Application to Alter or Repair an Onsite Wastewater Treatment System

HS0023915

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):** 20100 S 25TH

   Legal Description of Property: Township: 8 Range: 7 Section: 31

   Block _____ Lot 7SW SubDivision 6TH PRINCIPAL MERIDIAN Add: _____

   ***Parcel ID** 15-31-300-001-000 (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:** adding new drain field to existing 1250 gallon concrete tank 190' of EZ Flo 1203

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

   Current Tank Gallonage- 1250

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

   Applicant Signature: Jaime Kirk

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: 4,27,22 Amount $240 Check No. 0214 Initials JAO

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 20100 S 25th (no rural route) City Hickman NE, Zip 68372

Owner Marilyn Nichols Address

Date of Tests 4/11/2022 to 4/12/2022 Weather: Precipitation none Temperature 60 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 inches	4/11	5 pm	4/12	8 am	4/12	11:30 am	6	4/12	12:00 pm	30 min	1	30
2	30 inches	4/11	5 pm	4/12	8 am	4/12	11:30 am	6	4/12	12:00 pm	30 min	1	30
3	30 inches	4/11	5 pm	4/12	8 am	4/12	11:30 am	6	4/12	12:00 pm	30 min	1	30
4	30 inches	4/11	5 pm	4/12	8 am	4/12	11:30 am	6	4/12	12:00 pm	30 min	1 1/4	24
								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: 114
Average of Rates: 28.5
Rate Used for Calculation: 29

Soil type (NRCS Maps/Other) 7231 Judsen
Groundwater Depth +12 feet

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. HS002395

System Type: Standard

Situs: No Site Address Specified

Issued: 4/27/2022

Expires: 4/27/2023

Description: S31, T8, R7, 6th Principal Meridian, LOT 7 SW

Owner: NICHOLS, MARILYN K FIRST TRUST
1802 ROAD 11
FAIRMONT, NE 68354

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

HS0027395

Application to Alter or Repair an Onsite Wastewater Treatment System

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   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:** adding new drain field to existing 1250 gallon concrete tank 190' of 6" ABS 1208

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

   Current Tank Gallonage- 1250

6. Print Name JAIME KUBIK Address 105 LOCUST STREET 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 4/27/22 REVIEW: ☒ Approved ☐ Disapproved By: ____

Comments (if any): ____

Site visits
Date 04/28/22 By DS
Date ___/___/___ By ____

Installation final written approval
Date 5/25/22 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: 4/27/22 Amount $240 Check No. 0714 Initials JAO

Revised 4/8/13

Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: H 500 2395

Onsite Wastewater Treatment System
Inspection Sheet

Date 5/25/2n Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 20100 S. 25th 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 1,080 Sq. Ft. Tank Size 1,000 gals

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

No. of Absorption Laterals 3 Width 45 Infacto. 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 ☐

eographical Coordinates to 6 Decimals:

nk ____ NA

eral #1 ____ Lateral #3 ____

ral #2 ____ Lateral #4 ____

ments:

ote Drawing (See Reverse Side):

Inspections prior to Final Approval 4/28/2n
Initial D. Date 5/20/2n

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Amick
Date 5/25/2n

Updated 4/15

T8, R7, S31 Lot 7

D

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

Permit Number: HN0002395

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) 15-31-300-001-000

Owner: MARILYN NICHOLS Address 20100 S 25TH HICKMAN, NE 68372

A. Wastewater Piping

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

B. Septic Tank

1. Material CONCRETE
2. Capacity: 1000 GALLONS
3. Depth to top of tank, below unfinished grade: 12 in..
4. Distance to:
   Well +150 ft.
   Pressure line +50
   Property Line +50
   Foundation +100 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank 12 ft. NE

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: EZ FLOW LATERAL
2. Number of Laterals: 3
3. Length of each lataral (linear): ft. 80 ft. 80 ft. 80 ft. ____
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well +150 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

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

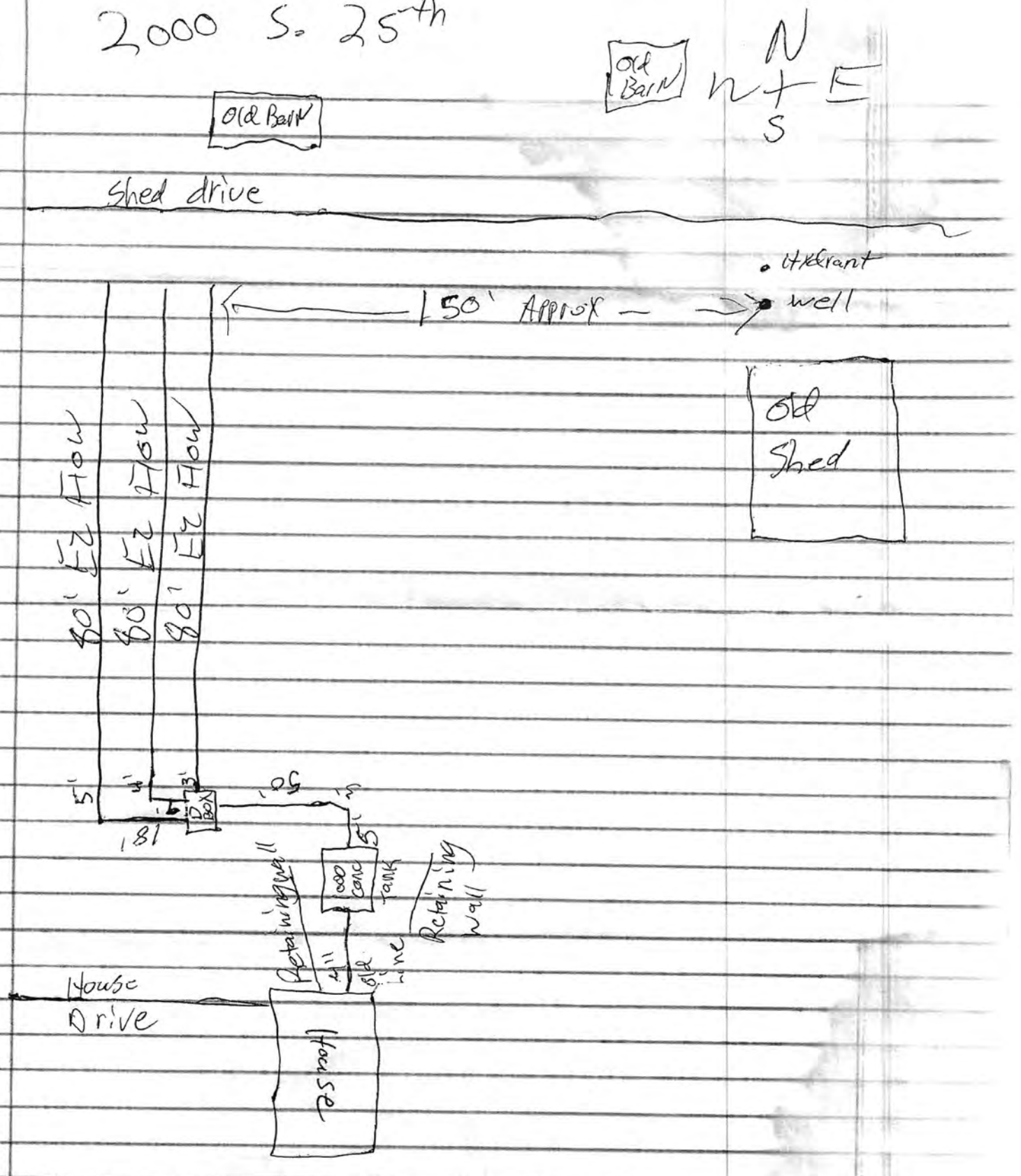
If Yes, the Certified Professional must sign below for final approval:

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: 5/18/22

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

2000 S. 25th


Old Barn
Old Barn
N
W
E
S
Shed drive
Hydrant
150' Approx
well
Old Shed
80' EZ Flow
80' EZ Flow
80' EZ Flow
5'
4'
3'
Box
181
50'
5'
1000 Gal tank
Retaining wall
Retaining wall
4"
old Line
House Drive
House

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 20100 S 25th (no rural route) City Hickman NE, Zip 68372

Owner Marilyn Nichols Address

Date of Tests 4/11/2022 to 4/12/2022 Weather: Precipitation none Temperature 60 degrees

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		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)
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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: 114
Average of Rates: 28.5
Rate Used for Calculation: 29

Soil type (NRCS Maps/Other) 7231 Judsen
Groundwater Depth +12 feet

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

FOR OFFICE USE ONLY rev 10/12
APD No. HPT00 ___ ___ ___
Initialized ___/___/___ By _____
FOS Rec'd ___/___/___ By _____
Amt _____ ck# _____
Posted ___/___/___ By _____
Return to Water Team Support Staff

Onsite Water Supply System
Property Transfer Inspection Report
Lincoln-Lancaster County Health Department
Environmental Public Health Division (441-8031)
3140 "N" Street, Lincoln, NE 68510

Property Address: 20100 S. 25th

Legal Description: T___ R___ S___ ¼___ Subdiv._____ Blk ____ Lot ____

Parcel ID: __-__-___-___-___

Owner Name: Marilyn Nichols 402-268-7111 Phone #1: _____ Phone #2: _____

Owner E-mail address: _____ Fax #: _____

Authorized Agent*: Roma Amundson 432-5488 Phone #1: _____ Phone #2: _____

Agent Address (not required for PTI): _____ Fax #: _____

Agent E-mail address: _____

Send Determination Letter to: ☐ Owner ☐ Agent ☐ Title Co Specify_____

(*Authorized Agent shall mean a Real Estate Agent, Property Transfer Inspector (PTI), or any individual or corporation authorized, in writing, to act as the legal representative in all matters authorized by the owner.)

Onsite Water Supply System (check one)
- ☒ Private Well
- ☐ Shared Well
- ☐ Public Water

Onsite Wastewater Treatment System (check one)
- ☐ Lagoon
- ☐ Standard Septic
- ☐ Non-Standard (specify) _____
- ☐ Community System

Required Information:

1. The well meets setback requirements from known sources of contamination	(Yes)	No
2. The well is visibly in substantial compliance with Title 178 NAC 12	(Yes)	No
3. Water sample tests for coliform bacteria were negative (Reference Title 179 NAC 3)	(Yes)	No
4. Water sample tests for nitrate were less than 10 mg/l (Reference Title 179 NAC 3)	(Yes)	No
Nitrate test result < RL		
5. Additional inspection information attached	Yes	(No)

Comments: There are 3 old wells not being used on this property & they do not pose any major risk of ground water contamination - They could be used with hand pumps or a wind mill.

Note: If the onsite water supply serving this property is not located on the described property, a copy of an agreement to use the supply must be included with this report.

The system has been inspected within the guidelines established by the Lincoln-Lancaster County Health Department.

Signature: M. Allen Moser Jr Permit No.: HPTINS00 11 Date: 4-6-22
Property Transfer Inspector

RETURN COMPLETED INSPECTION WITH APPLICABLE FEE MADE PAYABLE TO LLCHD TO ADDRESS ABOVE

~~23-12 fee-$195~~
10-30-13 fee-0200
~~10-30-14=205~~
10-30-15=210
~~10-2017=220~~
~~10-2018=230~~
~~10-2019=240~~
~~10-2020=250~~
10-2021=260

Received Time Apr. 6. 2022 12:12PM No. 2207

CITY OF LINCOLN NEBRASKA
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
3131 "O" Street Lincoln, NE 68510-1514
402-441-8000 fax: 402-441-6229
LANCASTER COUNTY NEBRASKA
lincoln.ne.gov

03/31/2022

Nichols, Marilyn K First Trust
1802 Road 11
Fairmont, NE 68354

Dear Applicant:

The Lincoln-Lancaster County Health Department (LLCHD) has received an inspection report for the onsite water supply and/or onsite wastewater treatment system for the property located at **20100 S 25th.**

The inspection report was reviewed to determine compliance with Lancaster County Resolution R-13-0062 or Lincoln Municipal Code 24.42 requiring inspection prior to the sale, transfer, or conveyance of property. Based on report review by LLCHD, a **Denial** is being issued for this property.

The denial status was determined based on the following information:

- The inspection report indicates graywater is being discharged into a ditch.

The definition of graywater includes domestic waste such as bath, lavatory, laundry, and sink waste. Graywater is wastewater for the purposes of Nebraska Department of Environment and Energy (NDEE) and Lancaster County regulations. The discharge of effluent or wastewater on the surface of the ground meets the definition of a "failed system" as per NDEE Title 124 and Lancaster County Resolution R-13-0062. A "failed system" is subject to current design standards when the system is repaired or replaced. It should be noted the dwelling is currently vacant and not actively discharging to the soil surface at this time. The onsite wastewater treatment system must be repaired or replaced prior to occupancy of the dwelling to prevent a violation of regulations.

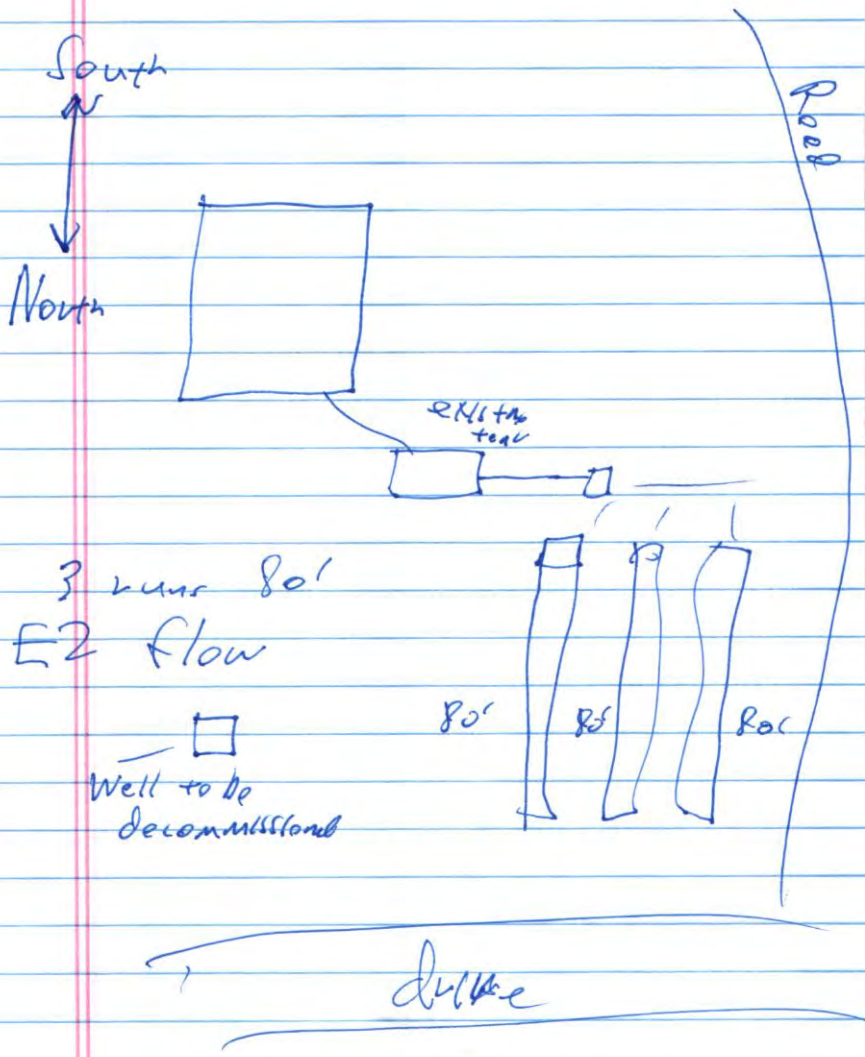
The Onsite Water Supply System report is not currently available. Mr. Al Moser of Moser Well has verbally reported the following:

- The water well serving the dwelling meets construction and location requirements.
- The bacteria and nitrate reports indicate the water meets the requirements of a Safe Drinking Water supply.

Mr. Moser further reported that water wells that are located on the property and not currently being used do not pose any significant risk of contamination of the groundwater. Based on this information LLCHD will not require decommissioning of the unused wells. Although not required in this case, the decommissioning of unused wells is a standard recommendation of LLCHD. Mr. Moser's report will be forwarded when it is available.

The Denial status means the onsite system adversely affects or may adversely affect the public health and/or environment, **but does not preclude the sale, transfer, or conveyance of property**.

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DEVELOPMENT SERVICES CENTER DSC


South
North
Road
3 runs 80'
E2 flow
Well to be decommissioned
80'
80'
80'
Ditch