Application to Alter or Repair an Onsite Wastewater Treatment System

#500 2523

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):** 12976 NW 40TH RAYMOND, NE 68428

   Legal Description of Property: Township: 12 Range: 6 Section: 29

   Block ____ Lot 4 SW SubDivsion 6TH PRINCIPAL MERIDIAN Add: ____

   ***Parcel ID** 13-29-300-001-000 (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:** REPLACE LATERAL FIELD USING EXISTING TANK 1050 SQ FT EZ FLOW (240 LINEAR FT)

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

   Current Tank Gallonage- 1000

6. Print Name JAIME KUBIK Address 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: 4/14/23 Amount $245.00 Check No. CC 0214 Initials ____

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 16976 NW 40th (no rural route) City Raymond NE, Zip 68428

Owner Alejandro Ruiz Address

Date of Tests April 4, 2023 to April 5, 2023 Weather: Precipitation none Temperature 70 degrees

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		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)
1	30 in	4/4	5:00 pm	4/5	8:00 am	4/5	11:30am	6	4/5	12:00pm	30 min	5/8	48
2	30 in	4/4	5:00 pm	4/5	8:00 am	4/5	11:30am	6	4/5	12:00pm	30 min	5/8	48
3	30 in	4/4	5:00 pm	4/5	8:00 am	4/5	11:30am	6	4/5	12:00pm	30 min	1/2	60
4	30 in	4/4	5:00 pm	4/5	8:00 am	4/5	11:30am	6	4/5	12:00pm	30 min	1/2	60
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address Box 191 Hickman, NE 68372

Sum of Percolation Rates: 216
Average of Rates: 54
Rate Used for Calculation: 54

Soil type (NRCS Maps/Other) 7644 Yutan Silty
Groundwater Depth + 12ft

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. HS002523

System Type: Standard

Situs: No Site Address Specified

Issued: 4/18/2023

Expires: 4/18/2024

Description: S29, T12, R6, 6th Principal Meridian, LOT 4 SW

Owner: RUIZ, ALEJANDRO MARTINEZ
16976 NW 40 ST
RAYMOND, NE 68428

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
PO BOX 191
HICKMAN, NE 68372

SCANNED

Application to Alter or Repair an Onsite Wastewater Treatment System

H500 2523

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   Applicant Signature: Jaime Kubik

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HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 4/15/23 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Comments (if any): ____

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

Installation final written approval
Date 4/28/23 By [signature]

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: 4/14/23 Amount $245.00 Check No. cc 0214 Initials [signature]

Revised 4/8/13

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: 45002523

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/28/23 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 16976 NW 40th 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 1080 Sq. Ft. Tank Size 1000 gals N/O

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) (105 feet)

_____

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes 0 Distribution Box 1

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 ☐

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 4/26/23

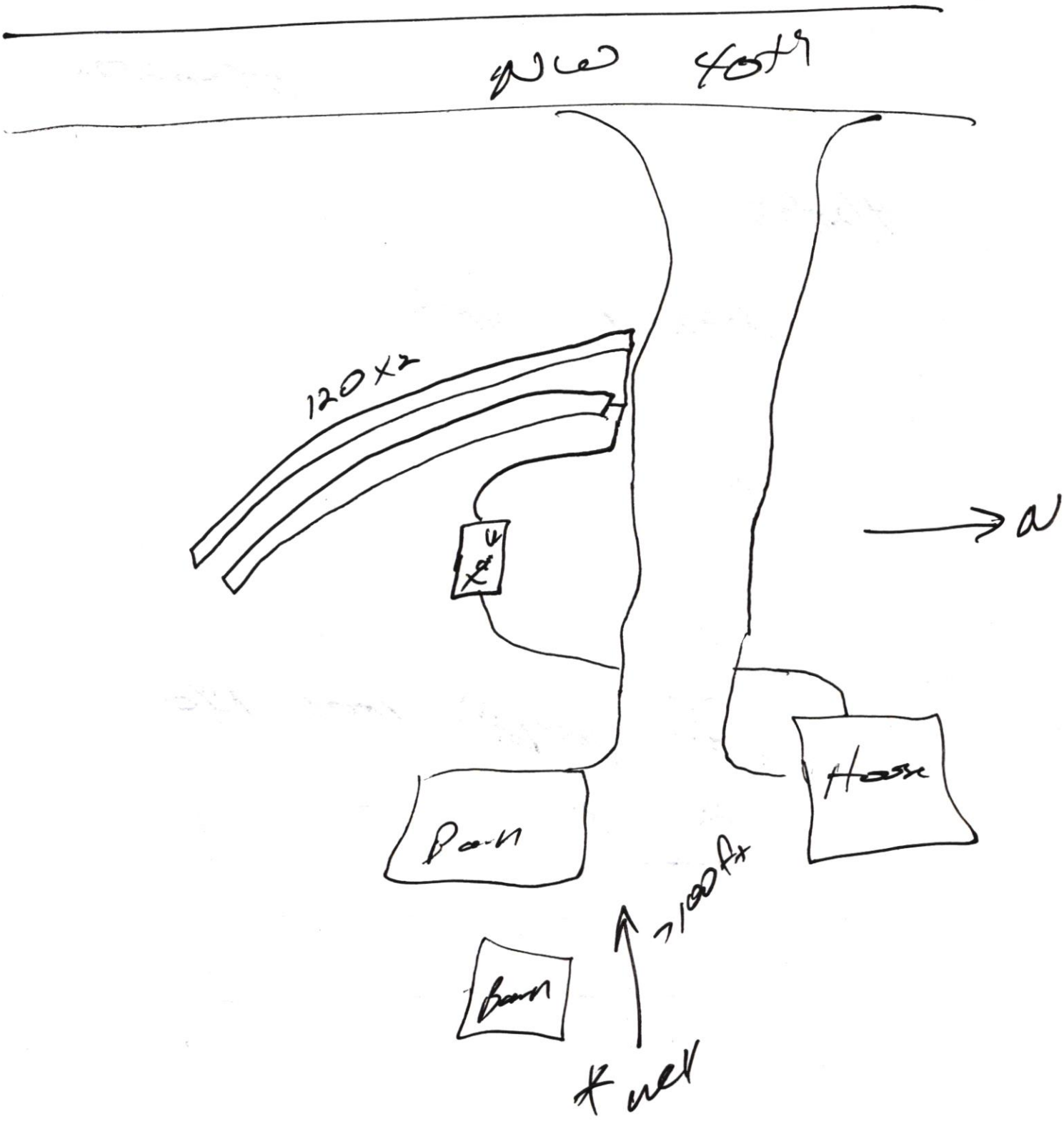
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 4/28/23

Field Note Drawing (See Reverse Side):


120x2
Barn
Horse
>100ft
Tree