Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☒ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township T9N Range 7E 1/4 ____ 1/4 ____ Section 28
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) ____

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe ____

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** New tank needed & added 80 ft lateral

5. **Work to be done by:** ☐ owner ☐ contractor's name Scott Haes

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Don Stacy Address 8811 So 63rd Phone: 421-1188

Applicant Signature (owner or lessee) ____

Please include the permit fee ($160) with 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

Date received 11/12/06 REVIEW: ☒ Approved ☐ Disapproved By: Nate Hartman

Site visits
Date 11/17/06 By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 11/17/06 By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only

Received: Date: 11/20/06 Amount 160.00 Check No. 6557 Initials ____

White - Division Copy Pink - Business Office Revised 9-06

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

A

Permit Number:

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:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 8811 So 63 (no rural route) City Lincoln NE, Zip 68516

Legal Description _____
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 Don Stacy Signature Don Stacy

Address 8811 So 63 City/State/Zip Lincoln Ne 68516

☐ Check if owner designed system Home Phone 421-1188 Work Phone 402 770 6350

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Scott Haes Firm HAES CONTRACTING Work Phone 402 499 1166

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 _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 11/20/06 REPAIR

Amt Paid 160.00

Rec'd By _____ Cash/Check No. 6557

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

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 11-17-06

System Location (Indicate correct number and street)

Address 8811 S 63 (no rural route) City LINCOLN NE, Zip 68516

A. Building Sewer

1. Material: SDR 26 PVC
   Diameter: 4 in.
2. Distance above basement floor: NA in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 66 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 143 ft.
   stream NA ft.
   pressure line 135 ft.
   property line 30 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 36 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 36 in.
8. Distances to: Well or suction line 136 ft.
   Stream NA ft.
   Pressure line 125 ft.
   Property line 30 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 3 ft.

D. Absorption Field

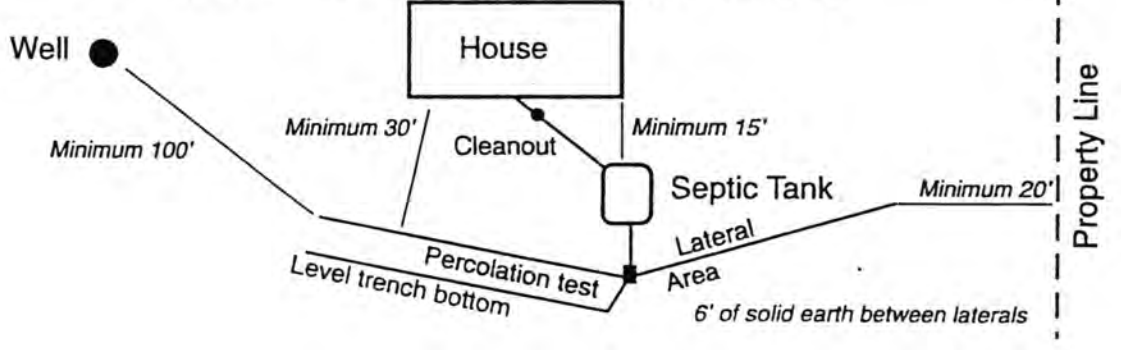
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 32
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 3
   Length of each line: 75 ft. 75 ft.
   80 ft. ft., ft.
3. Trench dimensions: Width 36 ft.
   Slope 2% in/100 ft.
   Average depth 48 in
4. Filter material: SAND
   Depth of material 24 in.
5. Distances to: Well or suction line 143 ft.
   Stream NA ft.
   Pressure line 135 ft.
   Property line 20 ft.

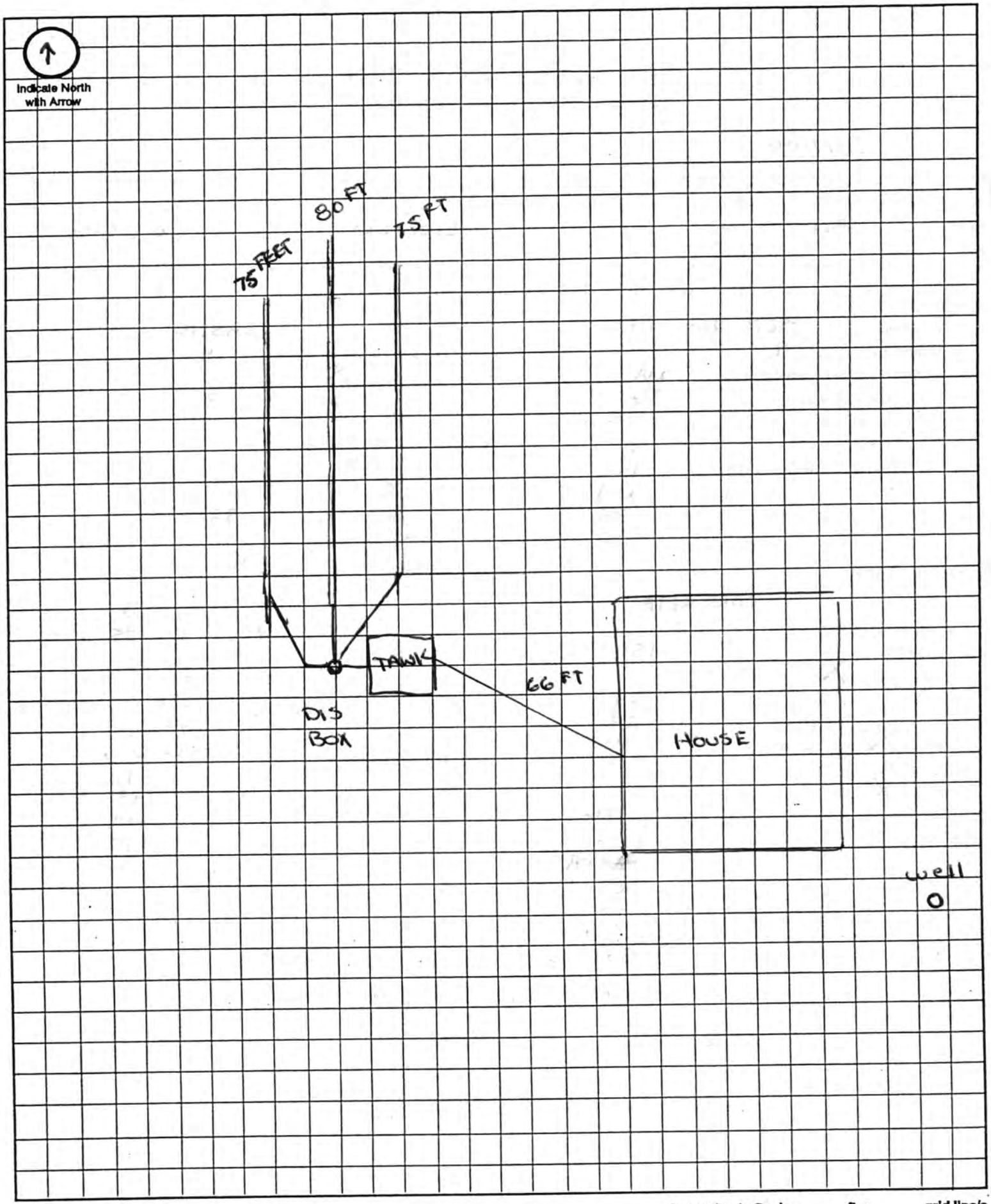
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s