HS001869

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):** 8200 W Waverly Rd

   Legal Description of Property: Township: 11 Range: 5 Section: 11

   Block _____ Lot _____ SubDivsion _____ Add: _____

   ***Parcel ID** 05 - 11 - 300 - 300 - 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 240' of EZ flow 203 to exsting tank = 1080 sq ft

5. **Current Type of Lateral-** gravel bed **Current Linear Ft. Of Lateral -** 75

   Current Tank Gallonage- 1000

6. Print Name Jason Kubik Address 105 Locust 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: 8/09/19 Amount $225.00 Check No. 3562 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 8200 W WAVERLY RD (no rural route) City MALCOM NE, Zip 68402

Owner CHAD HESKETT Address SAME

Date of Tests 7/9/19 to 7/10/19 Weather: Precipitation 0 Temperature 90

Percolation Test Data Table

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Person Conducting Percolation Test

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Phone: 402-475-2462
Address 105 LOCUST ST
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Sum of Percolation Rates: 138
Average of Rates: 46
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7207 AKSARBEN

Groundwater Depth + 12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: 4500869

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/12/20 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) ____ 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 1,080 Sq. Ft. Tank Size 1,000 (existing) gals

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ ~~Other~~ (describe) E2 Flow

No. of Absorption Laterals 2 Width 4.5 factory No. of Drop Boxes ____ Distribution Box ____

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 NA Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date 8/12/19

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By ____

Date ____

Field Note Drawing (See Reverse Side):

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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 08/07/19 By DS
Date ___/___/___ By _____

Installation final written approval
Date 8/12/20 By [signature]

Return application to:
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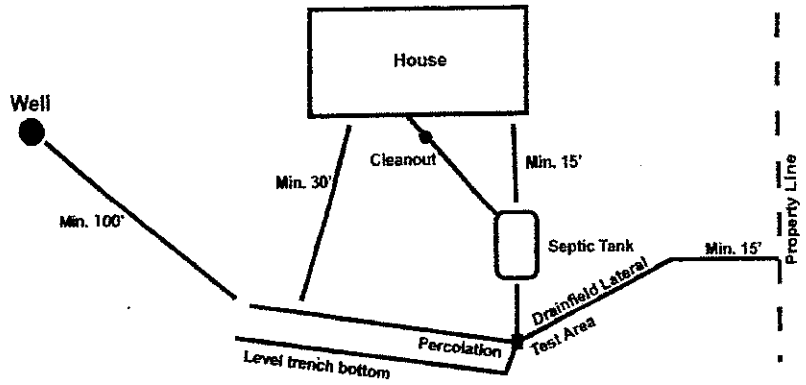
Business Office Use Only

Received: Date: ___/___/___ Amount _____ Check No. _____ Initials _____

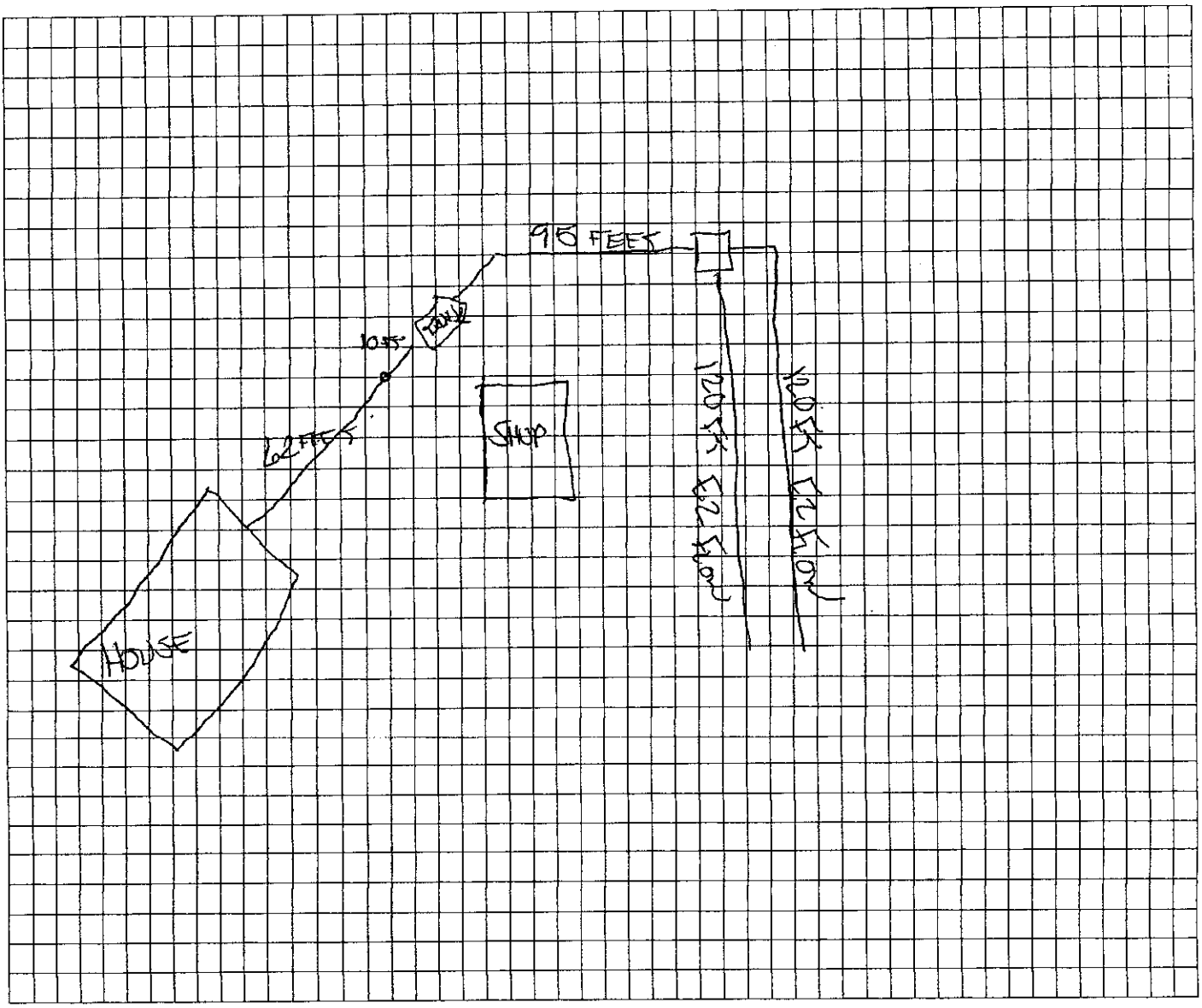
Revised 4/8/13

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions



Lincoln-Lancaster County Health Department
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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) 05 - 11 - 300 - 004 - 000

Owner: [redacted] CHAD HESKETT Address 8200 W WAVERLY RD MALCOLM, NE 68402

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 72 ft.

B. Septic Tank

1. Material Existing Concrete
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 20 in.
4. Distance to:
   Well 165 ft.
   Pressure line 30 ft
   Property Line 25 ft.
   Foundation 72 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 95 ft. NE

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ Flow 1203
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 120 ft. 120 ft. _____ ft. _____
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well 130 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: Jamie Kuit Date: 8/22/19

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

Doug R. Smith

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Tuesday, August 06, 2019 9:30 PM
To: Nate C. Hartman; Doug R. Smith
Subject: 8200 W Waverly Road REPAIR PERMIT
Attachments: 8200 W Waverly Road REPAIR PERMIT.pdf

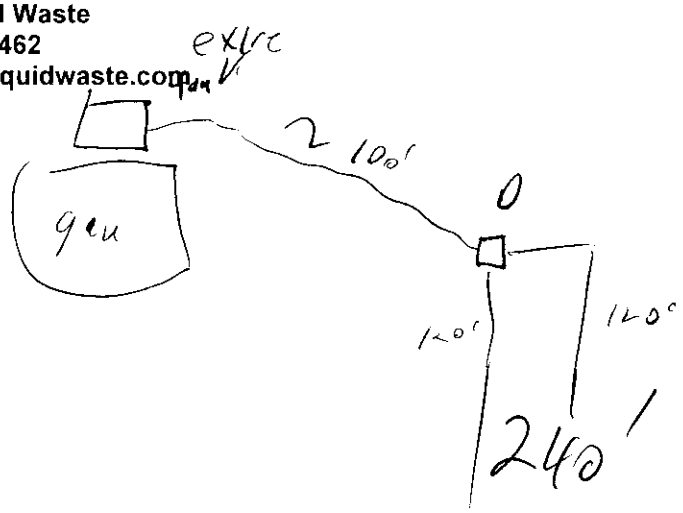
Nate and Doug,

Please see the attached repair permit. This was a property transfer inspection that failed for Gary Schneider. Our guys are moving out there to start this project tomorrow weather permitting and hopefully completed by the end of the day.

Thanks!
Jaime

Jason and Jaime Kubik

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



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Groundwater Depth + 12

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

Signature of Reviewing Official Date

SCANned

HSC01869

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