HS001458

MAY 1 2 2017

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):** 8800 S 56th St

   Legal Description of Property: Township: 9 Range: 28 Section: 28

   Block _____ Lot 87 SubDivsion _____ Add: _____

   ***Parcel ID** 16 - 28 - 100 - 033 - 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:** Adding 1000 gallon septic tank and 292' of Infiltrator Quick 4 Plus chambers

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

   Current Tank Gallonage- 1000

6. Print Name Jason Kubik Address 105 Lower St Phone: 440-7606

Applicant 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: 5/12/17 Amount $215.00 Check No. 2908 Initials SB

Revised 4/8/13

MAY 1 2 2017

B

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

Permit Number: HS001458

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 8800 S 56th ST (no rural route) City LINCOLN NE, Zip 68516

Owner TRAVIS ECKHARDT Address 8230 S 62nd ST, LINCOLN NE 68516

Date of Tests 4/21/17 to 4/22/17 Weather: Precipitation 0 Temperature 65

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. 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	4/21	4:30	4/22	10:55	4/22	2:25	6	4/22	2:55	30	0.75	40
2	30	4/21	4:30	4/22	10:55	4/22	2:25	6	4/22	2:55	30	0.50	60
3	30	4/21	4:30	4/22	10:55	4/22	2:25	6	4/22	2:55	30	0.625	48
4	30	4/21	4:30	4/22	10:55	4/22	2:25	6	4/22	2:55	30	0.625	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST P.O. BOX 191
HICKMAN NE 68372

Sum of Percolation Rates: 196
Average of Rates: 49
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7466 OTOE SILTY CLAY LOAM

Groundwater Depth > 12 FEET

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

6/8/17 ok gc

Exhibit 5

Permit Number: HS00145 8

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/7/17 Legal Description 9-7-28 Lot 87

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 8800 S 56th 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 1059 Sq. Ft. Tank Size 1 2 steel gals – N/O covered

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

No. of Absorption Laterals 3 observed Width 3' No. of Drop Boxes 1 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: See - D-sleet

Inspections prior to Final Approval 6/12/17

Initial NH Date [redacted]

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval

By _____

Date 6/13/17

Field Note Drawing (See Reverse Side):

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

D

Permit Number: HS001458

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) 8800 S 56th ST LINCOLN NE 68516

Owner: TRAVIS & SAMANTHA ECKHARDT Address 8230 S 62 LINCOLN NE

A. Wastewater Piping

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

B. Septic Tank

1. Material 1 CONCRETE 1 PLASTIC
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 50 ft.
   Pressure line 28 ft
   Property Line +50 ft.
   Foundation 50 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 10 ft. NE

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. 104 ft. 108 ft. 76 ft. _____
4. Drainfield size: 1050 sq. ft.
5. Distance to:
   Well >100 ft.
   Pressure line >100 ft.
   Property line 50 ft.
   Depth of Groundwater +12

System was 3 phases done in 292 inspected.

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.

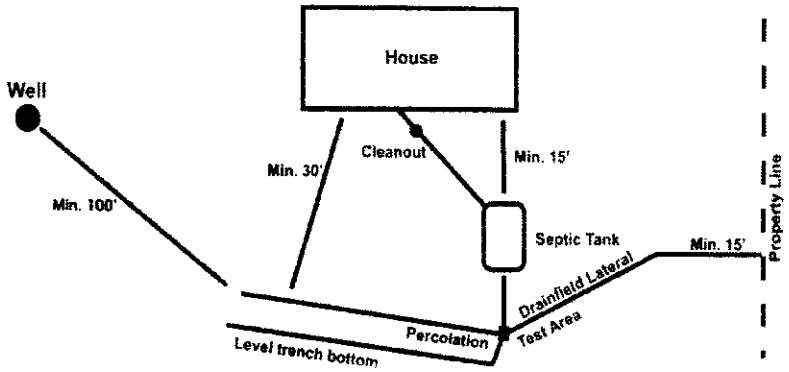
Certified Professional Signature: Jason Winkler Date: 5/15/2017

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

Indicate North
w/ Arrow Here:

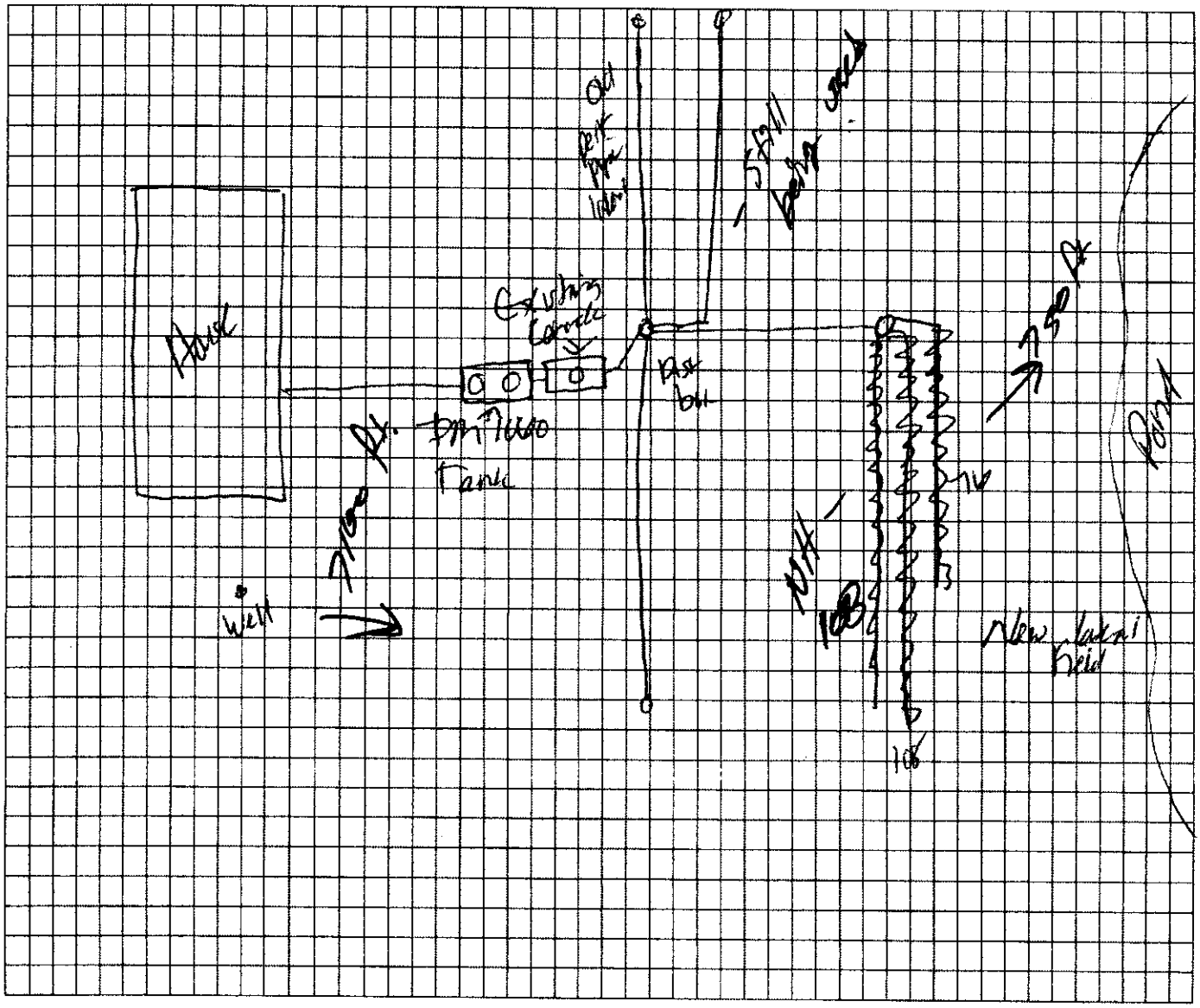
NM

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

✓ WH 6/7/11



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