HS002120

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):** 13160 S 8TH COURT

Legal Description of Property: Township: 8 Range: 6 Section: 11

Block 2 Lot 1 SubDivsion _____ Add: RAMBLING ROSE ACRES

***Parcel ID** 08-11-205-001-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms _____ 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:** REPLACING EXISTING DRAINFIELD WITH 1040 SQ OF EZ FLOW LATERAL W/LIFT STATION

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

Current Tank Gallonage- 1250 GALLONS

6.Print Name JAIME KUHN Address 105 LOCUST STREET P.O. BOX 191 Phone: 402-475-2462

Applicant Signature: Jaime Kuhn

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: 10/21/20 Amount $235.00 Check No. # 0214 Initials JHO

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 13160 S 8th Court (no rural route) City Roca NE, Zip 68430

Owner Brian Cleveland Address

Date of Tests 10/15/2020 to 10/16/2020 Weather: Precipitation none Temperature 70 degrees

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	30 min	10/15	5:30 pm	10/16	8:30 am	10/16	12:00 pm	6	10/16	12:30 pm	30 min	1/2	60
2	30 min	10/15	5:30 pm	10/16	8:30 am	10/16	12:00 pm	6	10/16	12:30 pm	30 min	5/8	48
3	30 min	10/15	5:30 pm	10/16	8:30 am	10/16	12:00 pm	6	10/16	12:30 pm	30 min	5/8	48
								6					
								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: 156
Average of Rates: 52
Rate Used for Calculation: 59

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

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. HS002120

System Type: Standard

Situs: No Site Address Specified

Issued: 10/21/2020

Expires: 10/21/2021

Description: RAMBLING ROSE ACRES, BLOCK 2, Lot 1, REM PORT

Owner: CLEVELAND, BRIAN E & MARLA E
13160 S 8 ST
ROCA, NE 68430

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
LINCOLN, NE 68372