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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000741

System Type: Standard

Situs: 6801 SW 32nd STREET

Issued: 5/7/2013

Expires: 5/7/2014

Description: TWIN PINES ADDITION, BLOCK 2, Lot 3

Owner: QUINN, BRETT & JENNIFER HANSEN
3200 W DENTON RD
LINCOLN, NE 68523

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

BRETT QUINN
3200 W. DENTON RD.
LINCOLN, NE 68523

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

A

Permit Number: HS000741

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 6801 SW 32nd ST. City Lincoln NE, Zip _____
(no rural route)

Legal Description _____ 17 9 6 TWIN PINES 2 3
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 Brett Quinn Signature [signature]

Address 6801 SW 32nd ST City/State/Zip Lincoln NE 68523

☐ Check if owner designed system Home Phone 402-580-1220 Work Phone _____

C. Contractor

Name ~~Tru Built~~ Bo Jones Company Name Tru-Built

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system C1268

Designer Name Melvin Gagner Firm Gagner 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~~ Grinder

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 600 Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

3-4 rooms

Approval Process

☑ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 5/2/13 Date frwd 5/2/13 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-1-13 Date frwd 5-1-13 ACTION ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 5-1-13 Date frwd 5-1-13 ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 5-6-13
Amt Paid 355.—
Rec'd By BHall Cash/Check No. 7653

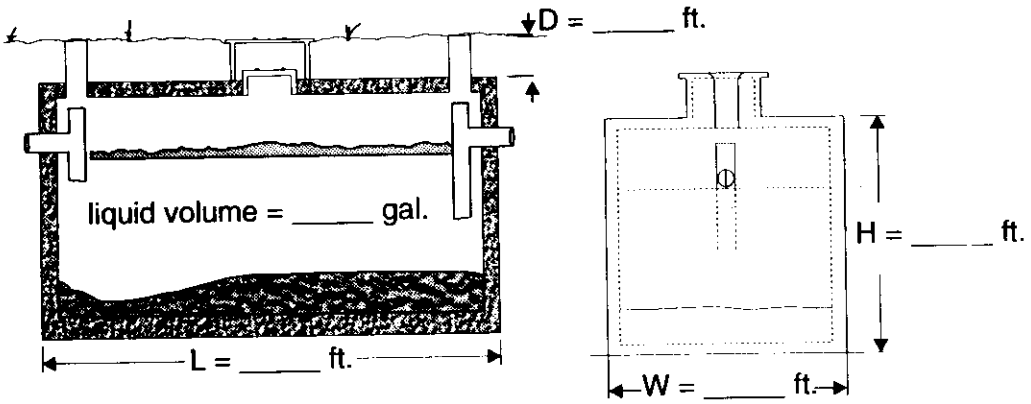
FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

7206, 7684

KEY

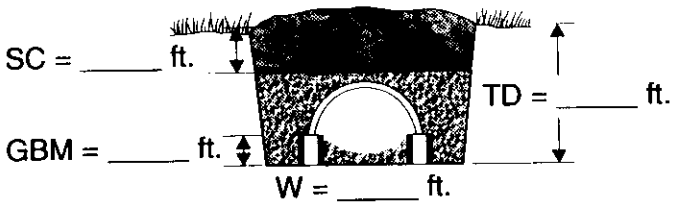
SC = Soil Cover
TD = Trench Depth
W = Width
GBM = Gravel Below Half Moon
L = Tank Length
GBP = Gravel Pipe Below
H = Tank Height
D = Depth of Cover

F. SEPTIC TANK DIMENSIONS

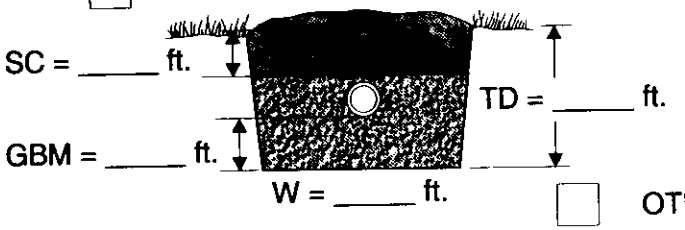


G. Check the Box for the Appropriate Absorbtion Field and Complete the Blanks

☐ HALF-MOON IN GRAVEL



☐ PIPE IN GRAVEL



☐ OTHER: Include Drawing

H. Complete ADJACENT Lot Worksheet for All Wells and Water Lines

NORTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	NORTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
WEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	PROPOSED SEPTIC SYSTEM INSTALLATION	EAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____
SOUTHWEST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTH Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____	SOUTHEAST Distance in Feet **From Tank Field** WELL:_____ WATER LINES:_____

Procedures

Forms A, B and C must be completed and submitted to the Lincoln-Lancaster County Health Department (LLCHD) to obtain an individual sewage disposal permit as required by LMC 24.38 or Lancaster County Resolution No. 2832.

The following steps should be followed in sequence.

1. Determine the soil absorption capacity of the site. (Complete Form B).
2. Have your sewage disposal system engineer/installer survey the site to determine the proper location of the system. The location of building/s, well/s, property lines, percolation test holes, proposed system and laterals must be considered. (Complete Form C) Remember to include a plot plan and that ***both your Installer and your home building contractor must sign Form C.***
3. Obtain site clearance. (Complete Form A) If the building site is (a) within the 3-mile jurisdiction of Lincoln, or (b) in the county, but not within the 1-mile jurisdiction of an incorporated city or village, then submit your completed forms to LLCHD. If the building site is within the 1-mile jurisdiction of Hickman or Waverly, or an incorporated village, then you will need to first take Form A to the City of Village Clerk for approval. The clerk will return Form A to you, and you can then submit your completed Form A to LLCHD.
4. Submit completed Forms A, B and C to the LLCHD, Environmental Health Division. A filing (permit) fee of $150 must be submitted at the same time. Make checks payable to the Lincoln-Lancaster County Health Department.
5. When the application for a permit has been approved and the permit issued by LLCHD, construction of the system may begin. The system must be constructed in accordance with the approved plans and specifications, [illegible] with the appropriate ordinance [illegible] resolution.
6. [illegible] led system requires a final approval. The LLCHD must be notified when the installation is ready for final inspection.

No part of the system may be covered until inspected and approved by the LLCHD.

Inspection Phone No.

441-8022

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

B

Permit Number: --

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6801 S'W 32nd St (no rural route) City Lincoln NE, Zip 68523

Owner Brett Quinn Address 3200 W. Denton Rd.

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

Date of Tests 4/26/13 to 4/27/13 Weather: Precipitation 0 Temperature 60

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		4/26	10:35	4-27	11:00	4-27	11:00	6	4/27	11:30	30	5/8	48
2		"	"	"	"	"	"	"	"	"	"	5/8	48
3		"	"	"	"	"	"	"	"	"	"	1/2	60
4		"	"	"	"	"	"	"	"	"	"	1/2	60
5		"	"	"	"	"	"	"	"	"	"	1/2	60
6		"	"	"	"	"	"	"	"	"	"	1/2	60

Sum of Percolation Rates: 336

Average of Rates: 56

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Melvin Eagner

Phone: 402-432-5698

Address 4810 W. Claire Ave. Lincoln NE. 68523 C1268

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

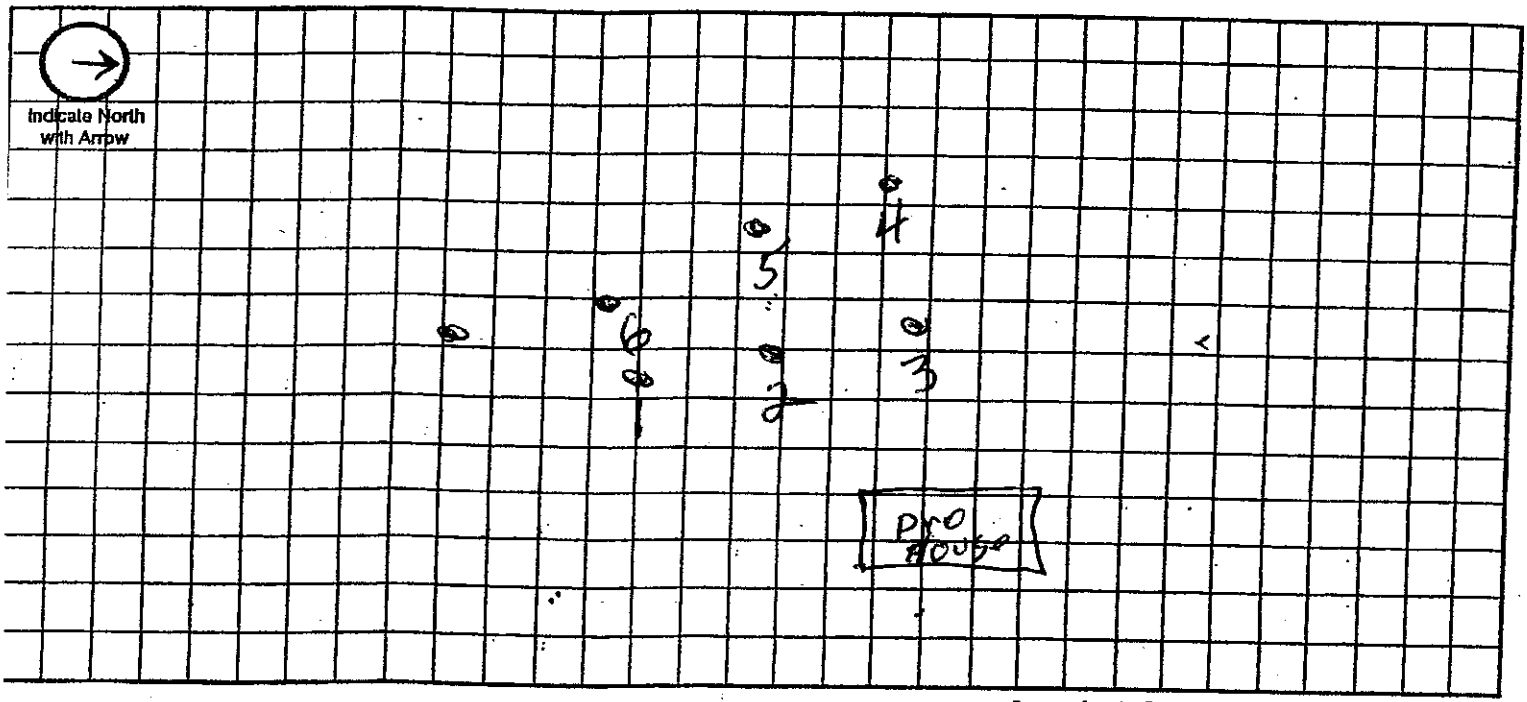
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 6801 S W 32nd City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

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

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

Total Square Feet of Field Required: 750 sq. ft.

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

Capacity of Septic Tank 2000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 437 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 _____

Installer Melvin Gaeyner C1260 Date 4/29/2013

X FLAGGED

X RESIDENTIAL

___FIELD

X CODES-BLDG. PERMIT

LANCASTER COUNTY ENGINEERING DEPARTMENT
444 Cherrycrest Road, Building C
Lincoln, NE 68528
(402)441-7681

PERMIT # 7324

DRIVEWAY APPLICATION
ONE ACCESS ONLY

ADDRESS: [redacted]

DATE: Apr. 22, 2013

Application is hereby made to the Lancaster County Engineering Department, pursuant to Resolution #3708, by Brett & Jennifer Quinn - 3200 W. Denton Rd. (23) to construct a private driveway from the County road to the adjacent property of the applicant, said property being described as Lot 3, Blk 2, Twin Pines Add. also SW 32nd St., 12-9-6 BC Yards - To be built - 2640 West "M" Lt (22)

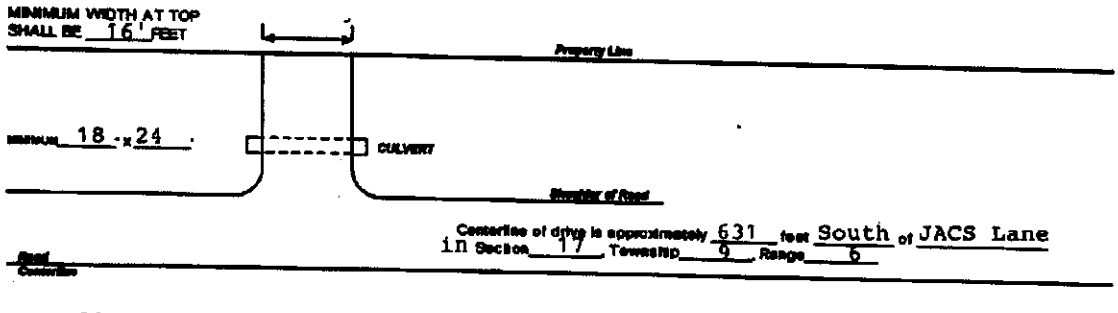
The private driveway shall have a minimum width of 16' feet. Where a culvert is required beneath the private driveway, as determined by an authorized representative of this Department, a [redacted] CORRUGATED METAL PIPE CULVERT* shall be installed by the applicant at his or her own expense.

The general features of the private driveway are indicated on the sketch below and all pertinent information (such as sizes, distances and dimensions) is shown. Said private driveway at the property line of the applicant shall be 6" inches below the shoulder line of the road. No drive shall be located within 24' of any drive on adjacent property. The road onto which this private driveway shall connect is surfaced with Asphalt materials and said surfacing has a width of 28' feet at this location.

NOTE: IF DRIVEWAY APPROACH ON PUBLIC RIGHT-OF-WAY IS GOING TO BE PAVED, THE FOLLOWING CONDITIONS APPLY: WE RECOMMEND SAID DRIVEWAY BE 4" CONCRETE OR 5" ASPHALT WITH 20' RADIUS FLARE. DRIVEWAY SHALL BE SLOPED TO PREVENT DRAINAGE ONTO THE STREET. DRIVEWAY SHALL BE INSPECTED PRIOR TO INSTALLATION. MAINTENANCE AND UPKEEP OF ANY PAVED, CONCRETE OR ASPHALT DRIVEWAY, SHALL BE THE SOLE RESPONSIBILITY OF THE PROPERTY OWNER THAT THE DRIVEWAY SERVES. IF DRIVEWAY ACCESS IS TO A GRAVELED COUNTY ROAD, ASPHALT OR CONCRETE DRIVEWAY SHALL STOP AT THE PROPERTY LINE AND SHALL NOT ENCROACH ON THE COUNTY RIGHT-OF-WAY.

FIELD CHECK AND RECOMMENDATION FOR APPROVAL BY: Harold Baker DISTRICT 3 SUPERVISOR

***If concrete pipe is desired by applicant, said applicant will be responsible for all costs incurred for cleaning and maintenance or replacement at such time that may be designated by the Lancaster County Engineering Department.**



COMMENTS: _____

I (We) agree to construct the private driveway in accordance with the above information within three (3) months from the date of issuance of this permit. It is my (our) understanding that this permit may be canceled at any time by the applicant prior to the construction of the work, and that this permit is valid for only three (3) months from the date of issuance; however, if more time is required, contact this office at 441-7681 for time extension approval. **DO NOT APPLY FOR A SECOND PERMIT!** I (We) further agree, to relinquish any and all other accesses/driveways to the above referenced property.

PHONE: 402-610-0573 (HOME) SIGNED: _____ APPLICANT

_____ (WORK)

The above application is hereby approved/disapproved, subject to the general rules and regulations governing this work and subject to such regulations as the County may deem necessary.

DATE: 4-25-2013 SIGNED: Kenneth D. Schroeder LANCASTER COUNTY SURVEYOR

ACCESS/ACCESS PERMIT - ADDRESS

SCANNED

A

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

Permit Number: HS000741

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 6801 S W 32nd ST. City Lincoln NE, Zip
(no rural route)

Legal Description 17 9 6 TWIN PINES 2 3
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 Brett Quinn Signature

Address 6801 SW 32nd ST City/State/Zip Lincoln NE 68523

☐ Check if owner designed system Home Phone 402-580-1220 Work Phone

C. Contractor

Name ~~Tru Built~~ Bo Jones Company Name Tru-Built

Address City/State/Zip

☐ Check if contractor designed system Work Phone

D. Engineer/Installer ☐ Check and complete if engineer designed system C1268

Designer Name Melvin Gagner Firm Gagner 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~~ Grinder

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day 600 Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

3-Bedrooms

Approval Process

☑ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 5/2/13 Date frwd 5/2/13 ACTION ☒ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-1-13 Date frwd 5-1-13 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 5-1-13 Date frwd 5-1-13 ACTION ☒ Approved ☐ Disapproved Signature Jim Plouzek

Installation Final Written Approval

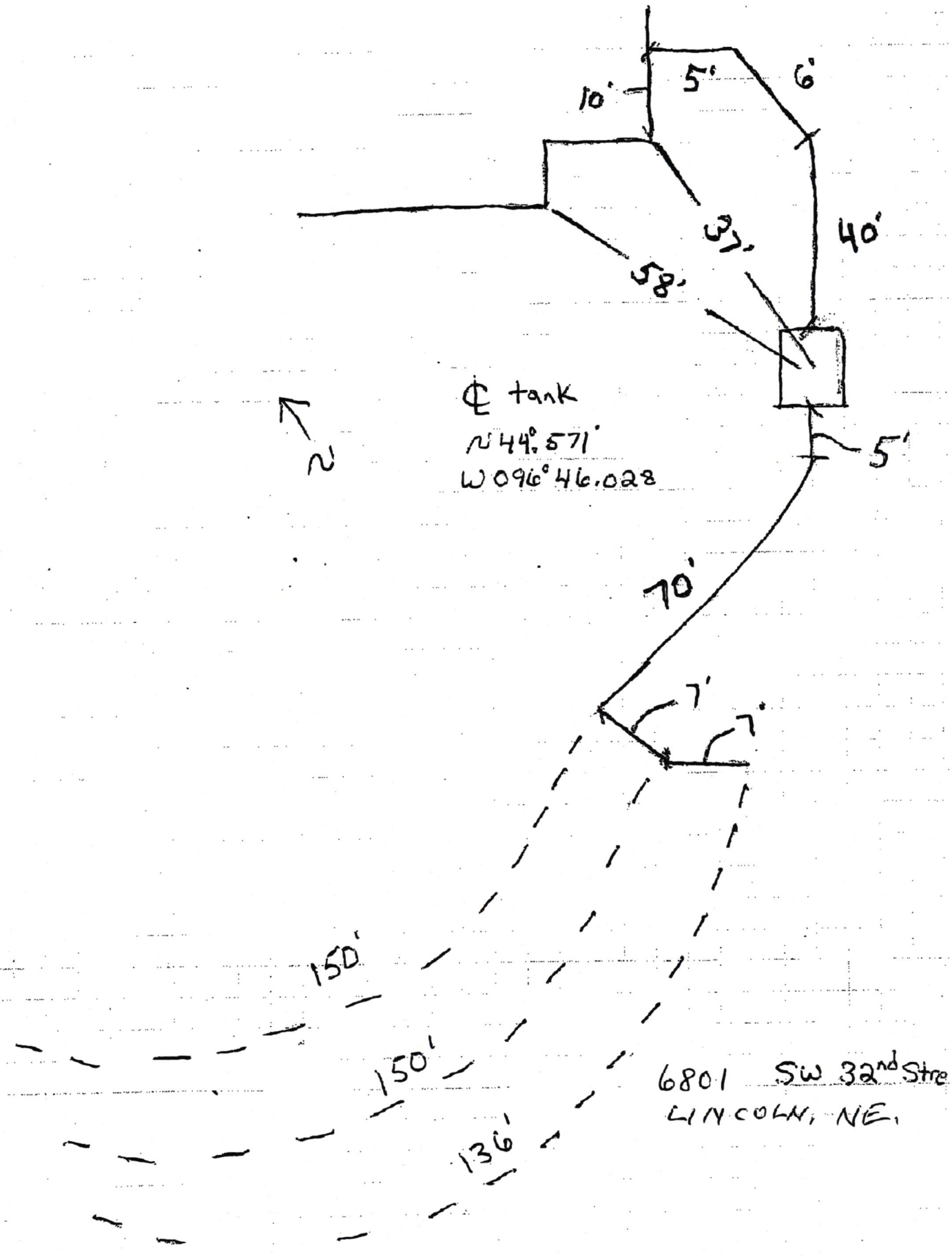
By Doug Amen

Date 11/27/13

Business Office Use Only
Date Rec'd 5-6-13
Amt Paid 355.-
Rec'd By BHall Cash/Check No. 7653

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

7206, 7684


10'
5'
6'
40'
58'
℄ tank
N44.571'
W096°46.028
N
5'
70'
7'
7'
150'
150'
136'
6801 SW 32nd Stre
LINCOLN, NE.