# Application to Alter or Repair an Onsite Wastewater Treatment System

HS002268

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):** 7509 MARTELL RD

**Legal Description of Property:** Township: 8 Range: 7 Section: 27

Block [redacted] Lot 19-23 SubDivision NE 6TH PRINCIPAL MERIDIAN Add:

***Parcel ID** 15-27-200-014-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: )
Number of bedrooms 2 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:** ADD LATERAL - USE EXISTING 700 SQ FT CONCRETE TANK

5. **Current Type of Lateral-** PERF PIPE BED **Current Linear Ft. Of Lateral -** 400 FT

**Current Tank Gallonage-** 1000

6. Print Name JAIME KUBIK Address 105 LOCUST STREET P.O. BOX 191 Phone: 402-475-2402

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.

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**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: 8/05/21 Amount $235.00 Check No. cc0214 Initials JKD

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 7509 Martell Road (no rural route) City Hickman NE, Zip 68372

Owner Dennis Goddard Address 7509 Martell Road

Date of Tests July 27, 2021 to July 28, 2021 Weather: Precipitation none Temperature 95 degrees

## Percolation Test Data Table

| A. | B. | C. D. E. F. Saturation/Swelling Time | | | | G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr | | | | | L. M. N. 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 in | 7/27 | 4:30 pm | 7/28 | 8:00am | 7/28 | 11:30 am | 6 | 7/28 | 12:00 pm | 30 min | 3/4 | 40 |
| 2 | 30 in | 7/27 | 4:30 pm | 7/28 | 8:00am | 7/28 | 11:30 am | 6 | 7/28 | 12:00 pm | 30 min | 3/4 | 40 |
| 3 | 30 in | 7/27 | 4:30 pm | 7/28 | 8:00am | 7/28 | 11:30 am | 6 | 7/28 | 12:00 pm | 30 min | 1/2 | 60 |
| | | | | | | | | 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: 140
Average of Rates: 46
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. HS002268**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 8/10/2021

Expires: 8/10/2022

**Description:** S27, T8, R7, 6th Principal Meridian, LOTS 19-20 NE

**Owner:** GODDARD, DENNIS JAMES & RUTH ELIZABETH
7509 MARTELL RD
HICKMAN, NE 68372

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

SOUTHWICK LIQUID WASTE
105 LOCUST ST, PO BOX 191
HICKMAN, NE 68372

**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) 15-27-200-014-000

Owner DENNIS GODDARD Address 7509 MARTELL RD HICKMAN, NE 68372

### A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 60 ft.

### B. Septic Tank

1. Material EXISTING CONCRETE TANK
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well NA ft.
   Pressure line 150 ft
   Property Line +50 ft.
   Foundation 60 ft.

### C Distribution Box or Drop Box

Distance and Direction from septic tank: 27 ft. SOUTH

### D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ FLOW
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 80 ft. 80 ft. ____ ft. ____
4. Drainfield size: 720 sq. ft. 660 Rec NA
5. Distance to:
   Well NA ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +5

✓ called ahead

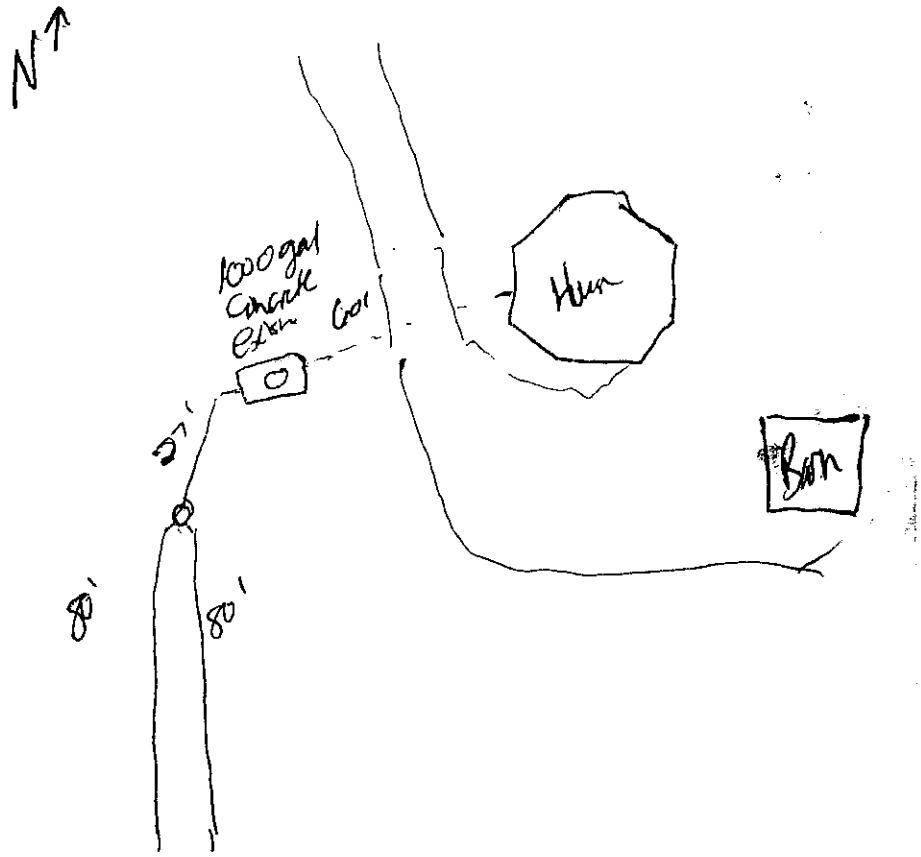
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: 8/12/2021

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




Well water
Tank to foundation 60'
Latrine to foundation 70'

SCANNED

HS002268

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**HEALTH DEPARTMENT USE ONLY**

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 8/10/21 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Comments (if any): Wrong Tire

**Site visits**
Date 8/17/21 By [signature]
Date ___/___/___ By ___

**Installation final written approval**
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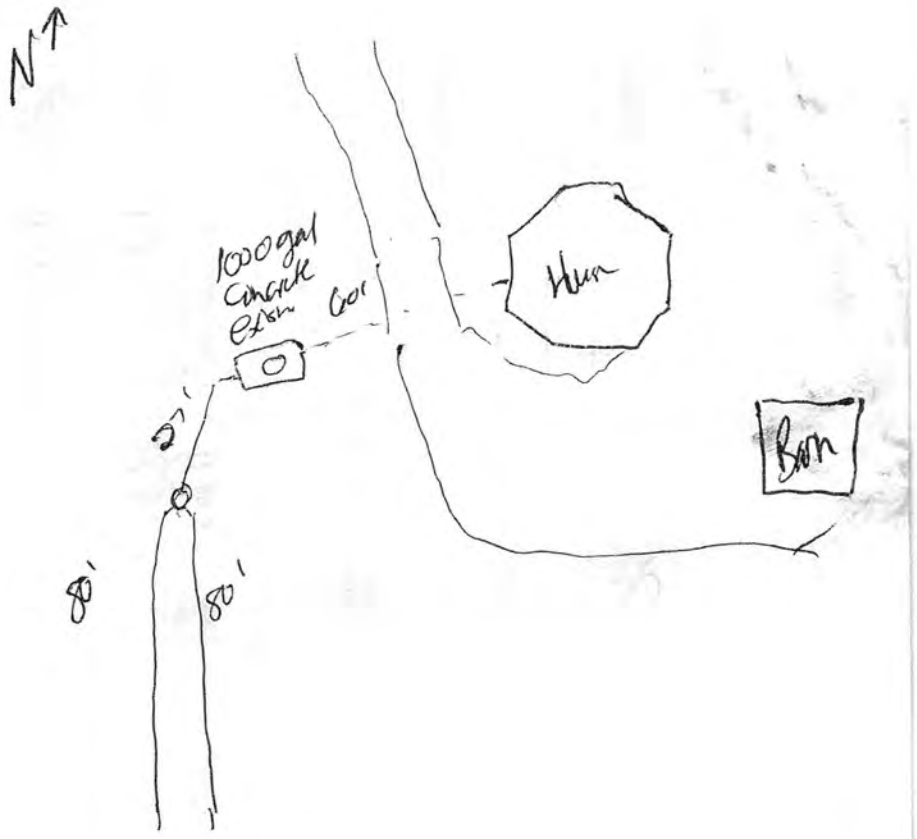
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Pump Water
Tank to Foundation 60'
Lateral to Foundation 70'