HS001547

OCT 0 3 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):** 4577 S 112th ST

   Legal Description of Property: Township: 9 N Range: 7E Section: 12 5 1/2 NE NE

   Block _____ Lot _____ SubDivsion _____ Add: _____

   ***Parcel ID** 16 - 12 - 200 - 005 - 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:** add 276' of Quick 4 Plus chamber to allow to switch between fields.

5. **Current Type of Lateral-** Infiltrator Chamber **Current Linear Ft. Of Lateral -** 300

   Current Tank Gallonage- 2000

6. **Print Name** Jason Kubik **Address** 105 Locust, Hickman NE **Phone:** 402-475-2462

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: 10/03/17 Amount $220.00 Check No. CC 0906 Initials HD

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) PID 16-12-200-005-000

Address 112th & Pioneers, S12 T9 R7, 6th PM, NENE City Walton NE, Zip 68461
(no rural route) Lot 38

Owner Winona Ketelhut Trust Addresss Connie Heier 2400 S 120 st, Walton NE 68461

Soil Type (SCS): 7207 & 7231 Percolation Rate: 30 min./inch

Date of Tests 10/11/95 to 10/12/95 Weather: Precipitation - Temperature 60

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"	10/11	10 am	10/12	10 am	10/12	10 am	36	10/12	10:30	30	1	30
2											30	1 1/4	24
3											30	1 1/4	24
4											30	3/4	40
5											30	1 1/8	27
6											30	1 1/8	27
7											30	1	30

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 402-430-7606
Address 105 Locust St
Hickman NE 68372

Sum of Percolation Rates: 202
Average of Rates: 29
Rate Used for Calculation: 30

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96