Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
LAGOON

Establishment
JIM & JEAN MCKINNON
T9N R5E SEC 13
TIMBERLINE ESTS-1ST BLK 1 LOT 10
5901 PINE KNOT DR

Permittee
JIM & JEAN MCKINNON
4923 S 54 ST
LINCOLN NE 68516

Permit # 01380241601

Issued 12/19/01
Expires 06/19/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000360

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

A

Permit Number: 013802416

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 5901 PINE KNOT DR. City LINCOLN NE, Zip 68523
(no rural route)

Legal Description 13 9N 5E TIMBERLINE EST. 1ST 1 10
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 – not at Present

B. Owner

Name Jim - Jean McKinnon Signature _____

Address 4923 SO. 54th City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone 421-2145 Work Phone (Jean) 421-5632

C. Contractor

Name Mike Rezac Company Name Rezac Construction Inc

Address 140 N. 1ST St, Suite A City/State/Zip Lincoln NE 68508

☐ Check if contractor designed system Work Phone 477-8844 or 890-3180

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

~~Designer~~ Name Dave Vogt Firm Vogt Excavating Work Phone 560-4267

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 12-19-01 Date frwd 12-19-01 **ACTION** ☒ Approved ☐ Disapproved Signature Ron Mayhew
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-27-01 Date frwd 12-27-01 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12/27/01 Date frwd 12/27/01 **ACTION** ☒ Approved ☐ Disapproved Signature _____

6/25/02 System inspected – Need drawing

Installation Final Written Approval

By Doug Andreh

Date 10/24/02

Business Office Use Only

Date Rec'd 12/19/01

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 22181

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

B

Permit Number: 013802416

Lincoln-Lancaster County Health Department
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Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Pine Knot Dr (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Soil Type (SCS): Clay Percolation Rate: 120 min./inch

Date of Tests 11-2-01 to 11-3-01 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	30	11-2	10:00	11-3	11:00	11-3		6	11-3		30	1/4	120
2	30	11-2	10:00	11-3	11:00	11-3		6	11-3		30	1/4	120
3	30	11-2	10:00	11-3	11:00	11-3		6	11-3		30	1/4	120
4	30	11-2	10:00	11-3	11:00	11-3		6	11-3		30	1/4	120
5	30	11-2	10:00	11-3	11:00	11-3		6	11-3		30	1/4	120
6	30	11-2	10:00	11-3	11:00	11-3		6	11-3		30	1/4	120

Sum of Percolation Rates: 720
Average of Rates: 120
Rate Used for Calculation: 120

Person Conducting Percolation Tests

Name: Dave Vogt
Phone: 560-4267
Address: P.O. Box 181
Elmwood, NE 68349

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

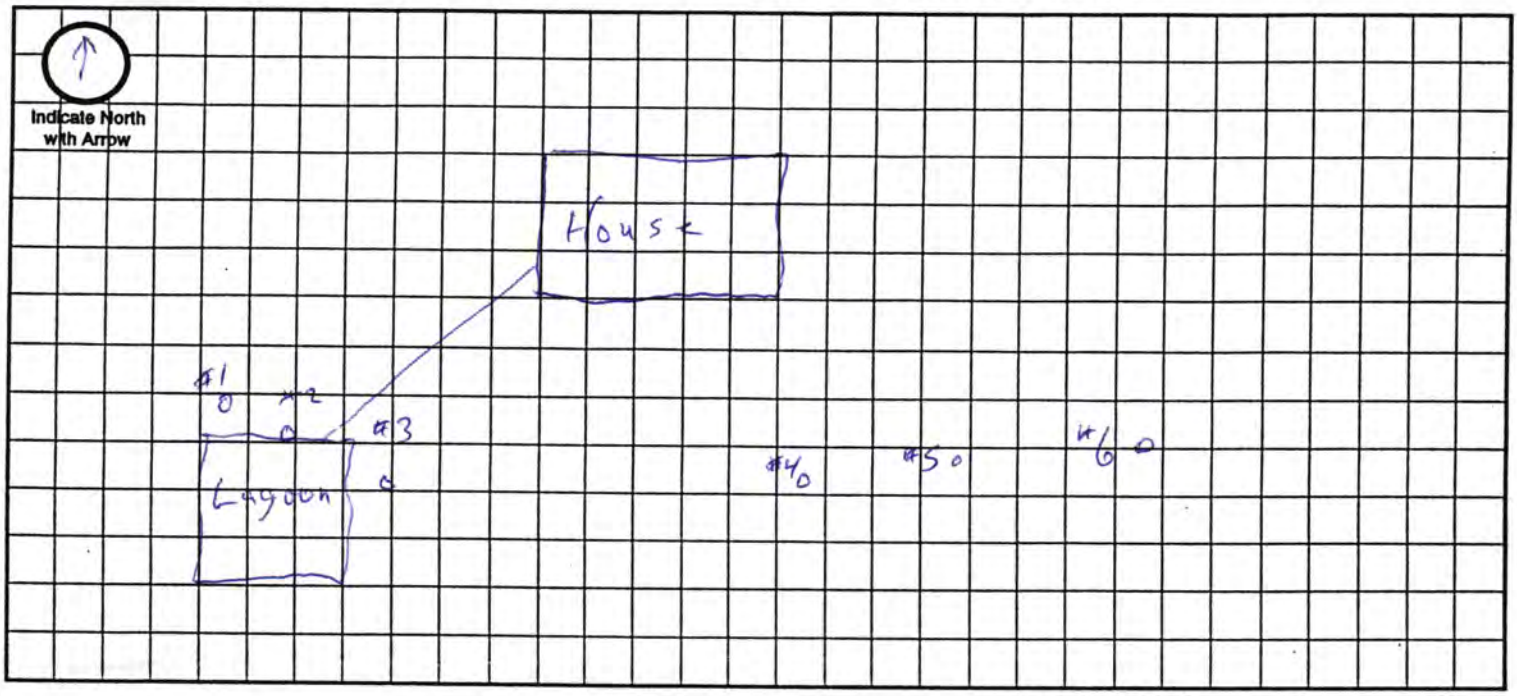
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C SW

Permit Number: 013802416

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) _____ 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 _____ (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 _____ Date 12/18/01

Installer _____ Date 12-18-01

FORM 23-102 10-96

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

SEP 9 2002

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 8-30-02

System Location (Indicate correct number and street)

Address 5901 Pine Knot Dr (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 120 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream NA ft.
   pressure line 30+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: One
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 1 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: PVC 2-Drop Boxes
   Number available outlets: 1
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field

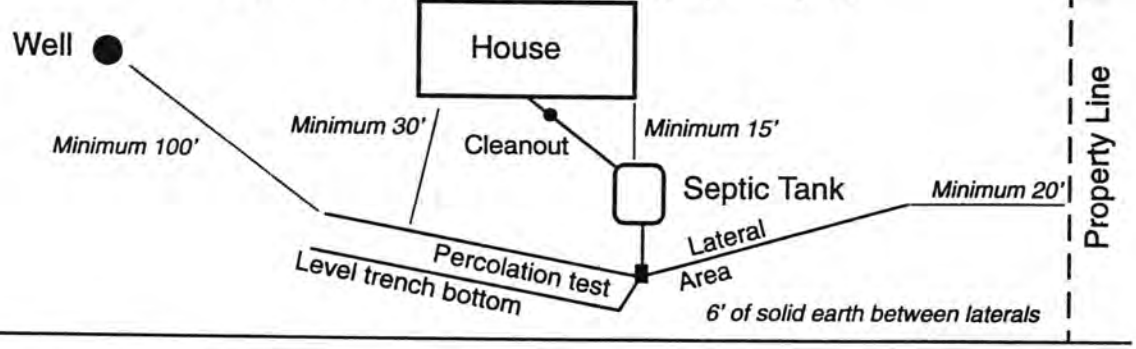
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 24
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope 3 in/100 ft.
   Average depth 24 in
4. Filter material: Sand
   Depth of material 18 in.
5. Distances to: Well or suction line 100+ ft.
   Stream NA ft.
   Pressure line 100+ ft.
   Property line 50+ ft.

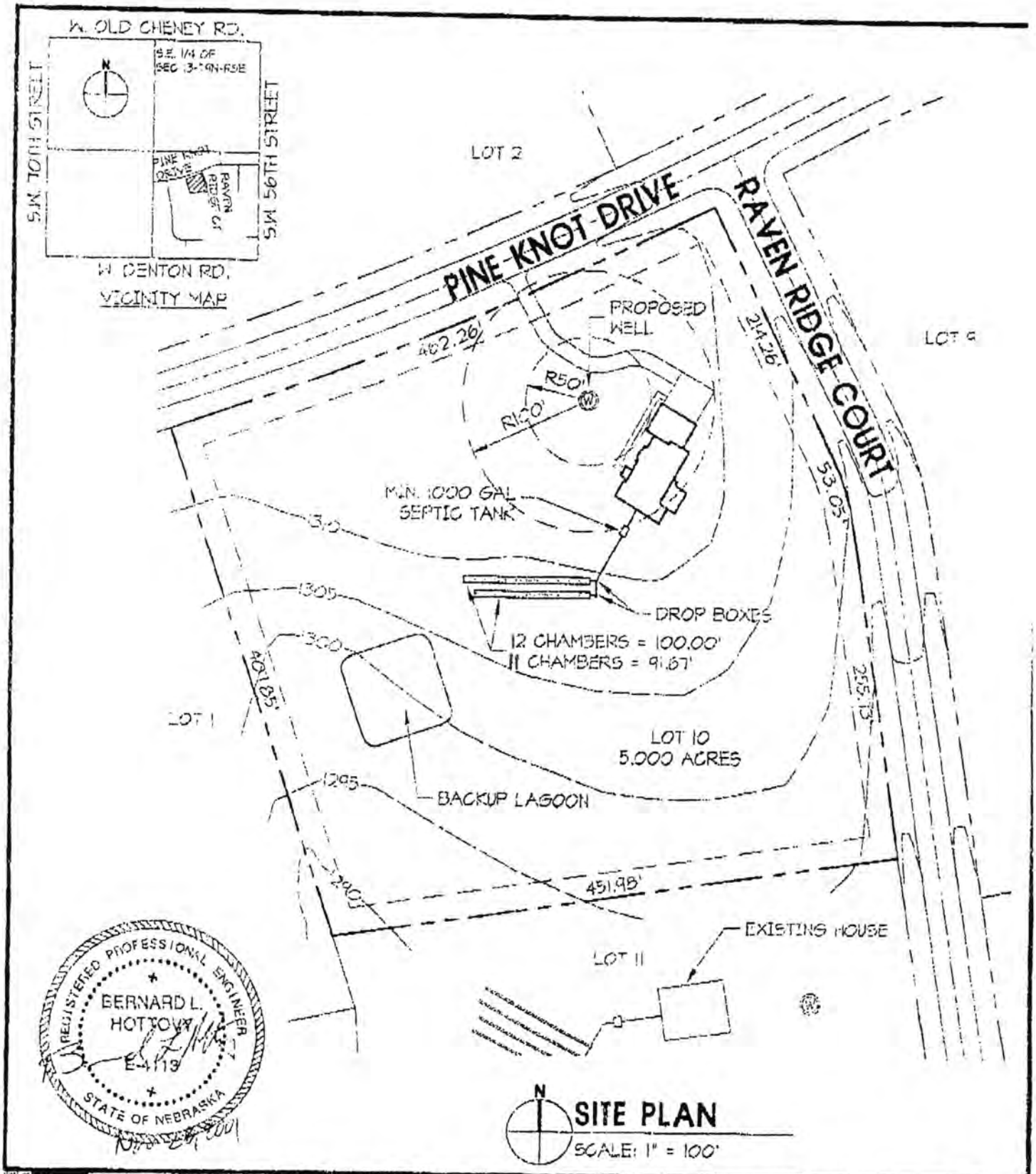
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96



1 OF 2

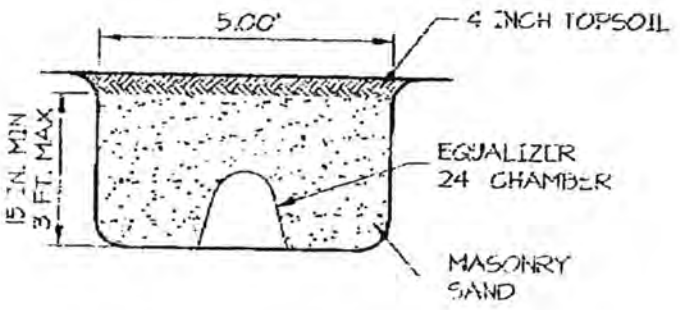
DESIGN ASSOCIATES OF LINCOLN, INC.
1609 "N" STREET
LINCOLN, NEBRASKA 68508
PHONE:(402) 474-0900
FAX:(402) 474-4045
dalincoln@inacorp.com

ON-SITE WASTEWATER TREATMENT SYSTEM

6505 RAVEN RIDGE COURT

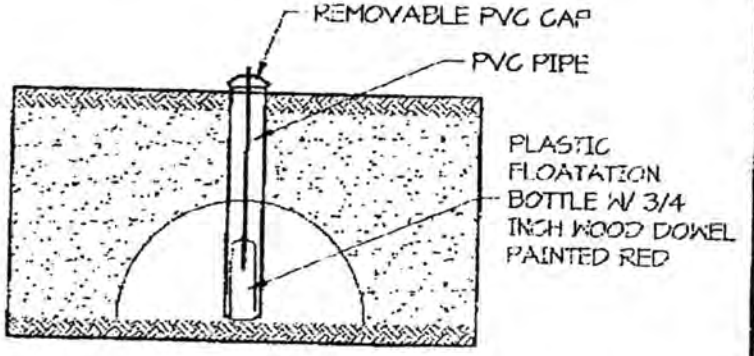
LOT 10 BLOCK 1, TIMBERLINE ESTATES 1ST ADDITION
DENTON, NEBRASKA

DE NOV 200



SECTION A-A

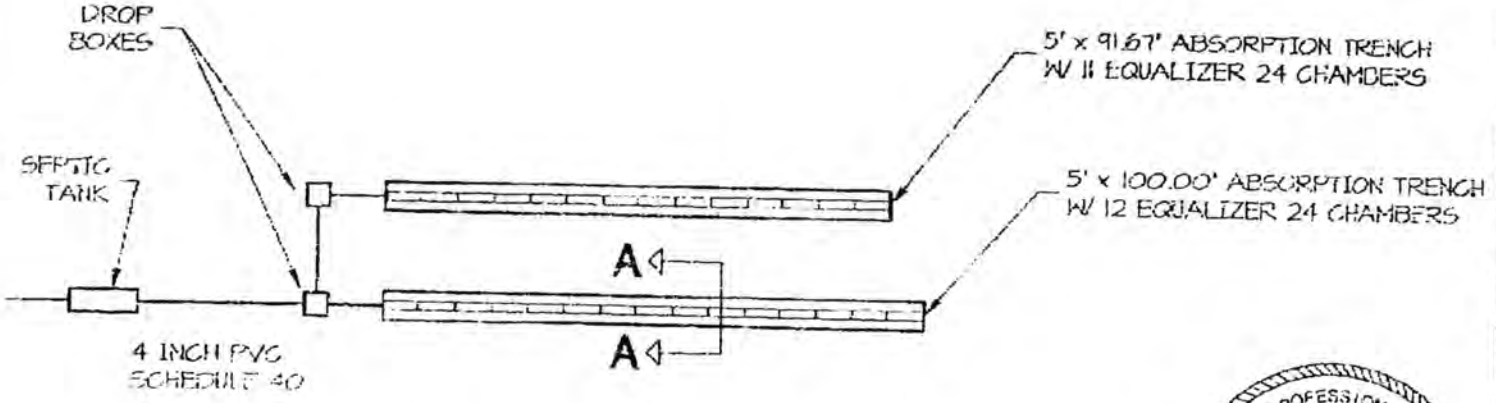
NO SCALE



HIGH WATER INDICATOR

NO SCALE

(REQUIRED)



ABSORPTION TRENCH PLAN

NO SCALE

REGISTERED PROFESSIONAL ENGINEER
BERNARD I. HOTTOVY
E 4113
STATE OF NEBRASKA

6505 RAVEN RIDGE COURT

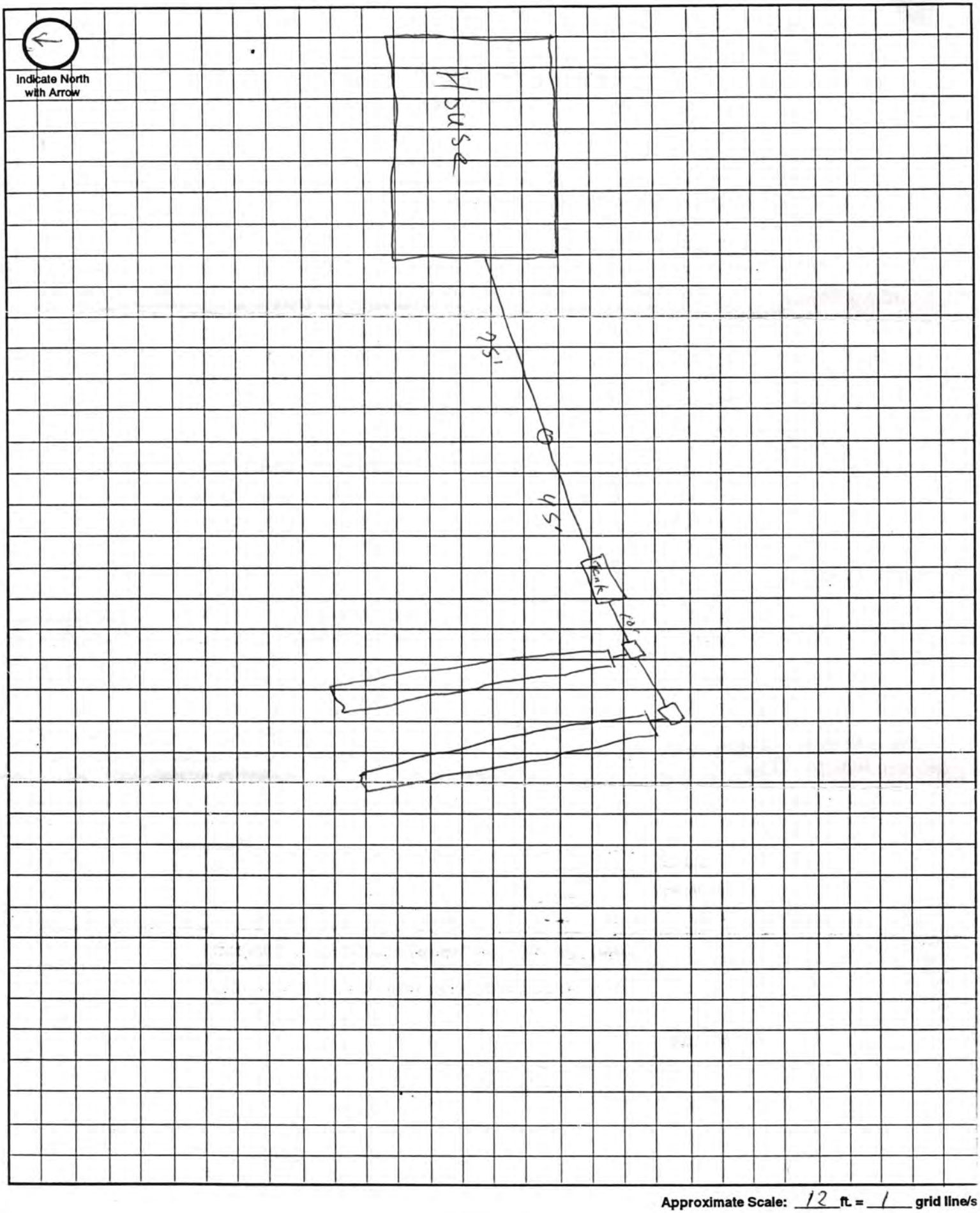
LOT 10 BLOCK 1, TIMBERLINE ESTATES 1ST ADDITION
DENTON, NEBRASKA

ON-SITE WASTEWATER TREATMENT SYSTEM

DESIGN ASSOCIATES OF LINCOLN, INC.
1009 "N" STREET
LINCOLN, NEBRASKA 68508
PHONE (402) 474-3600
FAX (402) 474-4045

2 OF 2

As Built Drawing



Approximate Scale: 12 ft. = 1 grid line/s