HS002012

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):** 11550 Van Dorn St

   Legal Description of Property: Township:_____ Range:_____ Section:_____

   Block_____ Lot_____ SubDivsion_____ Add:_____

   ***Parcel ID** 23 - 31 - 400 - 002 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 4 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 with distribution box and 500 gallon tank to existing 1000 gallon concrete tank and 200' corrugated 4" rock laterals sized @ 54 MPI

5. **Current Type of Lateral** Concrete ½ rounds **Current Linear Ft. Of Lateral** - 200 = 600 sq ft
   Current Tank Gallonage- 1000 adding 900 / 1500 Total

6. Print Name Jason Kubik Address 105 Locust St Phone: 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: 6/01/20 Amount $230.00 Check No. CC0214 Initials JAC

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 11550 Van Dorn Street (no rural route) City Lincoln NE, Zip 68461

Owner Stu Rafos Address 115500 Van Dorn Street Lincoln, NE 68461

Date of Tests May 21, 2020 to May 22, 2020 Weather: Precipitation none Temperature 60 degrees

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	30 in	5/21	4:30 pm	5/22	8 am	5/22	11:30 am	6	5/22	12 pm	30 min	1/2	60
2	30 in	5/21	4:30 pm	5/22	8 am	5/22	11:30 am	6	5/22	12 pm	30 min	5/8	48
3	30 in	5/21	4:30 pm	5/22	8 am	5/22	11:30 am	6	5/22	12 pm	30 min	1/2	60
4	30 in	5/21	4:30 pm	5/22	8 am	5/22	11:30 am	6	5/22	12 pm	30 min	5/8	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street P.O. Box 191
Hickman, NE 68372

Sum of Percolation Rates: 216
Average of Rates: 54
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7666 Mayberry
Groundwater Depth +12

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. HS002012

System Type: Standard

Situs: No Site Address Specified

Issued: 6/2/2020

Expires: 6/2/2021

Description: S31, T10, R8, 6th Principal Meridian, LOT 43 SE

Owner: RAFOS, JUDITH M REVOCABLE TRUST
11550 VAN DORN ST
LINCOLN, NE 68461

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