HS001784

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):** 2915 N 98 12 ST

   Legal Description of Property: Township: 12 Range: 7 Section: 11

   Block ____ Lot 7 SubDivsion ____ Add: ____

   ***Parcel ID** 19 - 11 - 200 - 003 - 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 208' of Infiltrator Quick 4 Plus Chambers (754 sq ft: 3 bdrm @ 30 MPE

5. **Current Type of Lateral-** 1½ round in gravel **Current Linear Ft. Of Lateral -** 100

   Current Tank Gallonage- 1500

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

   Applicant Signature: Jason Kubik

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: 12/19/18 Amount #225.00 Check No. 80314 Initials JAD

Revised 4/8/13

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 550 ft. x 1730 ft. Area: 22 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: William P Nordstrom

Address: 2105 N. 98th Waverly, NE 68462

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	10-7-94	8:00AM	10-8-94	5:00PM	10-8-94	5:00PM	0	6:00PM	12	60	12	5
2	"	"					"	"	"	11		11	5.4
3	"	"					"	"	"	13		13	4.6
4	"	"					"	"	"	12.5		12.5	4.8
5	"	"					"	"	"	12.5		12.5	4.8
6	"	"					"	"	"	12		12	5

Bill Nordstrom
Signature of Person Conducting Test

Sum of Percolation Rates: 29.6
Average of Rates: 4.9
Mean of Rates: _____

Address 2105 N 98 Waverly, Ne. 68462 Phone 785 9945

(Do not write below this line)

REVIEWING ACTION

Remarks: Hudson Silt Loam
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: November 16, 1995

Approved Percolation Rate (a)
A. 12 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

Janet O'Neal HS001784

From: Nate C. Hartman
Sent: Wednesday, December 19, 2018 8:40 AM
To: Janet O'Neal
Subject: FW: 21915 N 98th ST repair permit
Attachments: 21915 N 98th Repair permit.pdf

FYI

Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
3131 'O' Street, Lincoln, NE 68510
O: 402-441-8643 F: 402-441-3890

From: Jason Kubik [mailto:southwicksewer@yahoo.com]
Sent: Tuesday, December 18, 2018 9:11 PM
To: Nate C. Hartman <nhartman@lincoln.ne.gov>
Subject: 21915 N 98th ST repair permit

Nate

We are going to add some lateral to this property. It currently has a 1500 gallon tank & 100 ft of 1/2 rounds in gravel, which was installed in 1995. The tank is running high and laterals appear to be saturated. I have attached the original perc test (12 mpi). I am using 30 mpi which I feel is more indicative of the judson soil. Therefore: 208 ft @3.625= 754, 750 required for 3 bedroom at 30.

We are planning on doing this tomorrow, Wed Dec 19. Let me know if you want Jaime to call with card for payment, or mail you the check, or pickup in person.

Thanks Nate

Jason and Jaime Kubik

Southwick Liquid Waste
Office: 402-475-2462
www.southwickliquidwaste.com

SCANNED

HS001784

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   Block _____ Lot 7 SubDivsion _____ Add: _____

   ***Parcel ID** 19 - 11 - 200 - 003 - 000 (i.e. 99-99-999-999-999)

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   Current Tank Gallonage- 1500

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   Applicant Signature: Jason Kubik

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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: 12/19/18 Amount $275.00 Check No. 0203/4 Initials JAD

Revised 4/8/13

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS 001784

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/19/18 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2915 N 98th St. City Lincoln

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 754 Sq. Ft. Tank Size 1500 gals

Total length of laterals 208 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☑ Other (describe) Infiltrator Quick 4 Plus 24"

No. of Absorption Laterals 2 Width _____ No. of Drop Boxes X Distribution Box 1

Leveling Method Used _____

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:

Upon inspection, half of one run of laterals was covered, & the second run of laterals had not been done yet.

Inspections prior to Final Approval
Initial _____ Date 12/19/18

Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date 01/07/19

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) 19-11-200-003-000

Owner: BILL NORDSTROM Address 21915 N 98TH ST, WAVELY NE 68462

A. Wastewater Piping

1. Material: SCH 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 30 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 2 in.
4. Distance to:
   Well +100 ft.
   Pressure line +25 ft
   Property Line +100 ft.
   Foundation 30 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: SW ft. 10

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: INFILTRATOR QUCIK 4 PLUS - 29"
2. Number of Laterals: 2
3. Length of each lataral (linear): ft. 104 ft. 104 ft. _____ ft. _____
4. Drainfield size: 754 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line +50 ft.
   Property line +50 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:

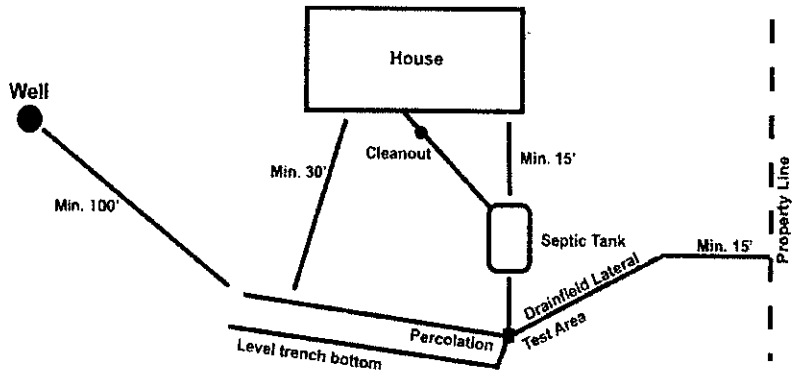
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Dan Hunter Date: 12/19/18

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

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

House
30'
1500 Gallon Concrete
10'
104'
Original 1/2 rounds
Unhooked from system
104'
plastic distribution box

12/19/18 Added 208' of Infiltrator Quick 4 Plus to original 1500 Gallon Concrete Septic Tank.