HS002583

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):** 2801 SW 74th St.

   Legal Description of Property: Township: T9 Range: R5 Section: S2

   Block 1 Lot 1 SubDivsion Ridge Park Add:

   ***Parcel ID** 03.02.201.001.000 (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:** Add 100' lateral to exsis ing system, update dist. Box. & Tank risers

5. **Current Type of Lateral-** Pipe & Gravel **Current Linear Ft. Of Lateral -** 330'

   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: 9/11/23 Amount $250 Check No. 8764 Initials JAO

Revised 4/8/13

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)

Address 2801 SW 74th (no rural route) City Lincoln NE, Zip 68532

Owner Joni Pauley Addresss 4101 O st Lincoln, Ne 68510

Soil Type (SCS): ~~BPF~~ SCH Percolation Rate: _____ min./inch

Date of Tests 8/26 to 8/27/97 Weather: Precipitation 0 Temperature 80-90

483-4199/499-2914 Coll

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	32	8/26	8:00	8/27	8:00	8/27	11:30	21 7/8	8/27	12:00	30	3/4	40
2			AM		AM		Am	20 5/8		NOON		5/8	48
3								21 1/8				5/8	48
4								22 7/8				5/8	48
5								20 3/4				3/4	40
6								20 1/4				5/8	48

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 475-2462 / 430-7606

Address 17201 Se 72

Hickman, Ne 68372

Sum of Percolation Rates: 272

Average of Rates: 46

Rate Used for Calculation: Suggest 55

(Perc Rate faster than expected)

3 Bdrm - 1,000 Gallon Septic Tank w/ 990 Ft² of Lateral area

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date OCTOBER 16, 1997

FORM 23-101 10-96


450 sqft
added
990 sqft
Exsisting
184'
207'
Well
2801 SW 74th St
18'
1440 sqft
New Total

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
NON TRANSFERABLE

PERMIT

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 97380167201

Issued 10/16/97
Expires 04/16/98
Revenue Code 18754

FEES: $150.00

Establishment

JONI PAULEY
T9N R5E SEC 2
RIDGE PARK BLK 1 LOT 1
2801 SW 74 STREET

TOTAL $150.00

Permittee

JONI PAULEY
4101 D ST
LINCOLN NE 68510

Gregg Wright MO.
Issued By ~~M. Jane Ford~~
Health Director

5337

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 2801 SW 7th (no rural route) City Lincoln NE, Zip 68532

Legal Description 2 (1/4) 9N (Section) 5E (Township) Ridge Park (Range) Subdivision 1 (Addition) 1 (Block) (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☑ Check if system mail address is not the same as the owner's address

B. Owner

Name Joni Pauley Signature Joni A. Pauley

Address 4101 D St City/State/Zip Lincoln NE 68510

☐ Check if owner designed system Home Phone 483-1987 Work Phone 483-4199

C. Contractor

Name Brad Southwick Company Name Southwick Sewer + Drain

Address 17201 S. 72nd City/State/Zip Hickman, NE 68372

☐ Check if contractor designed system Work Phone 430-7606 475-2462

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day_____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 10/16/97 Date frwd 10/16/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10.16.97 Date frwd 10.16.97 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-16-97 Date frwd 10/6 97 **ACTION** ☒ Approved ☐ Disapproved Signature _____

4-19-98 mm

Installation Final Written Approval

By Ron Maynard

Date 6-9-98

Business Office Use Only

Date Rec'd 10/09/97

Amt Paid 150 ck

Rec'd By _____ ~~Cash~~/Check No. 507

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

489-6161 450-4525

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

C

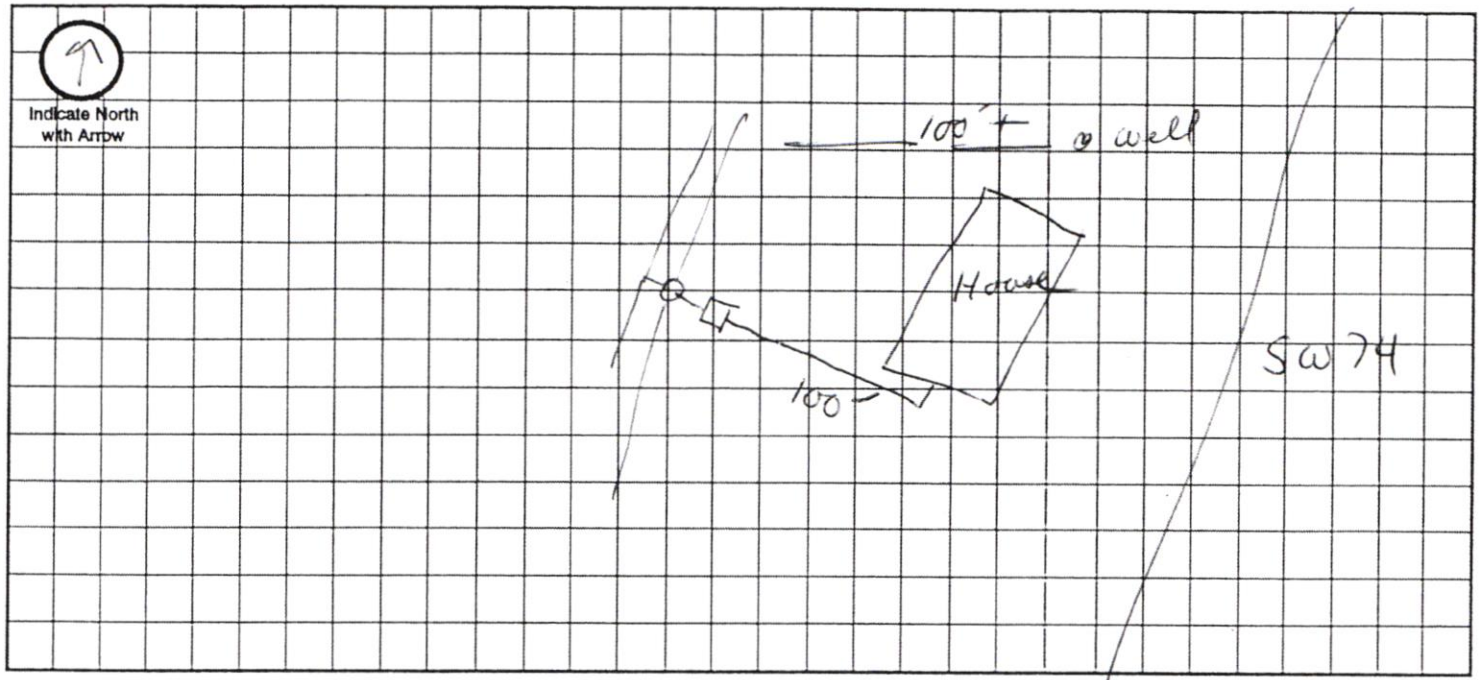
Permit Number:

Michael Bldgs
Joanie Pauly

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) SW 74 City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 46 (min. per inch) Soil Type: _____ Land Slope: 2% - 5% %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 990 sq. ft.

Type of Lateral: ☐ Half-Moon ☒ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 ft. Number of Trenches 4 Trench Width 3

D. 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 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Larry Schwarck Date 4-17-98

FORM 23-102 10-96

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

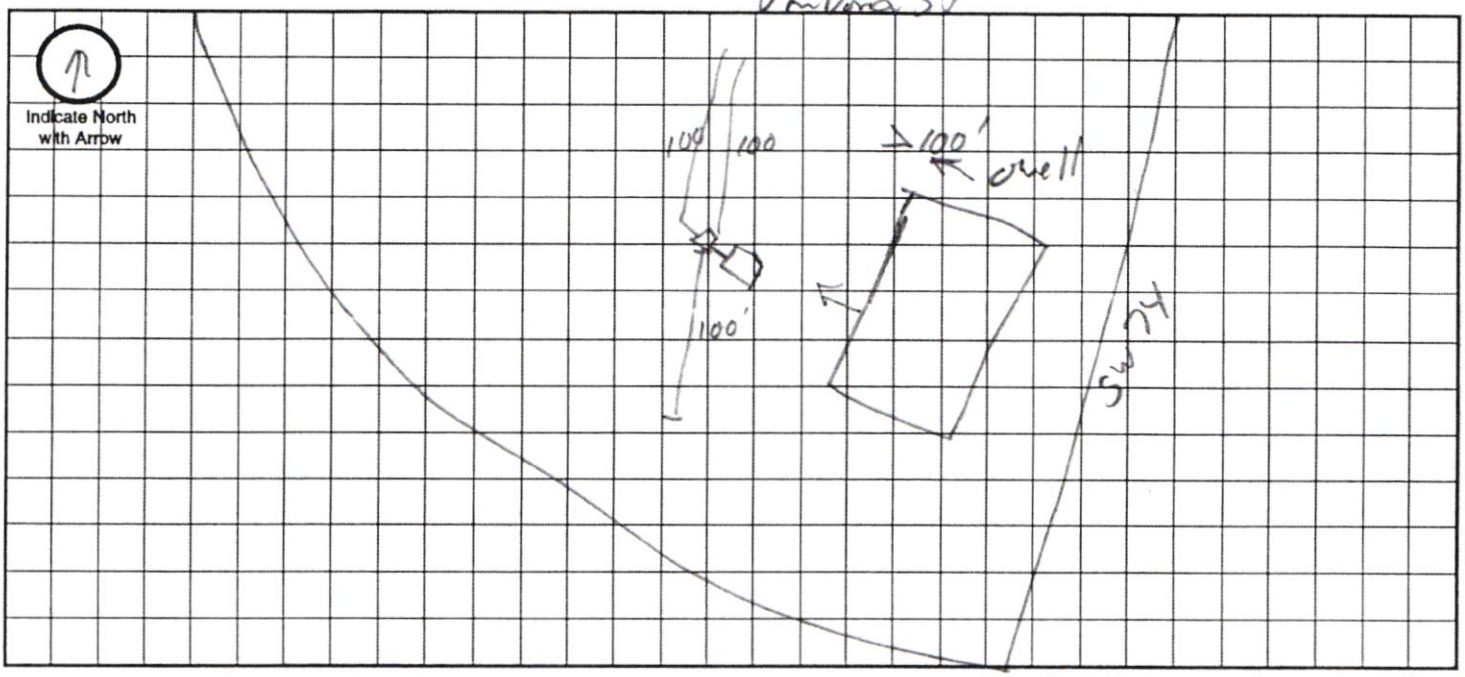
C

Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 46 (min. per inch) Soil Type: Shc Land Slope: 10% %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 990 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 295 ft. Number of Trenches _____ Trench Width 4'

D. 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 ☐	☐

E. Required Signatures

Home Building Contractor Mike Mizell Date 10-16-97

Installer Brad Southwell Date 10-6-97

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 4-20-98

System Location (Indicate correct number and street)

Address 2801 So 74th (no rural route) City Lincoln NE, Zip 68532

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 65 ft.
4. Number of clean-outs: ~
5. Distances to: well or suction line ~ ft.
   stream ~ ft.
   pressure line ~ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line ~ ft.
   Stream ~ ft.
   Pressure line ~ ft.
   Property line ~ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 11 ft.

D. Absorption Field

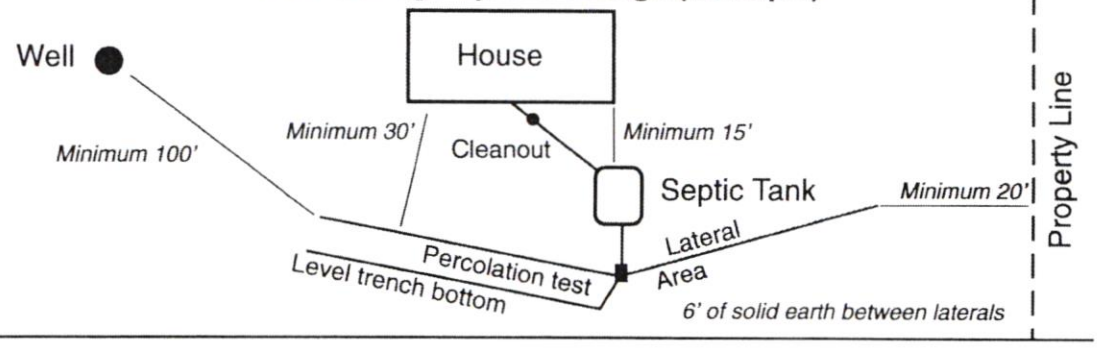
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: 4
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 30 ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 2 in/100 ft.
   Average depth 30 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line 100+ ft.
   Stream ~ ft.
   Pressure line ~ ft.
   Property line ~ ft.

Indicate North with Arrow

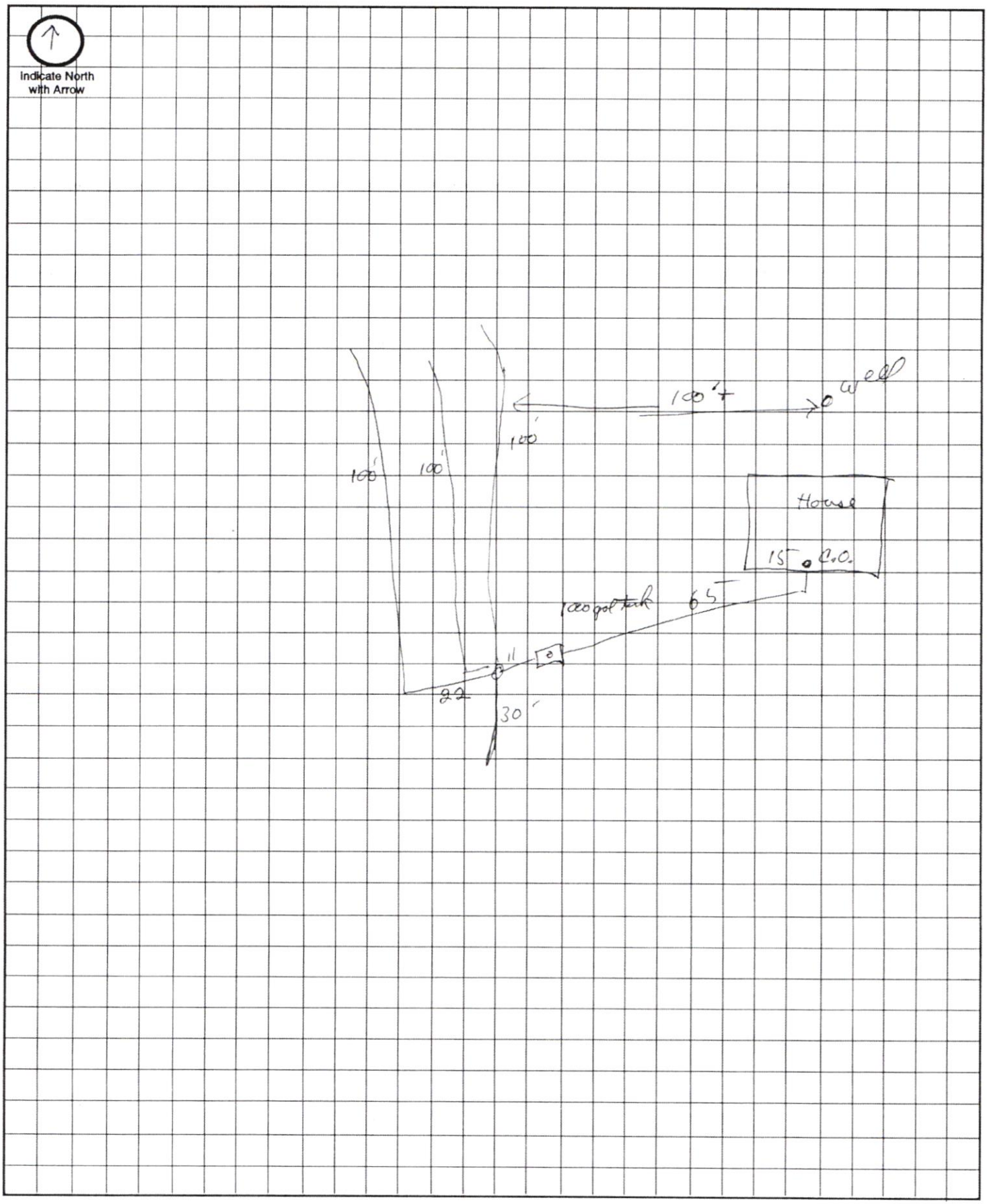
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Tony Schwarok



Approximate Scale: _____ ft. = _____ grid line/s

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): 03-02-201-001-000

Owner: _____ Address: _____

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 65 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 207 ft.
   Pressure line ~ ft.
   Property Line ~ ft.
   Foundation 65 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 12 ft. W

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☒ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: Added EZ Flow
2. Number of Laterals: 5
3. Length of each lataral (linear): ft. 100 ft. 100 ft. 100 ft. 30 -Added 100
4. Drainfield size: 1440 sq. ft.
5. Distance to:
   Well 184 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: 9-11-23

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

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. HS002583

System Type: Standard

Situs: No Site Address Specified

Issued: 9/12/2023

Expires: 9/12/2024

Description: RIDGE PARK, BLOCK 1, Lot 1

Owner: ZIMMERMAN, THOMAS M &
REBECCA F
2801 SW 74 ST
LINCOLN, NE 68532

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