#8002079

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):** 15075 SENECA RIDGE CT

   Legal Description of Property: Township: 8 Range: 8 Section: 10

   Block _____ Lot 10 SubDivsion PHEASANT RIDGE ADDITION Add: _____

   ***Parcel ID** 21 - 10 - 101 - 010 - 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 LATERAL TO SYSTEM USING EXISTING 1500 GALLON TANK

5. **Current Type of Lateral-** CHAMBERLESS HALF RONDS INFILTRATOR **Current Linear Ft. Of Lateral -** 250 FT

   Current Tank Gallonage- 1500

6. Print Name JAIME KUBIK Address 105 LOCUST STREET Phone: 402-476-2462

   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: 8/17/20 Amount $230.00 Check No. 0214 Initials JMO

Revised 4/8/13

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

SCANNED

B

Permit Number: 4S000233

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 15075 Seneca Ridge Rd (no rural route) City Bennett NE, Zip _____

Owner David & Sarah Poole Address Bennett

Soil Type (SCS): Clay Percolation Rate: _____ min./inch

Date of Tests 4-15-09 to 4-16-09 Weather: Precipitation Cloudy Temperature 550

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	30	4-15-09	10:33 A.M.	4-16-09	11:03	4-16-09	11:03	6	4-16-09	11:33	30	5/8	48
2	30	4-15-09	10:33 A.M.	4-16-09	11:03	4-16-09	11:03	6	4-16-09	11:33	30	3/4	40
3	30	4-15-09	10:33 A.M.	4-16-09	11:03	4-16-09	11:03	6	4-16-09	11:33	30	3/4	40
4	30	4-15-09	10:33 A.M.	4-16-09	11:03	4-16-09	11:03	6	4-16-09	11:33	30	5/8	
5	30	4-15-09	10:33 A.M.	4-16-09	11:03	4-16-09	11:03	6	4-16-09	11:33	30	5/8	
6	30	4-15-09	10:33 A.M.	4-16-09	11:03	4-16-09	11:03	6	4-16-09	11:33	30	3/4	

Person Conducting Percolation Tests

Name: Dave Voigt

Phone: 402-560-4267

Address P.O. Box 22753

Lincoln NE 68542

Sum of Percolation Rates: 264

Average of Rates: 44

Rate Used for Calculation: 44

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-98

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. HS002079

System Type: Standard

Situs: No Site Address Specified

Issued: 8/17/2020

Expires: 8/17/2021

Description: PHEASANT RIDGE ADDITION, Lot 10

Owner: POOL, DAVID S & SARAH J
15075 SENECA RIDGE CT
BENNET, NE 68317

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

JAIME KUBIK
105 LOCUST ST, PO BOX 191
HICKMAN, NE 68372

SCANNED

#8002079

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***Parcel ID** 21 - 10 - 101 - 010 - 000 (i.e. 99-99-999-999-999)

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5. **Current Type of Lateral-** CHAMBERLESS HALF ROWS INFILTRATOR **Current Linear Ft. Of Lateral -** 250 FT

Current Tank Gallonage- 1500

6. Print Name JAIME KUHL Address 105 LOCUST STREET Phone: 402-475-2462

Applicant Signature: Jaime Kuhl

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

120 x2

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 8 / 17 / 20 REVIEW: ☒ Approved ☐ Disapproved By: ____

Comments (if any): ____

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

Installation final written approval
Date 9 / 22 / 20 By ____

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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) 21-10-101-010-000

Owner: DAVE POOL Address 15075 SENECA RIDGE CT BENNET, NE 68317

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 87 ft.

B. Septic Tank

1. Material EXISTING 1500 GALLON TANK
2. Capacity: 1500 GALLON
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 87 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 87 ft. SOUTH

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless:
   E-Z FLOW 1203 240 FT
   EXISTING GRAVELESS 250 FT
2. Number of Laterals: 5
3. Length of each lateral (linear): ft. 90 ft. 90 ft. 90 ft. 120 FT 120 FT
4. Drainfield size: 1922 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line + 50 ft.
   Property line + 50 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: _____ Date: SEPT 2, 2020

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

uilt Drawing

