HS002640

# 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):** ~~21401~~ 12401 Emma Walter Rd.

**Legal Description of Property:** Township: 11 Range: 7 Section: 9

Block _____ Lot 10 SubDivsion View Pointe North Add: _____

***Parcel ID** 18 - 09 - 401 - 010 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: Out Building)

Number of bedrooms _____ 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 200' EZ Flow to 1000 gal existing tanks for Out Building

5. **Current Type of Lateral-** None **Current Linear Ft. Of Lateral -** None

**Current Tank Gallonage-** 1000

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**

Fee must be included before the application will be processed. Incomplete information will delay processing.

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**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: 3/20/24 Amount $250.00 Check No. 00764 Initials [initials]

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 12401 Emmavalter Rd. (no rural route) City Lincoln NE, Zip 68517

Owner Josh Engel Address same

Date of Tests 3-26 to 3-27 Weather: Precipitation Ø Temperature 45°

### 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 | | | 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 | | | | | | | 6 | | | 30 | 1 | 30 |
| 2 | " | " | " | " | " | " | " | 6 | " | " | " | ½ | 60 |
| 3 | " | " | " | " | " | " | " | 6 | " | " | " | ½ | 60 |
| | | | | | | | | 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) 7644 Steinauer clay loam
Groundwater Depth >8

Sum of Percolation Rates: 150
Average of Rates: 50
Rate Used for Calculation: 60

***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. HS002640**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 3/29/2024

Expires: 3/29/2025

**Description:** VIEW POINTE NORTH, Lot 10

**Owner:** ENGEL, JOSHUA W & BRIGETTE
12401 EMMAWALTER RD
LINCOLN, NE 68517

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 68522

SCANNED

HS002640

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**HEALTH DEPARTMENT USE ONLY**

☑Municipal Code 24.38 ☐County Resolution Number 02-30

Date received 3/29/24 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Comments (if any): ____

**Site visits** No site visit - see aerial attached + contractor "O" sheet **Installation final written approval**
Date ____/____/____ By ____
Date ____/____/____ By ____ Date 04/04/24 By [signature]

**Return application to:**
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Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
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***Business Office Use Only***
Received: Date: 3/28/24 Amount $250.00 Check No. 00764 Initials [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

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): 18-69-401-010-000

Owner: Josh Engel Address: 12401 Emmawalter Rd. 68517

**A. Wastewater Piping**

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 18 ft.

**B. Septic Tank**

1. Material: plastic
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 16 in.
4. Distance to:
   Well 192 ft.
   Pressure line NA ft.
   Property Line 50 ft.
   Foundation 18 ft.

**C Distribution Box or Drop Box**

Distance and Direction from septic tank: 50 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. 40 ft. 50 ft. 40 ft. 50, 20'
4. Drainfield size: 900 sq. ft.
5. Distance to:
   Well 219 ft.
   Pressure line NA 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: 4-3-24

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

L4
L2
L5
L3
L1
900sqft EZ Flow
to;
93' - Pool
219' - Well
96' - House
10' - Property
Plastic 1000
GPS;
N40.933888
W-96.62895
To;
90' - House
55' - Latera
18' - Garag
42' - Pool
192' - Well
Nebraska
SEPTIC

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

D Exhibit 4

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Updated 2-15


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L5
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219' - Well
96' - House
10' - Property
Plastic 1000g Tank
GPS:
N40.933888*
W-96.628953*
To:
90' - House
55' - Lateral
18' - Garage
42' - Pool
192' - Well
Garage @
12401
Emmawalter Rd
Nebraska
SEPTIC