HS002614

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):** 10345 sw 119th st.

Legal Description of Property: Township: 9 Range: 5 Section: 32

Block _____ Lot 20 SubDivsion _____ Add: _____

***Parcel ID** 03 - 32 - 100 - 002 - 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 (being removed) ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** adding 250' EZ Flow bringing total drainfield length to 490'

5. **Current Type of Lateral-** Plastic 1½ Bedroom **Current Linear Ft. Of Lateral -** 240'

Current Tank Gallonage- 1500

6. Print Name Steven Lewis Address 1722 W Avalon 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: 11/20/23 Amount $250 Check No. 8764 Initials JAD

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. HS002614

System Type: Standard

Situs: No Site Address Specified

Issued: 11/22/2023

Expires: 11/22/2024

Description: S32, T9, R5, 6th Principal Meridian, LOT 20 NW

Owner: FOLEY, BRETT P & LINDY K
10345 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 68521

SCANNED

HS002614

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Being Removed.

4. **Description of proposed alteration or repair:** adding 250' EZ Flow bringing total drainfield length to 490'

5. **Current Type of Lateral-** Plastic 1/2 Rows **Current Linear Ft. Of Lateral -** 240'

Current Tank Gallonage- 1500

6. Print Name Steven Lewis Address 1722 W Avalon Rd Phone: 4024321082

Applicant Signature: _____

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 11 / 28 / 23 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 11 / 28 / 23 By _____
Date ___ / ___ / ___ By _____

Installation final written approval
Date 11 / 29 / 2023 By _____

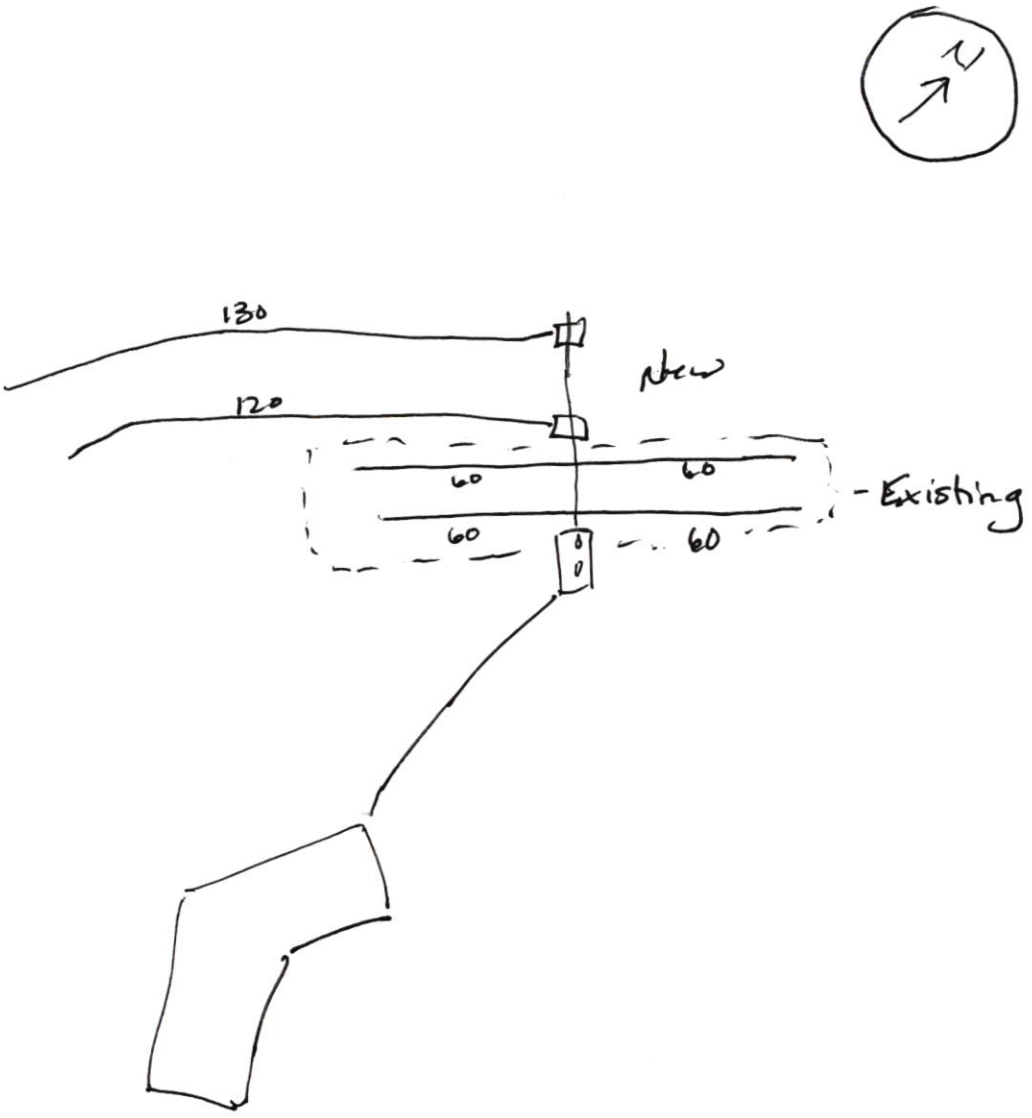
Return application to:

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: 11 / 20 / 23 Amount $250 Check No. 88764 Initials _____

Revised 4/8/13


N
130
120
New
60
60
60
60
- Existing

SW 119th

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

FEB 28 2006

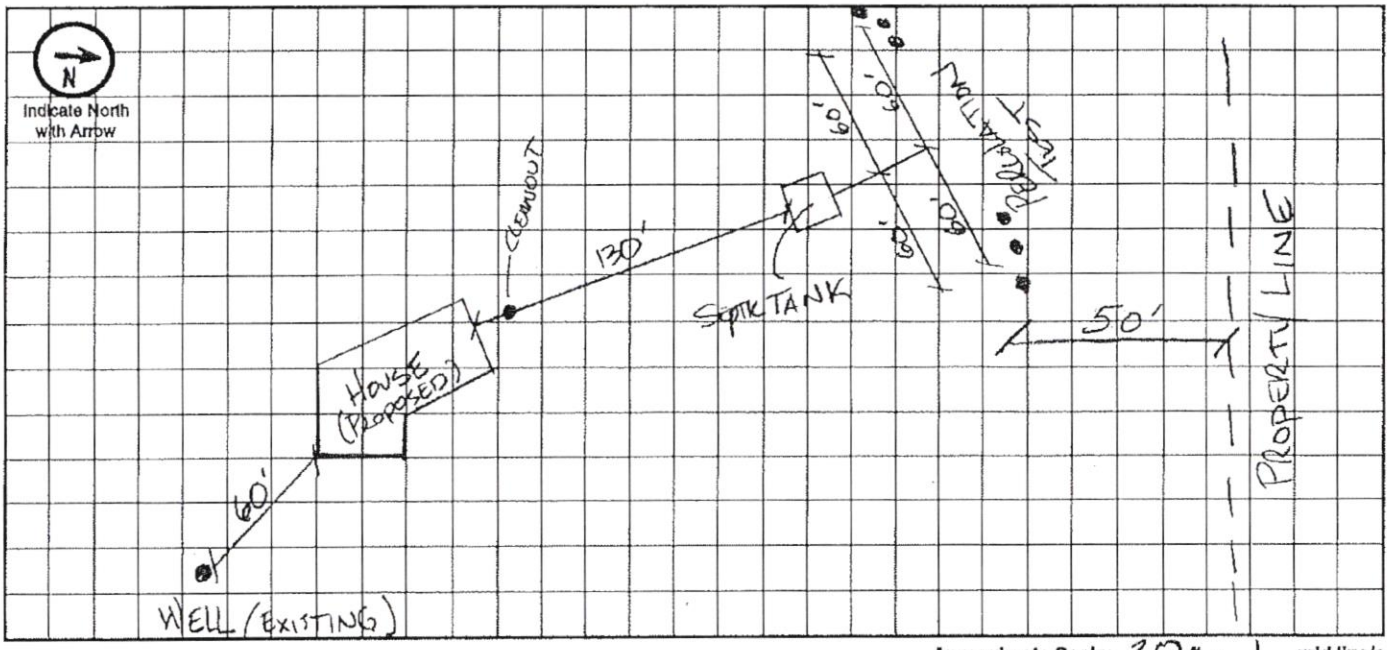
C

Permit Number: 06380359

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) SW 119th City DENTON NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 47 (min. per inch) Soil Type: STEINAUER LOAM Land Slope: _____ %

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 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 248 ft. Number of Trenches 4 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 Matt Topping Date 27FEB06

Installer _____ Date 2-27-06

FORM 23-102 10-96

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

A

Permit Number: 063803159 01

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:

FEB 2 8 2006

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 10345 SW 119th (no rural route) City DENTON NE, Zip 68339

Legal Description NW 32 9N 5E OF THE 6TH PM 1 1/7.1.
1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | 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 MATT TOPPING Signature Matt Topping

Address 15109 OAK RIDGE DR City/State/Zip LOUISVILLE, NE 68037

☐ Check if owner designed system Home Phone 402.234.5053 Work Phone 402.432.1244

C. Contractor

Name DAVE VOGT Company Name VOGT EXCAVATING

Address PO BOX 22753 City/State/Zip LINCOLN NE 68542

☐ Check if contractor designed system Work Phone 402.560.4267

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

Designer Name DAVE VOGT Firm VOGT EXCAVATING Work Phone 402.560.4267

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 2/28/06 Date frwd 3/1/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3-1-06 Date frwd 3-1-06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3-1-06 Date frwd 3-1-06 ACTION ☒ Approved ☐ Disapproved Signature _____

5/21/06 Need drawing, J.C.H.

Installation Final Written Approval

By _____

Date 2/12/07

Business Office Use Only

Date Rec'd 03/01/06

Amt Paid 275.00

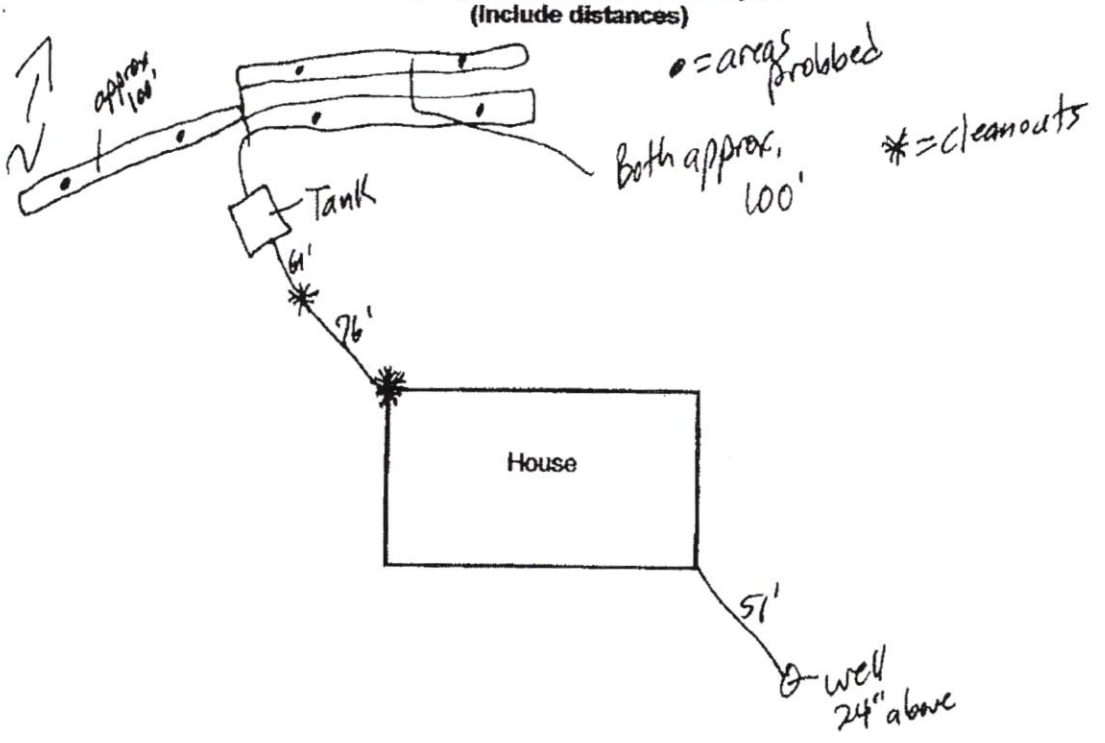
Rec'd By _____ ~~Cash~~/Check No. 1039

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

SW 119th

LLCHD HPT00778

Onsite Wastewater Treatment System Layout
Property Transfer Inspection Report
(Include distances)



1. Indicate location of septic tank (distance and direction from house).
2. Indicate location and distance of wastewater lagoon.
3. Indicate location and distance of closest building foundations.
4. Indicate location of well.
5. Indicate number of laterals. Indicate approximate areas of probing.
6. Age of system (if known) Unknown

General Comments:

Concrete Tank with 2- 18" risers to grade, Latterals 12" to 18" to top, NO gravel approx 300' latteral, Meets setbacks, No visable Signs of Failure,

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

B

Permit Number: 06380315 9

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

FEB 2 8 2006

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10103 SW 119th St (no rural route) City Denton NE, Zip 68339

Owner Matt Topping Addresss 15109 Oak Ridge Dr. Louisville, NE 68037

Soil Type (SCS): Steinauer Loam Percolation Rate: 47 min./inch

Date of Tests 1/16/06 to 1/17/06 Weather: Precipitation 0 Temperature 37°

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	24	1/16	12:30p	1/16	4:30p	1/17	12:30	6	1/17	4:30		9/16	30/0.56=54
2	24	"	"	"	"	"	"	"	"	"	"	9/16	30/0.56=54
3	25	"	"	"	"	"	"	"	"	"	"	5/8	30/0.63=48
4	24	"	"	"	"	"	"	"	"	"	"	11/16	30/0.69=43
5	26	"	"	"	"	"	"	"	"	"	"	3/4	30/0.75=40
6	26	"	"	"	"	"	"	"	"	"	"	3/4	30/0.75=40

Sum of Percolation Rates: 279
Average of Rates: 47
Rate Used for Calculation: 47

Person Conducting Percolation Tests

Name: Terri Trakoubek, Raymond Contracting, Inc.
Phone: 402-783-2663 or 402-890-3870
Address 13800 NW 70th St
Raymond, NE 68428
#-C-1198

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date FEBRUARY 28, 2006

FORM 23-101 10-96

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: HS0026014

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) 03-32-100-002-000

Owner: Brett Foley Address 10345 SW 119th. St. Denton

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 132 ft.

B. Septic Tank

1. Material: concrete
2. Capacity: 1500g
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 310 ft.
   Pressure line ____ ft.
   Property Line ____ ft.
   Foundation 132 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 23 ft. W

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: 5
3. Length of each lateral (linear): ft. 120 ft. 130 - EZ Flow ft. 80 ft. 80 ft. 80 plus 12 chamber
4. Drainfield size: 1995 sq. ft.
5. Distance to:
   Well 325 ft.
   Pressure line ____ ft.
   Property line ____ ft.
   Depth of Groundwater >10'

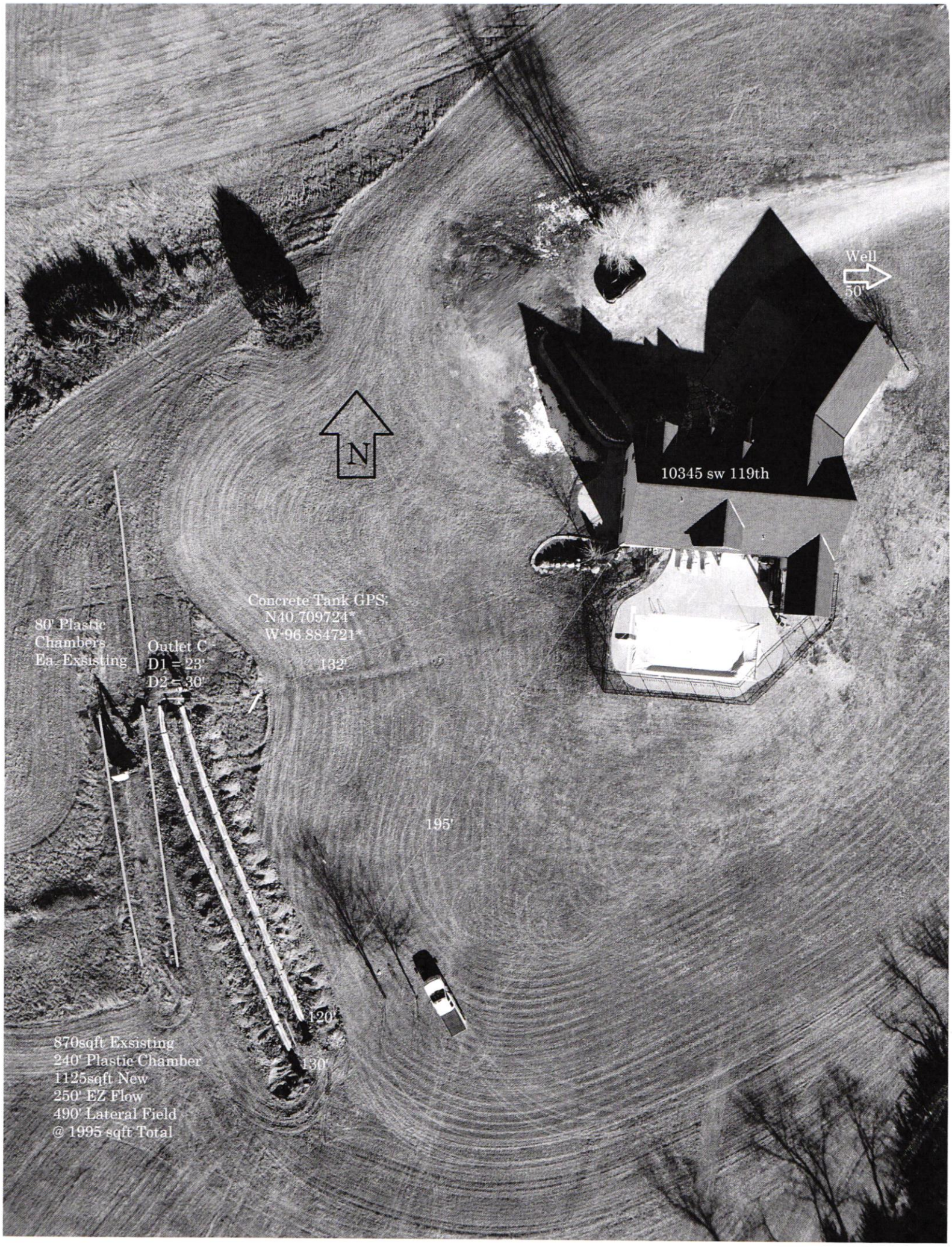
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ● No

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 11-28-23

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


Well
50'
N
10345 sw 119th
Concrete Tank GPS:
N40.709724*
W-96.884721*
80' Plastic
Chambers
Ea. Exsisting
Outlet C
D1 = 23'
D2 = 30'
132'
195'
120'
130'
870sqft Exsisting
240' Plastic Chamber
1125sqft New
250' EZ Flow
490' Lateral Field
@ 1995 sqft Total