Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

System Type: STANDARD

No. HS000418

Situs: 12501 EMMAWALTER RD

Permit Fee: $185.00

Legal Description: T11N-R07E-S09-Lot 9

Owner: MCKINSTRY, GARY D & DEANA M
12501 EMMAWALTER RD
LINCOLN NE
68517-9824

Total Fees: $185.00

Issued: 10/20/2010
Expires 10/20/2011

Bruce D. Dart, PhD, Health Director

Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Bruce D. Dart, PhD
Health Director

GAGNER CONSTRUCTION
4810 W CLAIRE AVE
LINCOLN NE 68523-9324

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

HS000418

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:** VIEW POINTE NORTH
   Township ____ ____ Range ____ 1/4 ____ 1/4 ____ Section ____
   Block ____ Lot 7 Addition ____
   Parcel ID 18-09-401-009-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 12501 EMMA WALTER Rd. LINCOLN, 68517

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 2 Describe ____

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Add 200 FT INFILTRATORS

5. **Work to be done by:** ☐ owner ☒ contractor's name Gagner CONST

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name GARY McKINSTRY Address 12501 EMMA WALTER Rd Phone: 402-730-5819

Applicant Signature (owner or lessee) ____

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received / / REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 10/18/10 By [signature]

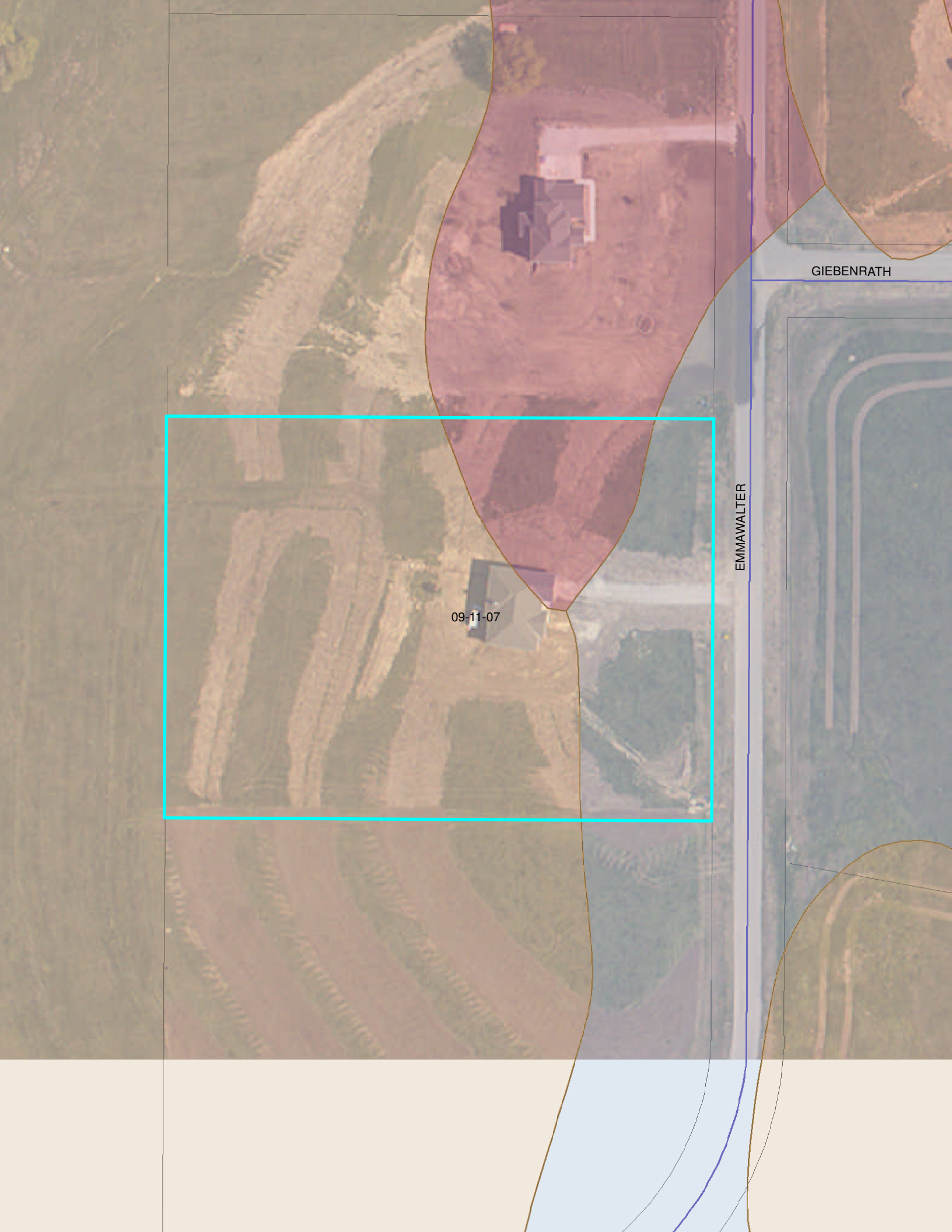
Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441 8643

Business Office Use Only

Received: Date: ____/____/____ Amount ____ Check No. ____ Initials ____

Revised 3-09


GIEBENRATH
EMMAWALTER
09-11-07

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005822

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380292101

Issued 10/27/04
Expires 04/27/05
Revenue Code 3157

Establishment:
GARY MCKINSTRY
T11N R7E SEC 9 QTR SW
VIEWPOINTE NORTH LOT 9
12501 EMMA WALTER RD

FEES: $200.00

Permittee:
GARY MCKINSTRY
4331 S 45 ST
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

OCT 27 2004

A

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

Permit Number: 04380292101

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:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 12501 Emma Walter Rd (no rural route) City Lincoln NE, Zip 68517

Legal Description SW 9 11N 7E View Pointe North 9

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 Gary McKinstry Signature Gary McKinstry

Address 4331 S. 45th St City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 489-8879 Work Phone 730-5819

C. Contractor

Name Owner Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting, Inc. Work Phone 402-390-6009

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 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

Approval Process

☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** 12-23-04 rm	Date rec'd 10/27/04 Date frwd 10/28/04	ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10-29-04 Date frwd 10-29-04	ACTION ☒ Approved ☐ Disapproved Signature Shawn Johnson	
3. **City or County Engineer**	Date rec'd 10/29/2004 Date frwd _____	ACTION ☒ Approved ☐ Disapproved Signature Wayne Dearmont	

Installation Final Written Approval

By Ron Mayfield

Date 12-27-04

Business Office Use Only

Date Rec'd 10/27/04

Amt Paid 200.00

Rec'd By ns Cash/Check No. 5533

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

70th Wav Rd 1st s.de

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

Gary McKinstry

B

Permit Number: 043802921

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Soil Type (SCS): _____ Percolation Rate: 36 min./inch

Date of Tests 7-12-03 to 7-13-03 Weather: Precipitation dry Temperature 88

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. 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"	7-12	10:00	7-13	10:00	7-13	10:30	6"	7-13	11:00	30	7/8	30/0.88 = 34
2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	3/4	30/0.75 = 40
3												3/4	30/0.75 = 40
4												3/4	30/0.75 = 40
5												7/8	30/0.88 = 34
6												1"	30/1.00 = 30

Person Conducting Percolation Tests

Name: Dave Dietzel
Phone: 786-2682
Address: 9651 N. 149th PL
Waverly NE 68462

Sum of Percolation Rates: 218
Average of Rates: 36
Rate Used for Calculation: 36

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

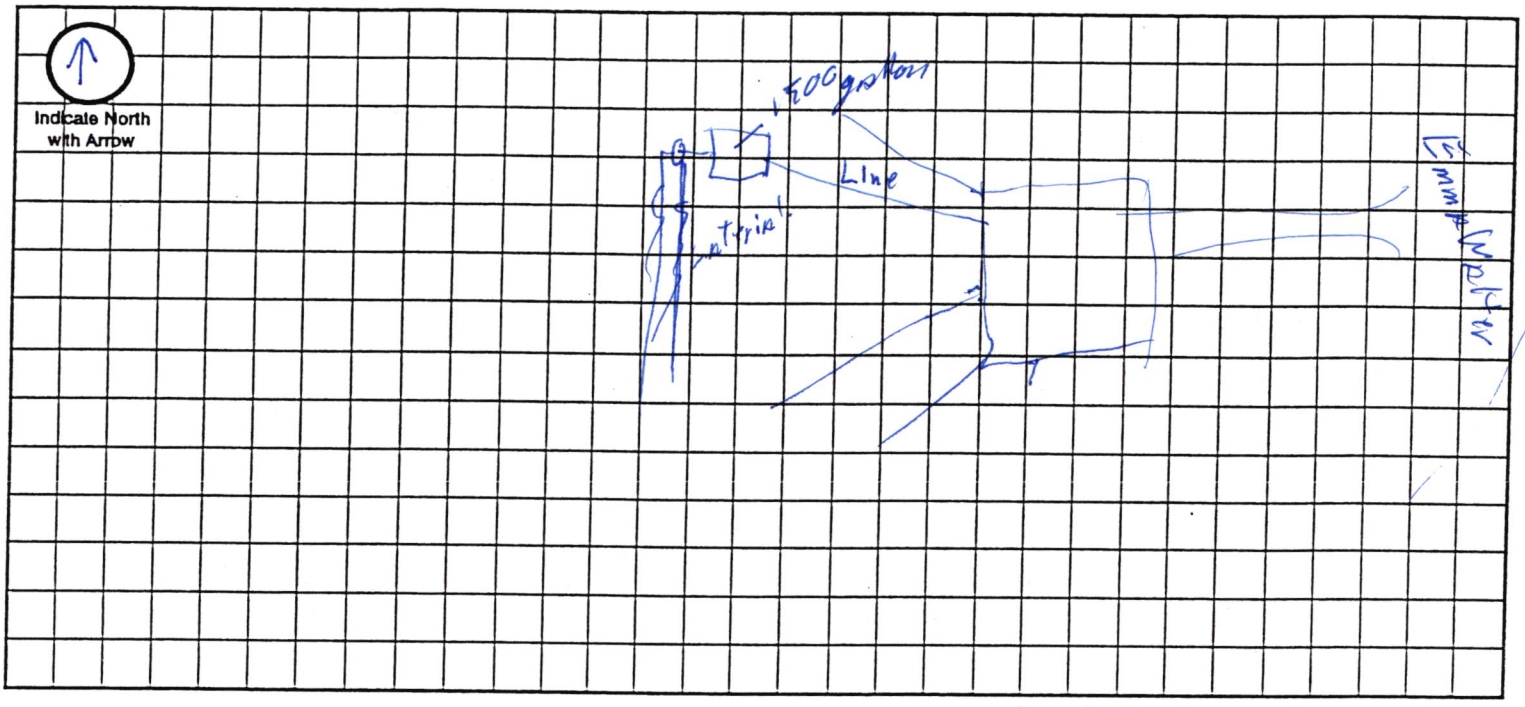
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 043802921

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) 12501 Emma Walter Rd City Lincoln NE, Zip 68517

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 36 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 825 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: ADS H-10

Capacity of Septic Tank 1,500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 207 ft. Number of Trenches 2 Trench Width 4'

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 Gary McCarty Date _____

Installer Mike L. Johnson Date 10-20-04

FORM 23-102 10-96

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

Date 12/23/04

System Location (Indicate correct number and street)

Address 12501 Emma Walter Rd. (no rural route) City Lincoln NE, Zip 68517

A. Building Sewer

1. Material: class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 39" in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: concrete.
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade At grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 10" in.
8. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 100 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 7' ft.

D. Absorption Field

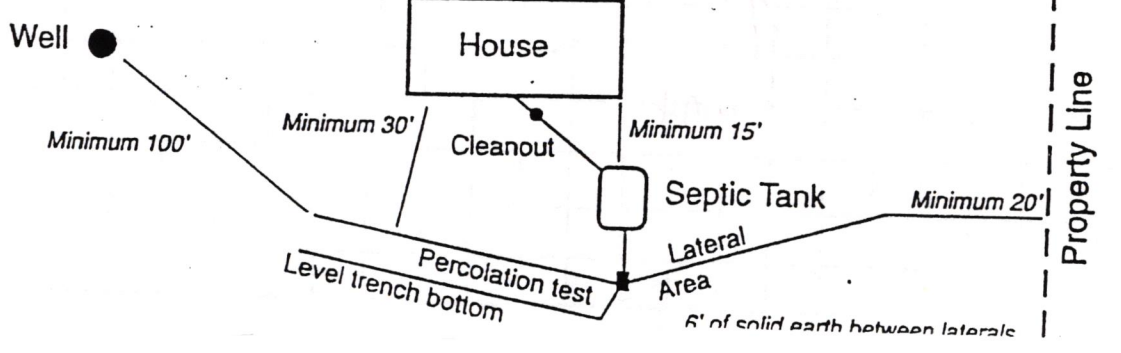
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: H-10 12" Tall-34" wide
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 106.25 ft. 106.25 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope Flat in/100 ft.
   Average depth 24" in
4. Filter material: Dirt
   Depth of material 24" in.
5. Distances to: Well or suction line 100 ft.
   Stream 100 ft.
   Pressure line 100 ft.
   Property line 100 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

12501 Emma Walke

