HS002634

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):** 3750 W. Burgess Ln

Legal Description of Property: Township: 9 Range: 6 Section: 17

Block 2 Lot 2 SubDivsion _____ Add: Rolling meadows 1st Add.

***Parcel ID** 09.17.308.002.000 (i.e. 99-99-999-999-999) LC

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:** Replace lateral field with EZ Flow in west side of home

5. **Current Type of Lateral-** Plastic 1/2 runs **Current Linear Ft. Of Lateral -** 300

Current Tank Gallonage- 1250 gal

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

Applicant Signature: SL

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: 2/29/24 Amount $250.00 Check No. CC8764 Initials LC

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 3750 W. Burgess ln (no rural route) City Lincoln NE, Zip 68523

Owner Jack Wienderholt Address 3750 W. Burgess Ln.

Date of Tests 2-20 to 2-21 Weather: Precipitation 0 Temperature 30°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr						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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	2-19	9:20	2-21	9:20	2-21	9-21	6	2-21	9:00	30	1/2	60
2								6				1/4	Not used
3								6				1/4	Not used
4								6				3/4	40
5								6				1/2	60
6								6				1/2	60
								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: 220
Average of Rates: 55
Rate Used for Calculation: 60 mpi

Soil type (NRCS Maps/Other) 7206 Aksarben clay loam
Groundwater Depth >10'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 2/21/2024

Disclaimer: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

Lori A. Cook

From: Nate C. Hartman
Sent: Thursday, February 29, 2024 8:26 AM
To: Lori A. Cook
Cc: Janet O'Neal
Subject: FW: 2312-1234 Alteration Repair Permit Application
Attachments: Alter or Repair Lancaster Co..pdf; B Sheet.pdf; Perc Test Map.pdf

Lori:

Please make a file for this and call Steven for payment.

Thanks!

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
3131 'O' Street, Lincoln, NE 68510
O: 402-441-8643 F: 402-441-3890

From: Doug R. Smith <drsmith@lincoln.ne.gov>
Sent: Thursday, February 29, 2024 8:16 AM
To: Nate C. Hartman <nhartman@lincoln.ne.gov>
Cc: Doug R. Smith <drsmith@lincoln.ne.gov>
Subject: FW: 2312-1234 Alteration Repair Permit Application

From: Nebraska Septic <nebraskaseptic@gmail.com>
Sent: Wednesday, February 28, 2024 4:49 PM
To: Doug R. Smith <drsmith@lincoln.ne.gov>
Subject: 2312-1234 Alteration Repair Permit Application

We finally found a path forward for this site. The percolation test in the small area we were going to add laterals did not move, could have something to do with why they are failing. I did find the site in the back pasture to the West of the home did however. We will install a lift station after the existing tank and pump effluent to the distribution box. I had considered trying to use a manifold to dose the entire drain field. What are your opinions on attempting that since the lift station control panel will have that capability. As far as I understand title 124, dosing systems are still under the general permit guidelines. I wanted your input prior to ordering the material however.

Thank You!

To accept a proposal Link!
Advanced Treatment Link!
NebraskaSeptic.com

-Steven C Lewis
(402) 432-1082

Nebraska SEPTIC

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. HS002634

System Type: Standard

Situs: No Site Address Specified

Issued: 3/1/2024

Expires: 3/1/2025

Description: ROLLING MEADOWS FIRST ADDITION, BLOCK 2, Lot 2

Owner: WIEDERHOLT, JACK & ELLEN
3750 W BURGESS LN
LINCOLN, NE 68523

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

HS002634

SCANNED

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Block 2 Lot 2 SubDivsion _____ Add: Rolling meadows 1st Add. LC

***Parcel ID** 09.17.308.002.000 (i.e. 99-99-999-999-999)

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Current Tank Gallonage- 1250 gal

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

Applicant Signature: [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 3/1/24 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Comments (if any): _____

Site visits
Date 03/18/24 By DS
Date ___/___/___ By _____

Installation final written approval
Date 03/25/24 By [signature]

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: 2/29/24 Amount $250.00 Check No. CC8764 Initials LC

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) 09-17-308-002-000

Owner: Jacks Wiederholt Address 3750 W. Burgess. In 68523

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 84 ft.

B. Septic Tank

1. Material: Concrete
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 36 in.
4. Distance to:
   Well 1411 ft.
   Pressure line NA ft.
   Property Line 47 ft.
   Foundation 141 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 300 ft. W

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless.
   E-Z Flow
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 130 ft. 130 ft. ____ ft. ____
4. Drainfield size: 1170 sq. ft.
5. Distance to:
   Well 186 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: 3-21-24

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

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: HS002634

Onsite Wastewater Treatment System

Inspection Sheet

Date 3/25/24 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3750 W. Burger 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:

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

Total square feet of drainfield 1,080 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 260' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ Flow

No. of Absorption Laterals 2 Width 45 factor No. of Drop Boxes _____ Distribution Box _____

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 NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 3/25/24

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Smith

Date 03/25/24

Field Note Drawing (See Reverse Side):

Updated 4/15


N
Well
3750 W Burgess Ln.
Concrete Tank GPS:
N40.747163* W-96.776409*
Tank to:
Well = 141'
House = 84'
Old Drain Field
300' Plastic 1/2 Round
@ 1087.5 sqft
Property Lin