Application to Alter or Repair an Onsite Wastewater Treatment System

HS001329

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):** 18401 Midway Rd

   Legal Description of Property: Township: 9 Range: 8 Section: 24

   Block _____ Lot 36 SubDivsion _____ Add: _____

   ***Parcel ID** 22-24-400-008-000 (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:** Replace drainfield using 292' of Infiltrator Quick 4 Plus Chambers

5. **Current Type of Lateral-** perforated pipe **Current Linear Ft. Of Lateral -** 300

   Current Tank Gallonage- 2000

6. **Print Name** Jason Kubik **Address** 105 Locust Hickman NE **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.

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: 8/25/16 Amount 210.00 Check No. 2669 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

PID # 22-24-400-008-000

Onsite System Location

Address 18401 Midway Rd (no rural route) City Walton NE, Zip 68461

Owner Eric Gordon Address

Date of Tests 8/9/16 to 8/10/16 Weather: Precipitation 0 Temperature 85

Percolation Test Data Table

A.	B.	C. Saturation/Swelling Time Start		D. E. Time End		F. G. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr Start		H. Initial Water Lev (in.)	I. J. End		K. L. M. N. Results		
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	30	8/9	3:45p	8/10	9:30a	8/10	1:00	6	8/10	1:30	30	5/8	48
2	30	8/9	3:45	8/10	9:30	8/10	1:00	6	8/10	1:30	30	1	30
3	30	8/9	3:45	8/10	9:30	8/10	1:00	6	8/10	1:30	30	7/8	35
4	30	8/9	3:45	8/10	9:30	8/10	1:00	6	8/10	1:30	30	3/4	40
								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) 7645 Wymore
Groundwater Depth +12

Sum of Percolation Rates: 153
Average of Rates: 38
Rate Used for Calculation: 59

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

site Form B 12_05

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) 22-24-400-008-000

Owner: Eric Gordon Address 18401 Midway Rd

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 80 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 8 in.
4. Distance to:
   Well +100 ft.
   Pressure line +100 ft
   Property Line +100 ft.
   Foundation 80 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 88 ft. SE

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Plus 29"
2. Number of Laterals: 3
3. Length of each lataral (linear): ft. 100 ft. 100 ft. 92 ft.
4. Drainfield size: 1050 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line +100 ft.
   Property line +100 ft.
   Depth of Groundwater +12

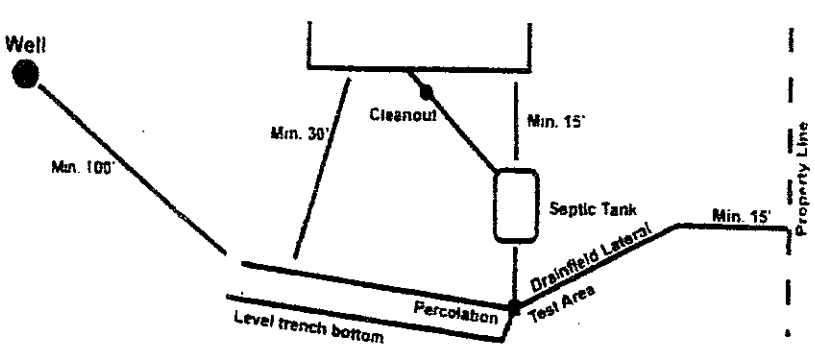
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: Jason Kuta Date: 8/24/16

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



*Note-If Lagoon, show all applicable dimensions

House

Barn

80'

2000 gallon Concrete Septic tank

8%

92'

Distribution box

100'

100'

Infiltrator Quick 4 Plus
73 pieces

Existing Septic tank was used, piping from house to tank was not replaced.

8/23/16

SCANNED

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HS001329

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Current Tank Gallonage- 2000

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

Applicant Signature: Jason Kubik

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 8/26/16 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 08/22/16 By D.S.
Date ___/___/___ By _____

Installation final written approval
Date 11/17/17 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: 8/25/16 Amount 210.00 Check No. 2669 Initials LC

Revised 4/8/13

SCANNED

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

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Permit Number:

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		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)
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								6					
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Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-440-7108
Address 105 Locust ST
Hickman NE 68372
Soil type (NRCS Maps/Other) 7169S Wymore
Groundwater Depth +12

Sum of Percolation Rates: 153
Average of Rates: 38
Rate Used for Calculation: 59

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

site Form B 12_05

Onsite Wastewater Treatment System

SCANNED

As-Built Description and Drawing

OK 11/20/17

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) 22-24-400-008-000

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2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 8 in.
4. Distance to:
   Well +100 ft.
   Pressure line +100 ft
   Property Line +100 ft.
   Foundation 80 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 88 ft. SE

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Plus 29"
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 100 ft. 100 ft. 92 ft.
4. Drainfield size: 1050 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line +100 ft.
   Property line +100 ft.
   Depth of Groundwater +12

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes. the Certified Professional must sign below for final approval:

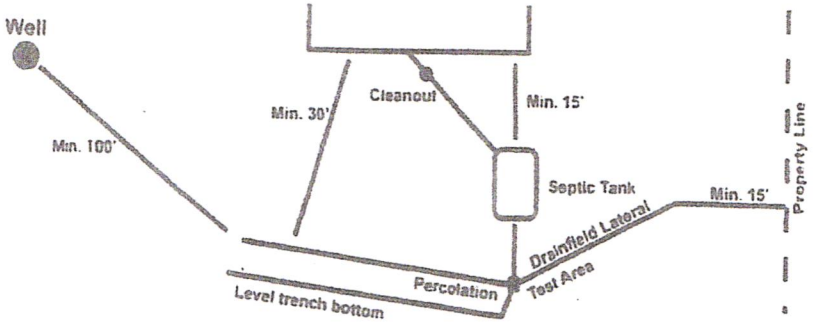
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Jason Hubert Date: 8/24/16

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

Updated 4/15

SCANNED



*Note-If Lagoon, show all applicable dimensions

House

Barn

50'

2000 gallon
Concrete Septic tank

Distribution box

92'

100'

100'

Infiltrator Quick 4 Plus
73 pieces

Existing Septic tank was used, piping from house to tank was not replaced.

8/23/16

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

Exhibit 5

Permit Number: HS00 1329

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/17/17 Legal Description 24 / 9 / 8 Lot 36
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 18401 Midway Rd. 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 1,050 Sq. Ft. Tank Size 2000 gals

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

No. of Absorption Laterals 3 Width 3.625 Yreka No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser

"D" sheet attached

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 ☐

Note: System was Partial inspection/ exact date unknown - misplaced file - file clean-up

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 N/A Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 8/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Ahrens
Date 11/17/17

Field Note Drawing (See Reverse Side):