# Application to Alter or Repair an Onsite Wastewater Treatment System

H5000829

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):** 21125 South 68th

   **Legal Description of Property:** Township: 7 Range: 7 Section: 4

   Block _____ Lot 23NE SubDivsion _____ Add: _____

   ***Parcel ID** 14-04-200-004-000 (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:** add 100' additional Chamber lateral

5. **Current Type of Lateral-** concrete 12 rd perforated pipe **Current Linear Ft. Of Lateral -** 250

   **Current Tank Gallonage-** 1000

6. Print Name Jason Kubik Address 105 Locust, Hickman Phone: 440-7606

   Applicant Signature: Jason Kubik

**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 10/21/13 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: 10/22/13 Amount 195.00 Check No. 1112 Initials BH

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 2125 S 68th (no rural route) City Hickman NE, Zip 68372

Owner John Janousek Address 2125 S 68th

Date of Tests 9/12/13 to 9/13/13 Weather: Precipitation none Temperature 75

### 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" | 9/12 | 8:30 | 9/13 | 5:30 | 9/13 | 8:30 | 6 | 9/13 | 9:00 | 30 | 1/2 | 100 |
| 2 | | | | | | | | 6 | | | | 5/8 | 48 |
| 3 | | | | | | | | 6 | | | | 5/8 | 48 |
| 4 | | | | | | | | 6 | | | | 5/8 | 48 |
| 5 | | | | | | | | 6 | | | | 3/4 | 40 |
| 6 | | | | | | | | 6 | | | | 5/8 | 48 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

Name: Jason Kubik
Phone: 440 - 7606
Address 105 Locust St
Hickman NE 68372

Sum of Percolation Rates: 296
Average of Rates: 49
Rate Used for Calculation: 50

Soil type (NRCS Maps/Other) WTC
Groundwater Depth 7 12

***DO NOT WRITE BELOW THIS LINE***

### Reviewing Action

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

Signature of Reviewing Official _____ Date _____

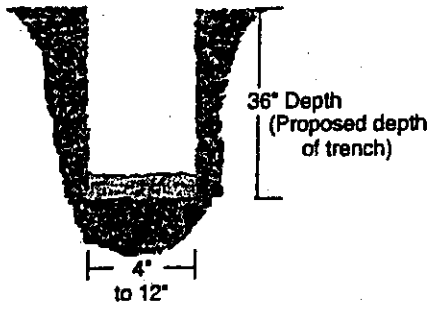
## READ THOROUGHLY

### DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

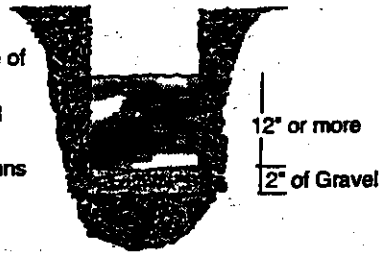
I. Size, Number, and Location or Test Holes

- A. Dig six or more holes spaced uniformly over proposed lateral field site.
- B. Scratch smeared spots on sides of hole.
- C. Remove loose material from hole.
- D. Add 2" of gravel to hole.




II. Saturation of Soil (Pre-soak)

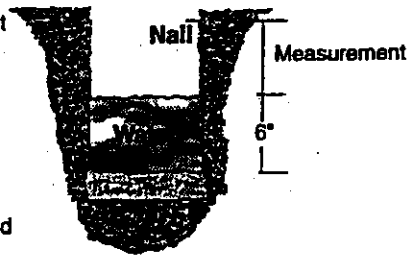
- A. Fill hole with 12" or more of water.
- B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
- C. Record on Form B columns a thru f.




24 Hours Later

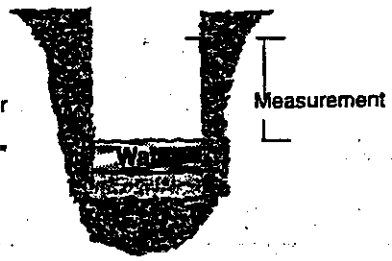
III. Percolation-rate Measurement **(refer to instructions 5a, 5b, or 5c.)**

- A. Add 6" of water.
- B. Measure from fixed reference point (nail) to water.
- C. Record measurement and time on front of Form B.




½ hour later (30 minutes)

- D. 30 minutes later remeasure and record time.
- E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.




- F. Continue for 3½ hours taking readings every 30 minutes.
- G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

# Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

**Lincoln-Lancaster County Health Department**
**Environmental Public Health Division (402) 441-8027**
**3140 N Street Lincoln, Nebraska 68510-1514**

**ON-SITE WASTE WATER SYSTEM**
**CONSTRUCT/ INSTALL EXTENSION PERMIT**
**No. HS000829**

**System Type:** Standard

**Situs:** 21125 S 68 ST, RURAL, NE

Issued: 10/22/2013

Expires: 4/22/2014

**Description:** S4, T7, R7, 6th Principal Meridian, LOT 23 NE

**Owner:** JANOUSEK, JOHN M & EVELYN M
21125 S 68 ST
HICKMAN, NE 68372

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

SOUTHWICK LIQUID WASTE
105 LOCUST ST.
HICKMAN, NE 68372

SCANNED

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**Current Tank Gallonage-** 1000

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Applicant Signature: Jason Kubik

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**HEALTH DEPARTMENT USE ONLY**

☐Municipal Code 24.38 ☐County Resolution Number 02-30

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Date ___/___/___ By _____

**Installation final written approval**
Date 10/31/14 By _____

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Environmental Public Health Division
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Phone: (402) 441-8643

***Business Office Use Only***

Received: Date: 10/22/13 Amount 195.00 Check No. 1112 Initials _____

Revised 4/8/13