HS002594

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.

Tan ≠ DEANN DAMKROGER

1. **Street Address (No Rural Route):** 5001 JOHNSON RD LINCOLN, NE 68516

   Legal Description of Property: Township: 9 Range: 7 Section: 29

   Block 3 Lot 3-4 SubDivsion KENSINGTON ESTATES FIRST ADDITION Add:

   ***Parcel ID** 16-29-404-007-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: POOL HOUSE)
   Number of bedrooms_____ 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 LATERAL TO HOLDING TANK

   20 GPD x ÷20 x 7.75 = 31 Sq ft EZ Flow

5. **Current Type of Lateral-** NONE **Current Linear Ft. Of Lateral -** NONE

   Current Tank Gallonage- 2000

6. Print Name JAIME KUBIK Address P.O. Box 191 HICKMAN, NE 68372 Phone: 402-475-2402

   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: 9/25/13 Amount $250 Check No. cc0214 Initials JKD

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 5001 Johnson Road (no rural route) City Lincoln NE, Zip 68516

Owner Tom Damkroger Address

Date of Tests Sept 4, 2023 to Sept 5, 2023 Weather: Precipitation none Temperature 85

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. 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 inches	9/4	5:00 pm	9/5	8:00 am	9/5	11:30 am	6	9/5	12:00 pm	30 min	1/2	60
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								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: 216
Average of Rates: 54
Rate Used for Calculation: 59

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. HS002594

System Type: Standard

Situs: No Site Address Specified

Issued: 9/26/2023

Expires: 9/26/2024

Description: KENSINGTON ESTATES FIRST ADDITION, BLOCK 3, Lot 3 - 4

Owner: DAMKROGER, THOMAS G &
DEANNE Y
5001 JOHNSON RD
LINCOLN, NE 68516

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

HS002594

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SCANNED

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Current Tank Gallonage- 2000

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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

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Comments (if any):

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

Installation final written approval
Date 11/29/23 By

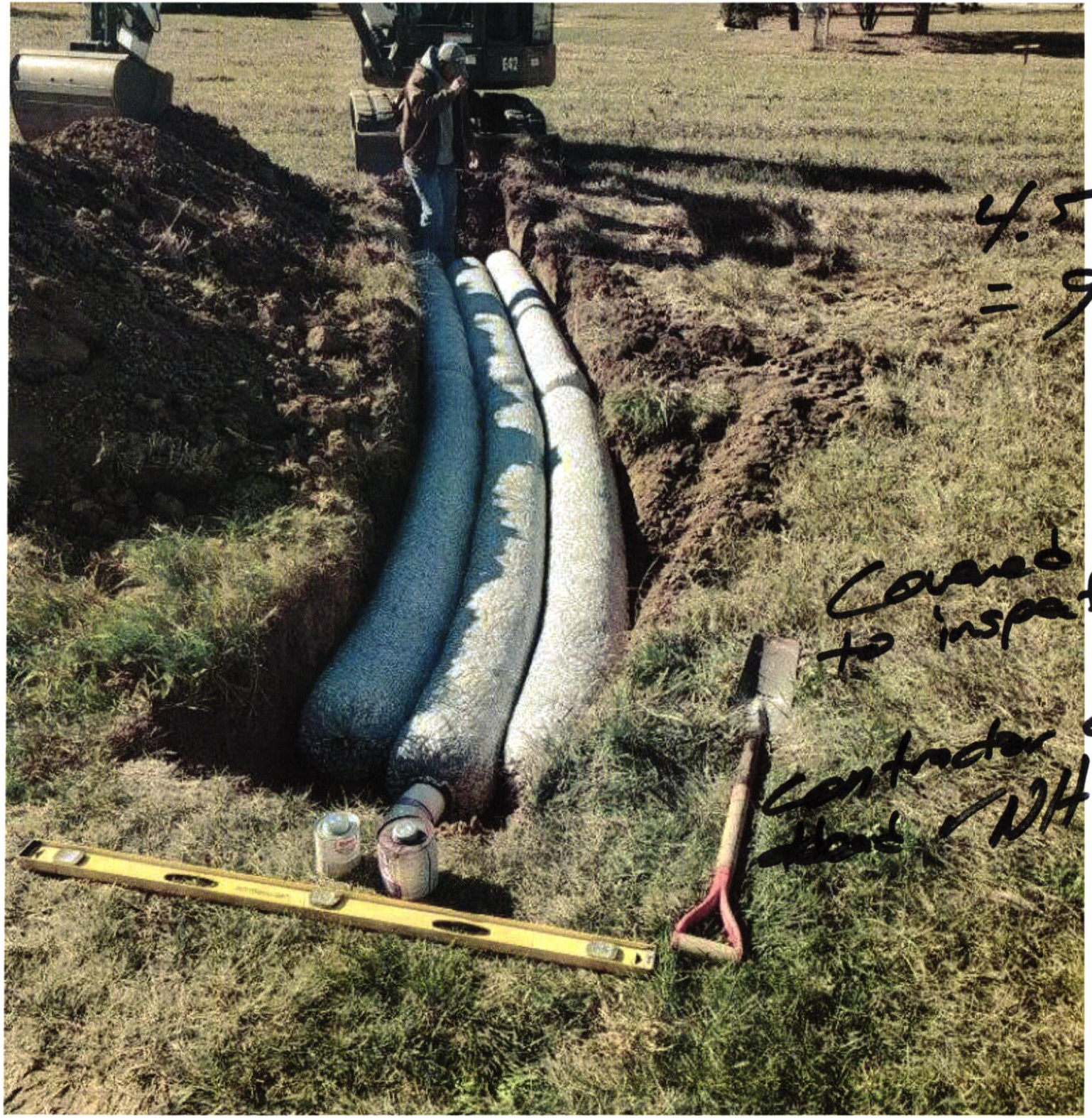
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Environmental Public Health Division
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Business Office Use Only

Received: Date: 9/25/23 Amount $250 Check No. CC0214 Initials

Revised 4/8/13


4.5 x 20
= 90 sq ft
Covered prior
to inspection
called
contractor
about DH

D

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

Permit Number: HS002594

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) 16-29-404-002-000

Owner: TOM DAMKROGER Address 5001 JOHNSON RD LINCOLN, NE 68516

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 125 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 10 in.
4. Distance to:
   Well ±100 ft.
   Pressure line ±50 ft
   Property Line ±10 ft.
   Foundation 125 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: N/A ft. ____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ____
2. Number of Laterals: 1
3. Length of each lateral (linear): ft. 26 ft. ____ ft. ____ ft. ____
4. Drainfield size: 90 sq. ft.
5. Distance to:
   Well ±100 ft.
   Pressure line ±50 ft.
   Property line ±10 ft.
   Depth of Groundwater ±12

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: [signature] Date: 12/8/2023

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

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

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