HSDD 2632

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):** 5230 PINE KNOT DRIVE DENTON, NE

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

   Block ____ Lot 2 SubDivsion TIMBERLINE ESTATES Add: 2ND LC

   ***Parcel ID** 03-13-407-002-000 (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:** ADDING 500 GALLON TANK FOR CAPACITY & 1050 SQ FT EZ FLOW LATERAL

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

   Current Tank Gallonage- 1000 GALLON

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

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

A

Permit Number: 003802269

Sewage Disposal System

Request for Site Clearance and Permit

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

5630 Pine Manor

☑ 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 6300 SOUTH WEST 58TH ST. City LINCOLN NE, Zip _____
(no rural route)

Legal Description 13 9N 5E TIMBERLINE ESTATES 1ST 3 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 DARYL LEE BRYER Signature Daryl Bryer

Address 2700 BONACUM DR City/State/Zip LINCOLN, NE 68502 Cell

☐ Check if owner designed system Home Phone 402-421-3454 Work Phone 402-477-6868 560-5129

C. Contractor

Name Garny Heetderks Company Name Garny Heetderks Con.

Address RR1 Box 9707 City/State/Zip Adams Ne 68301

☐ Check if contractor designed system Work Phone 402 429 8612

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

Designer Name CRAIG McDONALD Firm McDONALD TRENCH. Work Phone 730-7729
432-8091

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** Date rec'd 12/1/00 Date frwd 12/1/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/1/00 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature MW
3. **City or County Engineer** Date rec'd 12-1-00 Date frwd 12-1-00 ACTION ☒ Approved ☐ Disapproved Signature John Blazek

Installation Final Written Approval

4/2/01 line, tank, 2 lateral 4/3 add. lateral

By Doug Amen

Date 4/30/01

Business Office Use Only
Date Rec'd 12/01/00
Amt Paid 200.00
Rec'd By LO Cash/Check No. 676

RM 23-100 9-00 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

B

5630 Pine Knor

Permit Number: 03802269

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

2nd addition

System Location (Indicate correct number and street)

Address LOT 1 Block 3 Timberline Est City Denton NE, Zip

(no rural route)

Owner Daryl Bryer Address 2700 Bonanum Dr

Soil Type (SCS): ~~Silty Clay Loam~~ Silty Clay Loam Percolation Rate: 60 min./inch

Date of Tests 10/30/00 to 10/31/00 Weather: Precipitation Trace Temperature 70

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	10/30	5:00	10/31	1:30	10/31	1:30	6	10/31	5:30	30	1/2	60
2	36	10/30	5:00	10/31	1:30	10/31	1:30	6	10/31	5:30	30	1/2	60
3	36	10/30	5:00	10/31	1:30	10/31	1:30	6	10/31	5:30	30	1/2	60
4	36	10/30	5:00	10/31	1:30	10/31	1:30	6	10/31	5:30	30	3/4	40
5	36	10/30	5:00	10/31	1:30	10/31	1:30	6	10/31	5:30	30	1 3/4	17
6	36	10/30	5:00	10/31	1:30	10/31	1:30	6	10/31	5:30	30	1/2	60

Sum of Percolation Rates: 297

Average of Rates: 49.5

Rate Used for Calculation: 60 min/in

Person Conducting Percolation Tests

Name: Tom Burt Design Associates

Phone: 432-6714

Address

1 2 3
0 0 0

DO NOT WRITE BELOW THIS LINE 0 0 0
6 5 4

Reviewing Action

Remarks

A

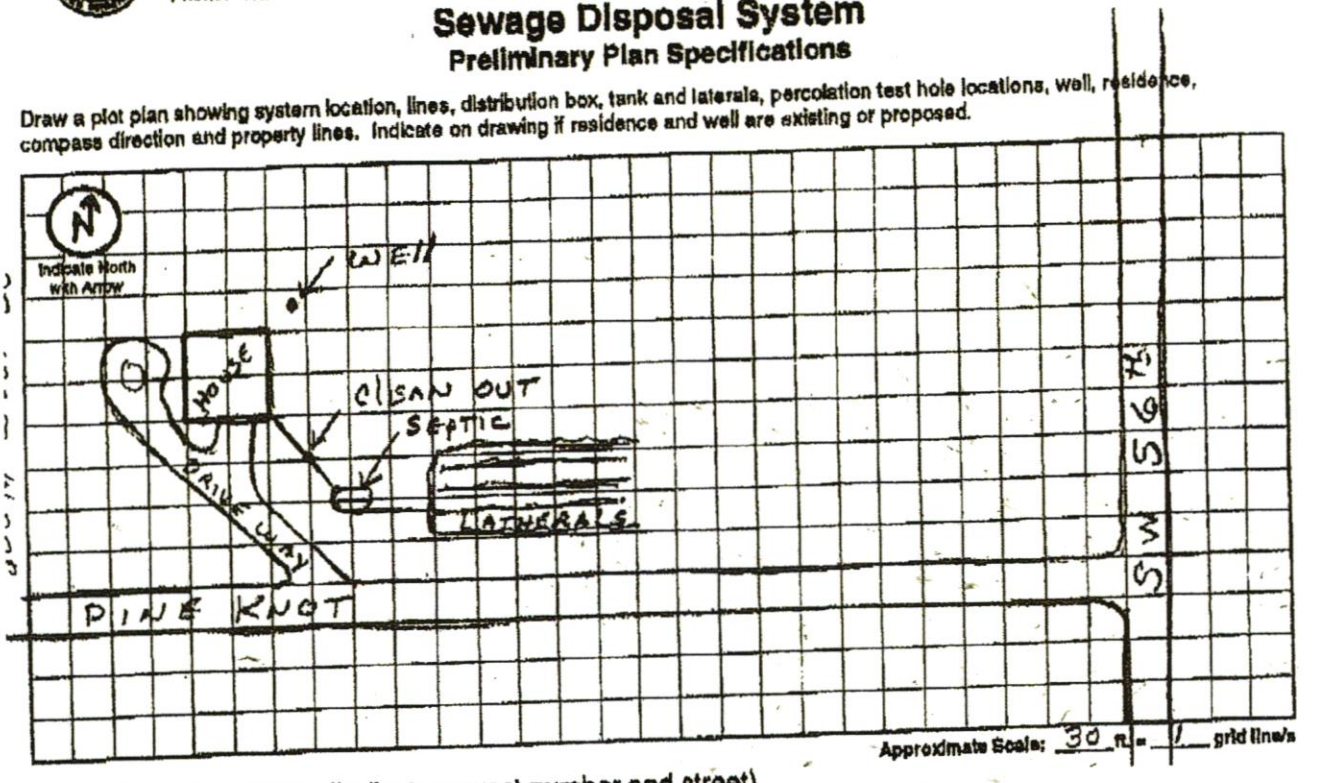
C

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

Permit Number: 00380269

Sewage Disposal System
Preliminary Plan Specifications

Draw a plat 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: 30 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ 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: Wymore silty clay loam and Slope: 5 %

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

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed 1

Total Length of Laterals 263 ft. Number of Trenches 3 Trench Width 4 ft

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

Distance From	Private Well	Public Well	Surface Water	Ground 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

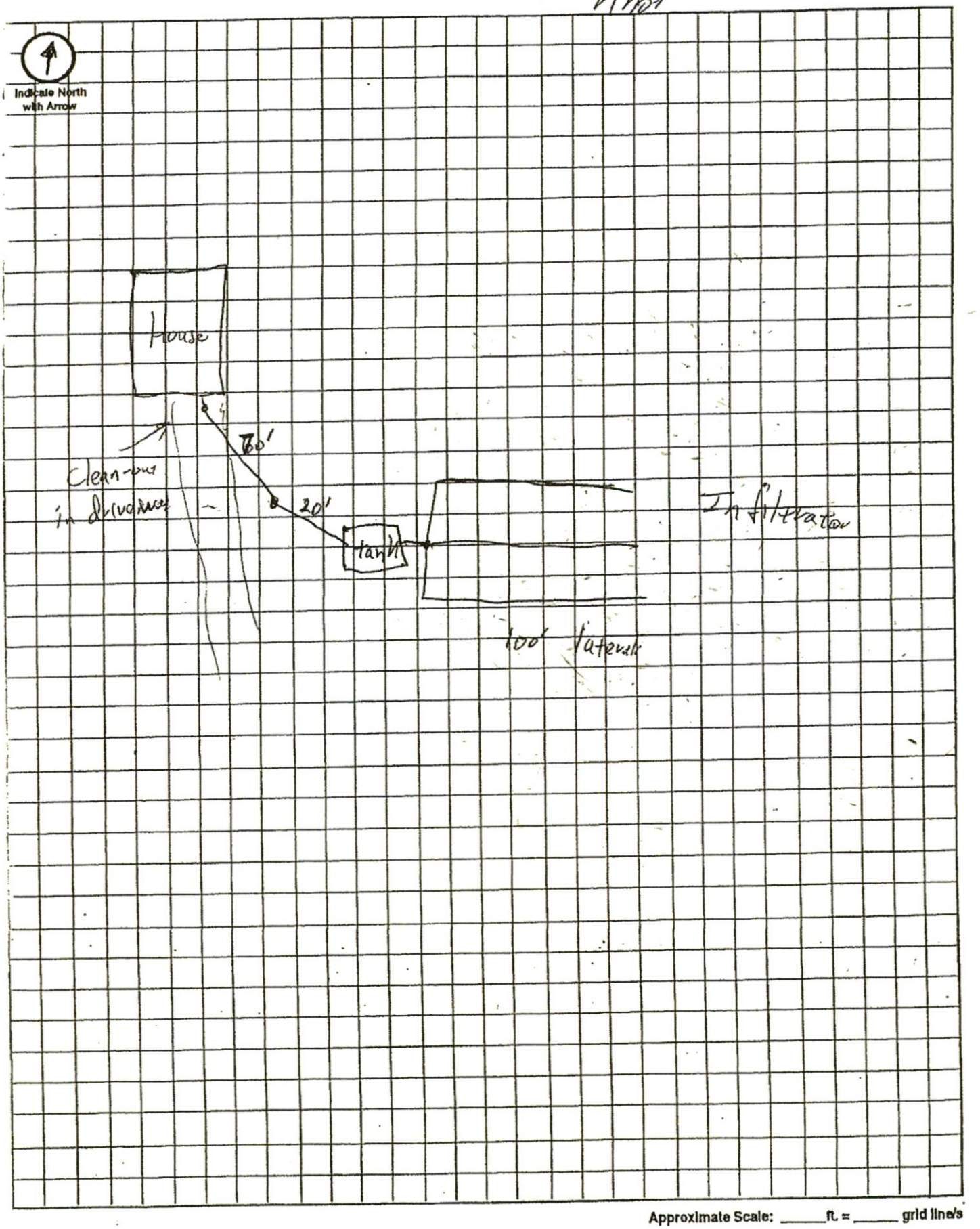
Home Building Contractor K. Glenn Westphalen Date 12-1-00

Installer Craig McDonald Date 12-1-00

FORM 25-102 10-98

As Built Drawing

5630 Pine Knot



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

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. HS002632

System Type: Standard

Situs: No Site Address Specified

Issued: 2/27/2024

Expires: 2/27/2025

Description: TIMBERLINE ESTATES 2ND ADDITION, Lot 2

Owner: WHITE, CURT W & ZOZ, KATHRYN J
5630 PINE KNOT DR
DENTON, NE 68339-3238

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