#5002570

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):** 7919 SW 119th St. Denton

Legal Description of Property: Township: 9 Range: 5 Section: 20

Block _____ Lot 28 SubDivsion _____ Add: _____

***Parcel ID** 03 - 20 - 300 - 010 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms 5 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 100' of lateral to help with water softner load.

5. **Current Type of Lateral-** Plastic Chamber **Current Linear Ft. Of Lateral -** 124

Current Tank Gallonage- 1500

6. Print Name Steven Lewis Address 1722 W. Arapahoe 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: 7/14/23 Amount $245.00 Check No. CC 8764 Initials _____

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. HS002570

System Type: Standard

Situs: No Site Address Specified

Issued: 7/18/2023

Expires: 7/18/2024

Description: S20, T9, R5, 6th Principal Meridian, LOT 28 SW

Owner: FARRER, ERICKA & LEWON, ADAM
7919 SW 119 ST
DENTON, NE 68339

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

H5002570

SCANNED

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HEALTH DEPARTMENT USE ONLY

☑ Municipal Code 24.38 ☐ County Resolution Number 02-30

Date received 7/13/23 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits Covered prior to inspection
Date 8/01/23 By DS
Date ___/___/___ By _____

Installation final written approval
Date 8/01/23 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: 7/14/23 Amount $245.00 Check No. CC 8764 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: HS002570

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/1/23 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7919 SW 119th 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: Add lateral

☐ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 945 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 230' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z flow

No. of Absorption Laterals 3 Width 4.5 factor on new lateral No. of Drop Boxes _____ Distribution Box _____

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 DS Date 8/1/23
Covered prior to inspection
Follow-Up _____ Date _____
Follow-Up _____ Date _____

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

Field Note Drawing (See Reverse Side):

Updated 4/15

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) 03-20-300-010-000

Owner Adam Lewon Address 7910 SW 119th St. Denton

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 43 ft.

B. Septic Tank

1. Material: Concrete
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 16 in.
4. Distance to:
   Well 96' ft.
   Pressure line \ ft.
   Property Line ____ ft.
   Foundation 43' ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 8 ft. W

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☑ Chamberless ☐ Other
   Material brand and inside width of Chamberless: EZflow - New Plastic Chamber - Exist.
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 70 ft. 60 ft. 100 ft. ____
4. Drainfield size: 945 sq. ft.
5. Distance to:
   Well 100' ft.
   Pressure line | ft.
   Property line ____ ft.
   Depth of Groundwater 28+

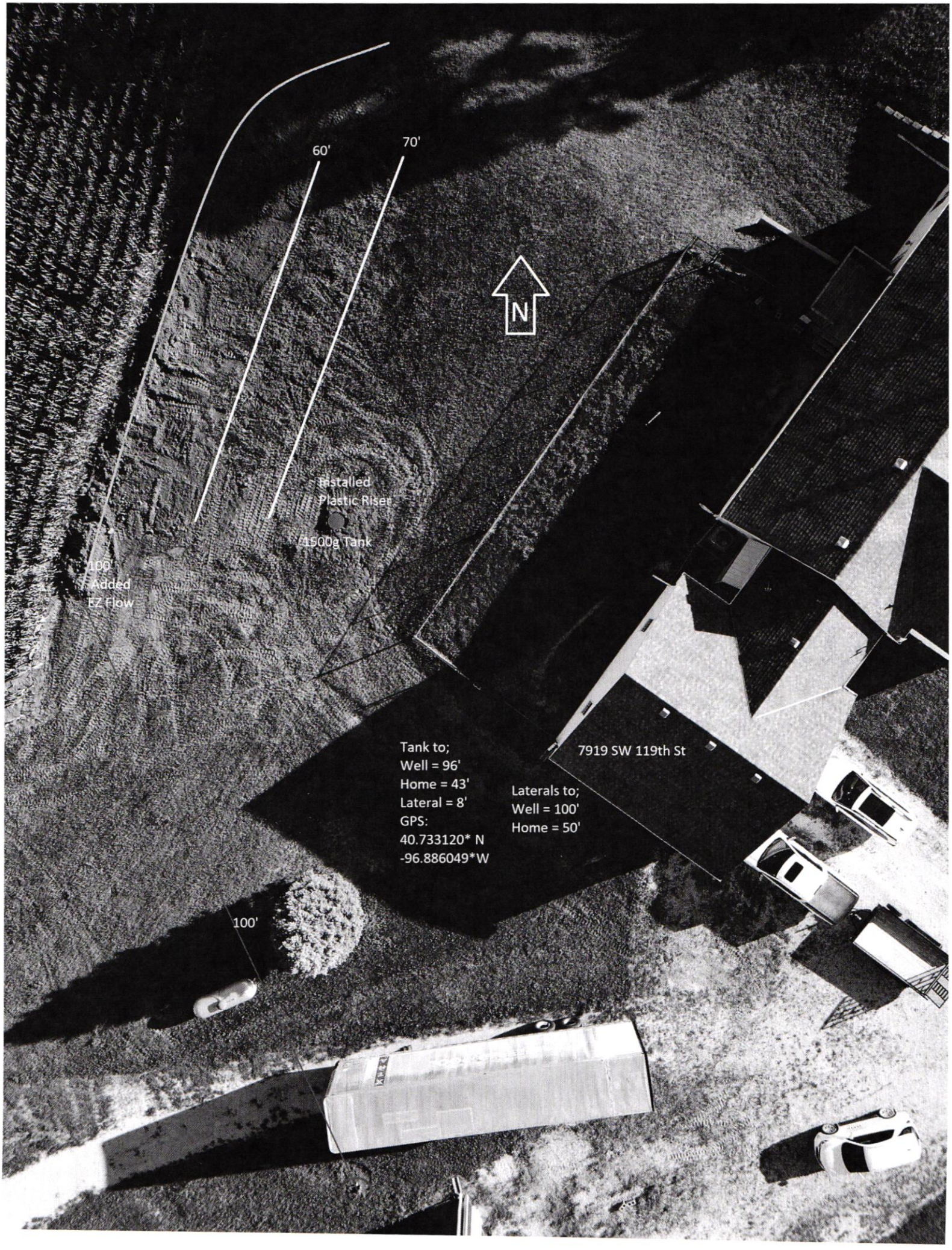
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☐ No

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: 7-30-23

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


60'
70'
N
Installed
Plastic Riser
1500g Tank
100'
Added
EZ Flow
Tank to;
Well = 96'
Home = 43'
Lateral = 8'
GPS:
40.733120* N
-96.886049*W
7919 SW 119th St
Laterals to;
Well = 100'
Home = 50'
100'

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street) 7919 SW 119th

Address not yet available (no rural route) City Denton NE, Zip 68339

SW¼ 20-9-5 Lot 28

Owner James P. O'Brien Addresss 8331 SW 95th St Denton, NE 68339

Soil Type (SCS): Judson/Merril Percolation Rate: 10 min./inch

Date of Tests 6-5-06 to 6-6-06 Weather: Precipitation — Temperature 82°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	27	6-5	8:00a	6-5	12:00p	6-6	10:30a	6	6-6	11:30a	10	5/8	16
2	29	"	"	"	"	"	"	"	"	"	"	15/8	6
3	27	"	"	"	"	"	"	"	"	"	"	3/4	13
4	27	"	"	"	"	"	"	"	"	"	"	1	10
5	30	"	"	"	"	"	"	"	"	"	"	1 3/4	6
6	29	"	"	"	"	"	"	"	"	"	"	1 1/8	9

Person Conducting Percolation Tests

Name: Terri Jakoubek, Raymond Contracting, Inc.
Phone: 402-783-2663 or 402-890-3870
Address 13800 NW 70th St
Raymond, NE 68428 #P1198

Sum of Percolation Rates: 60
Average of Rates: 10
Rate Used for Calculation: 10

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official: Gerald C. Hood R.E.H.S. Date JUNE 7, 2006

FORM 23-101 10-96