HS001439

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):** 2700 S 154th Walton 68461

   Legal Description of Property: Township: 10N Range: 8 Section: 34

   Block ____ Lot 2 SubDivsion Prairie Creek Estates Add: ____

   ***Parcel ID** 23-34-301-002-000 (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

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

4. **Description of proposed alteration or repair:** Replacing collapsing 1500 gallon plastic tank with 2 compartment concrete tank with lift station in back compartment discharging to newly constructed 65'x 65' lagoon with synthetic liner

5. **Current Type of Lateral-** Chamber **Current Linear Ft. Of Lateral -** ____

   Current Tank Gallonage- 1500

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.

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. 2880 Initials SB

Revised 4/8/13

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

Exhibit 6

Permit Number: HS001439

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 5/2/17

Legal Description Prairie Creek Est. Lot 2
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2700 S. 154th City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Lagoon constructed so not to receive surface water	Yes ☒ No ☐
Lagoon floor is level	Yes ☒ No ☐
Lagoon is equipped with a depth gage/concrete slab	Yes ☐ No ☒
Influent line is at least 4 inches and slopes no less than 1/8 inch	Yes ☒ No ☐ - pumped (crossed out)
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes ☒ No ☐
Inside slope not steeper than three horizontal to one vertical	Yes ☒ No ☐
Minimum width of the top of the dike shall be 4 feet	Yes ☒ No ☐
Fence installed	Yes ☒ No ☐ 7/2/18 - pt

Top of the Dike 65 Bottom of Lagoon 29 Design Flow 375

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☒	100 ft ☐	Non-Community	100ft ☒	100ft ☐	50ft ☒	50ft ☐	Class 1	200ft ☒	☒
		Community	* ☐				Class 2	200ft ☐	
							Class 3	100ft ☐	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: _____

Dike North side

Comments: * Lagoon was not completed at the time of inspection
Lee D Sloat

Inspections prior to Final Approval
Initial NH Date 5/2/17
Follow-Up 10 ft Date 7/2/18
Follow-Up _____ Date _____
Installation Final Written Approval
By _____
Date 7/3/18

Updated 4/15

SCANNED

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   ***Parcel ID** 23-34-301-002-000 (i.e. 99-99-999-999-999)

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5. **Current Type of Lateral-** Chamber **Current Linear Ft. Of Lateral -** _____

   Current Tank Gallonage- 1500

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

   Applicant Signature: Jason Kubik Greg Gantzler 402-269-8926

Please contact LLCHD for the current permit fee for this application
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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 ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 7/3/18 By _____

Return application to: Lincoln-Lancaster County Health Department
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Business Office Use Only

Received: Date: 4/19/17 Amount $215.00 Check No. 2880 Initials SB

Revised 4/8/13

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Saturday, May 27, 2017 2:26 PM
To: Nate C. Hartman
Subject: D sheets
Attachments: 6101 W Yankee Hill D sheet.pdf; 2700 S 154th ST D Sheet.pdf; 8800 S 56th ST D Sheet.pdf; 13400 Sunshine Cir D Sheet.pdf

Here are the D sheets for the past month

Thanks

Jason and Jaime Kubik

Southwick Liquid Waste
Office: 402-475-2462
www.southwickliquidwaste.com

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

D

Permit Number:

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) 22-34-301-002-000

Owner: GREG GANSEMER Address 2700 S 154th ST WALTON NE 68461

A. Wastewater Piping

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

B. Septic Tank

1. Material CONCRETE
2. Capacity: 1500 GALLON 2 COMP WITH PUMP IN BACK COMP
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: _____
2. Number of Laterals: _____
3. Length of each lataral (linear): ft._____ ft._____ ft._____ ft._____
4. Drainfield size: _____ sq. ft.
5. Distance to:
   Well _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   Depth of Groundwater _____

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.

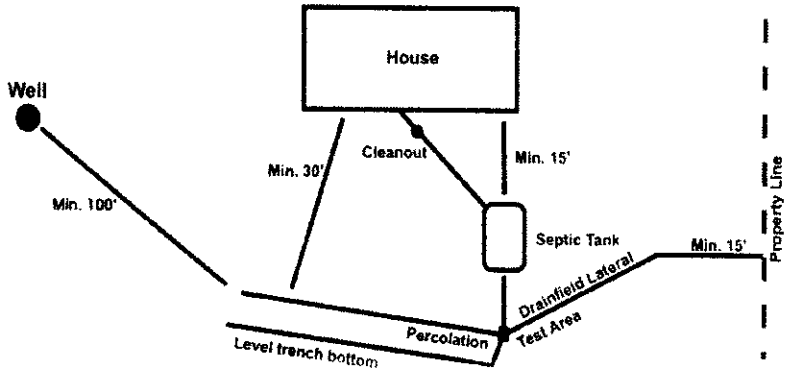
Certified Professional Signature: _____ Date: 4/27/17

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

Indicate North
w/ Arrow Here:

N

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

