HS001992

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):** 2343 W Stallion Rd

Legal Description of Property: Township: 9 Range: 6 Section: 16 JAW

Block 3 Lot 3 SubDivsion Equestrian Estates Add: 1st

***Parcel ID** 09-16-109-003-000 (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:** Will be using existing 1000 gallon concrete septic tank w/ lift station to pump to 1500 gallon tank and gravity drain to 240' of flow lateral

5. **Current Type of Lateral-** leaf pipe **Current Linear Ft. Of Lateral -** 240 (Grandfather)

Current Tank Gallonage- 1000

6. Print Name Jason Kubik Address 105 Locust St 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: 05/04/20 Amount $230.00 Check No 0214 Initials JAW

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 2343 W STALLION RD (no rural route) City LINCOLN NE, Zip 68523

Owner DON BENZING Address SAME

Date of Tests 4/29/20 to 4/30/2020 Weather: Precipitation 0 Temperature 65

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	24	4/29	5:30	4/30	9:30	4/30	1	6	4/30	1:30	30	5/8	48
2	24	4/29	5:30	4/30	9:30	4/30	1	6	4/30	1:30	30	5/8	30
3	30	4/29	5:30	4/30	9:30	4/30	1	6	4/30	1:30	30	5/8	48
4	24	4/29	5:30	4/30	9:30	4/30	1	6	4/30	1:30	30	5/8	48
								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: 184
Average of Rates: 46
Rate Used for Calculation: 46

Soil type (NRCS Maps/Other) 7684
Groundwater Depth + 12 FEET

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS001992

System Type: Standard

Situs: No Site Address Specified

Issued: 5/4/2020

Expires: 5/4/2021

Description: EQUESTRIAN ESTATES FIRST ADDITION, BLOCK 3, Lot 3

Owner: BENZING, DONALD I & PATTY J
2343 W STALLION RD
LINCOLN, NE 68523

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

JASON KUBIK
105 LOCUST ST
HICKMAN, NE 68372

SCANNED

HS001992

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   Legal Description of Property: Township: 9 Range: 6 Section: 16

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   ***Parcel ID** 09-16-109-003-000 (i.e. 99-99-999-999-999)

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   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:** Will be using existing 1000 gallon concrete septic tank w/ lift station to pump to 1500 gallon tank and gravity drain to 240' EZ Flow lateral

5. **Current Type of Lateral-** leaf pipe **Current Linear Ft. Of Lateral -** 240 (Greenwood)

   Current Tank Gallonage- 1000

6. Print Name Jason Kubik Address 105 Locust St 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 5/4/20 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 02/11/20 By DS
Date ___/___/___ By _____

Installation final written approval
Date 5/13/20 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: 05/04/20 Amount $230.00 Check No 0214 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: H500 1992

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/13/20 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2343 W. Stallion Rd. 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 1080 Sq. Ft. Tank Size 1500 (pump tank 1,000) gals

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) E-Z flow

No. of Absorption Laterals 3 Width 4.5 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 N/A Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date 5/11/20

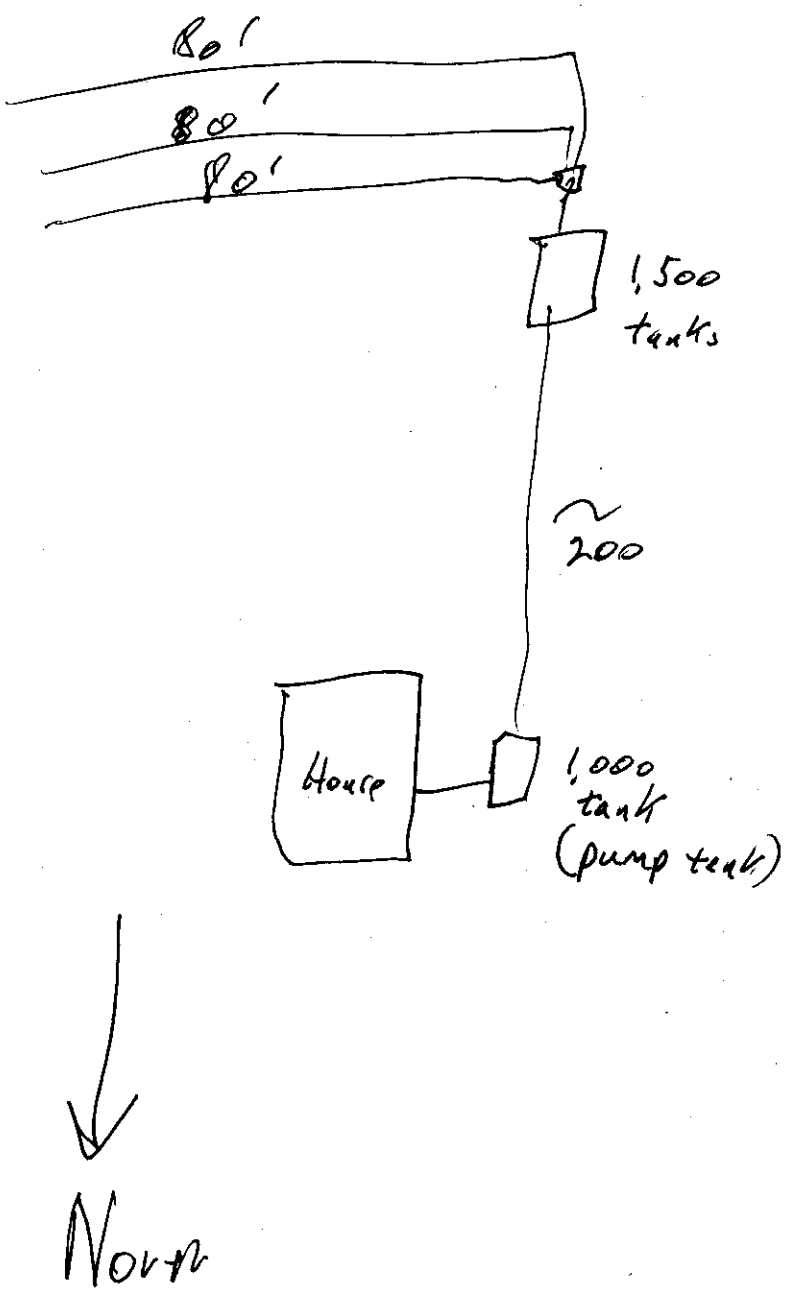
Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By ____
Date 5/13/20

Field Note Drawing (See Reverse Side):

Updated 4/15


80'
80'
80'
1,500 tanks
~200
House
1,000 tank (pump tank)
North