Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 02380256601

Issued 11/15/02
Expires 05/15/03
Revenue Code 3157

Establishment

TODD & REBECCA BURNS
T8N R5E SEC 25
KICKING BIRD LOT 2
6000 KIOWA RD-MARTELL

FEES: $200.00

Permittee

TODD & REBECCA BURNS
1225 E 16 ST
CRETE NE 68333

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003083

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

A

Permit Number: 02380256601

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 16000 Kiowa Rd (no rural route) City Martell NE, Zip 68404

Legal Description Lot 2 of Kicking Bird Subdivision, Kickingbird Lancaster County, Ne
1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | Block | Lot
25 | 8N | 5E

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Todd and Rebecca Burns Signature T&R Burns Todd Burns

Address 6225 E 116th St City/State/Zip Crete Ne 68333

☐ Check if owner designed system Home Phone 402-826-3058 Work Phone 826-168446

C. Contractor

Name Gordon Hukes Company Name Randy Hall — Hall Contracting 402-266-3941 C+A Backhoe Service

Address 23145 2714th street City/State/Zip Eagle Ne 68347-1995

☐ Check if contractor designed system Work Phone 450-2409

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

Designer Name _____ Firm _____ Work Phone _____

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 11/15/02 Date frwd 11/18/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-18-02 Date frwd 11-18-02 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11/18/02 Date frwd 11/18/02 ACTION ☒ Approved ☐ Disapproved Signature _____

3/11/03 Need drawing. J.C.H.

Installation Final Written Approval

By Doug Rief

Date 3/26/03

Business Office Use Only
Date Rec'd 11-15-02
Amt Paid 200.00
Rec'd By TW Cash/Check No. 4969

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

B

Permit Number: 023802564

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 16000 Kinsa Rd (no rural route) City Martell NE, Zip 68404

Owner Todd and Rebecca Bills Address 1225 E 116th St. Suite Ne. 68333

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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~~	~~11/13~~	~~1:30~~	~~11/14~~	~~9:00~~	~~11/14~~	~~9:00~~	~~6~~	~~11/14~~	~~1:00~~	~~30~~	~~1/4~~	~~120~~
~~2~~	~~36~~	~~11/13~~	~~1:30~~	~~11/14~~	~~9:00~~	~~11/14~~	~~9:00~~	~~6~~	~~11/14~~	~~1:00~~	~~30~~	~~1/4~~	~~120~~
~~3~~	~~36~~	~~11/13~~	~~1:30~~	~~11/14~~	~~9:00~~	~~11/14~~	~~9:00~~	~~6~~	~~11/14~~	~~1:00~~	~~30~~	~~1/4~~	~~120~~
4	36	11/13	1:30	11/14	9:00	11/14	9:00	6	11/14	1:00	30	3/4	40
5	36	11/13	1:30	11/14	9:00	11/14	9:00	6	11/14	1:00	30	3/4	40
6	36	11/13	1:30	11/14	9:00	11/14	9:00	6	11/14	1:00	30	3/4	40
7	36	11/18	12:00	11/19	8:00	11/19	8:00	6	11/19	12:00	30	2 1/4	13
8	36	11/18	12:00	11/19	8:00	11/19	8:00	6	11/19	12:00	30	1	30
9	36	11/18	12:00	11/19	8:00	11/19	8:00	6	11/19	12:00	30	3/4	40
10	36	11/18	12:00	11/19	8:00	11/19	8:00	6	11/19	12:00	30	3/4	40

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 40 MIN/IN

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 3/11/03 Soil looks pretty clayey. J.C.H.

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date NOVEMBER 20, 2002

FORM 23-101 10-96

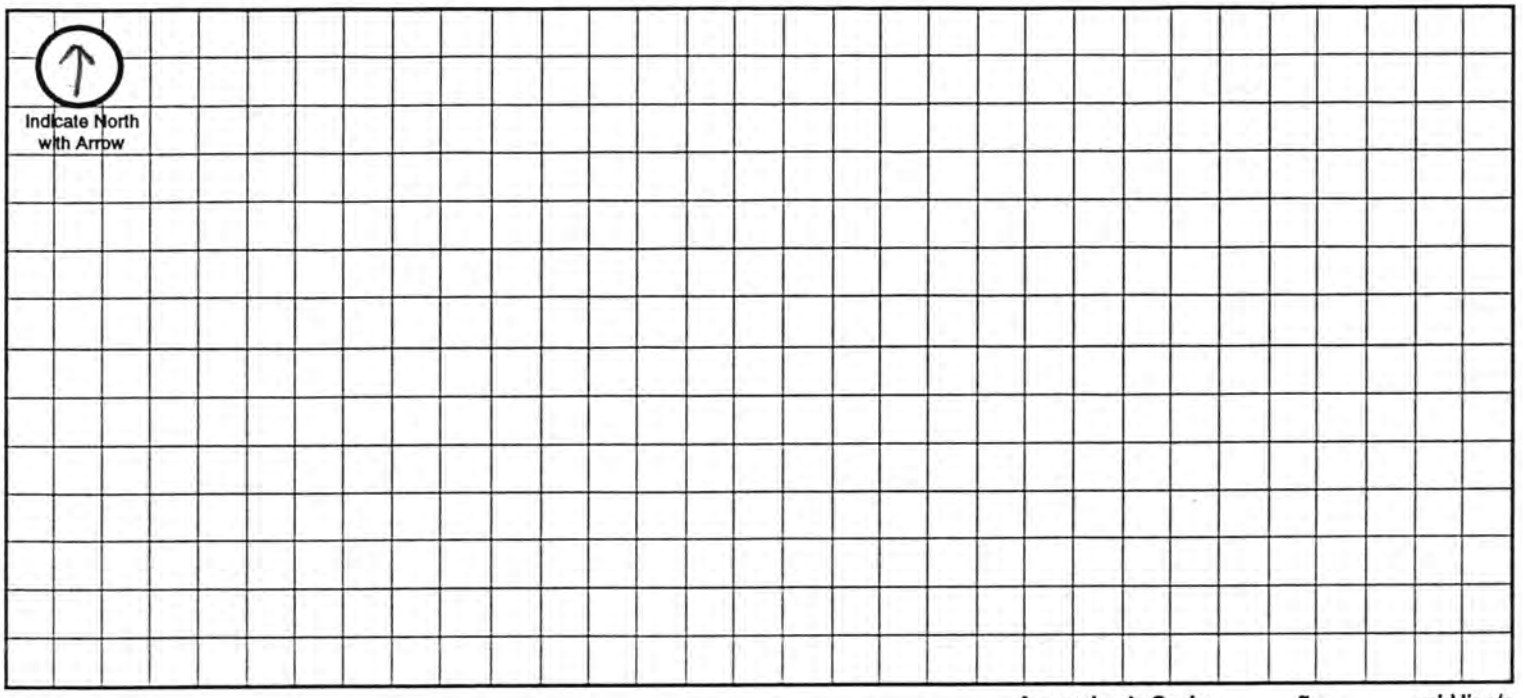
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 6000 Kiowa Rd City Mantell NE, Zip 68404

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: _____ sq. ft.

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

Capacity of Septic Tank _____ 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

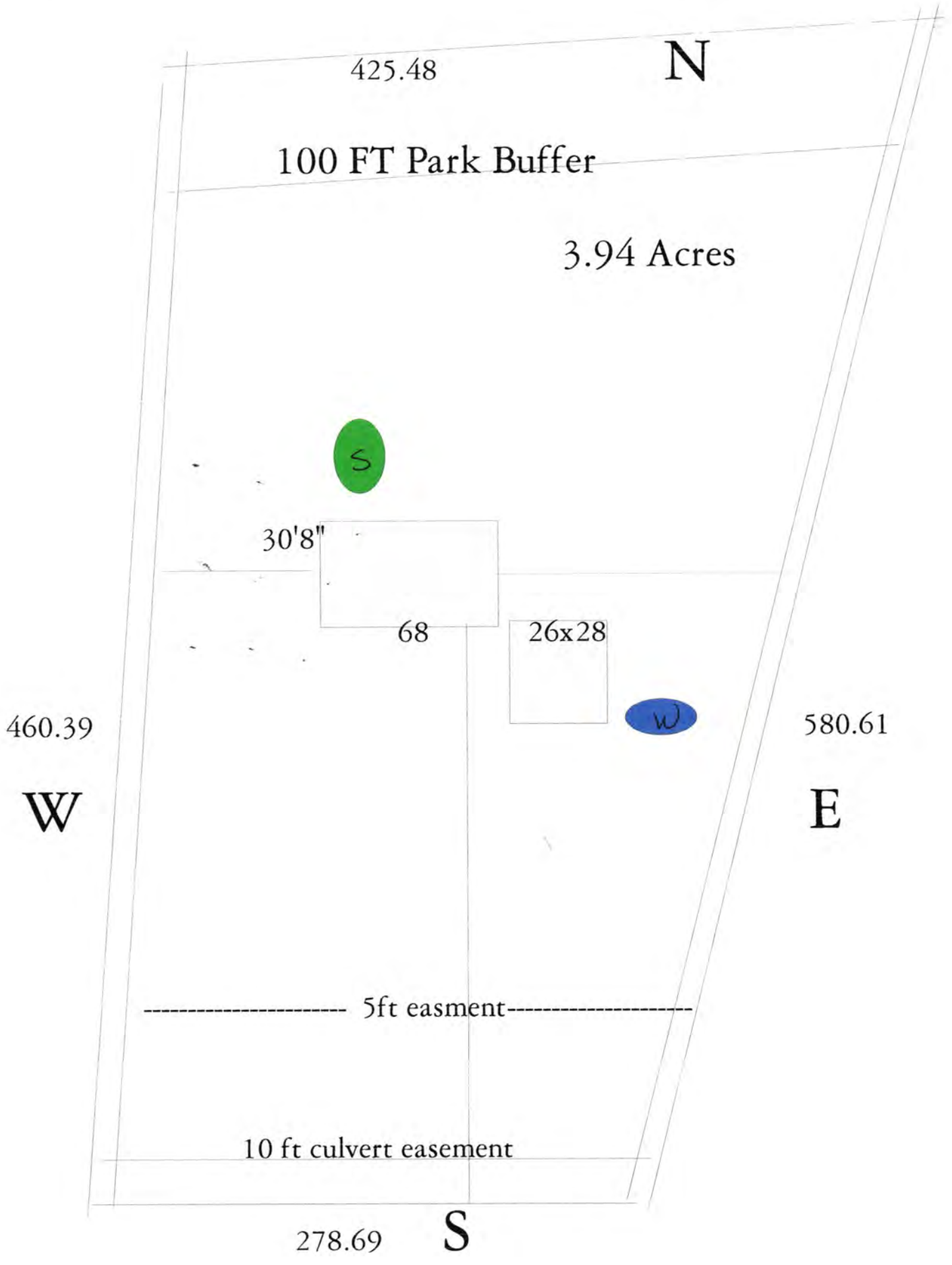
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor PRE-BUILT Date _____

Installer Gordon Lubs Date 11-15-2002

FORM 23-102 10-96


425.48
N
100 FT Park Buffer
3.94 Acres
S
30'8"
68
26x28
W
460.39
580.61
W
E
5ft easment
10 ft culvert easement
278.69
S

Field note 3/25/03 D.F.

