Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380214701

Issued 02/07/00
Expires 08/07/00
Revenue Code 3157

FEES: $150.00

Establishment

DAVID TRUTTMANN
T9N R5E SEC 13
TIMBERLINE ESTS-1ST BLK 1 LOT 7
6601 CARDINAL COVE CT-DENTON

TOTAL: $150.00

Permitee

DAVID TRUTTMANN
6601 CARDINAL COVE CT
DENTON NE 68339

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011675

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

A

Permit Number: 003802147

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 6601 CARDINAL COVE CT (no rural route) City DENTON NE, Zip 68339

Legal Description LOT 7, BLOCK 1 TIMBERLINE ESTATES 1ST ADDITON 1 7
1/4 1/4 Section 13 Township 9N Range 5E 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 DAVID TRUTTMANN Signature Dave Truttmann

Address 6601 CARDINAL COVE CT City/State/Zip DENTON, NE 68339

☐ Check if owner designed system Home Phone _____ Work Phone _____

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 Clint Presnell Firm Wellmann Plumbing Work Phone 434-2400

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 2/7/00 Date frwd 2/7/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/7/00 Date frwd 2/7/00 ACTION ☒ Approved ☐ Disapproved Signature _____ (see map)
3. **City or County Engineer** Date rec'd 02/07/00 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

Construct Septic & Leech Field Above Flood Plain Of Tributary Creek In Back Yard

Subject To Conditions To Left

Installation Final Written Approval

4-12-00, mm

By Ron Maynard

Date 4-13-00

Business Office Use Only
Date Rec'd 2/7/00
Amt Paid $150.00
Rec'd By CW Cash/Check No. No # CW.

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

B

Permit Number: 003802147

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address LOT 7 Cardinal Cove CT City _____ NE, Zip 68339
(no rural route)

Owner DAVID TRUITMANN Addresss 6601 CARDINAL COVE CT. DENTON, NE. 68339

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

Date of Tests 1/17/00 to 1/18/00 Weather: Precipitation 0 Temperature 45

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	1/17	6:30	1/18	1:00	1/18	1:00	6	1/18	5:00	30	2	15.
2	36	1/17	6:30	1/18	1:00	1/18	1:00	6	1/18	5:00	30	1	30.
3	36	1/17	6:30	1/18	1:00	1/18	1:00	6	1/18	5:00	30	½	60
4	36	1/17	6:30	1/18	1:00	1/18	1:00	6	1/18	5:00	30	1	30.
5	36	1/17	6:30	1/18	1:00	1/18	1:00	6	1/18	5:00	30	2	15.
6	36	1/17	6:30	1/18	1:00	1/18	1:00	6	1/18	5:00	30	½	60.
						1/1-							

Person Conducting Percolation Tests

Name: TOM BURT Design Associates

Phone: _____

Address _____

Sum of Percolation Rates: 210

Average of Rates: > 20 min/in Variation

Rate Used for Calculation: 60 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Wymore or Thorpsburg soil type

Signature of Reviewing Official Ron Mayer Date 2-3-00

FORM 23-101 10-96

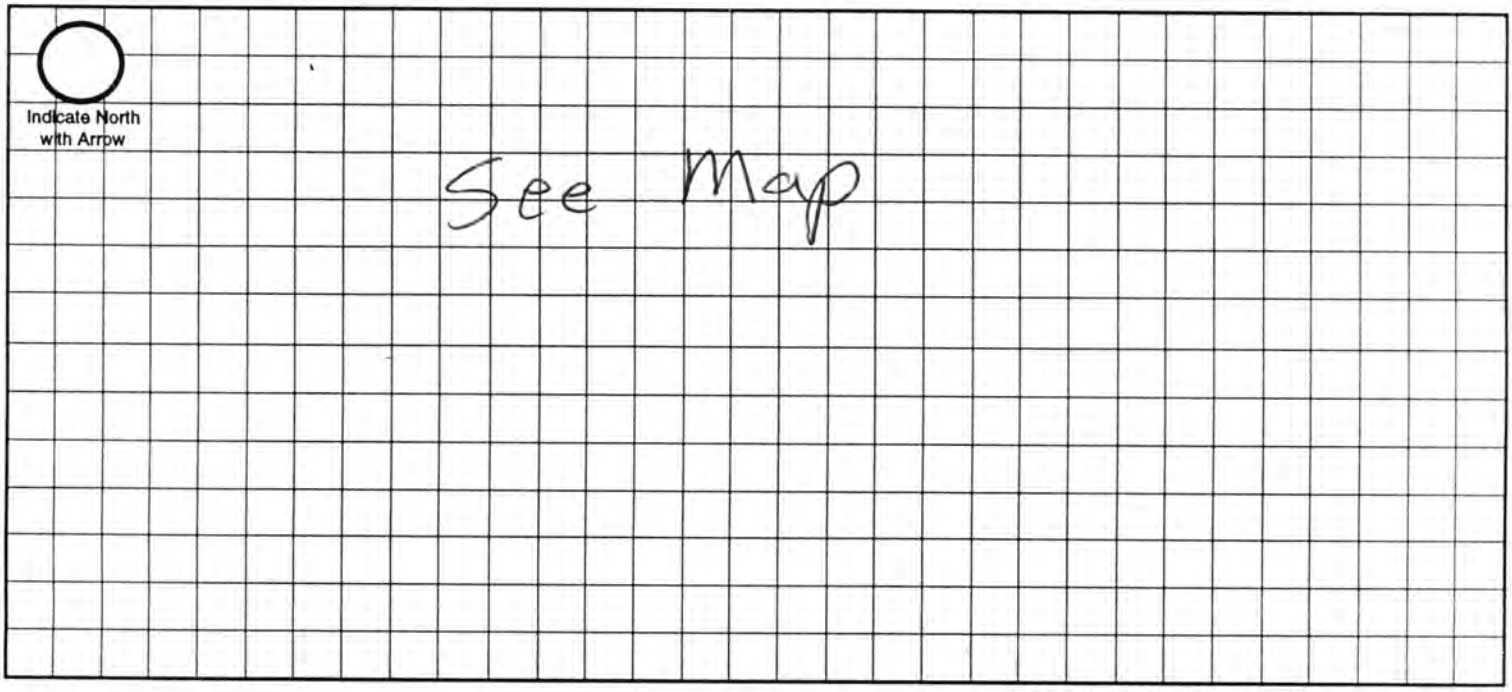
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0038 02/47

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) 6601 Cardinal Cove Ct City Denton NE, Zip 68339

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 / Sharpsburg Land Slope: 1.5 %

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

Total Square Feet of Field Required: 1320 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 5

Total Length of Laterals 440 ft. Number of Trenches 5 Trench Width 36"

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

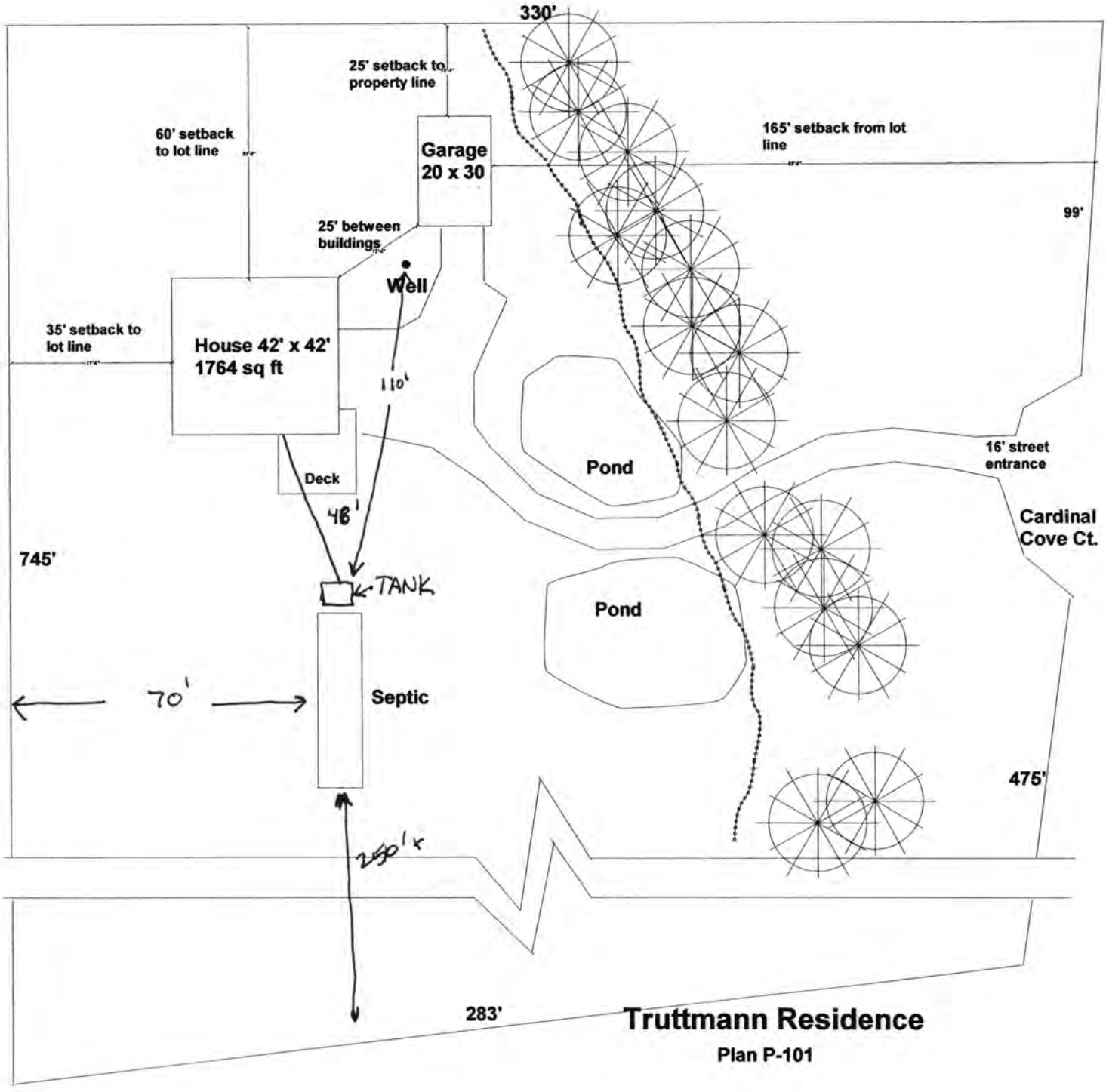
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor Don Stuff Date 2-3-00

Installer Cliff Stuff Wellmann Plumbing Date 2-3-00

FORM 23-102 10-96


330'
25' setback to property line
60' setback to lot line
Garage 20 x 30
165' setback from lot line
99'
25' between buildings
Well
35' setback to lot line
House 42' x 42' 1764 sq ft
110'
Deck
46'
Pond
16' street entrance
Cardinal Cove Ct.
745'
TANK
Pond
70'
Septic
475'
283'
Truttmann Residence
Plan P-101

Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
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D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 4-11-00

System Location (Indicate correct number and street)

Address 6601 Cardinal Cove Ct (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: SC 2241
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 50 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line No well ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☑ below grade 4 in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line More than 20 ft.

C. Distribution Box (Drop Boxes)

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

D. Absorption Field

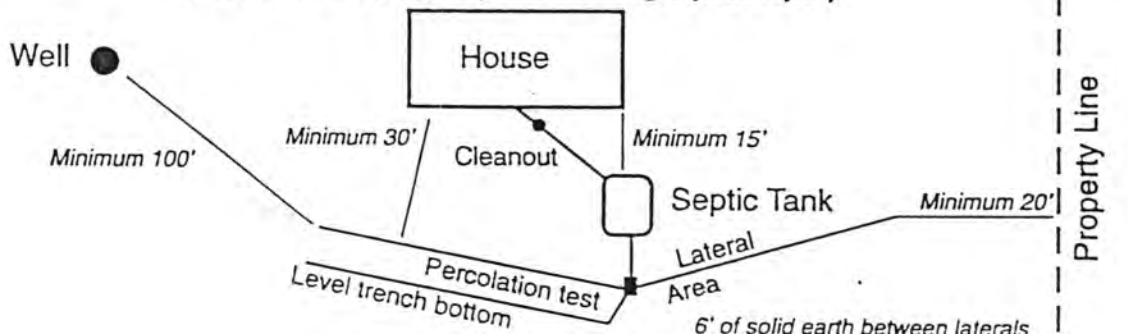
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 100 ft. 100 ft.
   100 ft. 100 ft., 40 ft.
3. Trench dimensions: Width 3 ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: Gravel
   Depth of material _____ in.
5. Distances to: Well or suction line No well ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

