Application to Alter or Repair an Onsite Wastewater Treatment System

HS002427

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):** 9075 W BURNHAM ST

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

   Block 4 Lot 1 SubDivsion (WEST OF) LAKE ESTATES Add:

   ***Parcel ID** 03-03-304-001-000 (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:** ADDING 200 FT EZ FLOW TO AN EXISTING 1500 GALON TANK & NEW D-BOX TO ALLOW TO ALTERNATE BETWEEN NEW & OLD DRAIN FIELDS

5. **Current Type of Lateral-** **Current Linear Ft. Of Lateral -** 1100 SQ FT

   Current Tank Gallonage- 1500

6. Print Name JAIME KUBIK Address 105 LOCUST STREET P.O. 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: 7/1/22 Amount $240 Check No. CC 0214 Initials JAO

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. HS002427

System Type: Standard

Situs: No Site Address Specified

Issued: 7/1/2022

Expires: 7/1/2023

Description: CONESTOGA LAKE ESTATES, BLOCK 4, Lot 1

Owner: NICKMAN, ELIZABETH A & GENE G
9075 W BURNHAM ST
DENTON, NE 68339

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

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HS002427

SCANNED

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☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 7/1/22 REVIEW: ☒ Approved ☐ Disapproved By:

Comments (if any):

Site visits
Date / / By N/a
Date / / By

Installation final written approval
Date 7/19/22 By

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
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Phone: (402) 441-8643

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B

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

Permit Number

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

Prairie Home

System Location (Indicate correct number and street)

Address 9025 W. BURNHAM ST. (no rural route) City DENTON NE Zip 68339

Owner PRAIRIE HOME BUILDERS Address 2045 S. FOLSOM STE "A" ST. LINCOLN NE

Soil Type (SCS): Loam / Clay Percolation Rate: 32 Min/Inch

Date of Tests 9-18 to 9-19 Weather; Precipitation Cloudy Temperature 80°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L.	M. Results	N.
		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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rate (Min/in)
1	36	9-18	3:30	9:19	9:00	9-19	10	6	9-19	3 pm	30	1 1/4	24
2	36	9-18	3:30	9:19	9 Am	9-19	10	6	9-19	3 pm	30	1 1/4	24
3	36	9-18	3:30	9:19	9 Am	9-19	10	6	9-19	3 pm	30	3/4	40
4	36	9-18	3:30	9:19	9 Am	9-19	10	6	9-19	3 pm	30	3/4	40
5	36	9-18	3:30	9:19	9 Am	9-19	10	6	9-19	3 pm	30	3/4	40
6	36	9-18	3:30	9:19	9 Am	9-19	10	6	9-19	3 pm	30	1 1/4	24

Sum of Percolation Rates: 192

Average of Rates: 32

Rate Used for Calculation: 32

Person Conducting Percolation Tests

Name: Mitch Martin

Phone: 826-2101

Address 1025 W 10th

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official # Reviewed on 10/1/09 Date

Martin is certified - DH

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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) 03-03-304-001-000

Owner: GENE NICKMAN Address 9075 W BURNHAM ST DENTON, NE 68339

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 80 ft.

B. Septic Tank

1. Material EXISTING TANK
2. Capacity: 1500 GALLON
3. Depth to top of tank, below unfinished grade: 15 in.
4. Distance to:
   Well +150 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 30 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 10 ft. S

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 lataral (linear): ft. 100 ft. 100 ft. ____ ft. ____
4. Drainfield size: 900 sq. ft.
5. Distance to:
   Well +150 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

* New

Approved Prior

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: Jamie Kruse Date: 7/13/22

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

SCANNED

9075

W. Burnham st

