HS0022241

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):** 12401 YANKEE HILL RD

   Legal Description of Property: Township: 9 Range: 8 Section: 29

   Block _____ Lot 155W SubDivsion 6TH PRINCIPAL MERIDIAN Add: _____

   ***Parcel ID** 22 - 29 - 100 - 007 - 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:** USING EXISTING CONCRETE TANK & ADDING 1000 GALLON INFILTRATOR TANK W/ 1400 SQ FT LATERAL

5. **Current Type of Lateral-** N/A **Current Linear Ft. Of Lateral -** N/A

   Current Tank Gallonage- 1000

6. Print Name JAIME KUBIK Address 105 WEST ST P.O. BOX 191 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: 6/18/21 Amount $235.00 Check No. CC 0214 Initials JAC

Revised 4/8/13

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 12401 YANKEE HILL RD (no rural route) City BENNET NE, Zip 68317

Owner _____ Address _____

Date of Tests 4/6/21 to 4/7/21 Weather: Precipitation NONE Temperature 70°

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 IN	4/6	5pm	4/7	8:00AM	4/7	11:30	6	4/7	12pm	30 MIN	5/8	48
2	30 IN	4/6	5pm	4/7	8:00AM	4/7	11:30	6	4/7	12pm	30 MIN	1/2	60
3	30 IN	4/6	5pm	4/7	8:00AM	4/7	11:30	6	4/7	12pm	30 MIN	5/8	48
4	30 IN	4/6	5pm	4/7	8:00AM	4/7	11:30	6	4/7	12pm	30 MIN	1/2	60
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: JASON KIBIK
Phone: 402-475-2162
Address 105 LOCUST ST P.O. BOX 191 HICKMAN, NE 68372
Soil type (NRCS Maps/Other) 7501 PAWNEE CLAY LOAM
Groundwater Depth ±12 FEET

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

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. HS002241

System Type: Standard

Situs: No Site Address Specified

Issued: 6/18/2021

Expires: 6/18/2022

Description: S29, T9, R8, 6th Principal Meridian, LOT 15 NW

Owner: SHORTRIDGE, RONALD C & MARY E
12401 YANKEE HILL RD
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
Health Director

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

SCANNED

HS0032241

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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.

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   Block ____ Lot 155W SubDivsion 6TH PRINCIPAL MERIDIAN Add: ____

   ***Parcel ID** 22 - 29 - 100 - 007 - 000 (i.e. 99-99-999-999-999)

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3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** USING EXISTING CONCRETE TANK & ADDING 1000 GALLON INFILTRATOR TANK W/ 1400 SQ FT LATERAL

5. **Current Type of Lateral-** N/A **Current Linear Ft. Of Lateral -** N/A

   Current Tank Gallonage- 1000

6. Print Name JAIME KUBIK Address 105 LOCUST ST P.O. BOX 191 Phone: 402-475-2262

   Applicant Signature: [signature]

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

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 6/18/21 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Comments (if any): ____

Site visits
Date 06/18/21 By DV
Date ___/___/___ By ____

Installation final written approval
Date 6/21/21 By [signature]

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: 6/18/21 Amount $235.00 Check No. 0214 Initials [signature]

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: HS002241

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/21/21

Legal Description ____ ¼ ____ ¼ ____ Section/Township/Range

Onsite System Location

Address (no rural route) 12401 Yankee Hill 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 1,400 Sq. Ft. Tank Size 2000 gals 2-tanks- each 1,000 gallon

Total length of laterals 320' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z flow

No. of Absorption Laterals 4 Width 4.5 factor 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 ____

Lateral #1 NA Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial ____ Date 6/18/21

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Thiele

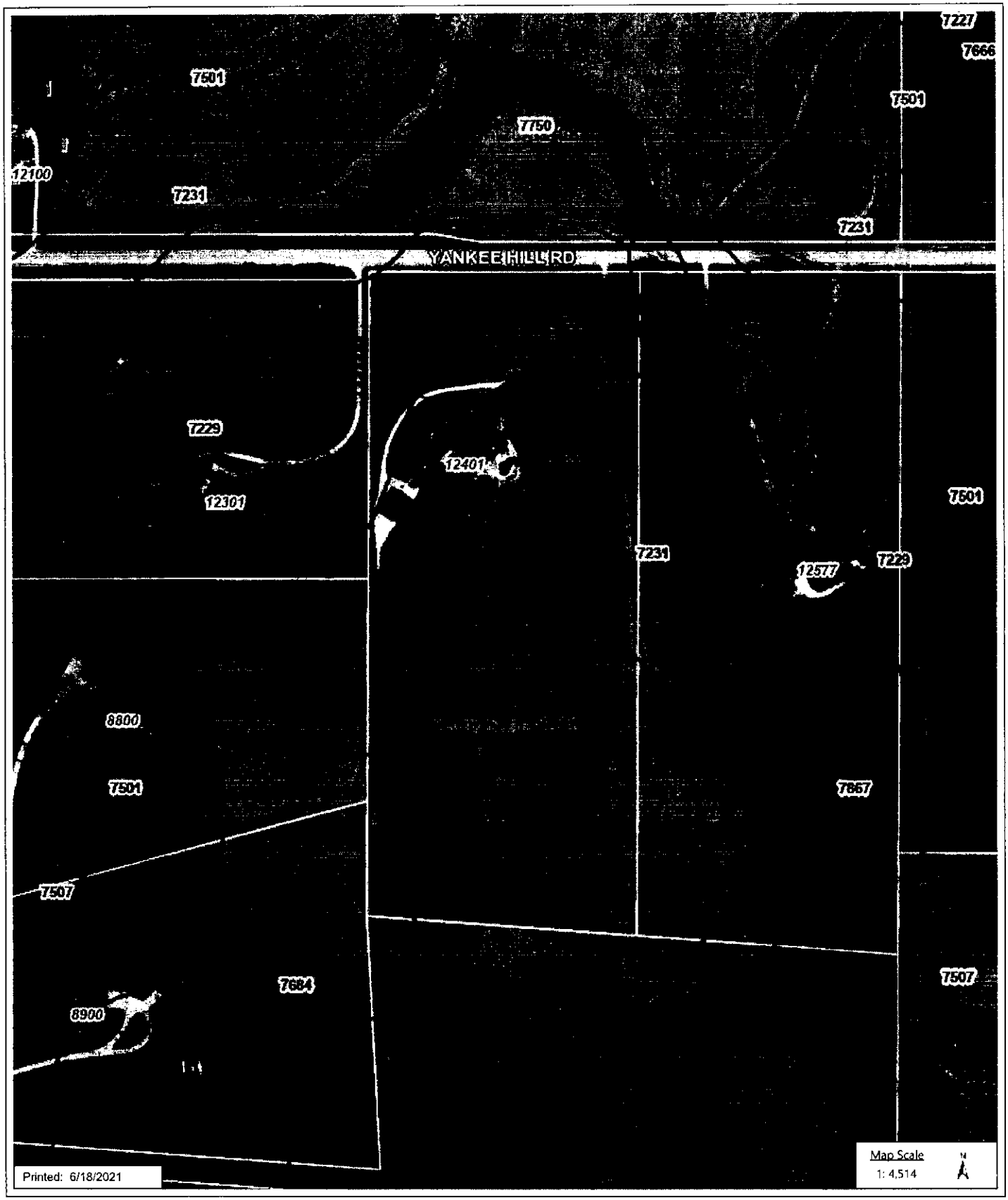
Date 6/24/21

Updated 4/15

6/18/21

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

SCANNED

SCANNED

HS0022241

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

   Current Tank Gallonage- 1000

6. Print Name JAIME KUBIK Address 105 LOCUST ST P.O. BOX 191 Phone: 402-475-2962

   Applicant Signature: Jaime Kubik

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

☐Municipal Code 24.38 ☒County Resolution Number 02-30

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Date 06/18/21 By DV
Date ___/___/___ By ____

Installation final written approval
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Business Office Use Only

Received: Date: 6/18/21 Amount $235.00 Check No. CC 0214 Initials [initials]

Revised 4/8/13

SCANNED

Lincoln-Lancaster County Health Department (LLCHD)
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B

Permit Number:

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SCANNED 6/18/21

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City of Lincoln\Lancaster County GIS Map



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Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: HS002241

SCANNED

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/21/21

Legal Description ____ ¼ ____ ¼ ____ Section/Township/Range

Onsite System Location

Address (no rural route) 12401 Yankee Hill City ____

Owner ____ Address ____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

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Tank ____ NA

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date 6/18/21

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Thun

Date 6/21/21

Field Note Drawing (See Reverse Side):