HS001269

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):** 21501 S 108th ST Firth

   Legal Description of Property: Township: 7 Range: 7 Section: 28

   Block _____ Lot 17 NE SubDivsion _____ Add: _____

   ***Parcel ID** 14 - 28 - 200 - 005 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☐ Residential ☐ Commercial ☐ Other use (Describe: _____)
   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 292 linear feet of Infiltrator Quick 4 plus graveless chambers with distribution box using existing concrete tank.

5. **Current Type of Lateral-** Concrete ½ round **Current Linear Ft. Of Lateral -** 100'

   Current Tank Gallonage- 1000

6. Print Name Jason Kubik Address 105 Lower St Phone: 440-7600

   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.

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: 6/2/16 Amount $210.00 Check No. 2583 Initials SB

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: HS001269

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 21601 S 108th ST (no rural route) City Firth NE, Zip 68358

Owner Ken Walvoord Address Same

Date of Tests 5/6/15 to 5/7/15 Weather: Precipitation 1/2" Temperature 55

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	30	5/6	5:15	5/7	10:00	5/7	1:30	6	5/7	2:00	30	5/8	48
2	30	5/6	5:15	5/7	10:00	5/7	1:30	6	5/7	2:00	30	1/2	60
3	30	5/6	5:15	5/7	10:00	5/7	1:30	6	5/7	2:00	30	5/8	48
4	30	5/6	5:15	5/7	10:00	5/7	1:30	6	5/7	2:00	30	5/8	48
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-440-7606
Address: 105 Locust St Hickman NE 68372
Soil type (NRCS Maps/Other): 3824 Crete Silt loam
Groundwater Depth: ± 12 feet

Sum of Percolation Rates: 204
Average of Rates: 51
Rate Used for Calculation: 59

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
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: HS 001269

6/13/16

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/9/16 Legal Description ¼ ¼ 28/7/7 Lot 17
Section/Township/Range

Onsite System Location

Address (no rural route) 26501 S. 68th 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 1,058 Sq. Ft. Tank Size existing gals

Total length of laterals 292 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)

No. of Absorption Laterals 4 Width 3.625 Lacon No. of Drop Boxes Distribution Box 1

Leveling Method Used Lacon

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 N/A
Lateral #2
Lateral #3
Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS + NH Date 6/1 ?? unsure of date
Follow-Up Date
Follow-Up Date
Installation Final Written Approval
By Doug Kuhl
Date 6/9/16

Field Note Drawing (See Reverse Side):

SCANNED

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Date received 6/7/16 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits ??
Date 6/1/16 By D.C. + NH
Date ___/___/___ By _____

Installation final written approval
Date 6/9/16 By D.C.

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