Application to Alter or Repair an Onsite Wastewater Treatment System

HS002429

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):** 19205 SW 2ND ST

   Legal Description of Property: Township: 8 Range: 6 Section: 34

   Block ____ Lot 35 NE SubDivsion 6TH PRINCIPAL MERIDIAN Add: ____

   ***Parcel ID** 08 - 34 - 200 - 005 - 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:** USING EXISTING 1000 FIBERGLASS TANK & ADDING 240 LINEAR FEET (1080 SQ FT) OF EZ FLOW LATERAL

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

   Current Tank Gallonage- 1000

6. Print Name JAIME KUBIK Address 105 LOCUST STREET 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: 7/06/22 Amount $240.00 Check No. CK0214 Initials JAD

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 19205 SW 2nd Street (no rural route) City Martell NE, Zip 68404

Owner Dick Love / Patricia Huguenin Address

Date of Tests 6/29/22 to 6/30/22 Weather: Precipitation none Temperature 90 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			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 inches	6/29	5:00 pm	6/30	8:00 am	6/30	11:30 am	6	6/30	12:00 pm	30 min	3/4	40
2	30 inches	6/29	5:00 pm	6/30	8:00 am	6/30	11:30 am	6	6/30	12:00 pm	30 min	5/8	48
3	30 inches	6/29	5:00 pm	6/30	8:00 am	6/30	11:30 am	6	6/30	12:00 pm	30 min	5/8	48
4	30 inches	6/29	5:00 pm	6/30	8:00 am	6/30	11:30 am	6	6/30	12:00 pm	30 min	5/8	48
								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: 184
Average of Rates: 46
Rate Used for Calculation: 59

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

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. HS002429

System Type: Standard

Situs: No Site Address Specified

Issued: 7/7/2022

Expires: 7/7/2023

Description: S34, T8, R6, 6th Principal Meridian, LOT 35 NE

Owner: HUGUENIN, PATRICIA L
19205 SW 2 ST
ROCA, NE 68430

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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SCANNED

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Date ___/___/___ By ____
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Installation final written approval
Date 8/24/22 By ____

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Business Office Use Only
Received: Date: 7/06/22 Amount $240.00 Check No. CC0214 Initials JAD

Revised 4/8/13

Nate C. Hartman

From: Jason Kubik <southwicksewer@yahoo.com>
Sent: Wednesday, August 24, 2022 1:07 PM
To: Nate C. Hartman
Subject: 19205 SW 2nd D SHEET (and B SHEET)
Attachments: 19205 SW 2nd Street D SHEET.pdf; 19205 SW 2nd Street B SHEET.pdf

Jason and Jaime Kubik

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

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

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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) 08-34-200-005-000

Owner: PATRICIA HUGUENIN Address 19205 SW 2ND ST ROCA, NE 68430
RICHARD LOVE

A. Wastewater Piping

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

B. Septic Tank

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

C Distribution Box or Drop Box

Distance and Direction from septic tank: 6 ft. N

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. 120 ft. 120 ft. _____ ft. _____
4. Drainfield size: 1080 sq. ft. 940 Req'd
5. Distance to:
   Well NA ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

Unable to inspect prior to cover up

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 Lee Date: 8/24/22

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

Dick Love 19205 S.W. 2nd

Rural water

