HS002581

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):** 16300 Cottonwood St. or Bennett R2 68 317

   Legal Description of Property: Township: T9 Range: R8 Section: 52

   Block _____ Lot 17 SubDivsion _____ Add: _____

   ***Parcel ID** 21 . 02 . 300 . 008 . 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:** Increase lateral field by 810 sq ft to bring to the required for 30-40 mpi that was found Bringing new total to 945 sq ft

5. **Current Type of Lateral-** Gravel **Current Linear Ft. Of Lateral -** 45

   Current Tank Gallonage- 1000

6. Print Name Steven Lewis Address 1722 W. Avalanche R2 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: 9/5/23 Amount $250 Check No. CC8764 Initials JAO

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 16300 cottonwood St. City Bennett NE, Zip 68317

(no rural route)

Owner Randy Hansen Address 13700 W 81st. Terrace Lenexa Ks 66215

Date of Tests 8-13 to 8-14 Weather: Precipitation Ø Temperature 83

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		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	8-13	10:42	8-14	10:42	8-14	10:42	6	8-14	11:12	30	3/4	40
2	"	"	"	"	"	"	"	6	"	"	"	1	30
3	"	"	"	"	"	"	"	6	"	"	"	3/4	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steven C Lewis
Phone: 402 432 1082
Address 1722 W. Avalanche Rd.
Lincoln NE. 68521

Sum of Percolation Rates: 110
Average of Rates: 36.66
Rate Used for Calculation: 30-40

Soil type (NRCS Maps/Other) 7668 Mayberry silty clay loam.
Groundwater Depth 8'

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. HS002581

System Type: Standard

Situs: No Site Address Specified

Issued: 9/12/2023

Expires: 9/12/2024

Description: S2, T8, R8, 6th Principal Meridian, LOT 17 SW

Owner: HANSEN, ARLA M
16300 BENNET RD
BENNET, NE 68317

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

SCANNED

H5002581

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Legal Description of Property: Township: 7N Range: R8 Section: 52

Block _____ Lot 17 SubDivsion _____ Add: _____

***Parcel ID** 21.02.300.008.000 (i.e. 99-99-999-999-999)

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Number of bedrooms 3 Does the system have a: ☐ Garbage Grinder ☐ Large Capacity Tub

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Applicant Signature: _____

Please contact LLCHD for the current permit fee for this application
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HEALTH DEPARTMENT USE ONLY

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

Date received 9/12/23 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): Outside of City limits on 9/12/23

Site visits
Date 09/26/23 By A.S
Date ___/___/___ By _____

Installation final written approval
Date 9/22/23 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: 9/5/23 Amount $250 Check No. CC8764 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

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): 21-02-300-008-000

Owner: Randy Hansen Address: 16300 Bennett Rd 68317

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 68 ft.

B. Septic Tank

1. Material: Concrete
2. Capacity: 1000g
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well NA ft.
   Pressure line ft.
   Property Line 70 ft.
   Foundation 68 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 10 ft. S

D. Drainfield/Absorption Field

● Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ● Other
   Material brand and inside width of Chamberless.
   New = EZ Flow
2. Number of Laterals: 5
3. Length of each lateral (linear): ft. 40 ft. 40 ft. 50 ft. 50, 45 - Existing
4. Drainfield size: 945 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line ft.
   Property line 53 ft.
   Depth of Groundwater 210

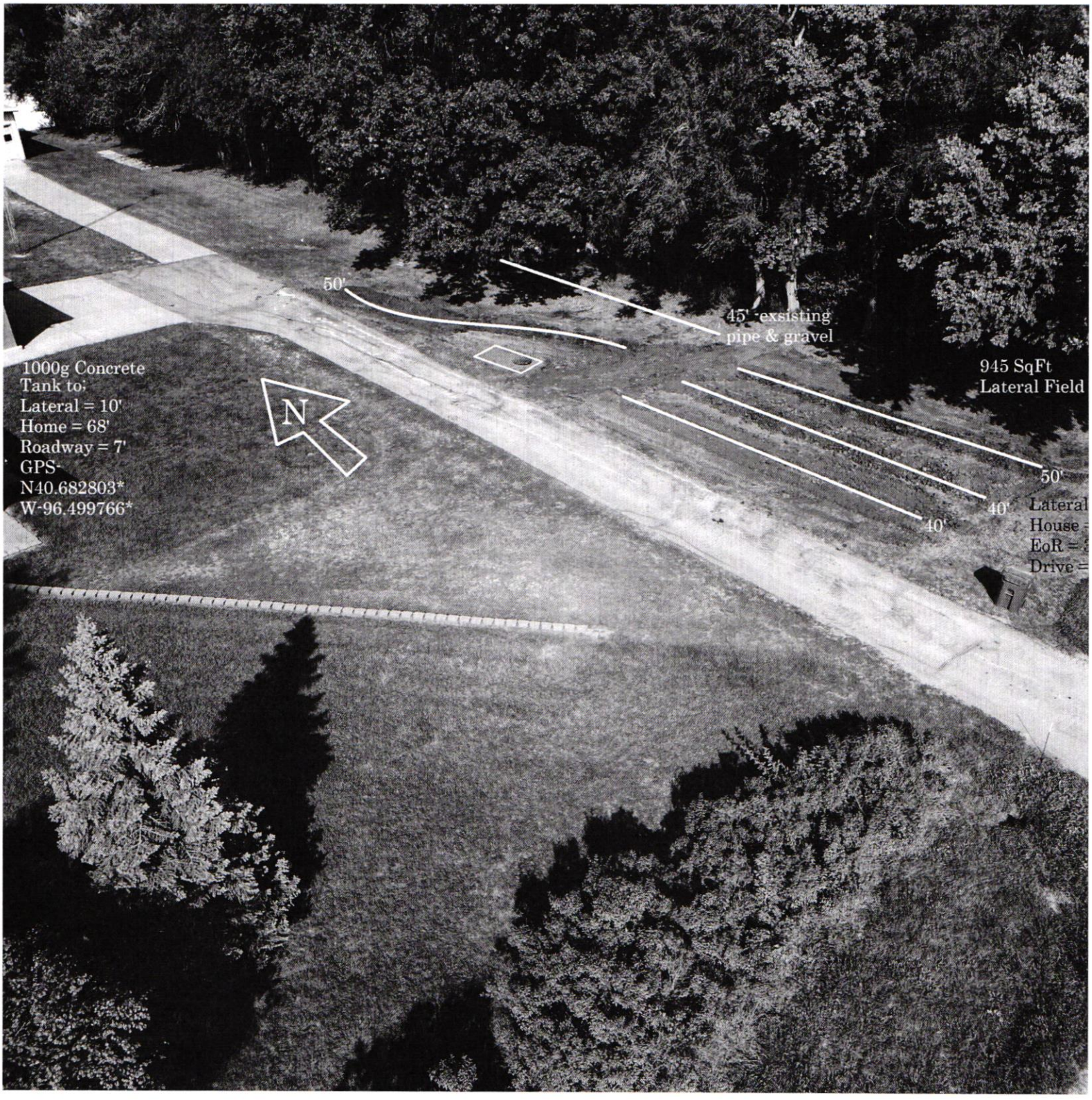
Was the Onsite Wastewater System covered prior to LLCHD inspection? ❑ Yes ● No

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: 9-21-22

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


50'
45' - exsisting
pipe & gravel
1000g Concrete
Tank to:
Lateral = 10'
Home = 68'
Roadway = 7'
GPS-
N40.682803*
W-96.499766*
N
945 SqFt
Lateral Field
50'
40'
40'
Lateral
House =
EoR =
Drive =