Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

004979

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 04380282701

Issued: 05/07/04
Expires: 11/07/04
Revenue Code: 3157

Establishment:
DUANE REINER
T9N R5E SEC 13
TIMBERLINE ESTATES BLK 1 LOT 3
6601 ALPINE RD

FEES: $200.00

Permittee:
DUANE REINER
5600 S 48 ST
LINCOLN NE 68516-4183

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380282701

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 Alpine Rd (no rural route) City Lincoln NE, Zip _____

Legal Description 13 9N 5E Lot 3 Block 1 Timberlinetts
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 Duane Reiser Signature _____

Address 5600 So 48 City/State/Zip 68516

☐ Check if owner designed system Home Phone 580 9502 Work Phone 423 1567

C. Contractor

Name _____ 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 Scott Haes Firm Haes Contracting Inc Work Phone 499 - 1166

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 5/7/04 Date frwd 5/7/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/7/04 Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5/7/04 Date frwd 5/7/04 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By ~~Haes~~ Ron Maynard

Date 1-14-05

Business Office Use Only

Date Rec'd 05/07/04

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 3655

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

1200.00 Approved

Sent to Denton Water Dept

B

Permit Number: 043802827

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6601 Alpine Rd. (no rural route) City Denton NE, Zip _____

Owner _____ Address _____

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

Date of Tests 10/7/03 to 10/8/03 Weather; Precipitation 0 Temperature 80

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	10/7	11:30	10/8	9:00	10/8	9:00	6	10/8	9:30	30	1/4	120
2	36	10/7	11:30	10/8	9:00	10/8	9:00	6	10/8	9:30	30	1/4	120
3	36	10/7	11:30	10/8	9:00	10/8	9:00	6	10/8	9:30	30	1/4	120
4	36	10/7	11:30	10/8	9:00	10/8	9:00	6	10/8	9:30	30	1/4	120
5	36	10/7	11:30	10/8	9:00	10/8	9:00	6	10/8	9:30	30	1/4	120
6	36	10/7	11:30	10/8	9:00	10/8	9:00	6	10/8	9:30	30	1/4	120

Person Conducting Percolation Tests

Name: Tom Burt Design Associates

Phone: _____

Address: _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

580-950

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks: MUST BE SEALED

Signature of Reviewing Official: Jerrold C. Hood R.E.H.S. Date MAY 7, 2004

FORM 22-101 10-98

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

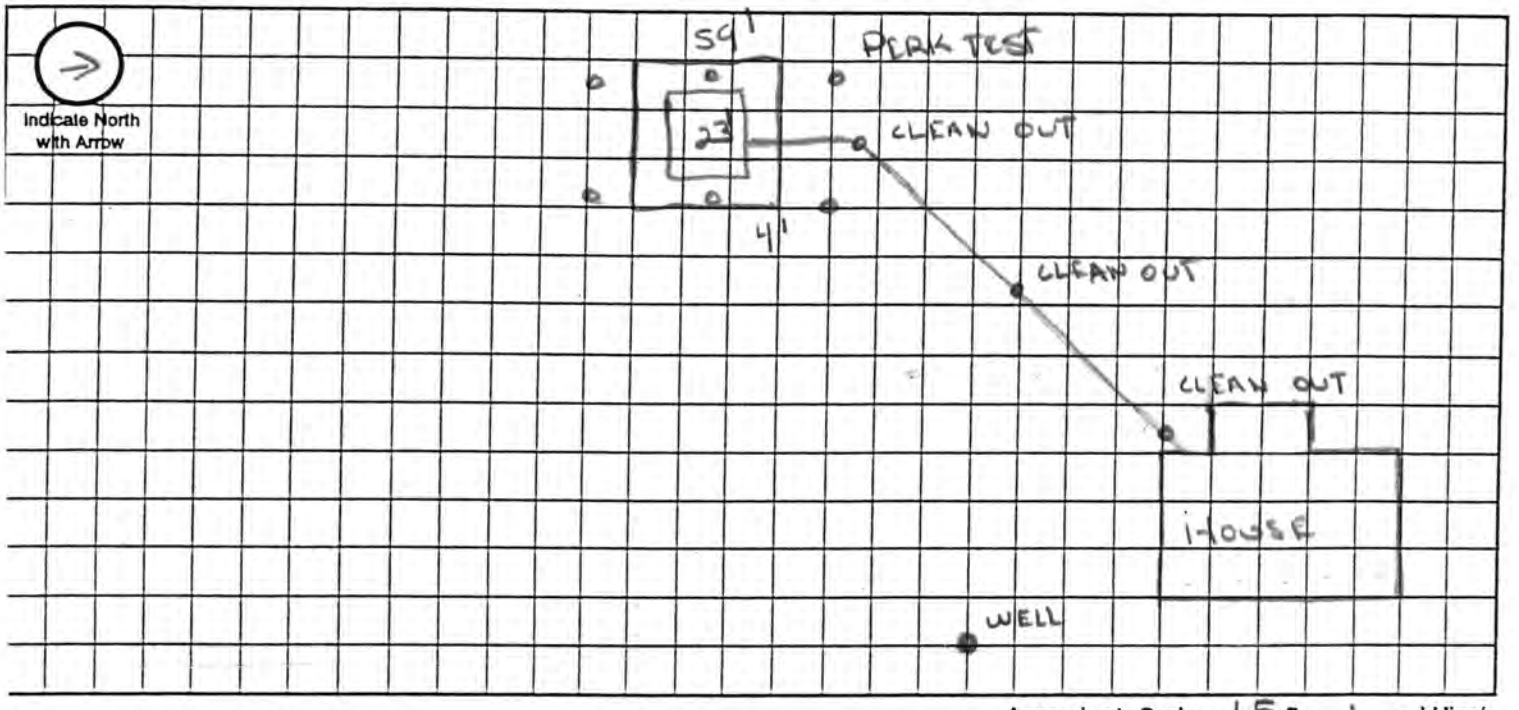
C

Permit Number: 04380282 7

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: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6601 Alpine Rd City Lincoln NE, Zip _____

B. Proposed Septic Tank/s N/A

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 Reimer Const. Inc. By _____ Date 5-6-04

Installer _____ Date 5-6-04

RM 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 _____

System Location (Indicate correct number and street)

Address 6601 Alpine Rd (no rural route) City LINCOLN NE (DENTON) NE, Zip 6

A. Building Sewer

1. Material: PVC
   Diameter: 4 IN. SCH 40 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 2 FT. in.
3. Distance between dwelling and septic tank: 42 FT ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 105 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 78 ft.

B. Septic Tank

1. Material: PRECAST CONCRETE
   Number of compartments: 3
2. Capacity: 1750 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☒ below grade 2-6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 138 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 78 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 90 ft.

D. Absorption Field

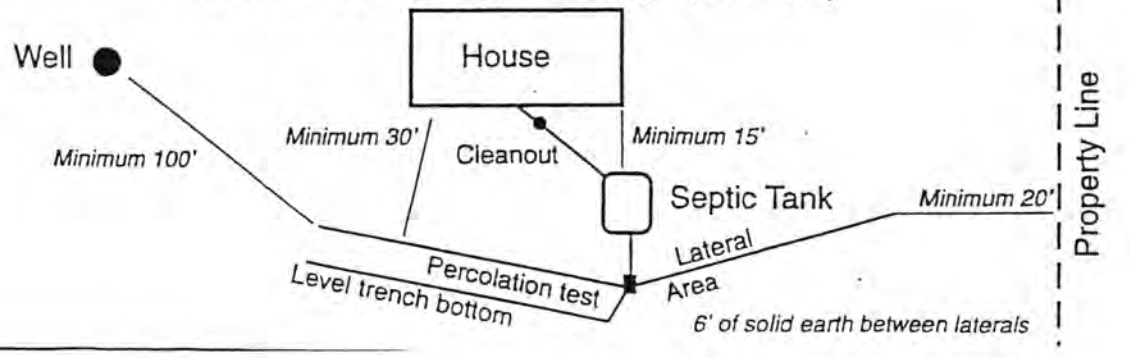
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other EQUALIZER
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   91 ft. 91 ft., _____ ft.
3. Trench dimensions: Width 5 FT ft.
   Slope LEVEL in/100 ft.
   Average depth 24-36 in
4. Filter material: FILL SAND
   Depth of material 24-36 in.
5. Distances to: Well or suction line 135 FT. ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

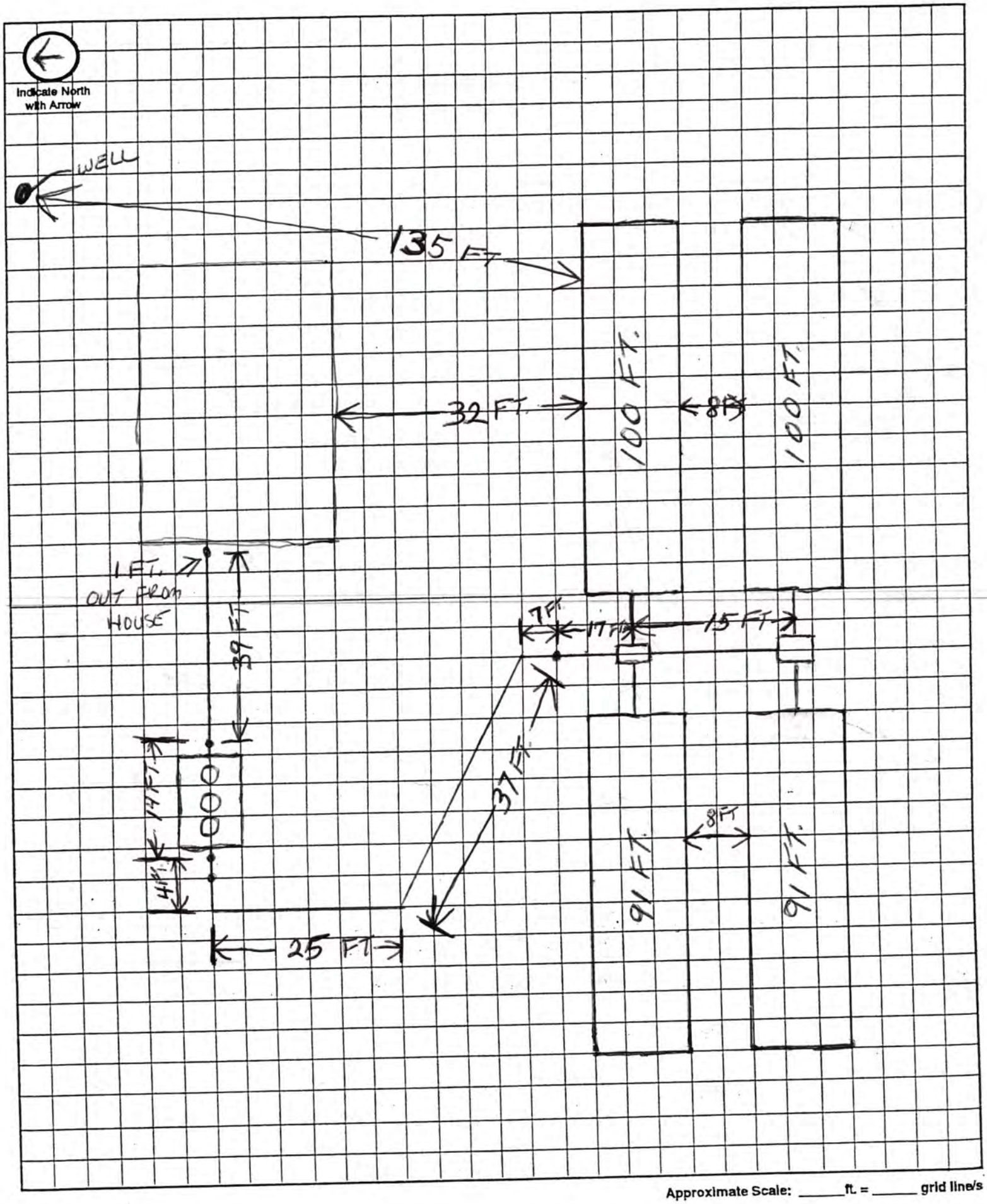
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

Nebraska Department of Environmental Quality

FOR NDEQ USE ONLY	
PERMIT NUMBER:	
APPROVED BY:	
DATE APPROVED:	

FORM B

APPLICATION FOR CONSTRUCTION / OPERATING PERMIT FOR A SEPTIC SYSTEM

(PLEASE PRINT OR TYPE)

Revised 12/4/2001

A. Owner Information:

Owner: Duane Reiner (Name)

Owner: (Signature)

Street, P.O. Box, or Route: _____ City: _____

State: _____ Zip: _____ Phone (Home): _____ / (Work): _____

B. Engineer Information:

Designer: Jeremy Williams, P.E. (Name) Design Associates of Lincoln, Inc. (Firm) 402-474-3000 (Phone (Work))

C. System Location:

Legal Description of Lot: 13 (Section) 9N (Township) 5E (Range) SW (1/4) SE (1/4) Timberline Estates (Subdivision) 1 (Block) 3 (Lot#)

County: Lancaster Have you checked on the need for a Local Permit? [X] Yes No [ ]

[ ] Check here if system mailing address is not the same as the owners and complete mailing information

System mailing Address: 6601 Alpine Road (Street, P.O. Box, or Route) Denton (City) NE (State) 68339 (Zip)

D. This System Will Serve A:

[X] Dwelling

Number of Bedrooms: 5

Is There a Whirlpool Bathtub: [X] Yes [ ] No

[ ] Establishment (name) _____

Design Flow in Gallons per day: _____

Type of Wastewater: [ ] Domestic [ ] Non-Domestic

E. Septic Tanks:

Number of Tanks in Series: 1 Tank Size (gallons) 1750 (1st) _____ (2nd) _____ (3rd) _____ (4th) _____ (5th)

F. Absorption system: (See Attachment C for Percolation Information)

Percolation Rate: 120 (min. per inch) Soil Type: WtC2 Land Slope: 6 %

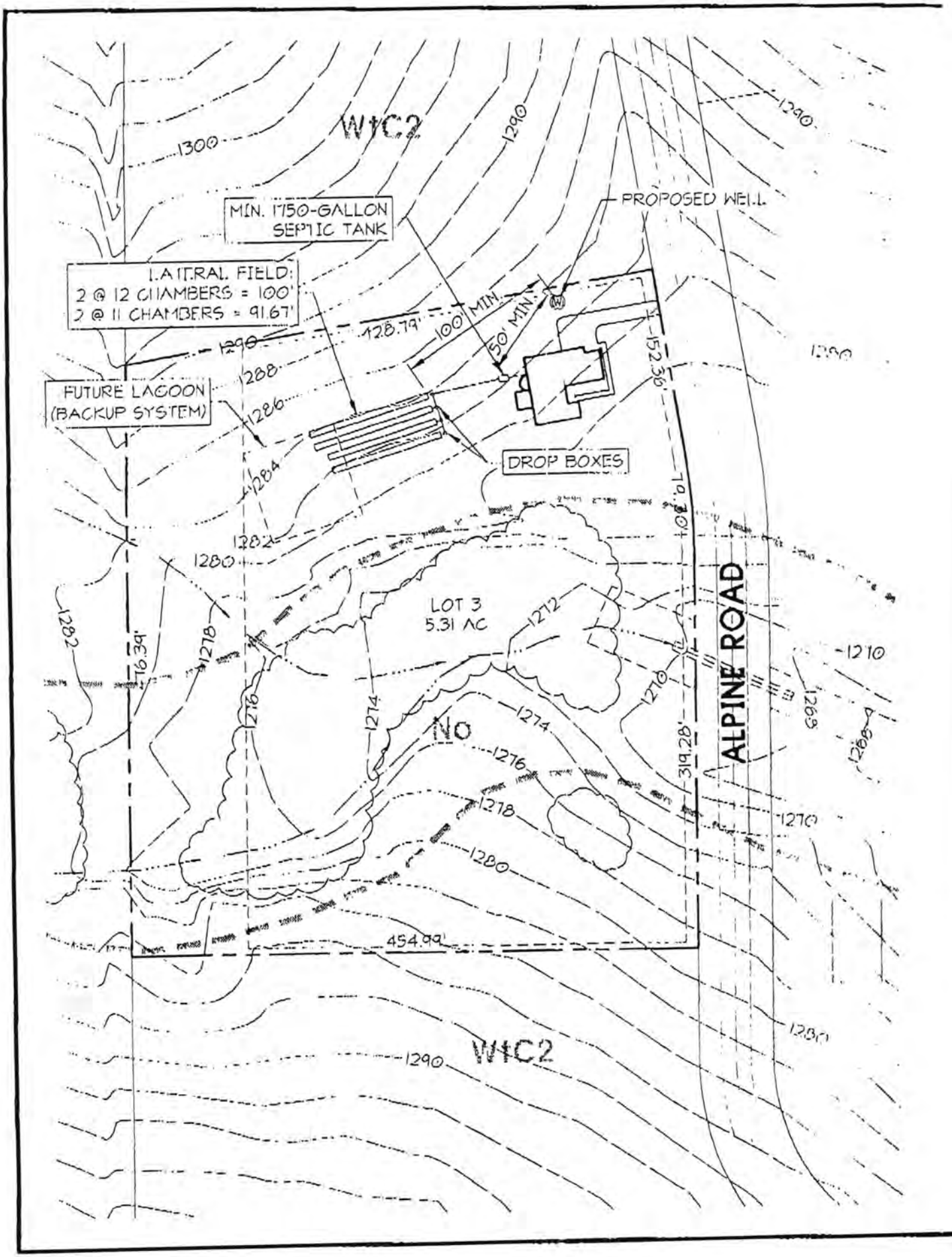
Type of Absorption System: [X] Trench [ ] Bed [ ] Other _____

Total Square Feet of Field Required: 1915 (ft. sq.) Square Feet Proposed: 1917 (ft. sq.)

Type of Lateral: [ ] Half-Moon [ ] Perforated Pipe [ ] Gravelless [X] Other Lateral Material: see plans

G. Setbacks: Check the Boxes Below If the Required Setback Has Been Satisfied: Chapter 5

Distance From	Private Well	Public Well 500	Public Well 1000	Surface Water	Ground Water	Pressure Water lines	Property Lines	Foundations	CLASS I
Tank (ft)	50 [X]	[ ]	[ ]	50 [X]	NA [ ]	25 [ ]	5 [X]	Yours [X]	CLASS II [ ]
Field (ft)	100 [X]	[ ]	[ ]	50 [X]	4 [ ]	25 [ ]	5 [X]	Neighbors [X]	CLASS III [ ]


WtC2
1300
1290
1290
PROPOSED WELL
MIN. 1750-GALLON SEPTIC TANK
LATERAL FIELD:
2 @ 12 CHAMBERS = 100'
2 @ 11 CHAMBERS = 91.67'
128.79'
100' MIN.
50' MIN.
152.36'
1290
1288
1286
1284
FUTURE LAGOON (BACKUP SYSTEM)
DROP BOXES
79.60'
1282
1280
LOT 3
5.31 AC
1272
1282
76.39'
1278
1276
1274
NO
1274
1276
1278
1280
319.28'
ALPINE ROAD
1270
1269
1268
1210
454.99'
1290
WtC2

(A)

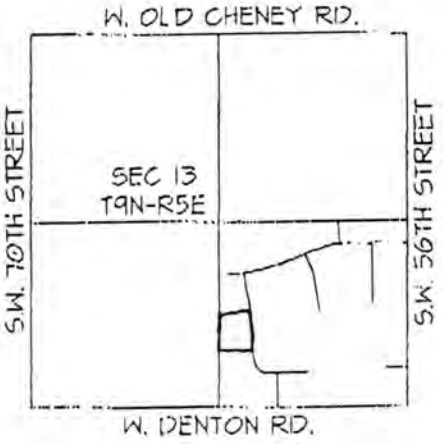
25 OCT 2004

6601 ALPINE ROAD

DENTON, NEBRASKA

LEGAL:

LOT 3, BLOCK 1 TIMBERLINE ESTATES
SW 1/4, SE 1/4, SEC. 13 T9N R5E
LANCASTER COUNTY, NEBRASKA



N

VICINITY MAP

NOT TO SCALE

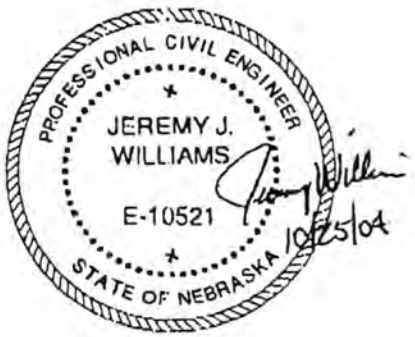
GENERAL NOTES:

1. ALL WORK SHALL CONFORM TO TITLE 124 - RULES AND REGULATIONS FOR THE DESIGN, OPERATIONS AND MAINTENANCE OF ON-SITE WASTEWATER TREATMENT SYSTEMS.

2. THE ON-SITE WASTEWATER TREATMENT SYSTEM SHALL BE INSTALLED BY A CERTIFIED ON-SITE WASTEWATER PROFESSIONAL.

3. IT MAY BE NECESSARY TO ADJUST THE ORIENTATION OF THE LATERALS SO THAT THE MINIMUM (1.5FT) AND THE MAXIMUM (3.0FT) DEPTHS ARE NOT EXCEEDED.

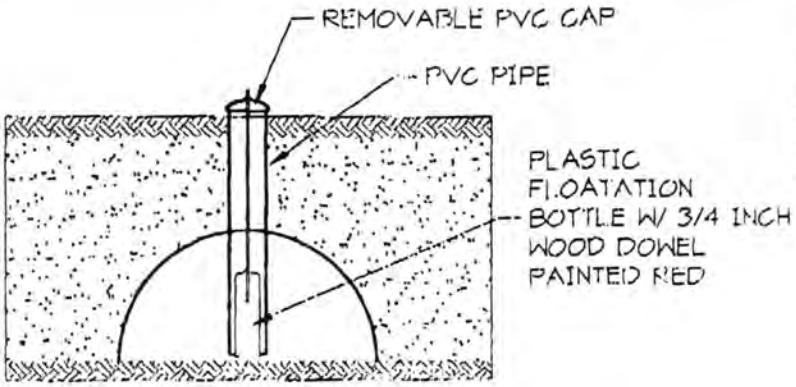
4. IT IS RECOMMENDED THAT A WATER METER BE INSTALLED ON THE WATER SUPPLY LINE SO THAT THE OWNER CAN MONITOR WATER USAGE AND ENSURE THAT NO MORE THAN 400 GALLONS PER DAY IS BEING USED.



ON-SITE WASTEWATER TREATMENT SYSTEM

PERSHING SQUARE
1509 "A" STREET
LINCOLN NEBRASKA 68508
voice: 402/474-3000
fax: 402/474-4045
dasspsc@inebsky.com
DESIGN ASSOCIATES OF LINCOLN, INC

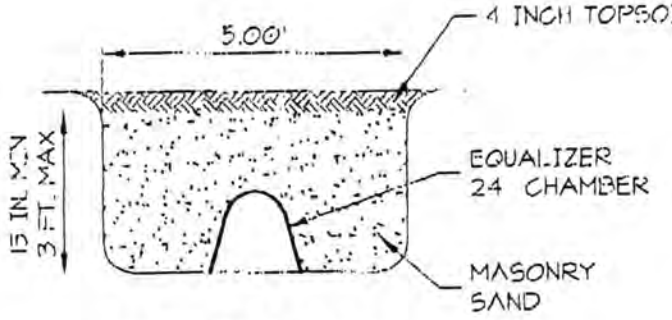
(B)



PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10521
STATE OF NEBRASKA

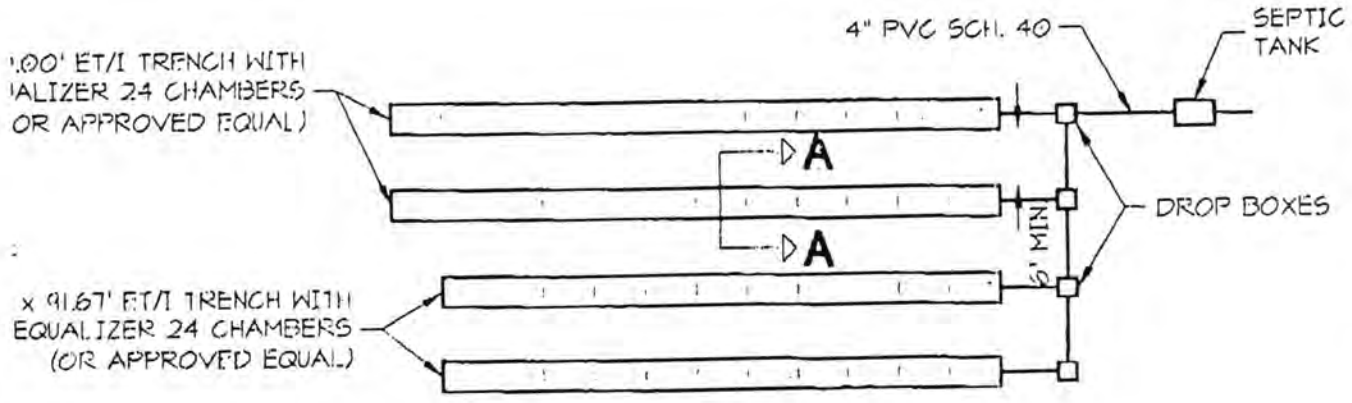
HIGH WATER INDICATOR

NO SCALE (REQUIRED ON END OF EACH LATERAL)



SECTION A-A

NO SCALE



EVAPOTRANSPIRATION/ INFILTRATION TRENCH PLAN

NOT TO SCALE

25 OCT 2004

6601 ALPINE ROAD

DENTON, NEBRASKA

ON-SITE WASTEWATER TREATMENT SYSTEM

DESIGN ASSOCIATES OF LINCOLN, INC
PERSHING SQUARE
1609 'N' STREET
LINCOLN NEBRASKA 68508
voice 402/474-3003
fax 402/474-4045
designassoc@inebraska.com

2 OF 2

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN LANCASTER COUNTY ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00 Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 6601 Alpine Rd

Parcel ID 03-13-404-003-000 (i.e. 99-99-999-999-999)

Twp 9N Range 5E Section 13 1/4 1/4 Block 1 Lot 3 Addition TIMBERLINE ESTATES

Directions to Property Denton Rd west to SW 60th North to Alpine Rd

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System SW Corner of Lot Year Installed _____

Site Hazards (dogs, etc.) NONE - Home is Incart New Construction

	NAME	ADDRESS	PHONE
Present Owner:	Reiner Construction	5600 S. 48th	
Tenant/Buyer	Tim & Nancy Coles	3 Muirfield Ct Frisco TX 75034	469-384-3109
Return to:	Holly Wood	7141 A St Lincoln, NE 68510	580-9847 434-3801 (Fax)

X Signature of Applicant [signature] X Address 3 Muirfield Ct Frisco, TX 75034 X Date 9/27/05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10/5/05 Amount $200.00 Check No. 2191 Initials [initials]

DATA ENTRY Date ___/___/___ Case No. _____ Initials _____

PRELIMINARY STATUS--By [signature] DATE: 10/7/05

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: _____

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ SEWAGE DISPOSAL SYSTEM: Approved ☒ (New System) Provisional Approval ☐

Approved by [signature] Date 10/18/05

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

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 _____

System Location (Indicate correct number and street)

Address 6601 Alpine Rd (no rural route) City LINCOLN NE (DENTON) NE, Zip 6

A. Building Sewer

1. Material: PVC
   Diameter: 4 IN. SCH 40 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 2 FT. in.
3. Distance between dwelling and septic tank: 42 FT ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 105 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 78 ft.

B. Septic Tank

1. Material: PRECAST CONCRETE
   Number of compartments: 3
2. Capacity: 1750 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☒ below grade 2-6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 138 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 78 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 90 ft.

D. Absorption Field

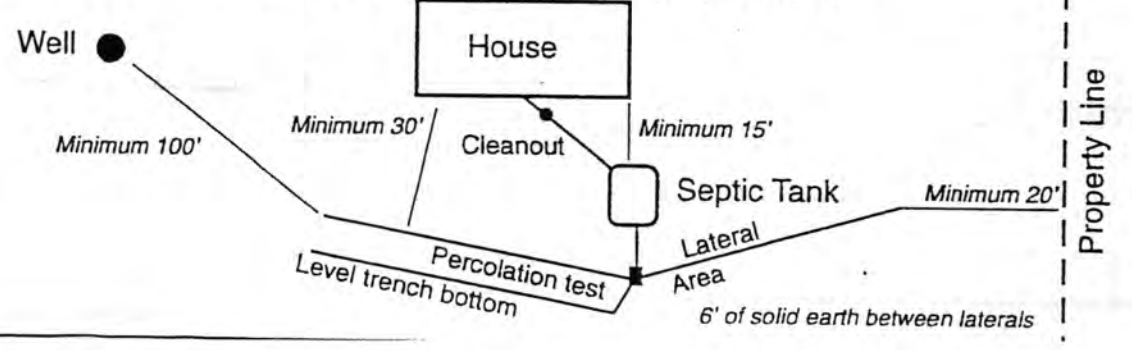
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other EQUALIZER
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   91 ft. 91 ft., _____ ft.
3. Trench dimensions: Width 5 FT ft.
   Slope LEVEL in/100 ft.
   Average depth 24-36 in
4. Filter material: FILL SAND
   Depth of material 24-36 in.
5. Distances to: Well or suction line 135 FT. 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