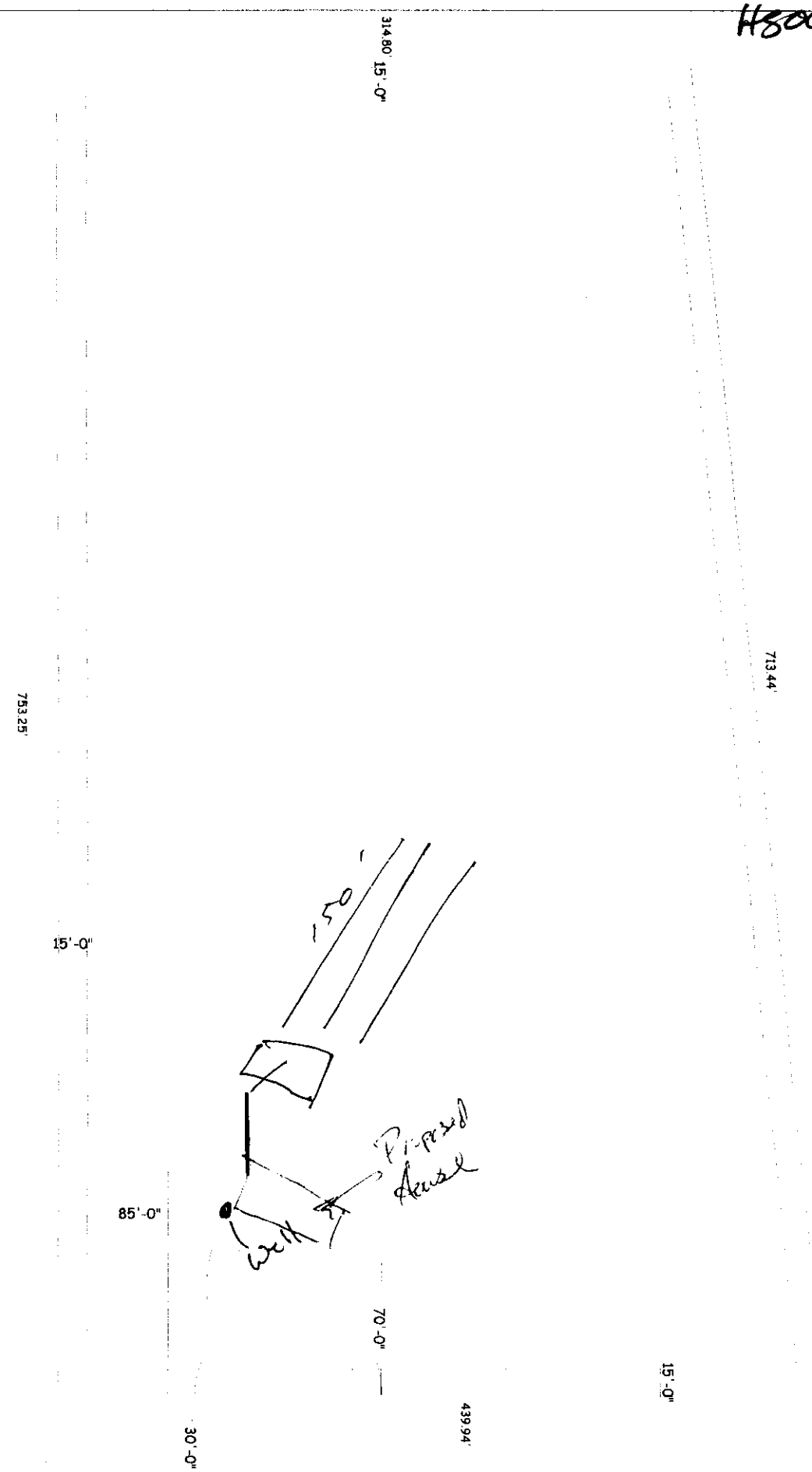
HS000015

N

SITE PLAN



CHAD & KRISTA CARLSON
TIMBERLINE ESTATES
L9 SE1/4 13-9-5, BLOCK 2, LOT 1

6100 PINE KNOT DRIVE

THE DRAWING AND DESIGNS THEREON SHALL NOT BE PURCHASED, USED OR DISCLOSED TO OTHERS FOR PROCUREMENT OR OTHER PURPOSES EXCEPT AS OTHERWISE AUTHORIZED BY CONTRACT, WITHOUT EXPRESS WRITTEN CONSENT. ALL REPRODUCTIONS SHALL BEAR THIS NOTICE.

NO	DATE	DESCRIPTION

DRAWN BY: SBC, LLC

SCALE: 1/8"=1'-0"

DATE: 7-13-07

SHEET NO: S-1

LLCHD HS000015

A

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS000015

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

6.36 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 6100 Pine Knot Drive (no rural route) City Denton NE, Zip

Legal Description 19 SE 1/4 13 - 9 - 5 2 1
(1/4 1/4 Section Township Range Subdivision Addition Block Lot)

Geographical Location (if known): Longitude Latitude

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Chad Carlson Signature

Address 1632 West Garfield City/State/Zip Lincoln, NE 68522

☐ Check if owner designed system Home Phone (402) 477-1968 Work Phone (402) 429-6443

C. Contractor

Name Aaron Shelton Company Name Shelton Bros. Const. L.L.C.

Address 1640 W. Plum St. City/State/Zip Lincoln / NE / 68522

☐ Check if contractor designed system Work Phone 402-430-3630

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Melvin Wagner Firm Wagner Const Work Phone 402-432-5698

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE ✓ Variance on file

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 2832

1. **Health Department**	Date rec'd	**ACTION**	☐ Approved	☐ Disapproved
	Date frwd	Signature		
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd	**ACTION**	☐ Approved	☐ Disapproved
	Date frwd	Signature		
3. **City or County Engineer**	Date rec'd	**ACTION**	☐ Approved	☐ Disapproved
	Date frwd	Signature		

Installation Final Written Approval

By

Date

Business Office Use Only
Date Rec'd 09/20/07
Amt Paid 305.00
Rec'd By Cash/Check No. 1342

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

10-2-2007 10:55:17

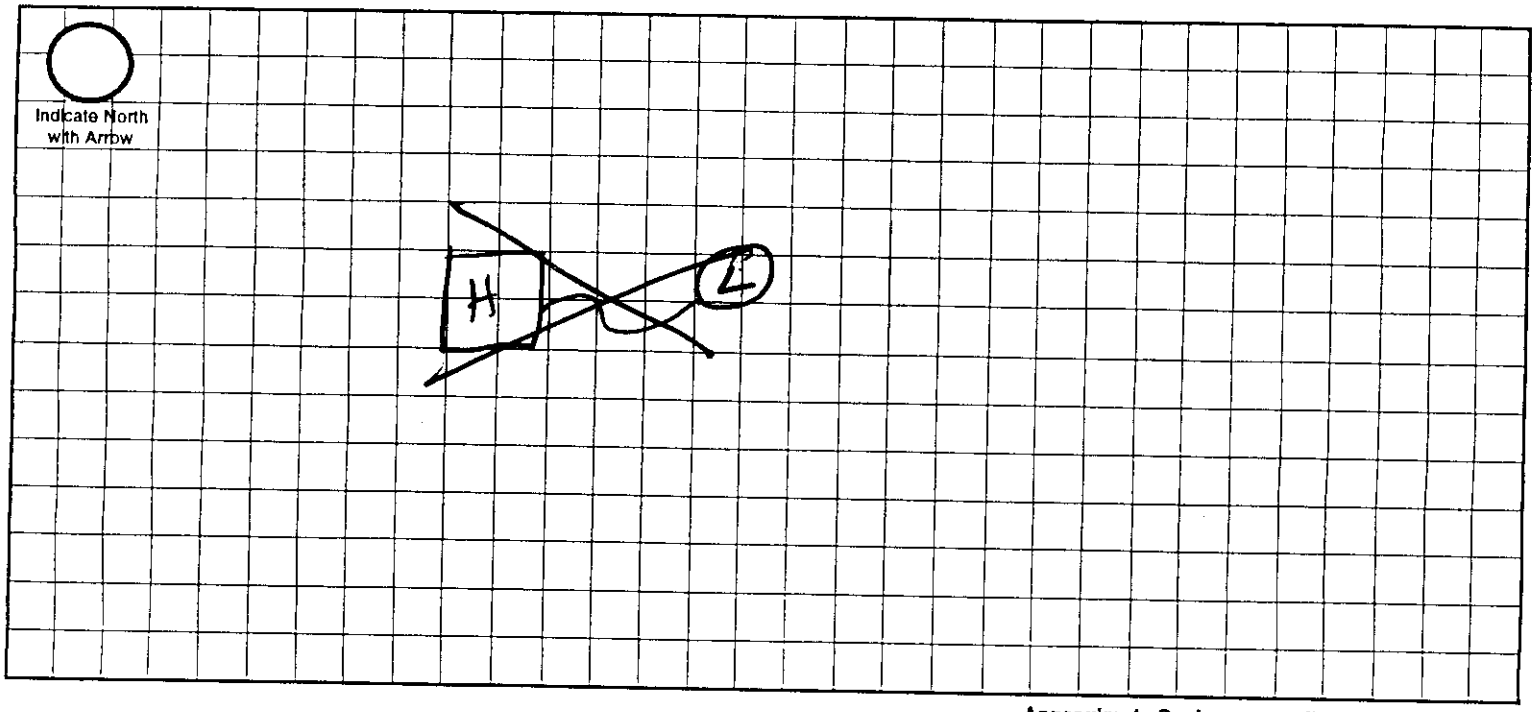
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000015

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) Pine Knot Drive City Denton NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1750 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1750 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 9/18/07

Installer Melvin F. Fagner Date 11 Sept 07

B

Permit Number: HS000015

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6100 Pine Knot Drive (no rural route) City Deatoo NE, Zip _____

Owner _____ Address _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 8/26/02 to 8/27/02 Weather: Precipitation 0 Temperature 85°

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/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	8/26	11:00	8/27	9:00	8/27	9:00	6	8/27	1:00	30	1.0	30
2	36	8/26	11:00	8/27	9:00	8/27	9:00	6	8/27	1:00	30	1.0	30
3	36	8/26	11:00	8/27	9:00	8/27	9:00	6	8/27	1:00	30	1.0	30
4	36	8/26	11:00	8/27	9:00	8/27	9:00	6	8/27	1:00	30	1.0	30
5	36	8/26	11:00	8/27	9:00	8/27	9:00	6	8/27	1:00	30	2.5	12
6	36	8/26	11:00	8/27	9:00	8/27	9:00	6	8/27	1:00	30	.25	60

Sum of Percolation Rates: 192
Average of Rates: 32
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Tom Burt - Design Associates
Phone: 474-3000
Address: 1609 N St.
Lincoln, NE 68508

DO NOT WRITE BELOW THIS LINE

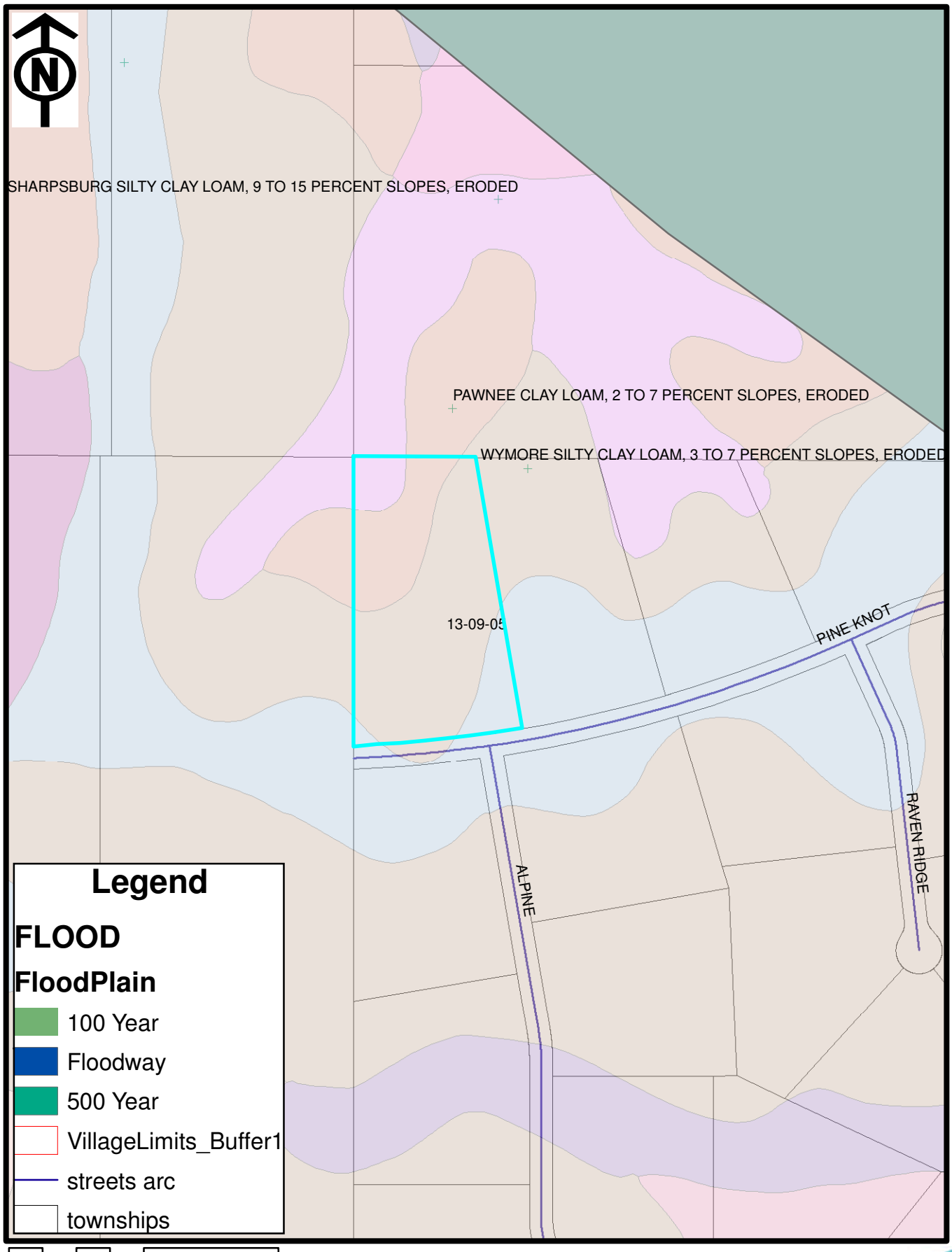
Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 22-381, 10-96

10-2-2007 10:55:25


SHARPSBURG SILTY CLAY LOAM, 9 TO 15 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
13-09-05
PINE KNOT
ALPINE
RAVEN RIDGE
Legend
FLOOD
FloodPlain
100 Year
Floodway
500 Year
VillageLimits_Buffer1
streets arc
townships
Feet
0
175
350
700

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number: HS000015

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

6.36 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 6100 Pine Knot Drive (no rural route) City Denton NE, Zip

Legal Description NW SE 1/4 13 - 9 - 5 Subdivision Addition 2 Block 1 Lot
(1/4 1/4 Section Township Range)

Geographical Location (if known): Longitude Latitude

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Chad Carlson Signature

Address 1632 West Garfield City/State/Zip Lincoln, NE 68522

☐ Check if owner designed system Home Phone (402) 477-1968 Work Phone (402) 429-6443

C. Contractor

Name Aaron Shelton Company Name Shelton Bros. Const. L.L.C.

Address 1640 W. Plum St. City/State/Zip Lincoln / NE / 68522

☐ Check if contractor designed system Work Phone 402-430-3630

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Melvin Eagner Firm Eagner Const Work Phone 402-432-5698

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE * Variance on file

Approval Process

☐ Municipal Code 24.38 ☑ County Resolution No. 2832

1. **Health Department** Date rec'd 9/27/07 Date frwd 9/27/07 ACTION ☑ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/27/07 Date frwd 9/27/07 ACTION ☑ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 9-27-07 Date frwd 9-27-07 ACTION ☑ Approved ☐ Disapproved Signature Jim Flaugh

Installation Final Written Approval

By Doug Rust

Date 11/16/07

Business Office Use Only

Date Rec'd

Amt Paid

Rec'd By Cash/Check No.

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

SCANNED

A

Permit Number: HS000015

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

6.36 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 6100 Pine Knot Drive (no rural route) City Denton NE, Zip _____

Legal Description L9 SE 1/4 13 - 9 - 5 _____ 2 1
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Chad Carlson Signature [signature]

Address 1632 West Garfield City/State/Zip Lincoln, NE 68522

☐ Check if owner designed system Home Phone (402) 477-1968 Work Phone (402) 429-6445

C. Contractor

Name Aaron Shelton Company Name Shelton Bros. Const. L.L.C.

Address 1640 W. Plum St. City/State/Zip Lincoln / NE / 68522

☐ Check if contractor designed system Work Phone 402-430-3630

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Melvin Eagner Firm Eagner Const Work Phone 402-432-5698

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 5 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day_____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE X Pumice on Profile

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 2832

1. **Health Department** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By [signature]

Date 11/16/07

Business Office Use Only
Date Rec'd 09/20/07
Amt Paid 305.00
Rec'd By [signature] ~~Cash~~/Check No. 1342

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

EPS
N 40° 44.815'
W096° 48.339'

Date 11/16/07

System Location (Indicate correct number and street)
Address 6100 PINE KNOT (no rural route) City DENTON NE, Zip 68339

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 24 in.
3. Distance between dwelling and septic tank: 396" ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line OVER 50 ft.
   stream NA ft.
   pressure line NA ft.
   property line OVER 100 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1750 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 12 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line OVER 50 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line OVER 100 ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank _____ ft.

D. Absorption Field

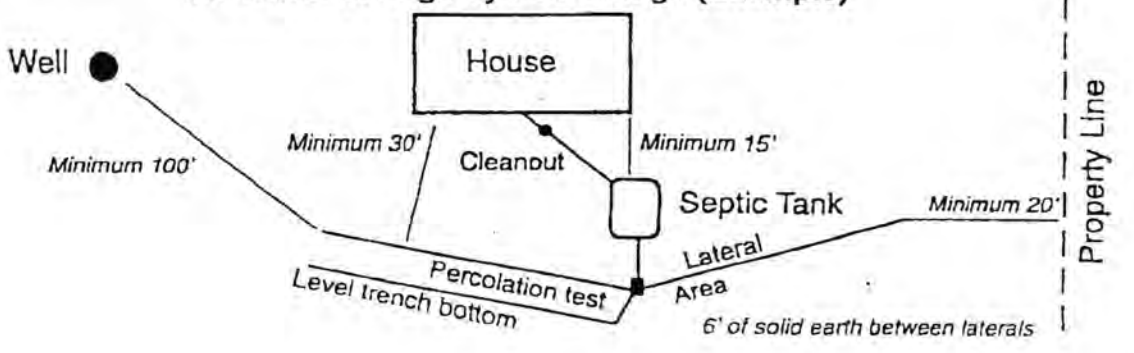
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATORS
2. Lateral lines: Number 4
   Length of each line: 126 ft. 121 ft.
   110 ft. 82 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line OVER 25 ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

N 40° 44.815'
W 096° 48.339'

6100 Pine Knot

