HS002110

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):** 2646 STALLION CIRCLE

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

   Block 4 Lot 1 SubDivsion EQUESTRIAN ESTATES Add: FIRST

   ***Parcel ID** 09 - 16 - 110 - 004 - 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:** USING EXISTING 1000 GALLON TANK & ADDING 240 FT LINEAR FEET EZ FLOW

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

   Current Tank Gallonage-_____

6. Print Name JAIME KUBIK Address 105 10 DST ST P.O. BOX 191 HICKMAN, NE 68372 Phone:_____

   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: ___/___/___ Amount_____ Check No._____ Initials_____

Revised 4/8/13

2646 Stallion

FORM 20105-0477
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: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: Blk 4. Lot 4

Location: Township 9N ; Range 6E ; Section & ¼ Section See #9. 16
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ . WTC
Dates of Tests: 8-26 to 8-27 . Weather: Precip. 0 Temp. 80 .

OWNER: Ken Kerkman

Address: 1212 Aberdeen Ave 68512

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Pre-Saturation Period Start Time (Hr./Min.)	Pre-Saturation Period End Date (Mo./Day)	Pre-Saturation Period End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Percolation Readings Start Time (Hr./Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr./Day)	Percolation Readings End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	8/26	8:00	8/27	7:00	8/27	9:45	28 1/4	10:15	28 3/8	30	3/8	
2			A		A		AM	23 3/8	AM	24 3/8		1/2	
3								30 1/2		32 1/4		1 3/4	
4								28 1/4		29 3/8		1 3/8	
5								26 3/4		27 1/4		1/2	
6								25 1/2		26 1/2		1	
7								15 1/2		16 1/8		5/8	
8								27 1/8		28 3/8		1 1/4	
												6.375	

Brad Southwick
Signature of Person Conducting Test

Address Hickman Ne Phone 475-2462

Sum of Percolation Rates: _____
Average of Rates: .79
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

N
80' x 3'
70' x 3'
70' x 3'
8'
1000
30'
House
Dwell

5/11/2020

located top (2) laterals in heavy trees put flags close to end. Third lateral is also in trees/brush. Opened tank and evidence of swell in riser. Tank level was high right @ the top of concrete.

3 bedroom, No tub, No disposal

Quoted $5000
adding 24D ez flow and dbox
per septic

Customer told me to put them on list. I said Likely August

WL pumped

12/18

Southwick
Liquid Waste

105 Locust Street
P.O. Box 191
Hickman, NE 68372
PHONE: 402-475-2462
FAX: 402-792-3307
www.souuthwicksewer.com

NAME: JAN LIPOVSKY DATE: MAY 7

ADDRESS: 26416 STALLION CIRCLE PHONE: 402-499-0005

CITY: LINCOLN, NE 68526

REASON FOR SERVICE:

PRELIM MTG

SERVICE PROVIDED:

* BACKUPS HAD LINES CABLED
* 30 YR OLD SYSTEM

NOTES: NOT ON IVDEE WEBSITE
ONLY 2645 STALLION CIR

CHARGE: _____

DISPOSAL: _____

TAX: _____

TOTAL: _____

Southwick Liquid Waste INC
105 Locust St.
P.O. Box 191
Hickman, NE 68372

Invoice

Date	Invoice #
5/6/2020	16940

Bill To

JAN LIPOVSKY
2646 Stallion Circle
Lincoln, NE 68526

P.O. No.	Terms
	Due on receipt

Quantity	Description	Rate	Amount
	Prelim meeting to discuss system needs	150.00	150.00
	Sales Tax	5.50%	0.00
		Total	$150.00

Thank you for your business.

1.33% Interest Per Month on Unpaid Balance After 30 Days. Minimum Charge $5.00.

Phone #	E-mail	Web Site
402-475-2462	southwicksewer@yahoo.com	southwickliquidwaste.com

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. HS002110

System Type: Standard

Situs: No Site Address Specified

Issued: 10/7/2020

Expires: 10/7/2021

Description: EQUESTRIAN ESTATES FIRST ADDITION, BLOCK 4, Lot 4

Owner: LIPOVSKY, JANICE M & SMITH, JACOB Y III
2646 STALLION CIR
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

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

SCANNED

HS002110

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1. **Street Address (No Rural Route):** 2646 STALLION CIRCLE

JAO

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

Block # Lot 4 SubDivsion EQUESTRIAN ESTATES Add: FIRST

***Parcel ID** 09 - 16 - 110 - 004 - 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:** USING EXISTING 1000 GALLON TANK & ADDING 240 FT LINEAR FEET EZ FLOW

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

Current Tank Gallonage- _____

6.Print Name JAIME KUBIK Address 105 LOCUST ST P.O. BOX 191 HICKMAN, NE 68372 Phone: _____

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 10 / 7 / 20 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 10 / 12 / 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: 10 / 07 / 20 Amount $235 Check No. CC 0214 Initials JAV

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: HS002110

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) 09-16-110-004-000

Owner JAN LIPOVSKY Address 2640 STALLION CIRCLE LINCOLN, NE 68521

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 30 ft.

B. Septic Tank

1. Material: ~~Material~~
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: _____ in.
4. Distance to:
   Well ±100 ft.
   Pressure line ±50 ft
   Property Line ±50 ft.
   Foundation 30 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank 68 ft. N

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ Flo
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 100 ft. 100 ft. 90 ft. _____
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well ±100 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: [signature] Date: 11/16/2020

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

N
W E
S

2646 Stallion Cir.

