Application to Alter or Repair an Onsite Wastewater Treatment System

HS002527

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):** 13303 N 40TH

   Legal Description of Property: Township: 11 Range: 7 Section: 7

   Block _____ Lot 21 NE SubDivsion 6TH PRINCIPAL MERIDIAN Add: _____

   ***Parcel ID** 18-07-200-019-006 (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 900 SQ FT (200 LINEAR) TO EXISTING 1000 GALLON TANK

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

   Current Tank Gallonage- 1000

6. Print Name JAIME KUBIK Address 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 ____/____/____ 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: 4/19/23 Amount $245.00 Check No. 0214 Initials AD

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 13303 N 40th (no rural route) City Davey NE, Zip 68336

Owner Rick Brazau Address

Date of Tests April 13, 2023 to April 14, 2023 Weather: Precipitation none Temperature 70 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 Water Lev (in.)	End		Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)		Date (Mo/Da)	Time (Hr/Min)			
1	30 inch	4/13	5:00 pm	4/13	9:00 am	4/14	12:30 pm	6	4/13	1:00 pm	30 min	1	30
2	30 inch	4/13	5:00 pm	4/13	9:00 am	4/14	12:30 pm	6	4/13	1:00 pm	30 min	1	30
3	30 inch	4/13	5:00 pm	4/13	9:00 am	4/14	12:30 pm	6	4/13	1:00 pm	30 min	3/4	40
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

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

Sum of Percolation Rates: 100
Average of Rates: 33
Rate Used for Calculation: 33

Soil type (NRCS Maps/Other) 7684 Wymore
Groundwater Depth +12 ft

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. HS002527

System Type: Standard

Situs: No Site Address Specified

Issued: 4/24/2023

Expires: 4/24/2024

Description: S7, T11, R7, 6th Principal Meridian, LOT 21 NE

Owner: BRAZAU, RICK J & REBECCA L
13303 N 40 ST
DAVEY, NE 68336

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

KAIME KUBIK
PO BOX 191
HICKMAN, NE 68372

SCANNED

Application to Alter or Repair an Onsite Wastewater Treatment System

HS002527

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):** 13303 N 40TH

   Legal Description of Property: Township: 11 Range: 7 Section: 7

   Block _____ Lot 21 NE SubDivsion 6TH PRINCIPAL MERIDIAN Add: _____

   ***Parcel ID** 18-07-200-019-006 (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 900 SQ FT (200 LINEAR) TO EXISTING 1000 GALLON TANK

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

   Current Tank Gallonage- 1000

6. Print Name JAIME KUBIK Address 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 4/24/23 REVIEW: ☑ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date 4/28/23 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: 4/19/23 Amount $245.00 Check No. 0214 Initials HAD

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: HS00 2527

Onsite Wastewater Treatment System

Inspection Sheet

Date 4/28/23 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 13303 N. 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 900 Sq. Ft. (550 per 1000) Tank Size 1000 gals

Total length of laterals 200' Type of Distribution: ❑ Chamber ❑ Perforated Pipe ❑ Other (describe)_____

_____

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 4/18/23 Date 10th

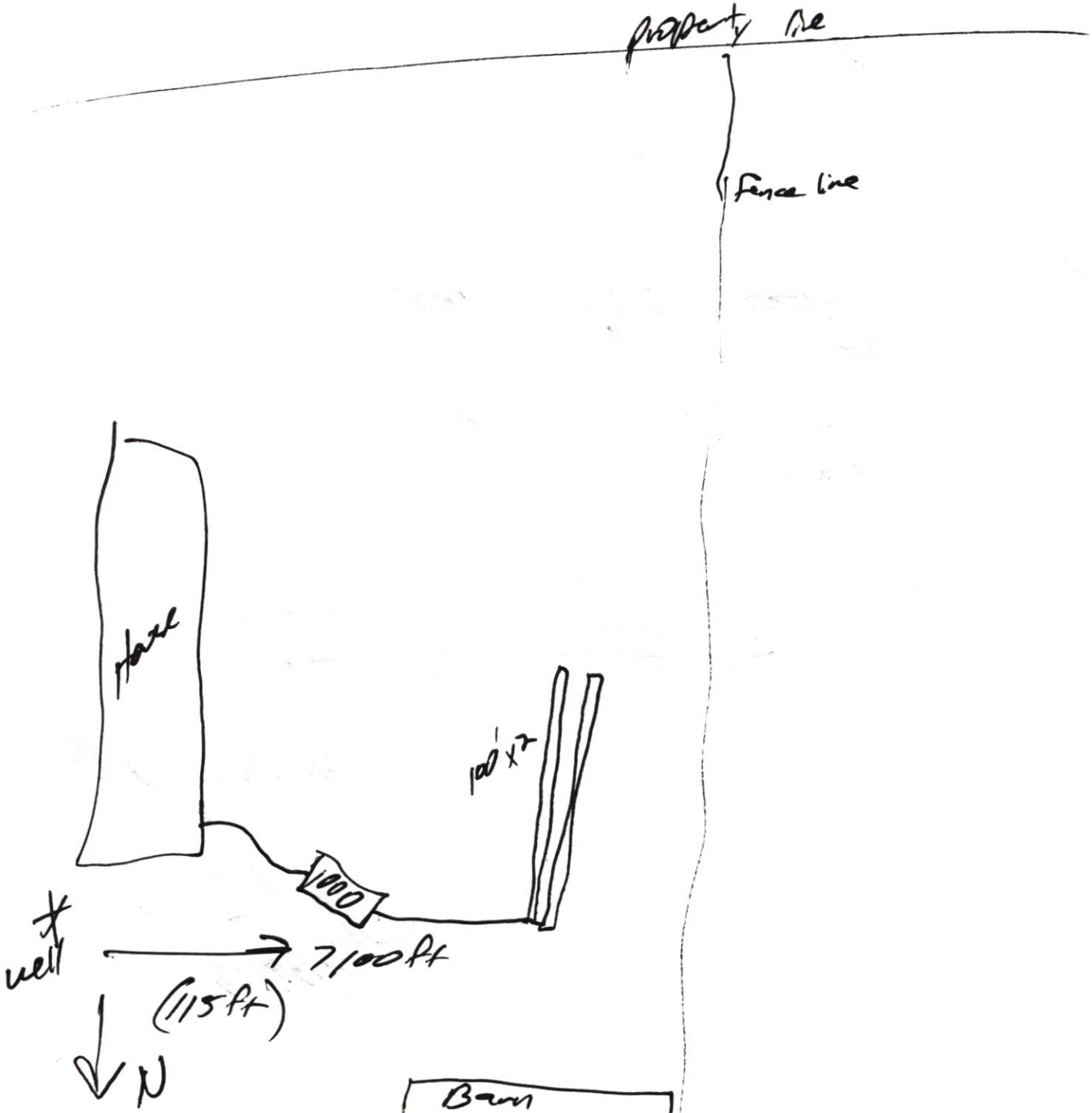
Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date 4/28/23

Field Note Drawing (See Reverse Side):


property line
fence line
house
100' x 2
100
well
7100 ft
(115 ft)
N
Barn

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☐

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

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: Nov-2-93

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N ; Range 7E ; Section 7 NE¼ ;
Block _____; Lot _____; Addition _____
Street Address 13303 N 40th

2. Property Use: Residential _____ ☐; Commercial _____ ☐
No. Bedrooms _____ Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☐; Other ☐

4. Description of proposed alteration, extension or repair: Add a dist. Box. and two 100 ft laterals 3 ft wide

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Suitek Service
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	

_____
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below this line)

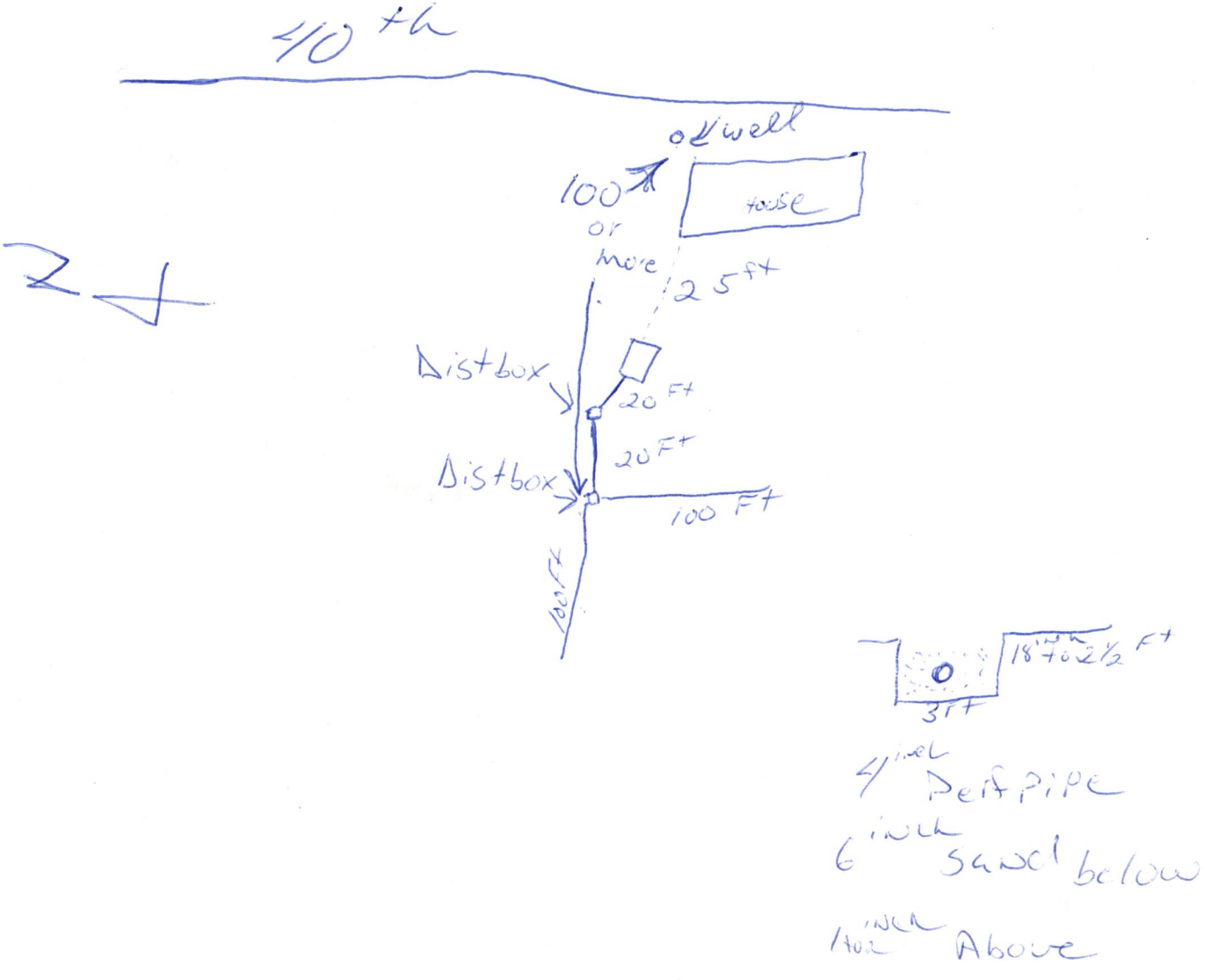
REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ _____

2. Site Visits:
Date: 11-2-93 by: rm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☐; Disapproved ☐
by: _____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____


10 ft
N
o/well
100 ft or more
house
25 ft
Distbox
20 Ft
20 Ft
Distbox
100 Ft
100 Ft
18" to 2½ Ft
3 Ft
4 inch Perf Pipe
6 inch Sand below
1 to 2 inch Above