Application to Alter or Repair an Onsite Wastewater Treatment System

#S002614

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):** 23855 N 1st St

   Legal Description of Property: Township: 12 Range: 6 Section: 03

   Block _____ Lot 7 SubDivsion _____ Add: _____

   ***Parcel ID** 13 - 03 - 200 - 003 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 2 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 70' EZ Flow to Swing System to 532.5 sqft drain field.

5. **Current Type of Lateral-** Plastic ½ Row 2 **Current Linear Ft. Of Lateral -** 60'

   Current Tank Gallonage- 1000 gal

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: 11/30/23 Amount $250 Check No. 8764 Initials JKV

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 23855 N 1st. St (no rural route) City Lincoln NE, Zip 68017

Owner Joe Brabec Address

Date of Tests 11-26 to 11-27 Weather: Precipitation 0 Temperature 41°

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							6			30	1	30
2	"	"	"	"	"	"	"	6	"	"	"	1	30
3	"	"	"	"	"	"	"	6	"	"	"	1	30
								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

Soil type (NRCS Maps/Other) Sandy
Groundwater Depth 210'

Sum of Percolation Rates: 90
Average of Rates: 30
Rate Used for Calculation: 30 MPI.

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. HS002616

System Type: Standard

Situs: No Site Address Specified

Issued: 12/5/2023

Expires: 12/5/2024

Description: S3, T12, R6, Acres 6th Principal Meridian, LOT 7 NE

Owner: BRABEC, JOSEPH & SAMANTHA
23855 N 1 ST
CERESCO, NE 68017

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 AVALANCH
LINCOLN, NE 68521

SCANNED

#S0026164

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1. **Street Address (No Rural Route):** 23855 N 1st St

Legal Description of Property: Township: 12 Range: 6 Section: 03

Block _____ Lot 7 SubDivsion _____ Add: _____

***Parcel ID** 13 - 03 - 200 - 003 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms 2 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 70' EZ Flow to bring System to 532.5 sqft drain field. 2175 sq ft

5. **Current Type of Lateral-** Plastic ½ Row 2 **Current Linear Ft. Of Lateral -** 60' (50 per)

Current Tank Gallonage- 1000 gal

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
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HEALTH DEPARTMENT USE ONLY

☐ Municipal Code 24.38 ☑ County Resolution Number 02-30

Date received 12/5/23 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ___/___/___ By No site inspection - Covered
Date ___/___/___ By W/O inspection

Installation final written approval
Date 12/5/23 By Doug Lucas

Additional lateral installed 11/30/23 70' of EZ flow bringing total lateral to 532 sq. feet

Return application to: Lincoln-Lancaster County Health Department
Environmental Public Health Division
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Received: Date: 11/30/23 Amount $250 Check No. # 8764 Initials _____

Revised 4/8/13

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3	"	"	"	"	"	"	"	6	"	"	"	1	30
								6					
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Groundwater Depth 210'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date


Well
Tank to;
Well = 90'
Lateral = 5'
House = 20'
Lateral to;
Well = 100'
Home = 24'
N
23855 N 1st Street
Tank GPS:
N41.044437°
W-96.72096°
30' EZ Flow
40' EZ Flow
10' EZ Flow