HS002631

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):** 5909 W OLD CHENEY DENTON, NE

   Legal Description of Property: Township: 9 Range: 5 Section: 13

   Block _____ Lot 12 NE SubDivsion _____ Add: _____

   ***Parcel ID** 03 - 13 - 200 - 008 - 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:**
   ADJUSTING DISTRIBUTION OF CURRENT LATERAL & ADDING 150 LINEAR FEET OF EZ FLOW LATERAL

5. **Current Type of Lateral-** PLASTIC CHAMBER QUICK 4 PLUS **Current Linear Ft. Of Lateral -** 348

   Current Tank Gallonage- 1500 GAL

6. Print Name JAIME KUBIK Address 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: 2/23/24 Amount $250.00 Check No. CC0214 Initials LC

Revised 4/8/13

Dec 21 12 11:18a Subbert Well & Septic LLC 402-624-2011 p.1

JAN 02 2013

Permit Number: H5000720

Phone: 402-441-8643

Include Form B and C. Submit correct fee with this Application

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 5908 Lois Ann Cemetery (no rural route) City Denton West side NE Zip

Legal Description Lot 11 Split Into Two Equal Lots By Area 1/4c 1/4d Section 13 Township 8E Range 9W Subdivision East of 6th p.m. Addition Block 2 Lot

Geographical Location (if known): Lat/Long: PID

B. Owner

Name Dan Owen Signature

Address 2665 SW 17th St City/State/Zip Lincoln, NE

Home Phone Work Phone

C. Certified Installer

Name: Scott Subbert Signature Scott Subbert

Address 1012 C Bldg M City/State/Zip Mead, Ne 68041

Work Phone 402 443-6549

D. Engineer ☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☐ Yes ☑ No Total Acres

☐ Commercial Establishment/Other Facility Specify Garbage Grinder Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department Date rec'd ACTION ☐ Approved ☐ Disapproved
Site visits 4/24/12 DS Date fwd Signature

2. Supt. Bldg. Insp. or Village Clerk Date rec'd ACTION ☐ Approved ☐ Disapproved
Comments Date fwd Signature

3. City or County Engineer Date rec'd ACTION ☐ Approved ☐ Disapproved
Comments Date fwd Signature

CK# 008510 $10.00
CK# 008471 $345.00

2-15-13 B. Hall

Attachment C

Soil Absorption Test Data Report

Owner Information:

Owner Don Olson Phone

Address: 5409 West Old Cheney Denton Ne
NAME

Location:

Township 7 Range 9 Sec. 13 1/4 Sec. 1/4 Sec.

County Name Lancaster Area: 40 Acres

Attach a sketch of the property showing the hole location.

Soil Type: (Check one)

Sand ____ Silt ____ Clay ✓ Sandy Clay ____ Loamy Sand ____

Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silt Loam ____

Dates of Test 3/7/13 to 3/8/13 Weather: Precipitation Snow Temp 36

Percolation Test Data

a	b	c	d	e	f	g	h	i	j	k	l	m	n
		Presaturation 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 Rate (Min./Inch)
1	30	3/7	10:00	3/8	11:00	3/8	5:40	24	5:30	23½	30	½	60
2	32							26		25½	30	½	60
3	30							22		21½	30	½	60
4	36							28		27½	30	½	55
5	34							27		26½	30	½	55
6	30							24		23½	30	½	60

Sum of Percolation Rates = 355

*Average of Rates in Minutes per Inch = 59

Scott Subbert
Signature of Person Conducting Test

Address: 10126 Q Rd
Merna Ne 68856

Phone: 402-443-6549

* If rates vary more than 20 minutes/inch, do not average but use the slowest rate for design purposes.

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. HS002631

System Type: Standard

Situs: No Site Address Specified

Issued: 2/27/2024

Expires: 2/27/2025

Description: S13, T9, R5, Acres 6th Principal Meridian, LOT 12 NE

Owner: OLSON, DANIEL R & LAREE M
5909 W OLD CHENEY RD
DENTON, NE 68339

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

JAMIE KUBIK
P O BOX 191
HICKMAN, NE 68372