Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380207201

Issued 08/24/99
Expires 02/24/00
Revenue Code 3157

Establishment

SCOTT FERRELL
T9N R5E SEC 13
TIMBERLINE ESTS-1ST BLK 1 LOT 9
6510 S RAVEN RIDGE RD-DENTON

FEES: $150.00

Permitee

SCOTT FERRELL
5509 NW 10 ST
LINCOLN NE 68521

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010897

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

A

Permit Number:

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 6510 SOUTH RAVEN RIDGE RD. City DENTON NE, Zip

(no rural route) 13 9N 5E

Legal Description ~~LOT 9, BLOCK 1~~ TIMBERLINE ESTATES FIRST ADDITION 1 9

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 SCOTT FERREL Signature

Address 5509 NW 10 TH City/State/Zip LINCOLN, NE 68521

☐ Check if owner designed system Home Phone 476-6803 Work Phone

C. Contractor

Name DAN LOECK Company Name LOECK DESIGNS

Address 731 YUKON CT City/State/Zip LINCOLN, NE 68521

☐ Check if contractor designed system Work Phone 441-1200 450-1500 MBL

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

Designer Name LARRY SCHWANCK Firm Work Phone 489-7294

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 8/16/99 Date frwd 8/19/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/19/99 Date frwd 8/19/99 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 08/19/99 Date frwd ACTION ☒ Approved ☐ Disapproved Signature

9-15-99 mm, Need drawing OK

Installation Final Written Approval

By Ron Maynard

Date 9-20-99

Business Office Use Only

Date Rec'd 08/16/99

Amt Paid 150.00

Rec'd By LS ~~Cash~~/Check No. 8914

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

Lincoln-Lancaster County Health Department
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B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

Timberridge

PLEASE PRINT OR TYPE

Legal Descr:

System Location (Indicate correct number and street)

Address X Lot 9, Block 1 Timberline Estates (no rural route) City DENTON NE, Zip

1ST ADD

Owner Scott Ferrell Addresss

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

Date of Tests 3-30 to 3-31-99 Weather: Precipitation — 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	30"	3-30	7:30	3-31	7:30	3-31	10:30	11 3/4	3-31	11:00	30	3/4	
2								17 1/2			30'	3/4	
3								14 3/4				1 1/4	
4								13 1/4				1 1/2	
5								16 1/2				1 1/8	
6								17 1/2				1/2	
7								14				1/8	

Person Conducting Percolation Tests

Name: Larry Schwarck

Phone: 489-7294

Address 8200 old cheney Rd.

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

C

Permit Number:

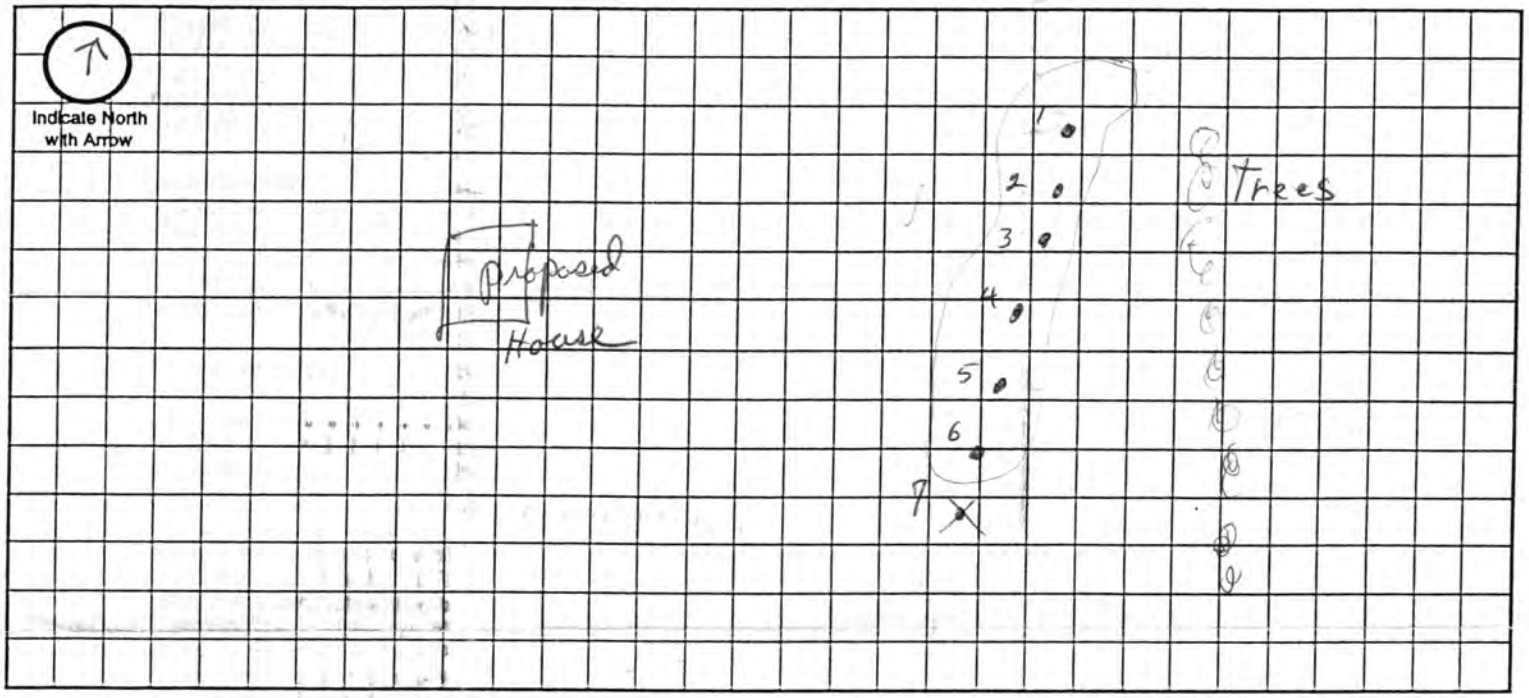
Legals:

Timberridge

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) Lot 9, BLOCK 1 Timberline Estates 1ST ADD City Denton 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: _____ Land Slope: 4-6 % %

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

Total Square Feet of Field Required: 990 sq. ft.

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

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

Total Length of Laterals 247 ft. Number of Trenches _____ Trench Width 4

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 X D L R Lh Date 8/18/99

Installer Larry Schwarck Date 4-1-99

FORM 23-102 10-96

SEP 2 0 1999

D

Permit Number:

Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

Don Loach

Sewage Disposal System

As Built Plans & Specifications

Date 9-15-99

System Location (Indicate correct number and street)

Address 6510 Raven Ridge Ct Timberline 1st Add City Lincoln NE, Zip

6510 Raven Ridge Ct (no rural route)

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 38' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Precast
   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 _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8" in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 20½ x 12½ ft.

D. Absorption Field

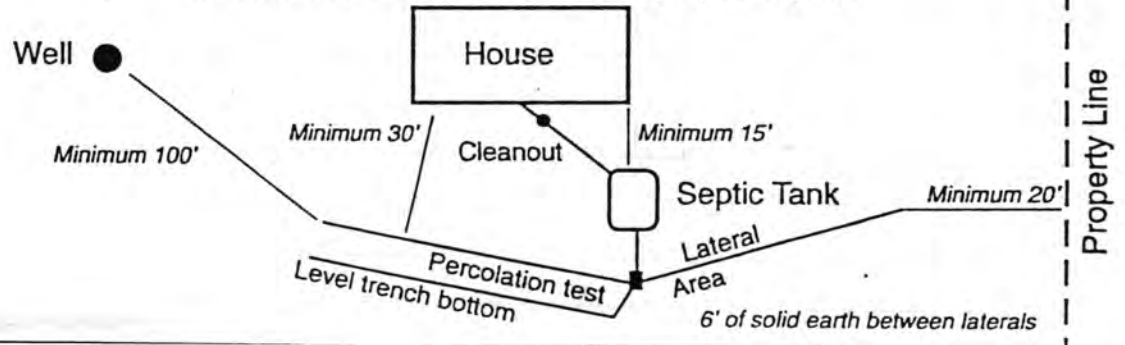
(Provide as-built drawings on back of this form)

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

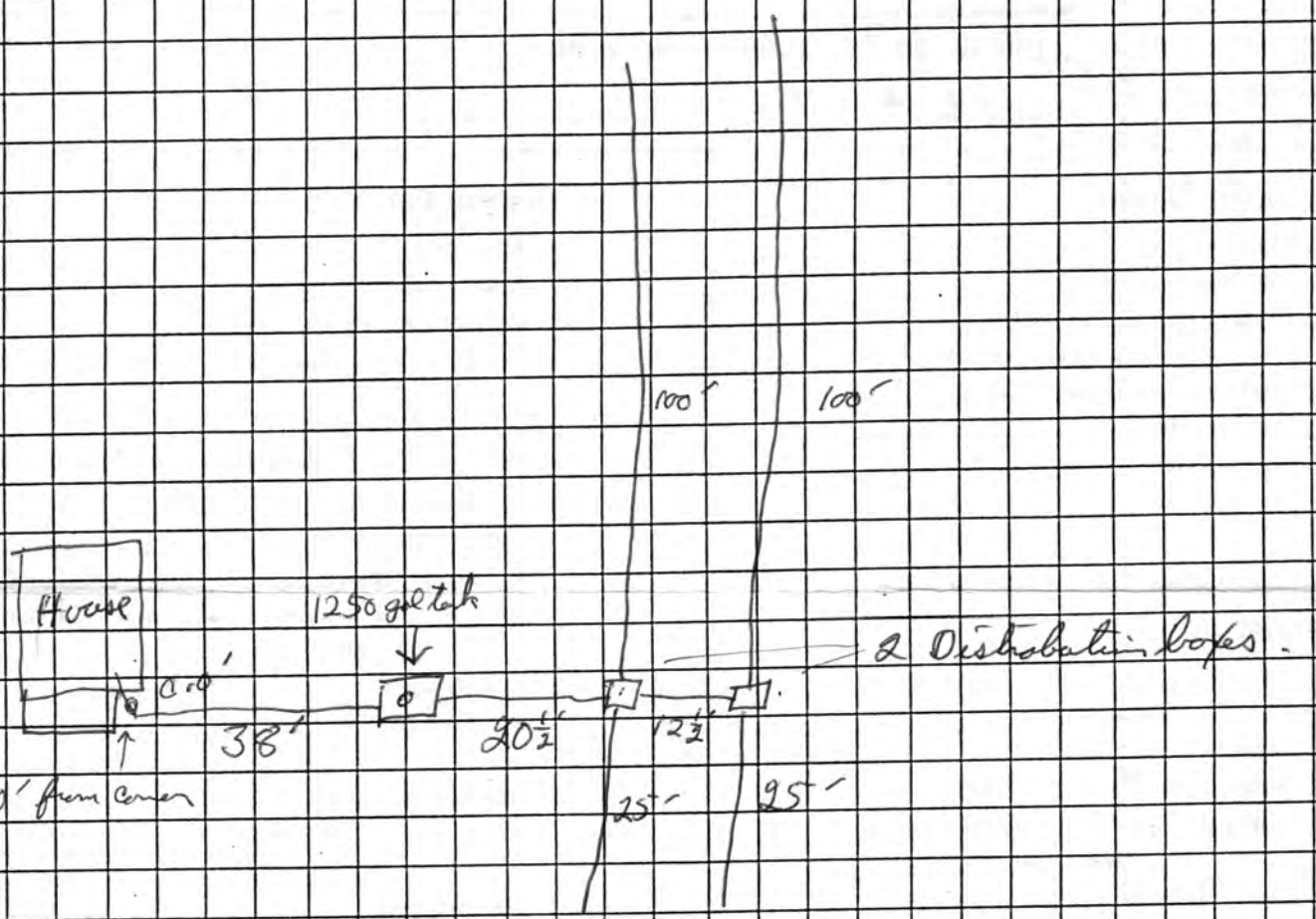


FORM 23-103 10-96

As Built Drawing

by Larry Schwarck 6510 Raven Ridge Ct
9-15-99 - for Don Loesch Timberline 1st Add.

Indicate North with Arrow



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