HS002151

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):** 9700 W PIONEERS BLVD

   Legal Description of Property: Township: T9 Range: R5 Section: S3

   Block ____ Lot 1 SubDivsion BREDENBERG ADDITION Add: ____

   ***Parcel ID** 03-03-305-001-000 (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:** USE EXISTING 1000 GALLON CONCRETE TANK W/ 240 LINEAR FEET (1050 SQ FT) EZ FLOW LATERAL

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

   Current Tank Gallonage- 1000

6. Print Name JAIME KUBIK Address 105 LOCUST ST P.O. BOX 191 HICKMAN, NE 68372 Phone: 402-475-2462

   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: 12/01/20 Amount $335.00 Check No. CC 0214 Initials AT

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 9700 W Pioneers (no rural route) City Denton NE, Zip 68339

Owner Peter Reinkordt 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		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 min	10/15	4:30 pm	10/16	8:30 am	10/16	12:00 pm	6	10/16	12:30 pm	30 min	3/4	40
2	30 min	10/15	4:30 pm	10/16	8:30 am	10/16	12:00 pm	6	10/16	12:30 pm	30 min	1	30
3	30 min	10/15	4:30 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: 118
Average of Rates: 39.33
Rate Used for Calculation: 40

Soil type (NRCS Maps/Other) 7206 Aksarben // 7501 Pawnee

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. HS002151

System Type: Standard

Situs: No Site Address Specified

Issued: 12/1/2020

Expires: 12/1/2021

Description: BREDENBERG ADDITION, Lot 1

Owner: REINKORDT, HANS PETER & JANE E
B
9700 W PIONEERS BLVD
DENTON, NE 68339

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
Health Director

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

SCANNED

HS002151

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):** 9700 W PIONEERS BLVD

   Legal Description of Property: Township: T9 Range: R5 Section: 53

   Block ____ Lot 1 SubDivision BREDENBERG ADDITION Add: ____

   ***Parcel ID** 03-03-305-001-000 (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

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6. Print Name JAIME KUBIK Address 105 LOCUST ST P.O. BOX 191 HICKMAN, NE 68372 Phone: 402-475-2462

   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 12/11/20 REVIEW: ☒ Approved ☐ Disapproved By: ____

Comments (if any): approved remotely - PH

Site visits
Date 12/3/20 By DC
Date ___/___/___ By ____

Installation final written approval
Date 12/7/20 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: 12/10/20 Amount $235.00 Check No. CC 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: HS002151

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/7/20 Legal Description Lot 1 ¼ ¼ 3/9/5 Section/Township/Range

Onsite System Location

Address (no rural route) 9700 W Pioneer 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 4,050 Sq. Ft. Tank Size 1,000 existing gals

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ Flow

No. of Absorption Laterals 2 Width 4.5 feet 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 NA

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS Date 12/3/20

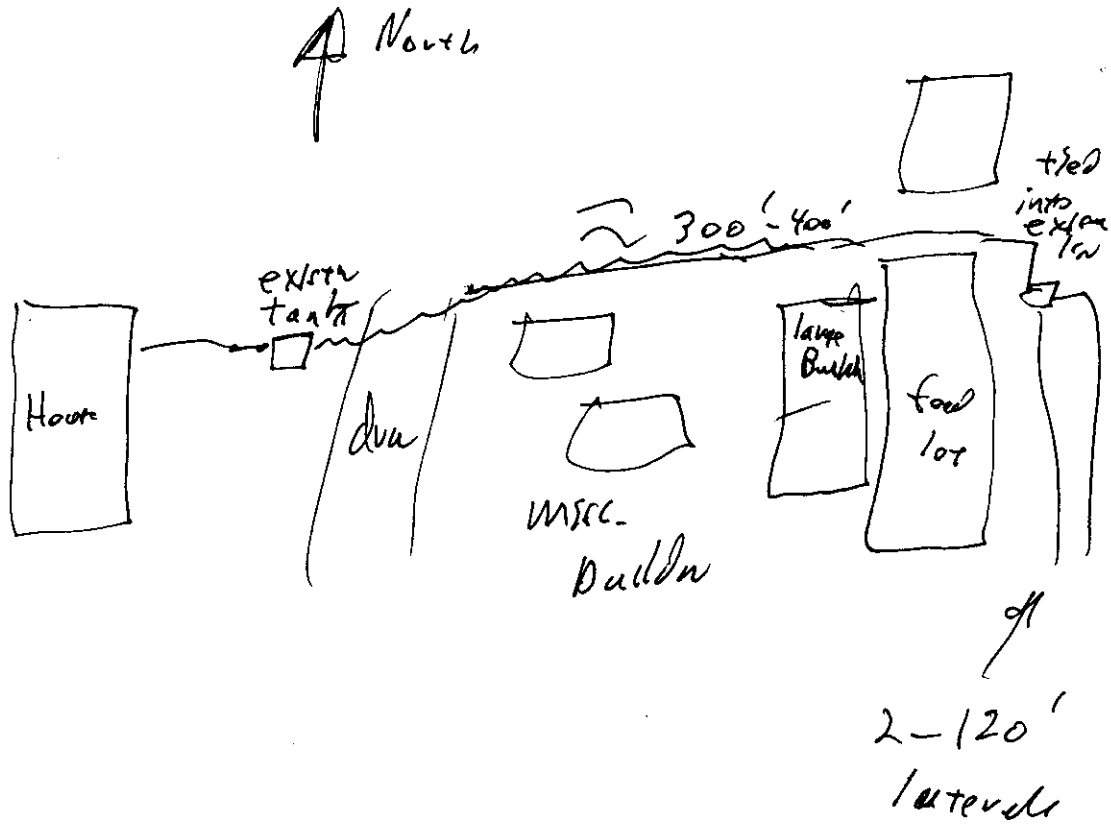
Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Muse

Date 12/7/20

Field Note Drawing (See Reverse Side):


North
tied into existing
~ 300' - 400'
existing tank
House
drive
MSEC Building
large Building
food lot
2 - 120' laterals

Pioneer