HS001494

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):** 2545 W Luther St

   Legal Description of Property: Township: 8 Range: 6 Section: 28

   Block 111 Lot _____ SubDivsion _____ Add: _____

   *Parcel ID 08 - 28 - 100 - 014 - 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 292' feet of Infiltrator Quick 4 plus chamber to existing 100 gallon concrete tank. Replacing failing perforated pipe drain field

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

   Current Tank Gallonage- 1000

6. Print Name Jason Kubik Address 105 Locust St Phone: 475-2462

   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: 7/17/17 Amount $215.00 Check No. VISA Initials SB

Revised 4/8/13

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

B

Permit Number: HS0014494

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 2545 W LUTHER ST (no rural route) City MARTELL NE, Zip 68404

Owner ROGER HEUSKINVELT Address SAME

Date of Tests 7/15/17 to 7/16/17 Weather: Precipitation 0 Temperature 95

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		Initial	End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30	7/15	3:00	7/16	2:00	7/16	5:30	6	7/16	6:00	30	0.50	60
2	30	7/15	3:00	7/16	2:00	7/16	5:30	6	7/16	6:00	30	1	30
3	30	7/15	3:00	7/16	2:00	7/16	5:30	6	7/16	6:00	30	0.625	48
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST
HICKMAN NE 68372

Sum of Percolation Rates: 138
Average of Rates: 46
Rate Used for Calculation: 59 due to > than 20 mpi variance

Soil type (NRCS Maps/Other) 7684 WYMORE SILTY CLAY LOAM

Groundwater Depth > 12'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

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

B

Permit Number: HSD01494

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 2545 W LUTHER ST (no rural route) City MARTELL NE, Zip 68404

Owner ROGER HEUSKINVELT Address SAME

Date of Tests 7/15/17 to 7/16/17 Weather: Precipitation 0 Temperature 95

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		Initial	End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30	7/15	3:00	7/16	2:00	7/16	5:30	6	7/16	6:00	30	0.50	60
2	30	7/15	3:00	7/16	2:00	7/16	5:30	6	7/16	6:00	30	1.0	30
3	30	7/15	3:00	7/16	2:00	7/16	5:30	6	7/16	6:00	30	0.625	48
4	30	7/15	3:00	7/15	2:00	7/16	5:30	6	7/16	6:00	30	0.625	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KUBIK
Phone: 402-475-2462
Address 105 LOCUST ST
HICKMAN, NE 68372

Sum of Percolation Rates: 186
Average of Rates: 46.5
Rate Used for Calculation: 59 DUE TO > THAN 20 MPI VARIANCE

Soil type (NRCS Maps/Other) 7684 WYMORE SILTY CLAY LOAM

Groundwater Depth + 12'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

HS001494

SCANNED

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):** 2545 W Luther St

   Legal Description of Property: Township: 8 Range: 6 Section: 28

   Block 111 Lot _____ SubDivsion _____ Add: _____

   ***Parcel ID** 08 - 28 - 100 - 014 - 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 292' feet of Infiltrator Quick 4 plus chamber to existing 100 gallon concrete tank. Replacing Failing perforated pipe drain field

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

   Current Tank Gallonage- 1000

6. **Print Name** Jason Kubik **Address** 105 Locust St **Phone:** 475-2462

   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 8/1/17 REVIEW: ~~☒~~ Approved ☐ Disapproved By: _____

Comments (if any): needed 1 more perc hole as 720mg Variance

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 8/11/17 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: 7/17/17 Amount $215.00 Check No. VISA 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 5

Permit Number: HS001494

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/11/17 Legal Description 8-6-28 Lot 111

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) ~~2545~~ 2545 W Lothar St City Markell

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 1058 Sq. Ft. Tank Size 1000 gals ~~N/O~~

Total length of laterals 292 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: See D-Sheet For Details

Inspections prior to Final Approval
Initial NH Date 8/2/17

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 8/11/17

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

K
8/17/17

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) 08-28-100-014-000

Owner: ROGER & KAREN HEUSKINVELT Address 2545 W LUTHER ST, MARTELL NE 68404

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 63 ft.

B. Septic Tank

1. Material CONCRET
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well + 50 ft.
   Pressure line + 25 ft
   Property Line + 100 ft.
   Foundation 116 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 96 ft. SW

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. 104 ft. 84 ft.
4. Drainfield size: 1058.5 sq. ft.
5. Distance to:
   Well + 100 ft.
   Pressure line +75 ft.
   Property line ~~5'~~ 10 ft.
   Depth of Groundwater +12

spoke with Jason - were just getting started on approval

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

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

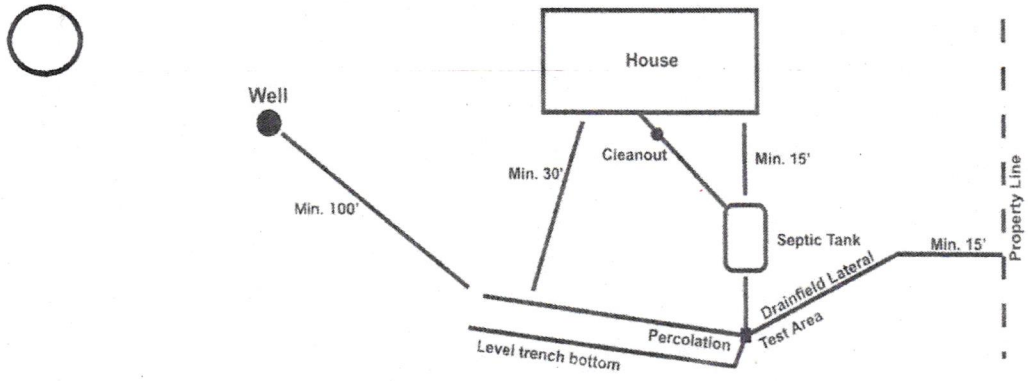
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Jason Kuta Date: 7/28/17

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

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions

* well under fake Rock!

House

100'

54'

54'

1000 Gallon tank (Existing)

4'

96'

Dist box

104'

104'

84'

N/O.

DA