Application to Alter or Repair an Onsite Wastewater Treatment System

A5002628

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):** 3722 SW 91st.

Legal Description of Property: Township: 9 Range: 5 Section: 33

Block 2 Lot 4 SubDivsion Cimarron Lake Estates Add:

***Parcel ID** 03-03-302-004-000 (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:** Adding 260' EZ Flow with Dist. Box bringing total laterals to 492' @ 2098 sq ft.

5. **Current Type of Lateral-** Plastic ½ round **Current Linear Ft. Of Lateral -** 232'

Current Tank Gallonage- 1500

6.Print Name Steven C 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: 2/13/24 Amount $250.00 Check No. 87764 Initials JAO

Revised 4/8/13

CHECK 14788 59931-----

RECEIVED $140

Nebraska DEQ

System Registration For Onsite Wastewater Treatment System - Septic System

RECEIVED

NOV 19 2013

Nebraska Department of Environmental Q
By: DEQ# 005

Print or Type

Nate + Holly | Sidlo | Owner Phone Number

Owner First Name | Initial | Last Name

Business or Legal Entity Name (if applicable)

2549 County Rd B | Valparaiso | NE | 68065

Owner Mailing Address | City | State | Zip

3722 SW 91st

Physical address of system if different from owner's mailing address

Location | ***Legal description*** | ***OR*** | ***Geographical coordinates to 4 decimal points***

NE SW 3 9 5E | Lancaster | / | 40 46 34.90 | -96 50 44.30

¼ ¼ Section Township Range | County | Latitude | Longitude

Mark One ☒ Dwelling ☐ Non-dwelling

Mark One

☒ New system ☐ Modification, reconstruction or alteration of existing system ☐ System inspection only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Design flow 400 gal/day | Depth to seasonal high groundwater 105 feet

Septic tank capacity 1500 gallons | Percolation rate 36.14 min/inch

Number of trenches 2 | Width of trenches 36 inches

Total trench length 232 feet | Total effective trench bottom area 928 sq. ft.

Soil Absorption System Description (Select one of the following):

- ☐ Gravelless chambers without filter material (inside bottom width of chamber 32 inches)
- ☐ Gravelless chambers with filter material (describe filter material)
- ☐ Pipe with filter material (describe filter material)
- ☐ Gravelless pipe without filter material (diameter of the gravelless pipe inches)
- ☐ Gravelless pipe with filter material (describe filter material)
- ☐ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter in.)
- ☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material)
- ☐ Other (describe)

Previous system registration number (if applicable) TS

I swear or affirm that the system complies with Title 124 requirements and that the registration information documentation submitted are true, complete and accurate.

Justin | L. | Peterson | C1798

(*Print or Type*) First Name | Initial | Last Name | Certificate/License Number

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist

11/15/13

Date of Inspection or completion of construction

20130074435

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. HS002628

System Type: Standard

Situs: No Site Address Specified

Issued: 2/15/2024

Expires: 2/15/2025

Description: CONESTOGA LAKE ESTATES, BLOCK 2, Lot 4

Owner: SIDLO, NATHAN & HOLLY
3722 SW 91 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

STENVEN LEWIS
1722 W AVALANCHE RD
LINCOLN, NE 68521

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

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Health Director

STEVEN LEWIS
1722 W AVALANCHE RD
LINCOLN, NE 68521

SCANNED

H5002628

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 2/5/24 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 3/19/24 By DS
Date ___/___/___ By _____

Installation final written approval
Date 4/1/24 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: 2/13/24 Amount $250.00 Check No. 08764 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: HS002628

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/1/24 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3722 SW 91st 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: 2 existing laterals – 2 new lateral

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

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

Total length of laterals 492' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 Width _____ No. of Drop Boxes _____ Distribution Box 1

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 _____

Lateral #1 _____ Lateral #3 N/A

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DJ Date 3/19/24

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Jurma

Date 4/1/24

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) 03-03-302-004-000

Owner: Nate Sydlo Address 3722 SW 91st. Ponten 68339

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 93 ft.

B. Septic Tank

1. Material: plastic
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 30 in.
4. Distance to:
   Well 141 ft.
   Pressure line - ft.
   Property Line 20 ft.
   Foundation 91 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 20 ft. E

D. Drainfield/Absorption Field

● Trench ☐ Bed

1. Type: ☐ Perforated Pipe ● Chamberless ● Other
   Material brand and inside width of Chamberless.
   1/2 Rock - Existing EZ Flow new
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 116 ft. 116 ft. 130 ft. 150
4. Drainfield size: 2098 sq. ft.
5. Distance to:
   Well 174 ft.
   Pressure line - ft.
   Property line 10 ft.
   Depth of Groundwater >10'

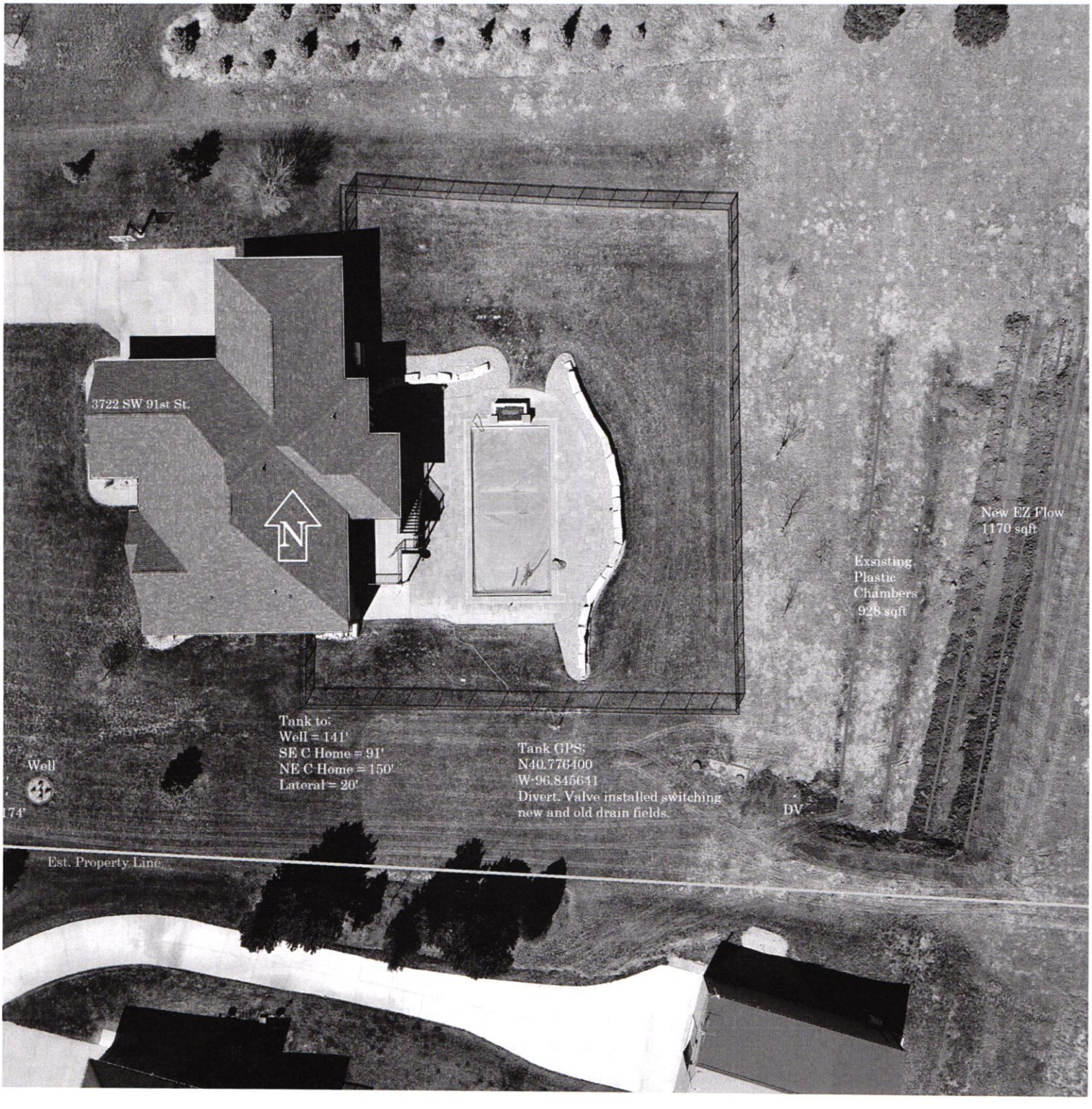
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ● No

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: [signature] Date: 3-19-24

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


3722 SW 91st St.
N
New EZ Flow
1170 sqft
Exsisting
Plastic
Chambers
928 sqft
Tank to:
Well = 141'
SE C Home = 91'
NE C Home = 150'
Lateral = 20'
Tank GPS:
N40.776400
W-96.845641
Divert. Valve installed switching
new and old drain fields.
Well
174'
DV
Est. Property Line