HS002559

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):** 16360 S 26th Dr. Roca 68430

Legal Description of Property: Township: 8 Range: 7 Section: 19

Block _____ Lot 6 SubDivsion _____ Add: Whitetail Ridge Addition

***Parcel ID** 15 . 19 . 101 . 006 . 000 (i.e. 99-99-999-999-999)

2. **Property use:** ■ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms 6 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:** Move lateral field out of flood way with lift station

5. **Current Type of Lateral-** plastic chamber **Current Linear Ft. Of Lateral -** 450

Current Tank Gallonage- 2000

6. Print Name Steven C Lewis Address 1722 W. Avalanche Rd. Phone: 402 432 1082

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: 6/26/23 Amount $245 Check No. cc 8764 Initials JAO

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. HS002559

System Type: Standard

Situs: No Site Address Specified

Issued: 6/30/2023

Expires: 6/30/2024

Description: WHITETAIL RIDGE ADDITION, Lot 6

Owner: WENDELIN, ERIC & HEATHER
16360 S 26 DR
ROCA, NE 68430

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 68521

HS002559
SCANNED

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5. **Current Type of Lateral-** plastic chamber **Current Linear Ft. Of Lateral -** 450

Current Tank Gallonage- 2000

6.Print Name Steven Clewis Address 1722 W. Avalanche Rd. Phone: 4024321082

Applicant Signature: [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 6/30/23 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Comments (if any): ____

Site visits
Date 06/29/23 By DC
Date ___/___/___ By ____

Installation final written approval
Date 06/29/23 By Doug Thurs

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: 6/26/23 Amount $245 Check No. cc 8764 Initials JAO

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: HS00 2559

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/29/22 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 16360 S. 26th 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 1,980 / 2,625 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 440 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 6 Width 4.5 Facts No. of Drop Boxes _____ Distribution Box 2 - plus pump

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 _____ Lateral #3 NA

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 6/29/23

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Smith

Date 6/29/23

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 16360 S. 26th Dr. City Roca NE, Zip
(no rural route)

Owner Brett Stadley Address 7110 S. 40th St Lincoln NE

Date of Tests 1/22/15 to 1/23/15 Weather: Precipitation 0 Temperature 55

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	36	1/22	3:00	1/22	7:00	1/23	12:00	6	1/23	4:00	30	5/8	48
2	"	1/22	"	"	"	"	"	6	"	"	"	5/8	48
3	"	"	"	"	"	"	"	6	"	"	"	3/4	40
4	"	"	"	"	"	"	"	6	"	"	"	3/4	40
5	"	"	"	"	"	"	"	6	"	"	"	5/8	48
6	"	"	"	"	"	"	"	6	"	"	"	5/8	48
								6					
								6					

Person Conducting Percolation Test

Name: Nathan Peterson
Phone: 402-202-8130
Address 7701 Cornhusker Hwy Suite 5
Lincoln NE 68507

Sum of Percolation Rates: 272
Average of Rates: 45
Rate Used for Calculation: 45

Soil type (NRCS Maps/Other)

Groundwater Depth

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: 402-441-8022

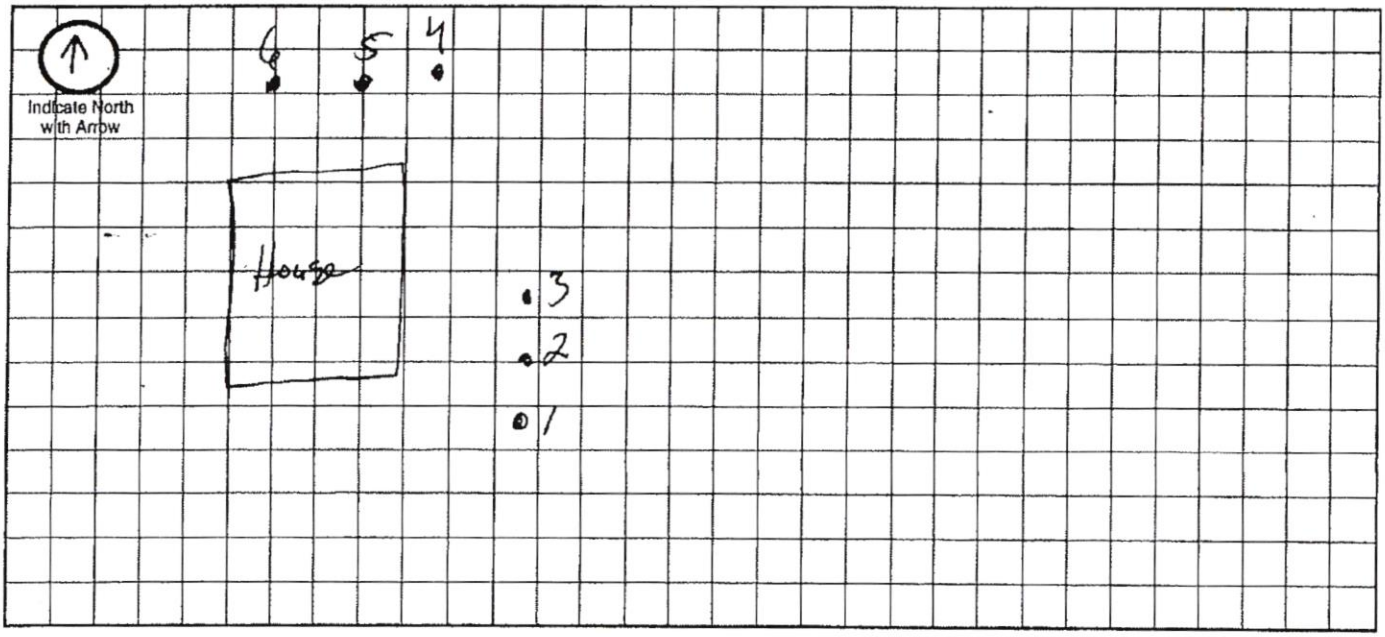
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 16360 S. 26th Dr City Lcca NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap: 2000 gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 45 (min/inch = mpi) No. of Bedrooms 5 Soil Type Otoe / Judson Land Slope 6 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals 412.5 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor_____ Date _____

Installer_____ 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) 15-19-101-006-000

Owner: Eric Windelin Address 16360 S 26th dr. Roca 68430

A. Wastewater Piping

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

B. Septic Tank

1. Material: Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 20 in.
4. Distance to:
   Well NA ft.
   Pressure line NA ft.
   Property Line 250 ft.
   Foundation 20 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 175 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: 8
3. Length of each lateral (linear): ft. 30 ft. 40 ft. 50 ft. 50 ft. 50, 60, 80, 80
4. Drainfield size: 1980 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line ND ft.
   Property line 5 ft.
   Depth of Groundwater 78

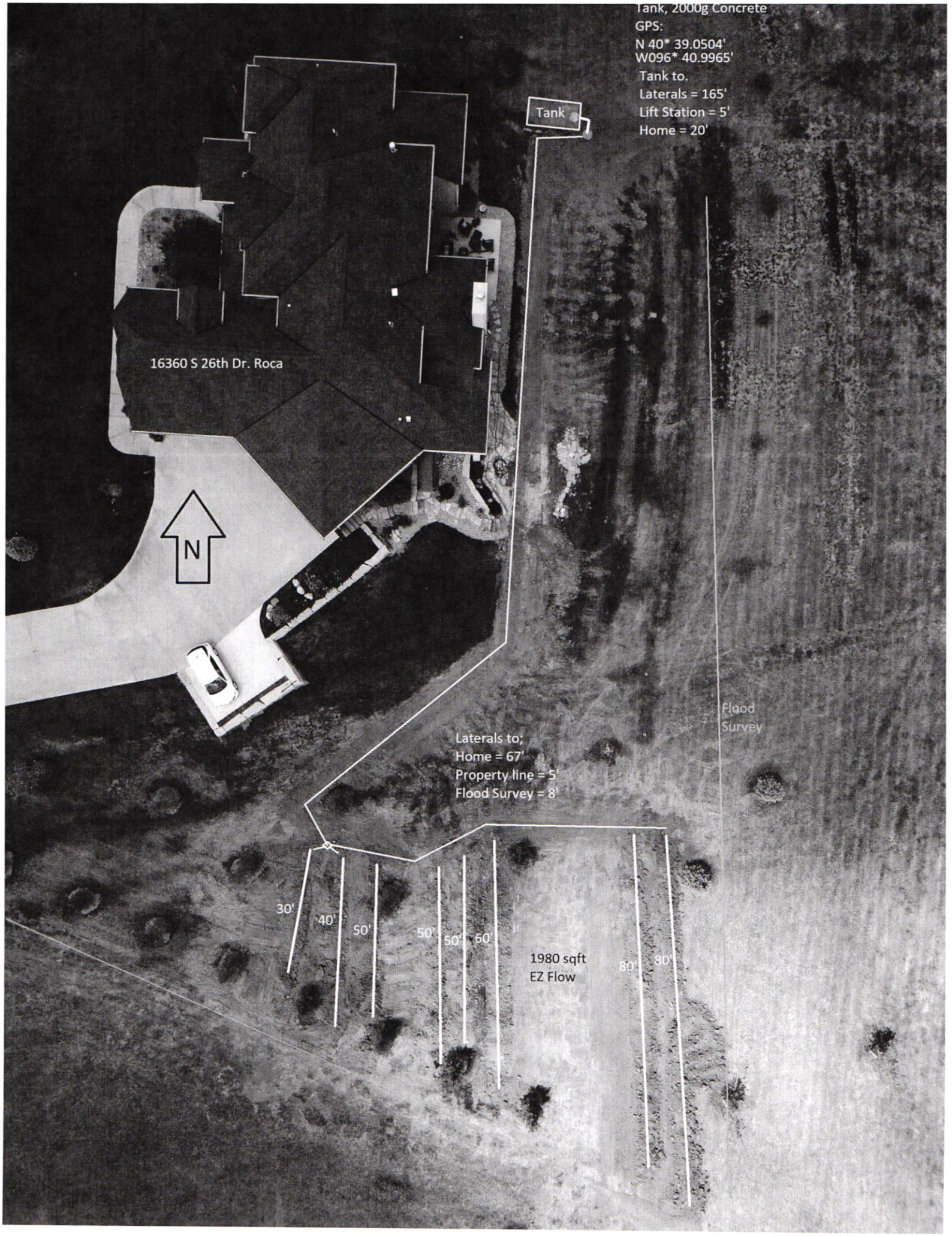
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☑ No

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: 6-24-23

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


Tank, 2000g Concrete
GPS:
N 40* 39.0504'
W096* 40.9965'
Tank to.
Laterals = 165'
Lift Station = 5'
Home = 20'
Tank
16360 S 26th Dr. Roca
N
Flood
Survey
Laterals to;
Home = 67'
Property line = 5'
Flood Survey = 8'
30'
40'
50'
50'
50'
60'
1980 sqft
EZ Flow
80'
80'