ID** 01 - 10 - 300 - 002 - 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:** new sewer line and build up lagoon side

5. **Current Type of Lateral-** 0 **Current Linear Ft. Of Lateral -** 0

   Current Tank Gallonage- 0

6. Print Name Marcus Hedden Address PO Box 142, Eagle, NE 68347 Phone: 402-730-7745

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: 6/20/23 Amount $245.00 Check No. 005772 Initials JAR

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. HS002556

System Type: Lagoon

Situs: No Site Address Specified

Issued: 6/23/2023

Expires: 6/23/2024

Description: S10, T7, R5, 6th Principal Meridian, LOT 24 SW

Owner: WENDELIN, RONALD ALAN
PO BOX 313
DRAGOON, AZ 85609

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

MARCUS HOCHSTEIN
PO BOX 142
EAGLE, NE 68347

SCANNED

H5002556

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5. **Current Type of Lateral-** 0 **Current Linear Ft. Of Lateral -** 0

   Current Tank Gallonage- 0

6. Print Name Marcus Hoshiko Address PO Box 142, Eagle, NE 68347 Phone: 402-730-7745

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 6/23/23 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 7/11/23 By DS - Need fence Line + lagoon
Date 7/24/23 By DS fence installed

Installation final written approval
Date 8/1/23 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: 6/20/23 Amount $245.00 Check No. 68592 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 6

Permit Number: H500 2556

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 8/1/23 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9701 W. Wendelin City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair Alteration

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Lagoon constructed so not to receive surface water	Yes X No___
Lagoon floor is level	Yes ✓ No___
Lagoon is equipped with a depth gage/concrete slab	Yes ✓ No___
Influent line is at least 4 inches and slopes no less than 1/8 inch	
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes ✓ No___
Inside slope not steeper than three horizontal to one vertical	Yes ✓ No___
Minimum width of the top of the dike shall be 4 feet	Yes ✓ No___
Fence installed	Yes ✓ No___

Top of the Dike 23' Bottom of Lagoon 5' Design Flow 300 gpd

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☐	100 ft ☐	Non-Community	100ft ☐	100ft ☐	50ft ☐	50ft ☐	Class 1	200ft ☐	☐
		Community	* ☐				Class 2	200ft ☐	
							Class 3	100ft ☐	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: NA

Dike North side

Comments:

Inspections prior to Final Approval
Initial DS Date 7/11/23
Follow-Up DS Date 7/24/23
Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Mrsny
Date 8/1/23

Updated 4/15