Application to Alter or Repair an Onsite Wastewater Treatment System

HS001900

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):** 18400 MIDWAY RD WALTON, NE 68461

   Legal Description of Property: Township: 9 Range: 8 Section: 24

   Block _____ Lot 7 NE SubDivsion 6TH PRINCIPAL Add: _____

   ***Parcel ID** 22-24-200-003-000 MERIDIAN (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 ☐Large Capacity Tub

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

4. **Description of proposed alteration or repair:** ADDING LATERAL

5. **Current Type of Lateral-** CONCRETE ½ ROUND **Current Linear Ft. Of Lateral -** _____

   Current Tank Gallonage- 1500

6. Print Name JAIME KUBIK Address 105 LOCUST BOX 191 HICKMAN, NE Phone: 402-475-2462

   Applicant Signature: Jaime 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: 9/23/19 Amount $230.00 Check No. 3605 Initials

Revised 4/8/13

FORM HD- 43(73) 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
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. 517-C

PROPERTY WHERE SOIL TESTED: Owner: MERVIN [redacted] MEYER

Location: Township 9N ; Range 3E
Section & ¼ Sect. [redacted] 24 NE¼ Address _____

Property Dimensions: 524 ft. x 450 ft.
Area: 5.41 acres. (Attach sketch of property showing hole location).

Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: 8/22/74 to 8/23/74. Weather: Precip. 0 Temp. 25°F.

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36	8/22	10:AM	8/23	10:AM	8/23	10:AM	36	10:AM	17	60	19	60/19
2	36	"	"	"	"	"	"	"	"	18	60	18	60/18
3	36	"	"	"	"	"	"	"	"	16	"	20	60/20
4	36	"	"	"	"	"	"	"	"	16	"	20	60/20
5	36	"	"	"	"	"	"	"	"	17	"	19	60/19
6	36	"	"	"	"	"	"	"	"	10	"	26	60/26

Sum of Percolation Rates 122/122
Average of Rates: 20.3
Mean of Rates: 2.9" per min

John Gabrielsen
Signature of Person Conducting Test

Address Gretna, Nebr.
Phone: 332-3258

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: _____

_____
Signature of Reviewing Official

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 517-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 8/24/74

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9 N ; Range 8 E ; Section 24 NE¼
   Block _____; Lot _____; Addition _____
   Street Address _____

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
   No. of Bedrooms 3 . Describe: _____
   Other Use _____ ☐
   Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: 10 MILES ft.

X Merwin Meyer
Signature of Applicant (Owner or Lessee)

3810 LINDEN ST.
Address
LINCOLN, NEBRASKA

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. _____ . Date Frwd. 9/11/74 . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Rook
2. Supt. Bldg. Insp.: Date Rec'd. 9-11-74 . Date Frwd. 9-11-74 . ACTION: Approved ☐ Disapproved ☐ Signature: W W
3. City or County Engineer: Date Rec'd. 9-11-74 . Date Frwd. 9-11-74 . ACTION: Approved ☐ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

HS001900

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):** 18400 MIDWAY RD WALTON, NE 68461

   Legal Description of Property: Township: 9 Range: 8 Section: 24

   Block ____ Lot 7 NE SubDivision 6TH PRINCIPAL MERIDIAN Add: ____

   ***Parcel ID** 22-24-200-003-000 (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 ☐ Large Capacity Tub

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

4. **Description of proposed alteration or repair:** ADDING LATERAL

5. **Current Type of Lateral-** CONCRETE ½ ROUND **Current Linear Ft. Of Lateral -** ____

   Current Tank Gallonage- 1500

6. Print Name JAIME KUBIK Address 105 LOCUST BOX 191 HICKMAN, NE Phone: 402-475-2462

   Applicant Signature: Jaime Kubik

Please contact LLCHD for the current permit fee for this application
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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 9/30/19 REVIEW: ☒ Approved ☐ Disapproved By: ____

Comments (if any): ____

Site visits
Date ___/___/___ By ____
Date ___/___/___ By ____

Installation final written approval
Date 11/25/19 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: 9/23/19 Amount $230.00 Check No. 3605 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

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) 22-24-200-003-000

Owner: MERVIN MEIGER Address 18400 MIDWAY RD WALTON, NE 68461

A. Wastewater Piping

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

B. Septic Tank

1. Material EXISTING TANK
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well NA ft
   Pressure line +50 ft
   Property Line +50 ft
   Foundation 40 ft

Road Water 10 ft

C Distribution Box or Drop Box

Distance and Direction from septic tank: 9 ft W

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless:
   INFILTRATOR E-Z FLOW 1203
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 60 ft. 60 ft. 80 ft. ____
4. Drainfield size: 900 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

Pipe is just shallow enough to get to the groundwater

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

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

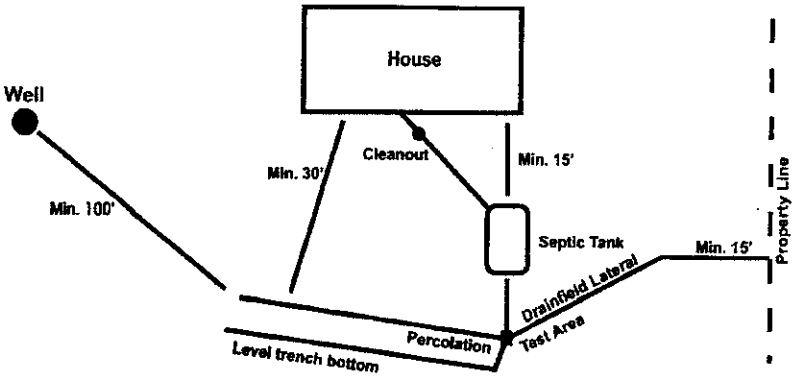
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 10/9/19

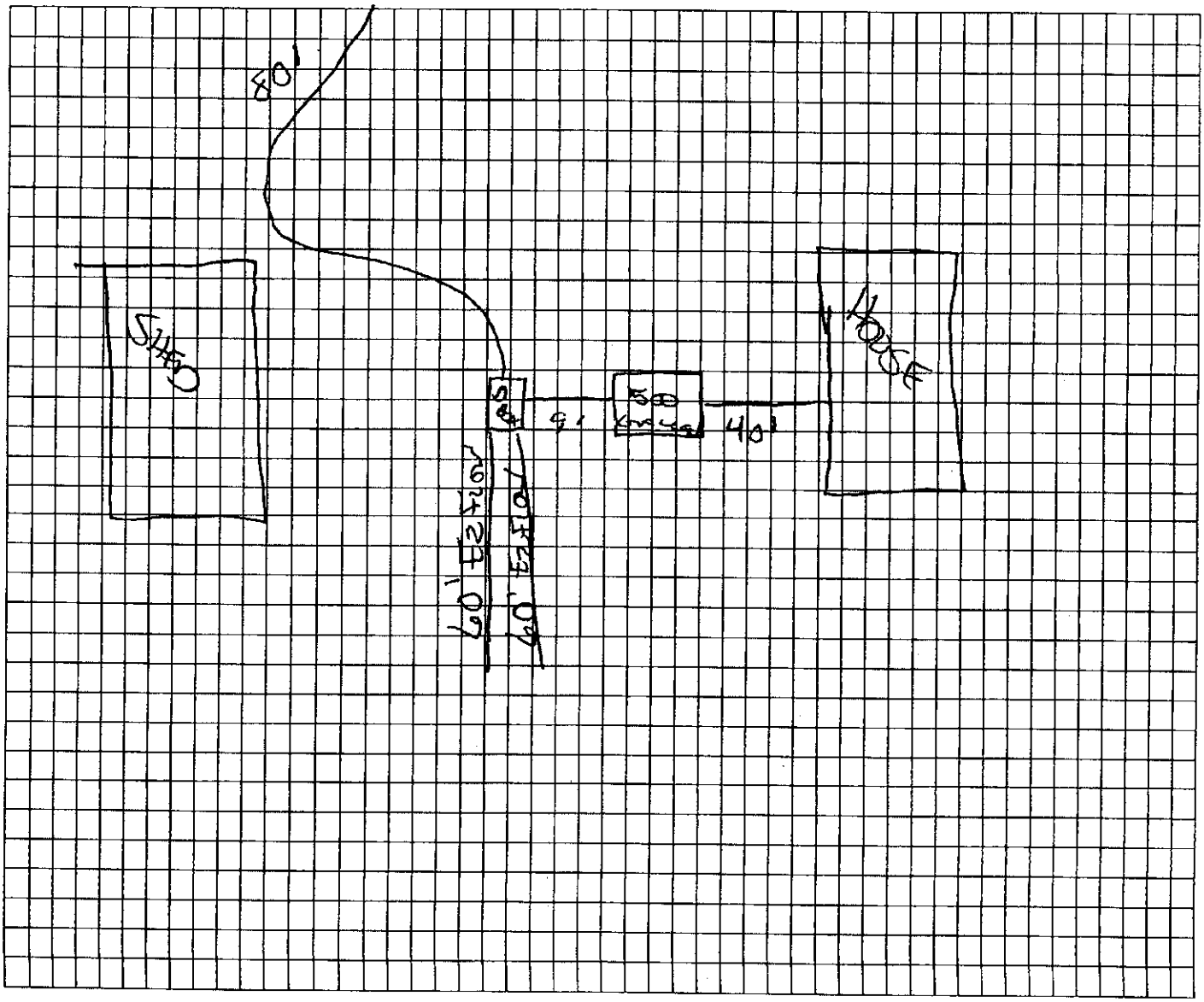
Complete As-Built drawing on the back of this form.

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions



SCANNED SCANNED

Application to Alter or Repair an Onsite Wastewater Treatment System

HS001900

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   Current Tank Gallonage- 1500

6. Print Name JAIME KUBIK Address 105 LOCUST BOX 191 HICKMAN, NE Phone: 402-475-2462

   Applicant Signature: Jaime Kubik

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 9/30/19 REVIEW: ☒ Approved ☐ Disapproved By: ____

Comments (if any): ____

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Date ___/___/___ By ____
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Date 11/25/19 By ____

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3140 "N" Street, Lincoln, NE 68510
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Business Office Use Only
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Revised 4/8/13

SCANNED

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(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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Division of Environmental Health
2200 St. Marys Avenue
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FILE NO. 517-C

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Section & ¼ Sect. [redacted] 24 NE¼ NE¼ Address _____
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Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

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Sum of Percolation Rates 64/122
Average of Rates: 20.3 [redacted]
Mean of Rates: 2.4" per min

John Gabelson
Signature of Person Conducting Test

Address Gretna, Nebr.
Phone: 332-3258

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

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

DATE: _____

_____
Signature of Reviewing Official

SCANNED

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

D

Permit Number:

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1. Material EXISTING TANK
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well NA ft.
   Pressure line +50 ft.
   Property Line +50 ft.
   Foundation 40 ft.

Rural water #4

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 9 ft. W

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless:
   INFILTRATOR EZ FLOW 1203
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 60 ft. 60 ft. 80 ft. ____
4. Drainfield size: 900 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

Just get as specified on approved

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.

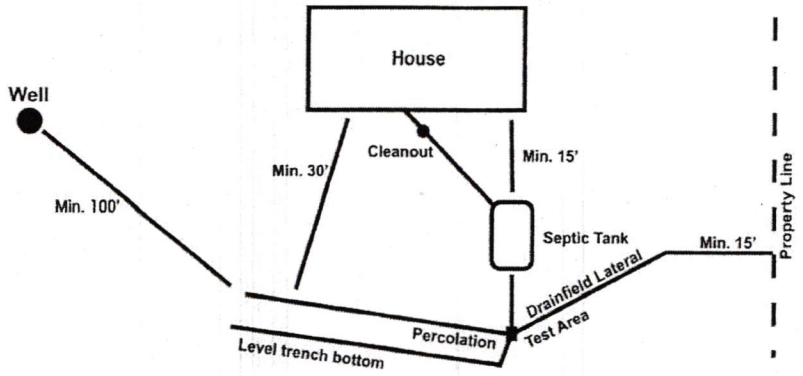
Certified Professional Signature: [signature] Date: 10/9/19

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

SCANNED

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

