HS0061438

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):** 13400 Sunshine Cir

   Legal Description of Property: Township: 9 Range: 8 Section: 33

   Block ____ Lot 6 SubDivsion Sunshine Acres Add: ____

   ***Parcel ID** 28-33-100-009-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: ____)
   Number of bedrooms 4 Does the system have a: ☒ Garbage Grinder ☐ Large Capacity Tub no

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

4. **Description of proposed alteration or repair:** Adding 388 linear ft of Infiltrator Quick 4 plus chambers to existing 1500 gallon concrete tank which was replaced in Jan 2014.

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

   Current Tank Gallonage- 1500

6. **Print Name** Jason Kubik **Address** 105 Locust St **Phone:** 415-2462

   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: 4/19/17 Amount $215.00 Check No. 2881 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: HS061438

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

PID # 22-33-100-009-000

Onsite System Location

Address 13400 Sunshine Cir (no rural route) City Bennet NE, Zip 68317

Owner Tony Fulton Address

Date of Tests 4/17/18 to 4/18/18 Weather: Precipitation trace Temperature 65

Percolation Test Data Table

A.	B.	C. Saturation/Swelling Time		D.	E.	F.	G. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr		H.	I.	J.	K.	L.	M. Results	N.
		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	4/17	2:40	4/18	10:10		4/18	1:40	6	4/18	2:10		30	1/2	60
2	30	4/17	2:40	4/18	10:10		4/18	1:40	6	4/18	2:10		30	5/8	48
3	30	4/17	2:40	4/18	10:10		4/18	1:40	6	4/18	2:10		30	3/4	40
4	30	4/17	2:40	4/18	10:10		4/18	1:40	6	4/18	2:10		30	1	30
5	30	4/17	2:40	4/18	10:10		4/18	1:40	6	4/18	2:10		30	1/2	60
									6						
									6						
									6						

Person Conduoting Percolation Test

Name: Jason Kubik
Phone: 475-2462
Address 105 Lower St
Dickerson NE 68372
Soil type (NRCS Maps/Other) 7684 Wymore
Groundwater Depth +12

Sum of Percolation Rates: 238
Average of Rates: 48
Rate Used for Calculation: 59
due to Variation

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

le Form B 12_06

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

ok 5/10/17 gc

Exhibit 5

Permit Number: HS2014438

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/9/17

Legal Description Sunshine Acres Lot 6
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 13400 Sunshine Cir 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 1406 Sq. Ft. Tank Size N/O gals 1500

Total length of laterals 388 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 3 Width 3' No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used Laser

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_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial _____ Date 5/9/17

Follow-Up_____ Date _____

Follow-Up_____ Date _____

~~Installation Final Written Approval~~
By _____

Date 5/9/17

Field Note Drawing (See Reverse Side):

مكبس الهيدروليكي
الحصيرة
الأرض

HS0061438

SCANNED

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Current Tank Gallonage- 1500

6. Print Name Jason Kubik Address 105 Locust St Phone: 415-2462

Applicant Signature: Jason Kubik

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 4/21/17 REVIEW: ☒ Approved ☐ Disapproved By: ____

Comments (if any): ____

Site visits
Date 5/8/17 By NH
Date ___/___/___ By ____

Installation final written approval
Date 5/9/17 By ____

Return application to:

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Received: Date: 4/19/17 Amount $215.00 Check No. 2881 Initials SB

Revised 4/8/13

HS001438
9, 8, 23

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) 22-33-100-009-000

Owner Seth Rexilius Address 13400 Sunshine Cir

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 50 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 10 in.
4. Distance to:
   Well N/A ft.
   Pressure line +50 ft
   Property Line 10 ft.
   Foundation 50 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 25 ft. N

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: InfiltratorQuick 4 Plus 29
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 132 ft. 136 ft. 120 ft.
4. Drainfield size: 1400.5 sq. ft.
5. Distance to:
   Well N/A ft.
   Pressure line +25 ft.
   Property line 5 ft.
   Depth of Groundwater +12

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

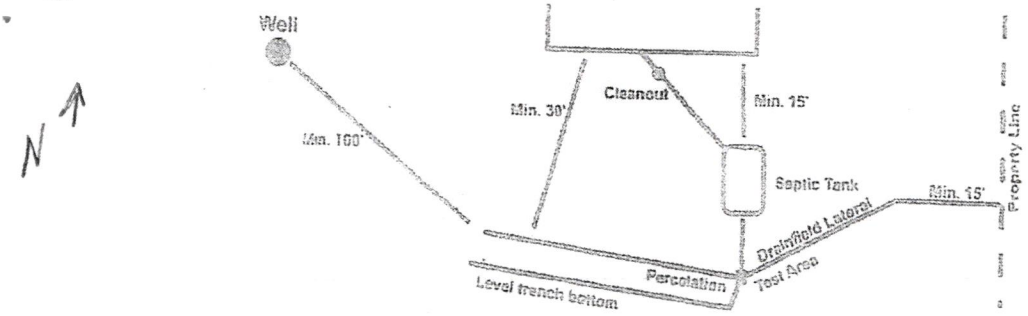
If Yes, the Certified Professional must sign below for final approval:

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: [signature] Date: 5/8/17

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

Updated 4/15



*Note-If Lagoon, show all applicable dimensions

