HS0026 53

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):** 4501 S FOLSOM ST LINCOLN, NE 68523

   Legal Description of Property: Township: 9 Range: 6 Section: 10

   Block ____ Lot 5 & N½ SubDivision 6TH PRINC MERIDIAN Add: ____

   *Parcel ID 09-10-100-004-000 (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:** ADD 180' EZ FLOW TO EXISTING 100' x 3' LATERAL = 1110 SQ FT LATERAL

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

   Current Tank Gallonage 1000 GALLON TANK EXISTING

6. Print Name JAMIE KUBIK Address P.O. BOX 191 HICKMAN, NE 68372 Phone: 402-475-2462

   Applicant Signature: Jamie 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: 5/1/24 Amount $250 Check No. cc0214 Initials JAG

Revised 4/8/13

FILE NO. 24

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE DISPOSAL SYSTEM
TYPE OF LICENSE OR PERMIT

March 12, 1960
THIS LICENSE OR PERMIT EXPIRES

Glenn H. Harms
LICENSEE OR PERMITTEE

Route 1, Lincoln
ADDRESS

NAME OF ESTABLISHMENT, IF ANY

T 9; R 6; Sect. 10; Lot 32
(Legal Description)
ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
143-1535	10.0116	24.0114	6-2

SERIAL NO.	DATE	AMOUNT
01936	3-12	30.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-32(67) APPLICATION FOR PERMIT
TO CONSTRUCT INDIVIDUAL SEWAGE
DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 22

DATE: Sept 11, 1967

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9; Range 6; Section 10;
Block ____; Lot 32; Addition ____;
Street Address ____

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. of Bed Rooms 3
Describe: ____
Other Use ____ [ ]
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Glenn Harms
Signature of Applicant (owner or lessee)

Route 1, Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Date Site Clearance ____

3. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved X; Disapproved ____: ____
by: Jerrold C Hoot

5. BUREAU OF LICENSES & PERMITS
Date Notified: ____
Date Issued: ____ Serial ____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ by: CW/OI

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 22

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 9; Range 6; Section 10;
Block ___; Lot 32; Addition _____;
Street Address _____.

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. of Bedrooms 3. Describe: _____

Other Use _____ ☐
Describe: _____

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

4. Distance to public sewer: ½ miles ft.

Glenn H. Harms
Signature of Applicant (owner or lessee)

Route 1, Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9/12/67. ACTION: Approved ___ ☒ Disapproved ☐
Date Frwd. 9/12/67. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 9/12/67. ACTION: Approved ___ ☒ Disapproved ☐
Date Frwd. 9/12/67. Signature: Chas. H. Seib by H.E.

3. City Engineer: Date Rec'd. 9/12/67. ACTION: Approved ___ ☒ Disapproved ☐
Date Frwd. 9/12/67. Signature: L. J. Chan

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved ☐ Disapproved ☐

Date Applicant Notified: _____ Signature _____

FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 22

PROPERTY WHERE SOIL TESTED:
Owner: Glenn Harms
Location: Township 9
Section & ¼ Sect. NW¼ Sect 10 Address Route 1 Lincoln
Property Dimensions: 490 ft. x 600 ft.
Area: 6.75 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☒
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: 9-11-67 to 9-12-67. Weather: Precip. None Temp. 75 F.

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)
1	30												
2	30												
3	30												
4	30												
5	30												
6	30												

Glenn Harms
Signature of Person Conducting Test

Address Route 1 Lincoln
Phone: 432 7968

Sum of Percolation Rates
Average of Rates:
Mean of Rates:

all tests averaged 2" percolation per hour or 30 minutes per inch

(Do not write below this line)

REVIEWING ACTION

REMARKS: Percolation test appears to be reasonable.

DATE:

Approved Percolation Rate(s)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C Hood
Signature of Reviewing Official

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 22

SPECIFICATIONS

DATE: Sept 11, 1967

A. BUILDING SEWER:
1. Material VC Tile; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 8 in.
3. Distance between dwelling and septic tank 125 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 50 ft.;
Stream 3/4 mile Pressure Line ___ ft.;
Property Line 50 ft.

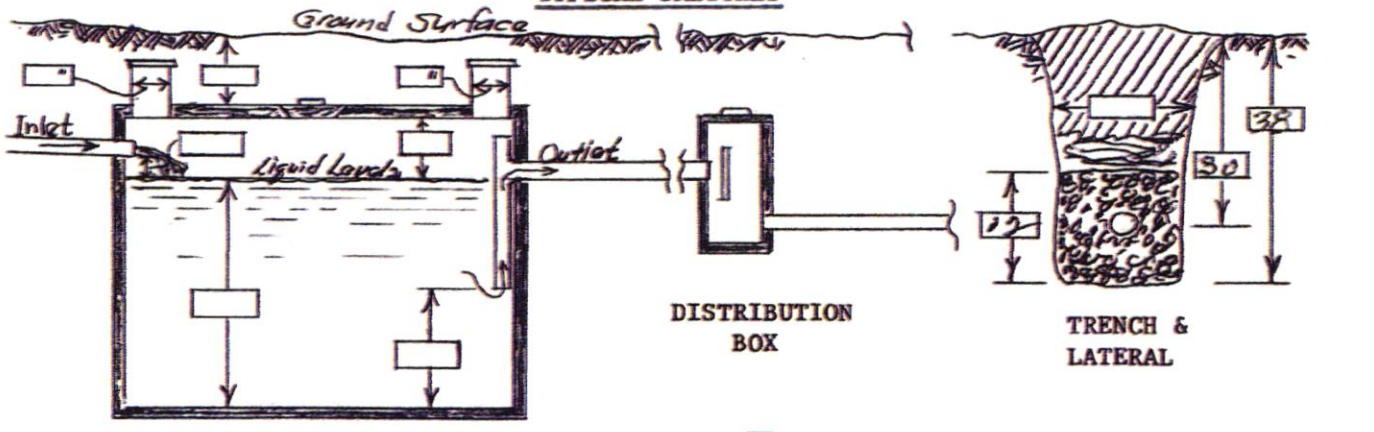
B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 47 in.
3. Factory Built: Yes [X] (Company ___)
No [ ] Precast Step Co, Lincoln Nebr
4. Manholes: Over Inlet; diam. ___ in.
Over Outlet; diam. ___ in.
Below Grade ___ in.
5. Inlet: Baffle [ ]; or Tee [ ]
6. Outlet: Baffle [ ]; or Tee [ ]
Depth of outlet below inlet ___ in.
7. Depth of top of tank below finished grade 30 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream 3/4 mile Pressure Line ___ ft.;
Property Line 25 ft.

Specs on file with Health Dept. For This Tank

C. DISTRICTION BOX ~~CONCRETE~~ NONE
1. Material ~~Concrete~~, No. available outlets 5.
2. Factory Built: Yes [X], (Company PRE ~~Sewage CAST~~ STEP)
3. ~~Dimension: Length 24 in.; Width 24 in.~~
~~Depth 12 in.~~
4. Distance from Septic Tank ~~20~~ ft.
5. Serial Distribution: Yes [ ], No [ ]
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Arch
2. Lateral Lines: Depth below grade 30 in.
Number 2; Length of each line 92.5 ft
Total length of Laterals 185 ft.;
Slope 6 in/100 ft. Diameter of pipe 24 in.; Shape Half Round
Material: concrete [X]; fiber asbestos [ ]; clay [ ]; other Plastic
Distance between lateral lines 6 ft.
3. Trench Dimensions: Depth 36 in.;
Width 48 in.
4. Filter Material: Gravel.
Depth of material from trench bottom 12 in.
5. Distances To:
Well or Suction Line 225 ft.;
Stream 3/4 mile Pressure Line ___ ft.
Property Line 50 ft.
6. Percolation Rate: 30 minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

Glenn Harms
Signature of Applicant

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 22

SPECIFICATIONS

DATE: Sept 11, 1967

A. BUILDING SEWER:
1. Material VC Tile; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 8 in.
3. Distance between dwelling and septic tank 12.5 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 50 ft.;
Stream 3/4 mile; Pressure Line ___ ft.;
Property Line 50 ft.

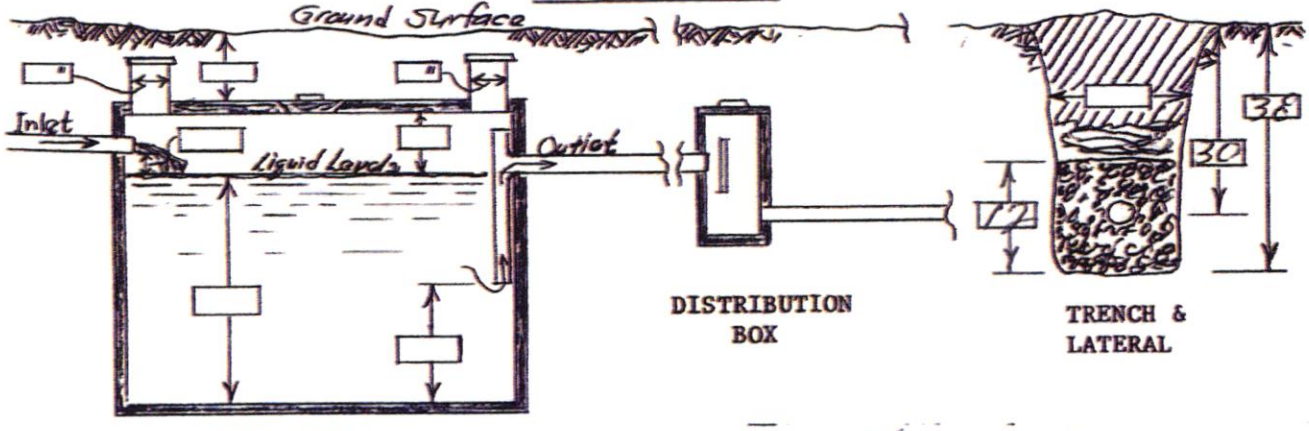
B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 47 in.
3. Factory Built: Yes ☒ (Company Precast Step Co. Lincoln)
No ☐
4. Manholes: Over Inlet; diam. ___ in.
Over Outlet; diam. ___ in.
Below Grade ___ in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___ in.
7. Depth of top of tank below finished grade 30 in.
8. Distances To:
Well or Suction Line 200 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 25 ft.

Specs on file with Health Dept For this Tank

C. DISTRIBUTION BOX ~~NONE~~
1. Material CONCRETE; No. available outlets 5.
2. Factory Built: Yes ☒, (Company PRE CAST STEP) No ☐
3. Dimension: Length 16½ in.; Width 9 in. Depth 12 in.
4. Distance from Septic Tank ___ ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Arch
2. Lateral Lines: Depth below grade 30 in.
Number 2; Length of each line 92½ ft
Total length of Laterals 185 ft.;
Slope 6 in/100 ft. Diameter of pipe 4 in.; Shape Half Round
Material: concrete ☐; fiber asbestos ☐; clay ☐; other Plastic
Distance between lateral lines 6 ft.
3. Trench Dimensions: Depth 36 in.;
Width 48 in.
4. Filter Material: Gravel.
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Distances To:
Well or Suction Line 225 ft.;
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6. Percolation Rate: 30 minutes/inch

TYPICAL SKETCHES

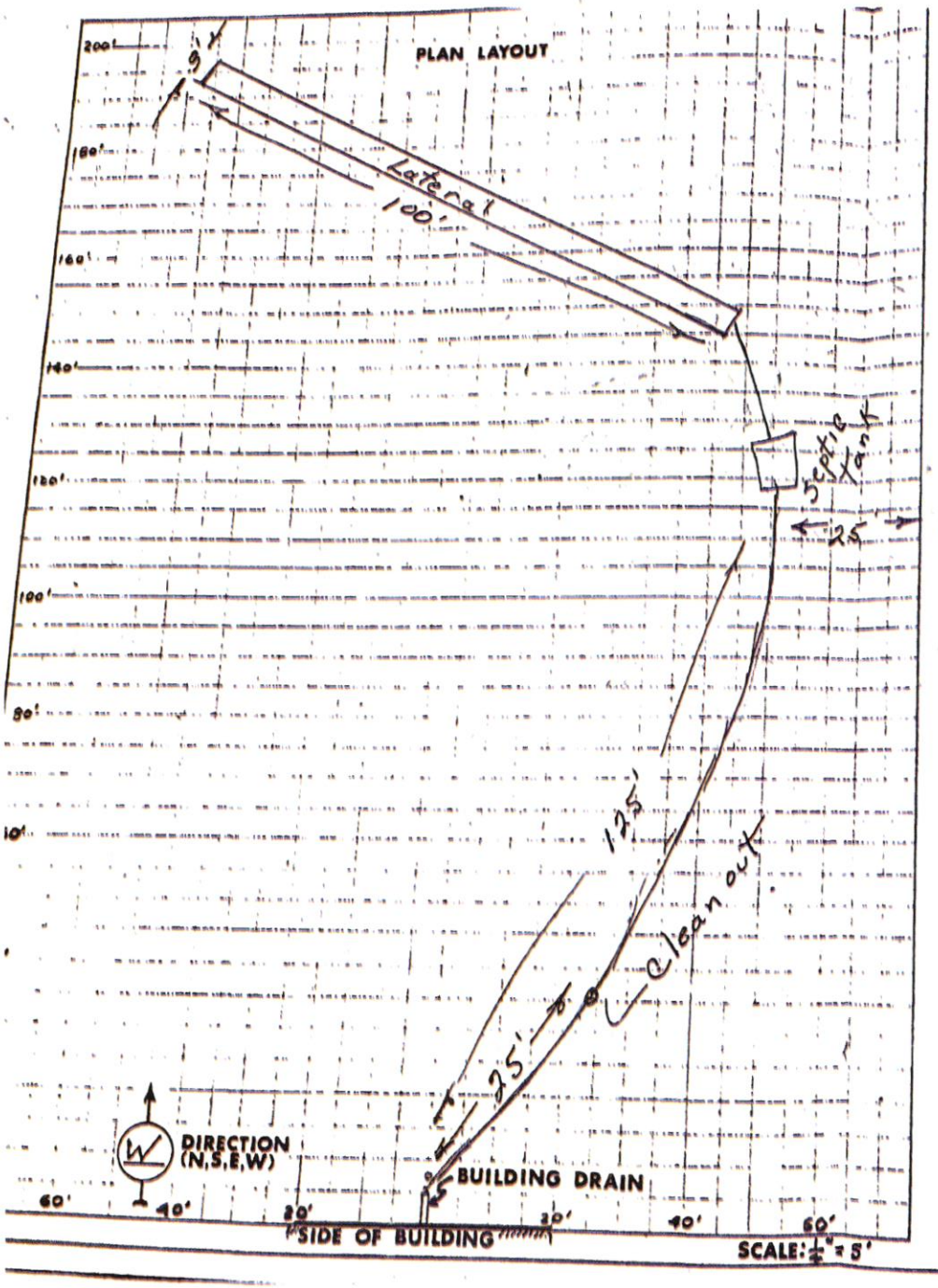


SEPTIC TANK

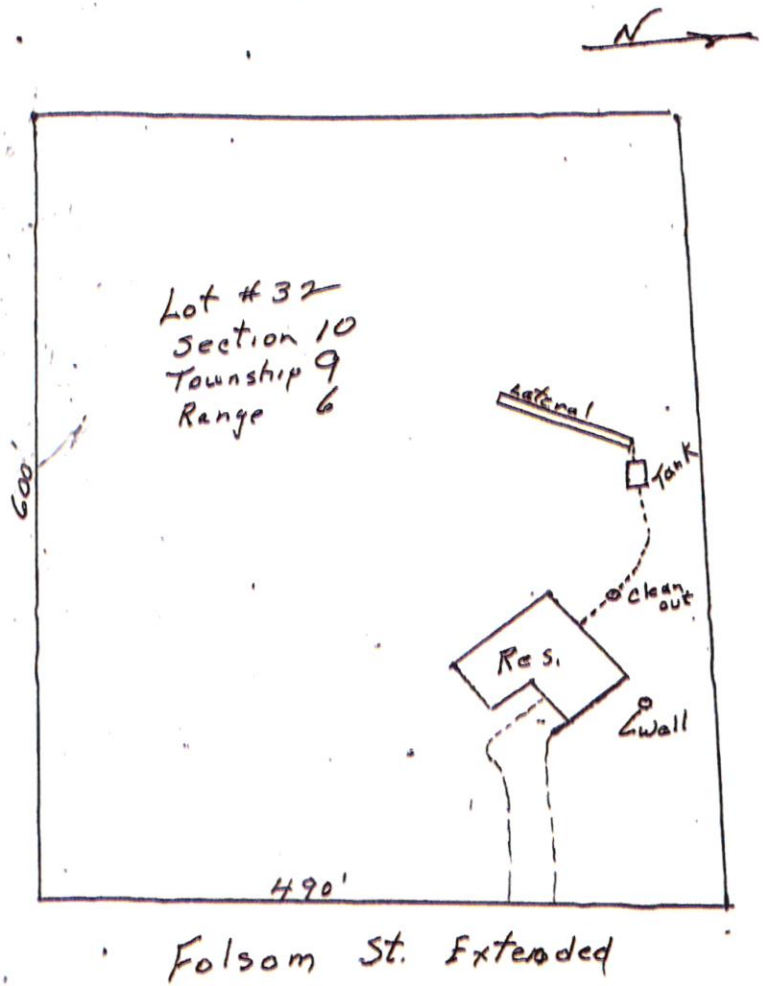
DISTRIBUTION BOX

TRENCH & LATERAL

Glenn Harms
Signature of Applicant

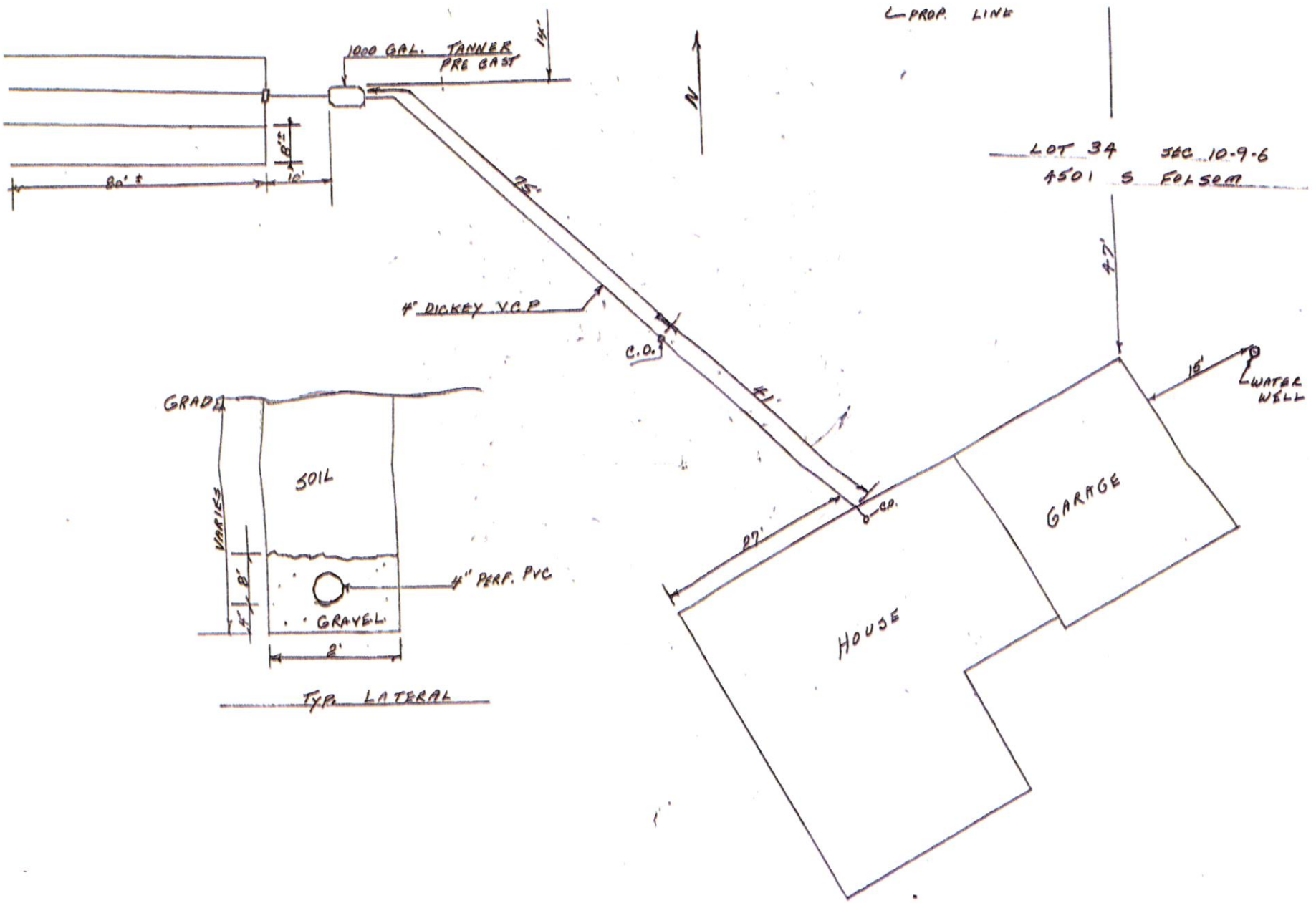


DETAIL DRAWINGS



FORM HD 32 b(67): PLANS FOR INDV SEWAGE SYSTEM	Date
Name _____	
Address _____	FILE

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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. HS002653

System Type: Standard

Situs: No Site Address Specified

Issued: 5/1/2024

Expires: 5/1/2025

Description: S10, T9, R6, 6th Principal Meridian, LOT 56 NW

Owner: ROBIDOUX, KURT & VICKIE J
3840 S FOLSOM ST
LINCOLN, NE 68522

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

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

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