HS002552

Application to Alter or Repair an Onsite Wastewater Treatment System

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):** 9811 S 64TH

   Legal Description of Property: Township: 9 Range: 7 Section: 28

   Block 2 Lot 3 SubDivsion COUNTRY LANE 1ST ADDITION Add: 1ST

   ***Parcel ID** 16-28-409-003-000 (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:** REPLACE 1000 GALLON TANK W/1500 GALLON TANK // ADDING 240 FT LATERAL TO EXISTING 258 LATERAL = 498 FT LATERAL (LINEAR) 2241 SQ FT LATERAL

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

   Current Tank Gallonage- _____

6. Print Name JAIME KUBIK Address 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 ____/____/____ 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: 5/31/23 Amount $245 Check No. CC0214 Initials JAD

Revised 4/8/13

Nebraska State Health Department
Division of Housing & Environmental Health

SAN 1701

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED:
Location: Township T9N R7E
Section & ¼ Sect. SE¼ SEC 28
Property Dimensions: _____ ft. x _____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐
PAWNEE (PaC2)
Silty Loam ☐ ; Clay Loam ☐ ; Sandy Clay ☐

Owner: COUNTRYLANE ESTATES
Address: LOT 3, BLOCK 2, 1ST ADD.

Dates of Tests: 10/15/96 to 10/17/96. Weather: Precip. 0 Temp. 78°/45° F

10-11-01 & 10-12-01

PERCOLATION TEST DATA TABLE

a. Hole No.	b. Hole Depth (in.)	c. Pre-Saturation Period Start Date (Mo. Day)	c. Start Time (Hr. Min.)	d. End Date (Mo. Day)	d. End Time (Hr. Min.)	e. Percolation readings Start Date (Mo. Day)	e. Start Time (Hr. Min.)	e. Start Water Level (in.)	f. End Time (Hr. Min.)	f. End Water Level (in.)	l. Results Elapsed Time (Min.)	l. Water Level Drop (in.)	n. Percolation Rates (Min./inch
1	54	10/15	3:04 P	10/15	7:04 P	10/16	12:38 P	32.22	1:14 P	32.64	38	0.42	90.5
1	48	10/11	5:30 P	10/12	10:30 A	10/12	1:30	37½	2:00 P	38¼	30	.75	40
2	54	10/15	3:06 P	10/15	7:06 P	10/16	9:09 A	22.2	9:39 A	22.92	30	0.72	41.7
3	54	10/16	9:50 A	10/16	1:50 P	10/17	12:22 P	34.8	12:52 P	36.48	30	1.68	17.9
4	54	10/16	9:51 A	10/16	1:57 P	10/17	12:25 P	20.04	12:55 P	22.2	30	2.16	13.9
5	54	10/16	10:04 A	10/16	2:04 P	10/17	12:27 P	31.92	12:57 P	32.58	30	0.66	45.5
6	54	10/15	3:17 P	10/15	7:17 P	10/16	12:46 P	36.6	1:16 P	37.8	30	1.20	25.0

X

Sum of Percolation Rates 234.5 (284.0)
Average of Rates: 39.1 (30.6)
Inches per minute: 0.026 (.033)

Signature of Person Conducting Test

Address 7941 PORTAGE LN. LINCOLN NE 68516
Phone 402-423-0552

(Do not write below this line)

Brad Southwick 17201 So 72 Hickman Ne 68372

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

Signature of Reviewing Official

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. HS002552

System Type: Standard

Situs: No Site Address Specified

Issued: 6/6/2023

Expires: 6/6/2024

Description: COUNTRYLANE 1ST ADDITION, BLOCK 2, Lot 3, EX S .01 AC FOR RD (DESCR #07-10625)

Owner: MAXIMUM PROFIT GRAIN LLC
5533 S 27 ST STE 200
LINCOLN, NE 68512

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

HS002552

Application to Alter or Repair an Onsite Wastewater Treatment System

SCANNED

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):** 9811 S 164TH

Legal Description of Property: Township: 9 Range: 7 Section: 28

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Current Tank Gallonage- _____

6.Print Name JAIME KUBIK Address 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
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HEALTH DEPARTMENT USE ONLY

☒Municipal Code 24.38 ☐County Resolution Number 02-30

Date received 6/6/23 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 05/31/23 By DC
Date / / By

Installation final written approval
Date 6/13/23 By Doug Mrsny

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: 5/31/23 Amount $245 Check No. CC0214 Initials JAD

Revised 4/8/13

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

Exhibit 5

Permit Number: HS002552

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/13/23 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9811 S 64th 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: Replaced tank - added lateral to existing (See drawing)

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 2241 total Sq. Ft. Tank Size 1,500 gals

Total length of laterals 498 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals See Width drawing 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 ☐

Geographical Coordinates to 6 Decimals:

Tank _____ N/A

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 05/31/23

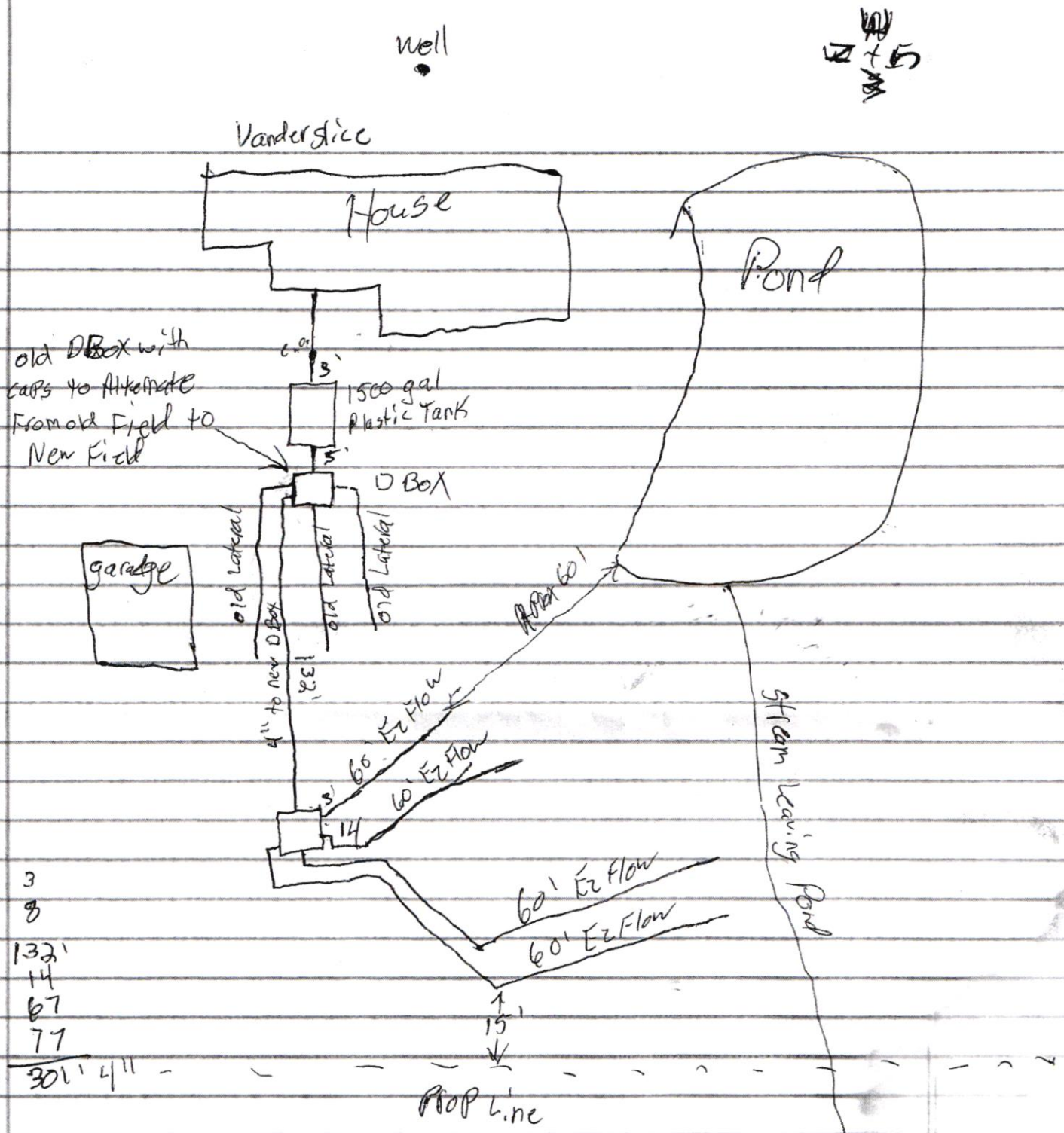
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Moore

Date 6/13/23

Field Note Drawing (See Reverse Side):


well
Vanderslice
House
Pond
old DBox with caps to Alternate From old Field to New Field
3'
1500 gal Plastic Tank
5'
D Box
garage
old Lateral
old Lateral
old Lateral
4" to new D Box
132'
Appx 60'
60' Ez Flow
60' Ez Flow
3'
14'
60' Ez Flow
60' Ez Flow
15'
Stream Leaving Pond
Prop Line
3
8
132'
14
67
77
301' 4"

Nebraska State Health Department
Division of Housing & Environmental Health

SAN 1701

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED:
Location: Township T9N R7E
Section & ¼ Sect. SE¼ SEC 28
Property Dimensions: _____ ft. x _____ ft.
Area: _____ acres. (Attach sketch of property showing hole location).

Owner: COUNTRYLANE ESTATES
Address: LOT 3, BLOCK 2, 1ST ADD.

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐
PAWNEE (PaC2)
Silty Loam ☐ ; Clay Loam ☐ ; Sandy Clay ☐

Dates of Tests: 10/15/96 to 10/17/96. Weather: Precip. 0 Temp. 78°/45° P

10-11-01 & 10-12-01

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch
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REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

_____
Signature of Reviewing Official

D

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

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) 16-28-409-003-000

Owner: AMOS DAVIS Address 9811 S 64TH ST LINCOLN, NE 68516

A. Wastewater Piping

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

B. Septic Tank

1. Material ~~CONCRETE~~ INFILTRATOR
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well +100 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: E2 FLOW
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 60 ft. 60 ft. 60 ft. 60
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well +100 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

EXISTING NARROW PLASTIC CHAMBER IN 3 ft GRAVEL TRENCH 259 LINEAR FT 777 SQ FT

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 Kuo Date: 6/12/23

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