HS001339

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☐ALTER ☒REPAIR (Replace) 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):** Farmers Coop 1305 Broad St Princeton NE 68404

   Legal Description of Property: Township: 7 Range: 6 Section: 13

   Block _____ Lot 22 SubDivsion _____ Add: _____

   ***Parcel ID** 07 - 13 - 300 - 004 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☐ Residential ☒ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 1 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 collapsed concrete tank with new concrete tank and install 100' of Graveless Chamber lateral

5. **Current Type of Lateral-** Concrete ½ rd **Current Linear Ft. Of Lateral -** 75'

   Current Tank Gallonage- 1000

6. **Print Name** Jason Kubik **Address** 105 Locust PO Box 191 **Phone:** 440-7606

   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.

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: 9/8/16 Amount $395.00 Check No. 2684 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: HS001339

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 1305 Broad St (no rural route) City Princeton NE, Zip 68404

Owner Farmer Cooperative Address 208 W Depot, PO Box 263 Dorchester NE 68343

Date of Tests 8/31/10 to 9/1/10 Weather: Precipitation 0 Temperature 80

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	8/31	4 pm	9/1	8:00	9/1	11:30	6	9/1	12:00	30	3/4	40
2	30	8/31	4pm	9/1	8:00	9/1	11:30	6	9/1	12:00	30	3/4	40
3	30	8/31	4:00	9/1	8:00	9/1	11:30	6	9/1	12:00	30	5/8	48
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 440-7606
Address 105 Locust St
Hickman NE 68372
Soil type (NRCS Maps/Other) 3824 Crete / 7684 Wymore
Groundwater Depth +12

Sum of Percolation Rates: 139
Average of Rates: 45
Rate Used for Calculation: 59

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____