Application to Alter or Repair an Onsite Wastewater Treatment System

HS002384

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):** 14400 S 148TH ST

   Legal Description of Property: Township: 8 Range: 8 Section: 10

   Block ____ Lot ____ SubDivision 6TH PRINCIPAL MERIDIAN Add: ____

   ***Parcel ID** 21 - 10 - 300 - 001 - 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:** adding 240' of EZ Flow. 1050 sq ft using existing 1000 gallon concrete septic tank.

5. **Current Type of Lateral-** Concrete ½ pvc **Current Linear Ft. Of Lateral -** 300

   Current Tank Gallonage- 1000

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

   Applicant Signature: Jaime Kleik

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: 4/12/22 Amount $240.00 Check No. 0214 Initials JAD

Revised 4/8/13

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. HS002384

System Type: Standard

Situs: No Site Address Specified

Issued: 4/12/2022

Expires: 4/12/2023

Description: S10, T8, R8, 6th Principal Meridian, SW SW

Owner: FREDRICKSON, KARL A & MARY
LOU
14400 S 148 ST
BENNET, NE 68317

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

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

SCANNED

HS002384

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   Applicant Signature: Jaime Kleik

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☑County Resolution Number 02-30

Date received 4/12/22 REVIEW: ☑ Approved ☐ Disapproved By: ____

Comments (if any): System appears to be adequately sized. By design - Good.

Site visits
Date ___/___/___ By ____
Date ___/___/___ By ____

Installation final written approval
Date 5/2/22 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: 4/12/22 Amount $240.00 Check No. 0214 Initials JAO

Revised 4/8/13

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Monday, May 2, 2022 10:38 AM
To: Nate C. Hartman
Subject: 14400 S 148th D sheet (and perc test from LLCHD)
Attachments: 14400 S 148th D SHEET.pdf; 14400 S 148th LLCHD INFO.pdf

Jason and Jaime Kubik

Southwick Liquid Waste
Office: 402-475-2462
www.southwickliquidwaste.com

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) 21-10-300-001-600

Owner: KARL FREDRICKSON Address 14400 S 148TH BENNET, NE 68317

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 33 ft.

B. Septic Tank

1. Material EXISTING TANK
2. Capacity: 1000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well NA ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 39 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 65 ft EAST

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: 3
3. Length of each lateral (linear): ft. 80 ft. 80 ft. 80 ft.
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well NA ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

(550 gpd @ 12" DH)

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.

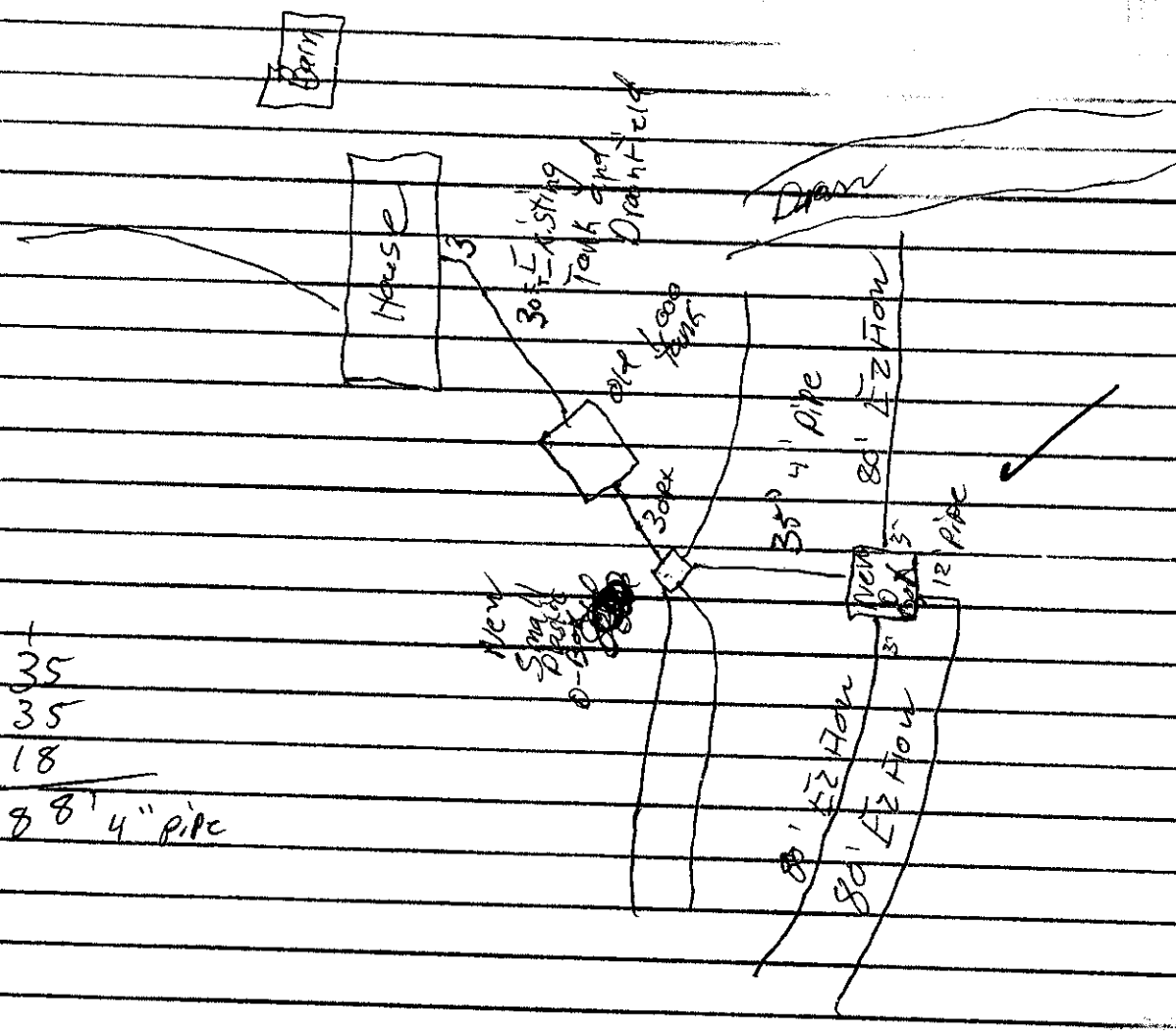
Certified Professional Signature: [signature] Date: MAY 2, 2022

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

14400 S. 148th

Rural water ✓

N
W + E
S



35
35
18
88' 4" pipe

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: SW 1/4 of SW 1/4 of

Location: Township 8N ; Range 8E ; Section & ¼ Section 10 .
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 ☐ .
Dates of Tests: 8/27 to 8/28/89. Weather: Precip. _____ Temp. 80°

OWNER: Dick Kohles

Address: 2610 Colonial Dr. 68502 Lincoln, Nebr

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	24	8/27	12:00	8/28	12:00	8/28	2:30	6	3:00	4½		1½	
2	"	"	"	"	"	"	"	"	"	5½		½	
3	"	"	"	"	"	"	"	"	"	5¾		¼	
4	"	"	"	"	"	"	"	"	"	5½		½	
5	"	"	"	"	"	"	"	"	"	4½		1½	
6	"	"	"	"	"	"	"	"	"	5¼		¾	

John A Trulmayer
Signature of Person Conducting Test

Address 4235 NW. 57th St. Phone 470-2262

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

(Do not write below this line)

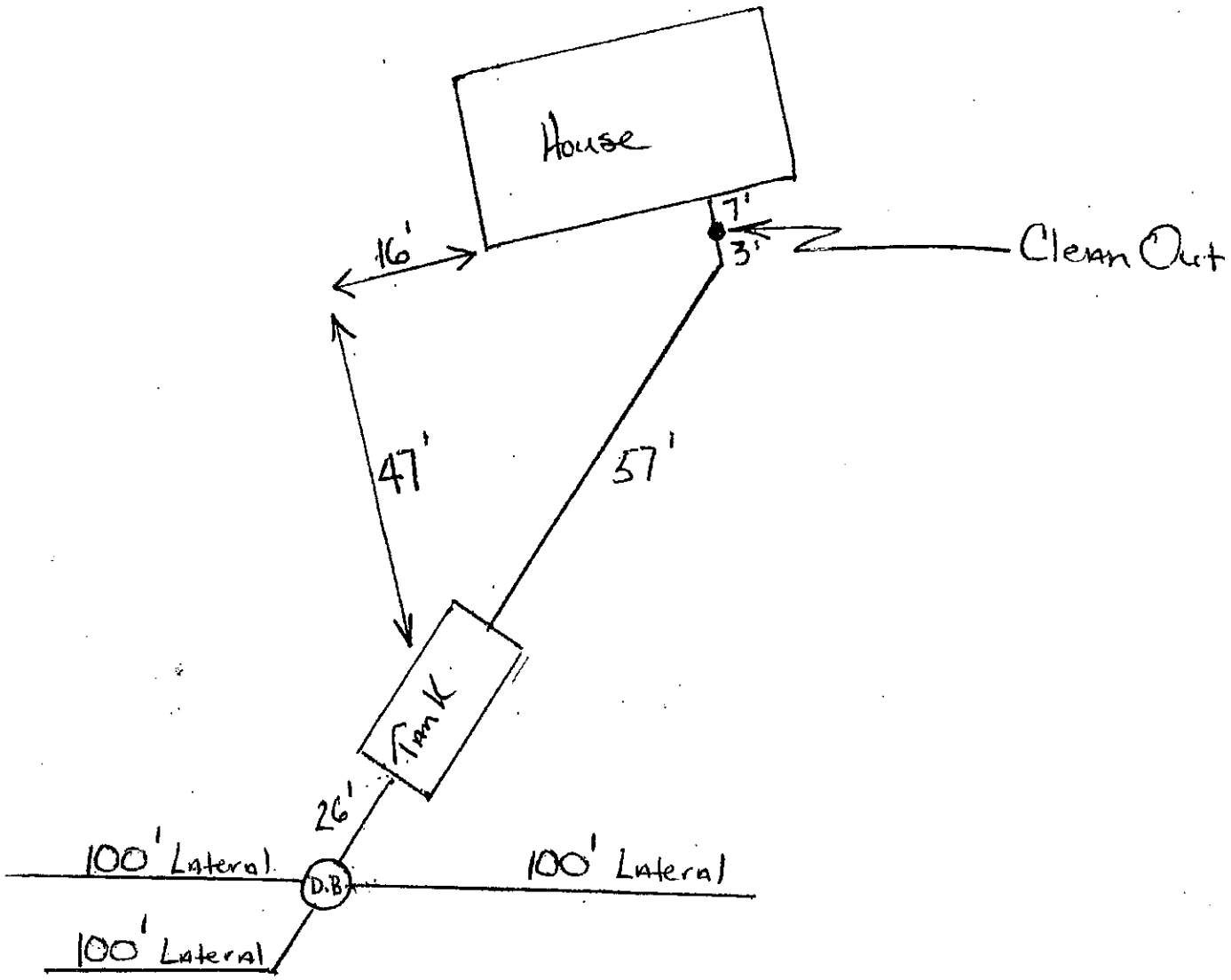
REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: AUGUST 30, 1989

Approved Percolation Rate (a)
A. 37 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
Signature of Reviewing Official

Dick Kohles
Property Owner



RECEIVED FEB 8 1990

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: 1-30-90

FILE NO. _____

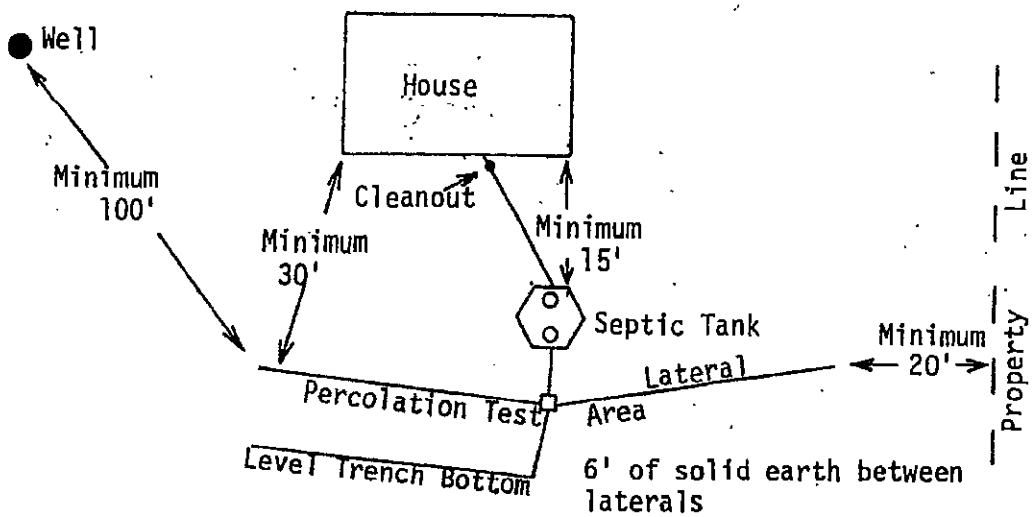
Dick Kohles SPECIFICATIONS AS BUILT Bennet, NE

A. BUILDING SEWER: #40
1. Material Sch 4; Diameter 4 in.
2. Distance above basement floor ___ in., or below basement floor 4 in.
3. Distance between dwelling and septic tank 47 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 35 — ft.; Stream — ft.; Pressure Line 20 ft.; Property Line 500 ft.

B. SEPTIC TANK:
1. Material Conc.; No. of compartments ___.
2. Capacity 1000 Gal gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre-Cast Step)
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. 24 in.
Riser Above ☐ Below ☑ Grade 8 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 48 in.
8. Distances to:
Well or Suction Line 35 — ft.; Stream — ft.; Pressure Line 60 ft.; Property Line 500 ft.

C. DISTRIBUTION BOX:
1. Material Conc.; Number - available outlets 3.
2. Factory Built: Yes ☑ No ☐
(Company Precast Step)
3. Distance from Septic Tank 26 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☐ Perforated Pipe ☑
Diameter of Half Round ___ or Perforated Pipe 4.
Material: fiberglass ☐; plastic ☑; concrete ☐; other ___.
2. Lateral Lines:
Number 3; Length of each line 100, 100, 100, ___, ___ ft.;
Total length of laterals 300 ft.;
Distance between lateral lines 14 ft.
3. Trench dimensions: Width 2 ft.;
Slope 1 in/100 ft.; Average Depth 36" in.
4. Filter Material: Gravel
Depth of Material 12 in.
5. Distances to:
Well or Suction Line — ft.; Stream — ft.; Pressure Line 100 ft.; Property Line 400 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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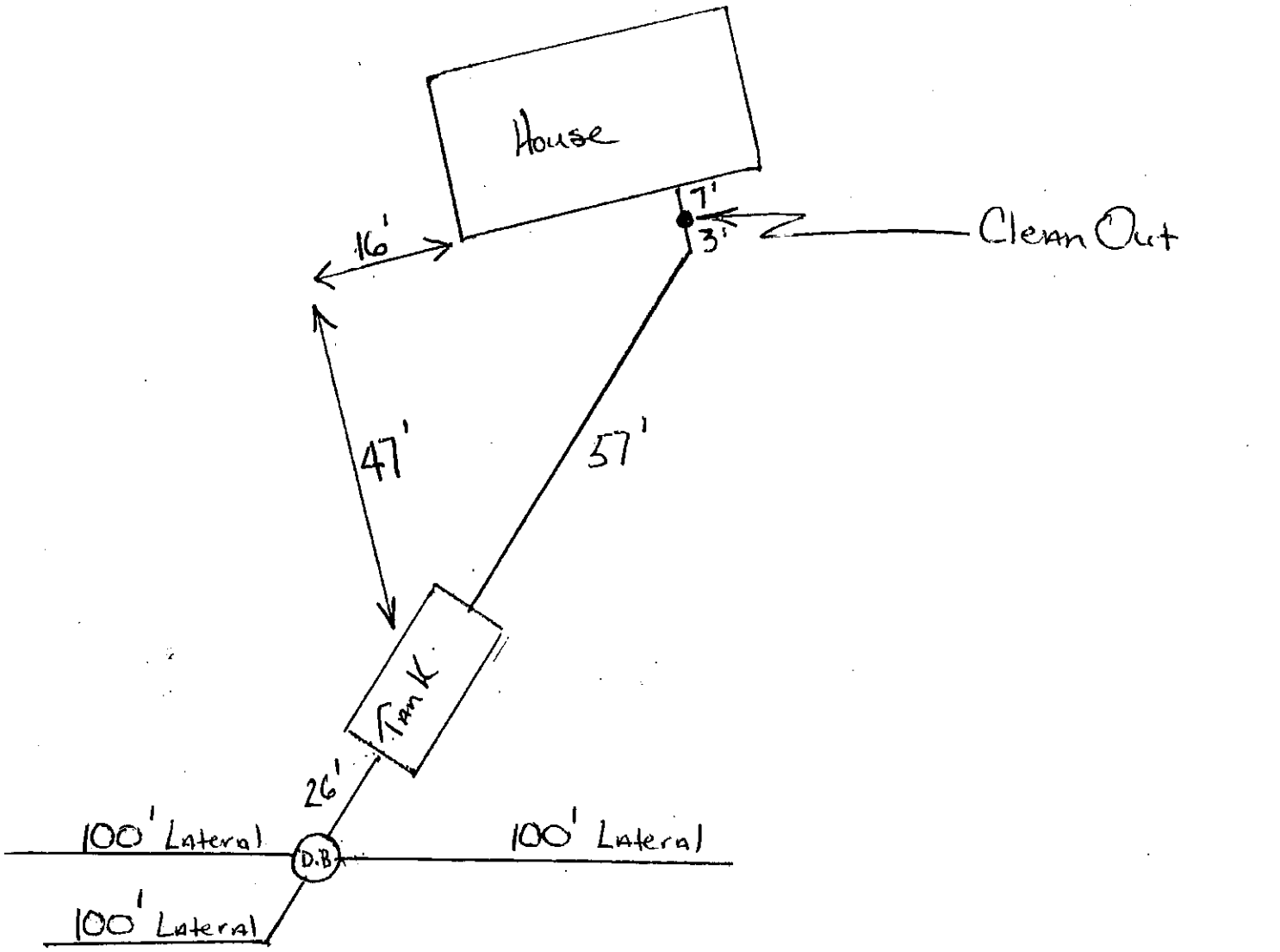
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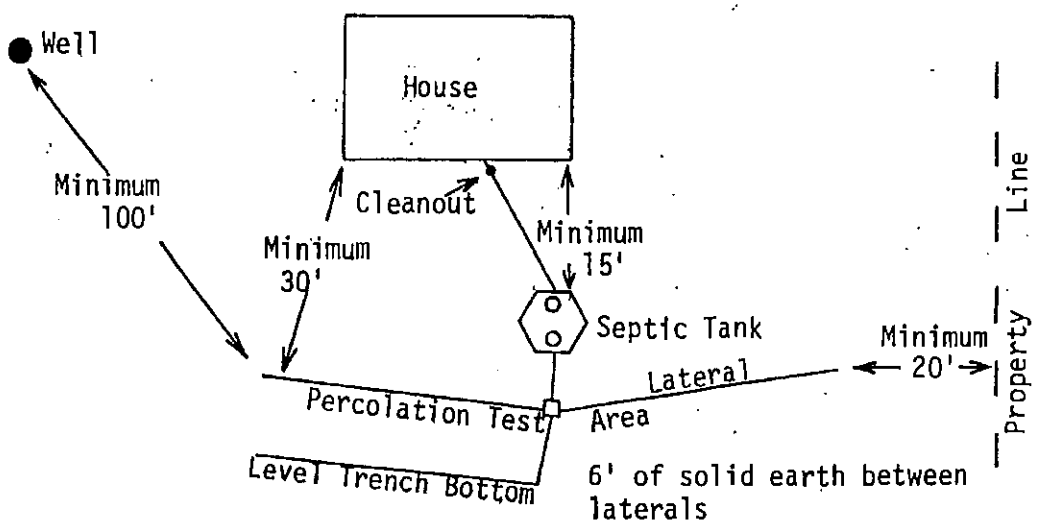
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