Application to Alter or Repair an Onsite Wastewater Treatment System

HS001735

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):** 11100 Wittstruck Rd

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

   Block _____ Lot _____ SubDivsion _____ Add: _____

*Parcel ID 21 - 07 - 300 - 001 - 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 (NO) ☐ Large Capacity Tub (NO)

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

4. **Description of proposed alteration or repair:** adding 200' of Infiltrator Quick 4 Plus chambers to existing 1000 gallon tank: 725 sq ft

5. **Current Type of Lateral-** clay tile **Current Linear Ft. Of Lateral -** 60

   Current Tank Gallonage- 1000

6. Print Name Jason Kubik Address 105 Locust St 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: 09/18/18 Amount $220.00 Check No. 3328 Initials _____

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:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 11100 WITTSTRUCK RD (no rural route) City ROCA NE, Zip 68430

Owner DOUG DEATS Address SAME

Date of Tests 7/31/18 to 8/1/18 Weather: Precipitation 0 Temperature 90

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	7/31	3:45	8/1	10:00	8/1	1:30	6	8/1	2:00	30	1/2	60
2	30	7/31	3:45	8/1	10:00	8/1	1:30	6	8/1	2:00	30	5/8	48
3	30	7/31	3:45	8/1	10:00	8/1	1:30	6	8/1	2:00	30	1/2	60
4	30	7/31	3:45	8/1	10:00	8/1	1:30	6	8/1	2:00	30	5/8	48
5	30	7/31	3:45	8/1	10:00	8/1	1:30	6	8/1	2:00	30	5/8	48
								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: 264
Average of Rates: 52.8
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7681 WYMORE
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
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: H5001735

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/20/18 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 11100 Whitetail 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 225 Sq. Ft. (2 Pipes) Tank Size 1000 gals

Total length of laterals 200 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

_____

No. of Absorption Laterals 2 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:
* Fixing a straight pipe discharge over a rural water line.

Inspections prior to Final Approval
Initial KH Date 9/13/18

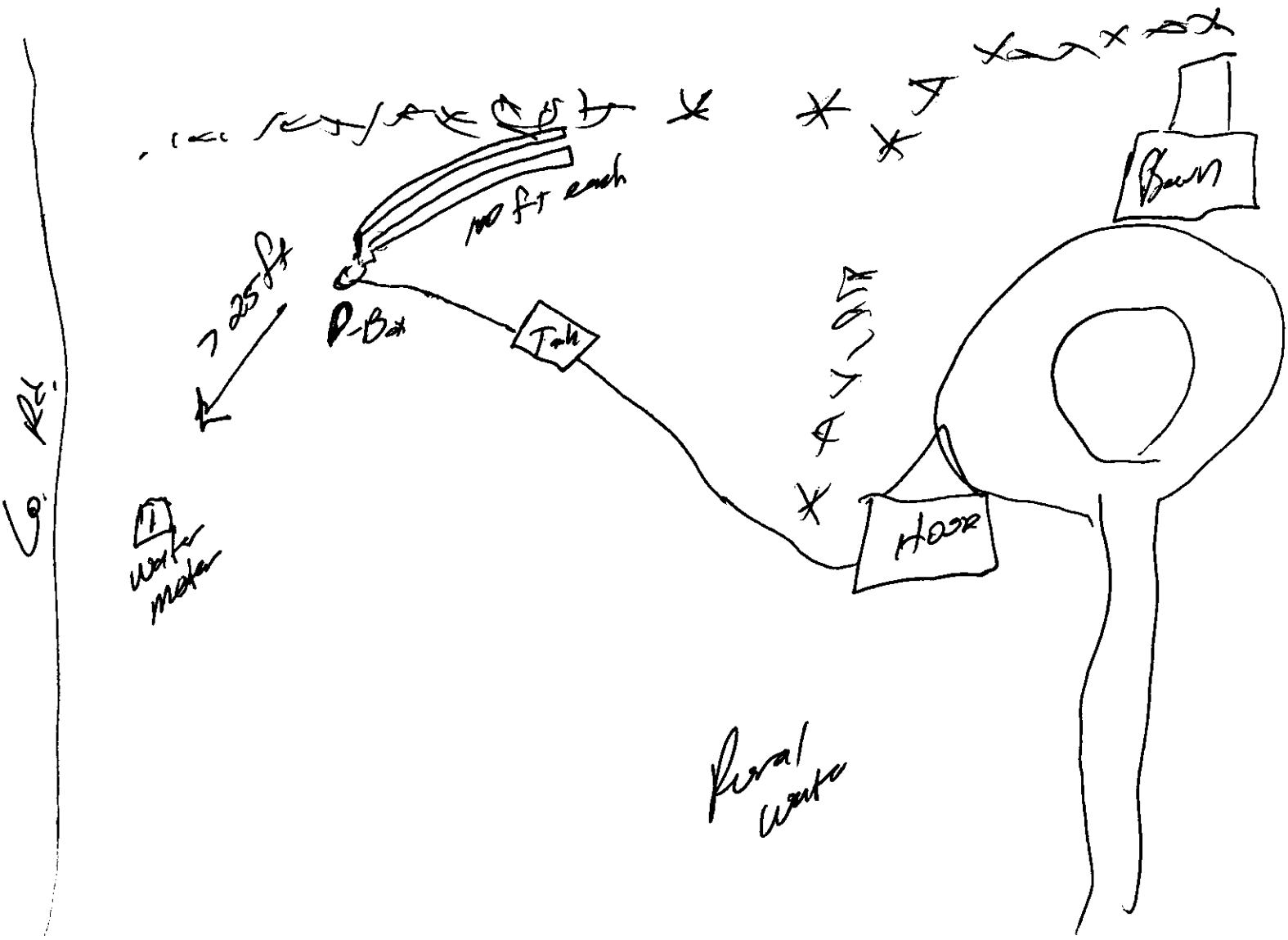
Follow-Up_____ Date_____

Follow-Up_____ Date_____

Installation Final Written Approval
By _____

Date 9/20/18

Field Note Drawing (See Reverse Side):


Barn
100 ft each
125 ft
P-Box
Tank
Hose
1 water meter
Rural water

SCANNED

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