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):** 12900 Olive Creek Rd

Legal Description of Property: Township: 7N Range: 8E Section: 8

Block _____ Lot _____ SubDivsion _____ Add: _____

***Parcel ID** 20 - 80 - 400 - 003 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms 2 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:** Installing 200' of Infiltrator Quick 4 Plus to replace collapsed chambers on existing 1500 gallon tank
Installing 1000 gallon tank and 10' lateral to accomadate shop

5. **Current Type of Lateral-** Chamber **Current Linear Ft. Of Lateral -** 200'

Current Tank Gallonage- 1500

6. Print Name Jason Kubik Address 105 Locust St Phone: 402-440-7606

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: 9/12/17 Amount 220.00 Check No. CC0906 Initials LC

Revised 4/8/13

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12800 Olive Creek Rd. (no rural route) City Hickman NE, Zip 68372

Owner Randy Hueniik Address 12800 Olive Creek Rd

Soil Type (SCS): WTC Percolation Rate: _____ min./inch

Date of Tests 4/18 to 4/19 Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	4/18		4/19		4/19					30	1/2	60
2	"											1/2	60
3	"											3/4	40
4	"											5/8	48
5	"											1/2	60
6	"											3/4	40
7	"											3/4	40

Person Conducting Percolation Tests

Name: Brad Dalton #1178 #0148

Phone: 430-7606

Address 105 Locust P.O. Box 191
Hickman, Ne. 68372

Sum of Percolation Rates: 348

Average of Rates: 44

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96