Application to Alter or Repair an Onsite Wastewater Treatment System

HS001880

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):** 8120 SW 27th ST

   Legal Description of Property: Township: 9 Range: 6 Section: 21

   Block _____ Lot _____ SubDivsion _____ Add: _____

   ***Parcel ID** 09-21-300-005-000 (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 ☐ Large Capacity Tub

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

4. **Description of proposed alteration or repair:** adding 200' of EZ flow 1203 to system. Installing additional distribution box to allow for alternating new to old drainfields.

5. **Current Type of Lateral-** Perf pipe / 1½ gravel **Current Linear Ft. Of Lateral -** 200

   Current Tank Gallonage- 1000

6. Print Name Jason Kybik Address 105 Locust ST Phone: 402-472-2462

   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: 9/04/19 Amount $ 230.00 Check No. CC 0214 Initials JAD

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 8120 SW 27TH ST (no rural route) City LINCOLN NE, Zip 68523

Owner DAVID & KATHLEEN HUBERTUS Address SAME

Date of Tests 8/27/19 to 8/28/19 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	8/27	5:00	8/28	8:30	8/28	12:00	6	8/28	12:30	30	5/8	48
2	30	8/27	5:00	8/28	8:30	8/28	12:00	6	8/28	12:30	30	5/8	48
3	30	8/27	5:00	8/28	8:30	8/28	12:00	6	8/28	12:30	30	1/2	60
4	30	8/27	5:00	8/28	8:30	8/28	12:00	6	8/28	12:30	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: 216
Average of Rates: 54
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7418 MORRILL
Groundwater Depth +12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

SCANNED

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   ***Parcel ID** 09-21-300-005-000 (i.e. 99-99-999-999-999)

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   Number of bedrooms 2 Does the system have a: ☒ Garbage Grinder ☐ Large Capacity Tub

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5. **Current Type of Lateral-** Pipe / Fiberglass ½ round **Current Linear Ft. Of Lateral -** 200

   Current Tank Gallonage- 1000

6. Print Name Jason Kubik Address 105 Locust ST Phone: 402-472-2462

   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 9/5/19 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Comments (if any): _____

Site visits
Date ___/___/___ By N/A
Date ___/___/___ By _____

Installation final written approval
Date 9/19/19 By [signature]

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: 9/04/19 Amount $230.00 Check No. CC 0214 Initials JAT

Revised 4/8/13

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) 09-21-300-005-000

Owner: DAVE HUBERTUS Address 8120 SW 27TH LINCOLN, NE 68523

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 145 ft.

B. Septic Tank

1. Material EXISTING CEMENT
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well +200 ft.
   Pressure line +50 ft.
   Property Line +50 ft.
   Foundation +45 ft.

C Distribution Box or Drop Box

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

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
2. Number of Laterals: 2
3. Length of each lataral (linear): ft. 100 ft. 100 ft. ft.
4. Drainfield size: 900 sq. ft.
5. Distance to:
   Well +200 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

WH Wetland work

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

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

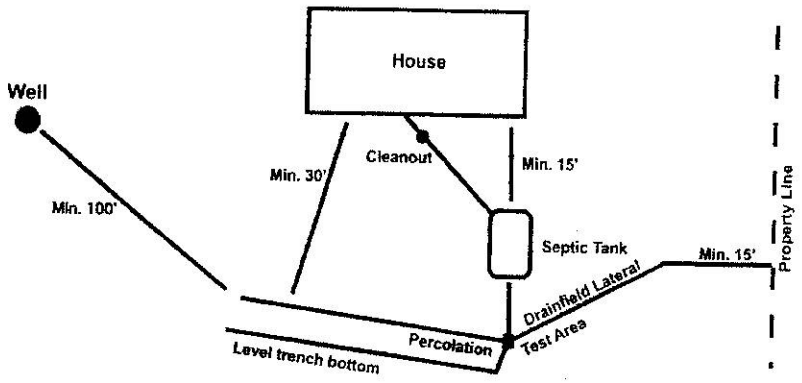
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 9/8/19

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

100' EZ Flow

100' EZ Flow

100'

100'

100'

TANK

HOUSE

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Sunday, September 08, 2019 7:37 PM
To: Nate C. Hartman
Subject: 8120 SW 27th D SHEET
Attachments: 8120 SW 27th D SHEET.pdf

Nate,

See attached D SHEET for 8120 SW 27th.

Thanks!
Jaime

Jason and Jaime Kubik

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