H5001781

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):** 18000 S 54th ST Hickman NE 68372

   Legal Description of Property: Township: 8 Range: 7 Section: 28

   Block _____ Lot 52 SubDivsion _____ Add: _____

   ***Parcel ID** 15 - 08 - 100 - 013 - 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 (no) ☐Large Capacity Tub (no)

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

4. **Description of proposed alteration or repair:** adding 292' of Infiltrator Quick 4 plus gravelless chambers from new distribution box, Capping the top two laterals original to system, and unhooking bottom where leakage has occurred.

5. **Current Type of Lateral-** Concrete Ground **Current Linear Ft. Of Lateral -** 220'

   Current Tank Gallonage- 1000

6. Print Name Jason Kubik Address 105 Locust St Hickman 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: 12/18/18 Amount #225.00 Check No. 3382 Initials JAO

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 18000 S 54th ST (no rural route) City HICKMAN NE, Zip 68372

Owner VERN MILES Address SAME

Date of Tests 7/30/18 to 7/31/18 Weather: Precipitation 0 Temperature 85

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	7/30	4:15	7/31	8:15	7/31	11:45	6	7/31	12:15	30	5/8	48
2	30	7/30	4:15	7/31	8:15	7/31	11:45	6	7/31	12:15	30	3/4	40
3	30	7/30	4:15	7/31	8:15	7/31	11:45	6	7/31	12:15	30	3/4	40
4	30	7/30	4:15	7/31	8:15	7/31	11:45	6	7/31	12:15	30	1/2	60
								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: 188
Average of Rates: 47
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7507 PAWNEE

Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

SCANNED

H5001781

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1. **Street Address (No Rural Route):** 18000 S 54th ST Hickman NE 68372

   Legal Description of Property: Township: 8 Range: 7 Section: 28

   Block ____ Lot 52 SubDivsion ____ Add: ____

   ***Parcel ID** 15 - 28 - 100 - 013 - 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 (no) ☐ Large Capacity Tub (no)

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

4. **Description of proposed alteration or repair:** adding 292' of Infiltrator Quick 4 plus Gravelless Chambers from new distribution box. Capping the top two laterals Original to system, and unhooking bottom where leakage has occurred.

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6. Print Name Jason Kubik Address 105 Locust St Hickman 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 12/26/18 REVIEW: ☒ Approved ☐ Disapproved By: ____

Comments (if any): System designed as proposed.

Site visits
Date 12/13/18 By DS
Date ___/___/___ By ____

Installation final written approval
Date 01/07/19 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: 12/18/18 Amount $225.00 Check No. 3382 Initials ____

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:

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/14/18 Legal Description ¼ ¼ 28/8/7 Lot 52
Section/Township/Range

Onsite System Location

Address (no rural route) 18000 S 54th 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 1,058 Sq. Ft. Tank Size 1,000 gals

Total length of laterals 292' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) 2 - existing laterals could be used also, capped off currently

No. of Absorption Laterals 3 Width 3.625 factor No. of Drop Boxes 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 N/A Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS Date 12/13/18

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Theis
Date 12/14/18

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:

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) 15-28-100-013-000

Owner: VERN MILES Address 18000 S 54th ST, HICKMAN NE 68372

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 111 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 20 in.
4. Distance to:
   Well NA ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 111 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 20 ft. S

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 lateral (linear): ft. 92 ft. 100 ft. 100 ft. _____
4. Drainfield size: 1058.50 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line +50 ft.
   Property line +10 ft.
   Depth of Groundwater +12

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

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

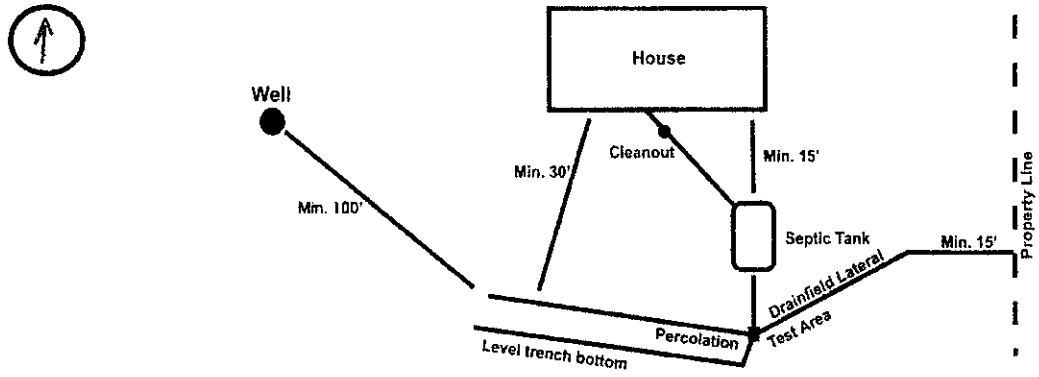
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 12/17/18

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

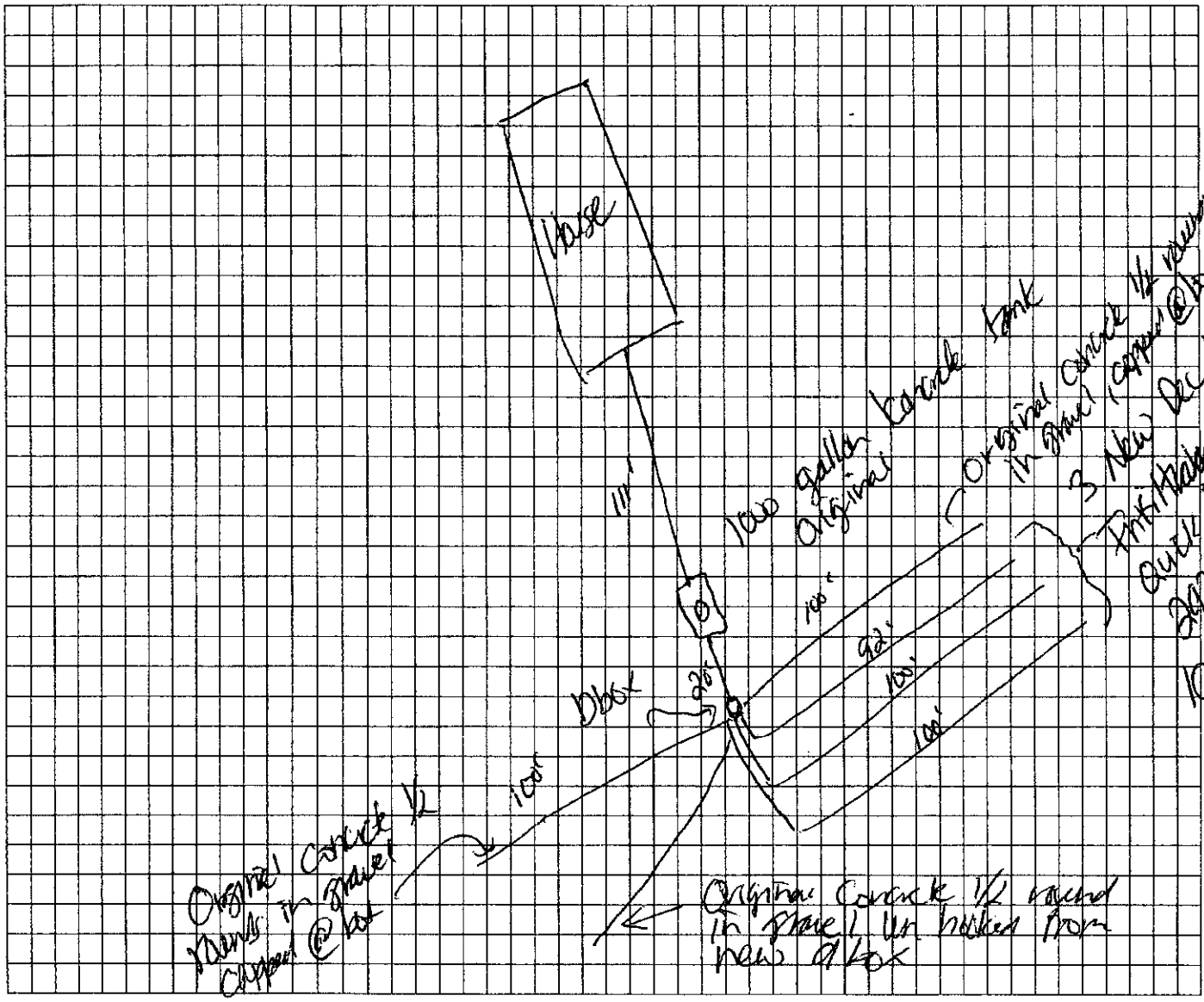
Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions

Rural Water



Lincoln-Lancaster County Health Department (LLCHD)
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