Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

DARYL LEE BRYER
T9N R5E SEC 13
TIMBERLINE ESTS-1ST BLK 3 LOT 1
6300 SW 58 ST

New address
5630 Pine Knot
DS. 4/2/01

Permitee

DARYL LEE BRYER
2700 BONACUM DR
LINCOLN NE 68502

Permit # 00380226901

Issued 12/01/00
Expires 06/01/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013939

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

A

Permit Number: 003802269

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 6300 SOUTH WEST 56TH ST. (no rural route) City LINCOLN NE, Zip

Legal Description 13 9N 5E TIMBERLINE ESTATES 1ST 3 1
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 DARYL LEE BRYER Signature Daryl Bryer

Address 2700 BONACUM DR City/State/Zip LINCOLN, NE 68502 Cell

☐ Check if owner designed system Home Phone 402-421-3454 Work Phone 402-477-6868 560-5129

C. Contractor

Name Garry Heetderks Company Name Garry Heetderks Con.

Address RR1 Box 9707 City/State/Zip Adams Ne 68301

☐ Check if contractor designed system Work Phone 402 429 8612

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

Designer Name CRAIG McDONALD Firm McDONALDS TRENCH. Work Phone 730-7729 432-8091

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 12/1/00 Date frwd 12/1/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/1/00 Date frwd ACTION ☒ Approved ☐ Disapproved Signature MW
3. **City or County Engineer** Date rec'd 12-1-00 Date frwd 12-1-00 ACTION ☒ Approved ☐ Disapproved Signature Jim Rounds

4/2/01 lines, tank, 2 lateral 4/3 add. lateral

Installation Final Written Approval

By Doug Amen

Date 4/30/01

Business Office Use Only

Date Rec'd 12/01/00

Amt Paid 200.00

Rec'd By LO Cash/Check No. 676

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

B

Permit Number: 03802269

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE 1st addition

System Location (Indicate correct number and street)

Address LOT 1 BLOCK 3 TIMBERLINE Est. City DENTON NE, Zip

(no rural route)

Owner Daryl Bryer Address 2700 Bonacum Dr

Soil Type (SCS): ~~Silty Clay Loam~~ Silty Clay Loam Percolation Rate: 60 min./inch

Date of Tests 10/30/00 to 10/31/00 Weather: Precipitation Trace Temperature 70

Percolation Test Data Table

A.	B.	C. D. 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	10/30	5:00	10/31	1:30	10/31	1:30	6	10/31	5:30	30	1/2	60
2	36	10/30	5:00	10/31	1:30	10/31	1:30	6	10/31	5:30	30	1/2	60
3	36	10/30	5:00	10/31	1:30	10/31	1:30	6	10/31	5:30	30	1/2	60
4	36	10/30	5:00	10/31	1:30	10/31	1:30	6	10/31	5:30	30	3/4	40
5	36	10/30	5:00	10/31	1:30	10/31	1:30	6	10/31	5:30	30	1 3/4	17
6	36	10/30	5:00	10/31	1:30	10/31	1:30	6	10/31	5:30	30	1/2	60

Sum of Percolation Rates: 297

Average of Rates: 49.5

Rate Used for Calculation: 60 min/in

Person Conducting Percolation Tests

Name: Tom Burt Design Associates

Phone: 432-6714

Address

1 2 3
0 0 0

DO NOT WRITE BELOW THIS LINE 0 6 0 5 0 4

Reviewing Action

Remarks

A

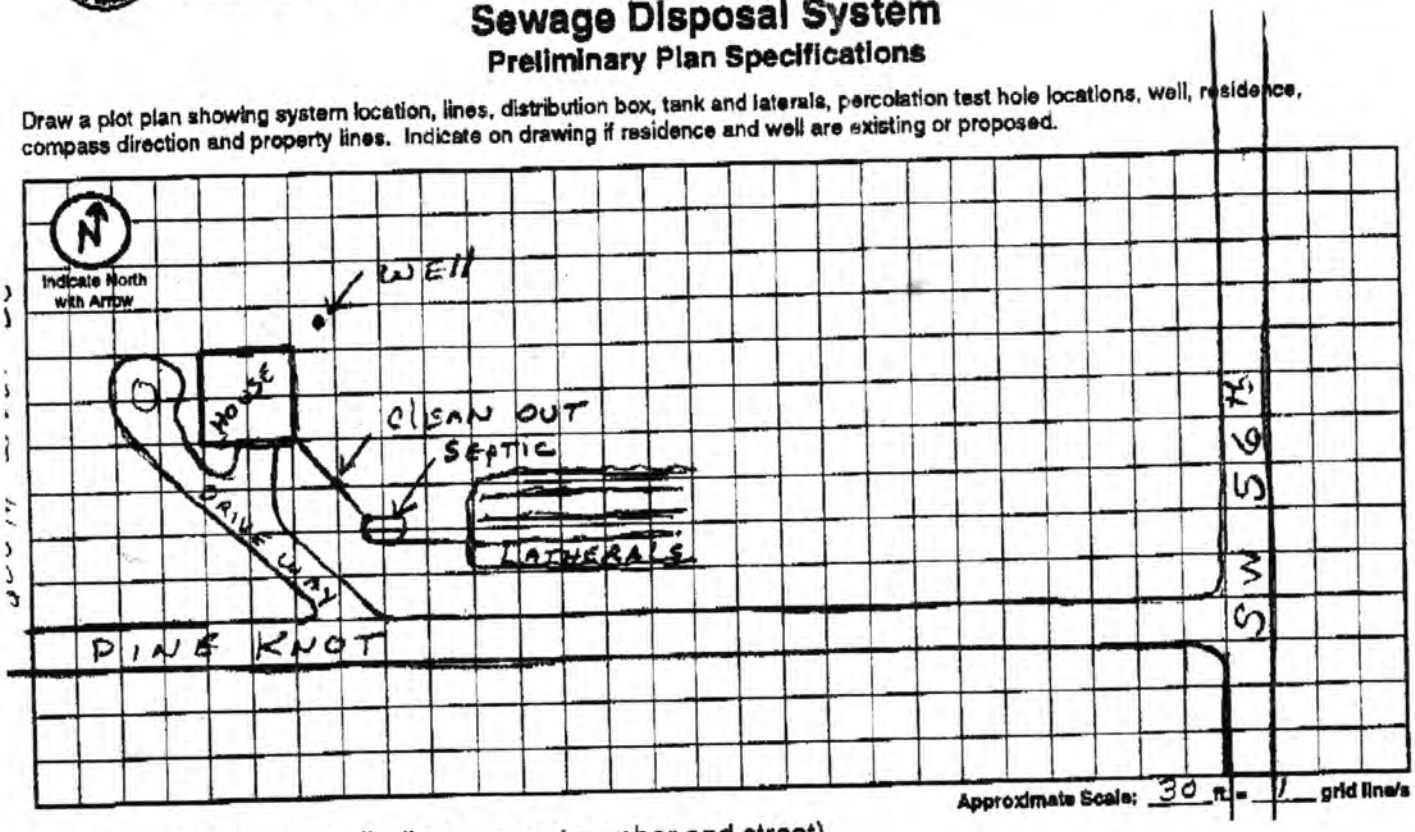
C

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Permit Number: 00380226 9

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: 30 ft. = 1 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 60 (min. per inch) Soil Type: WYMORE silty clay loam Land Slope: 5 %

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

Total Square Feet of Field Required: 1050 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed 1

Total Length of Laterals 263 ft. Number of Trenches 3 Trench Width 4 ft

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

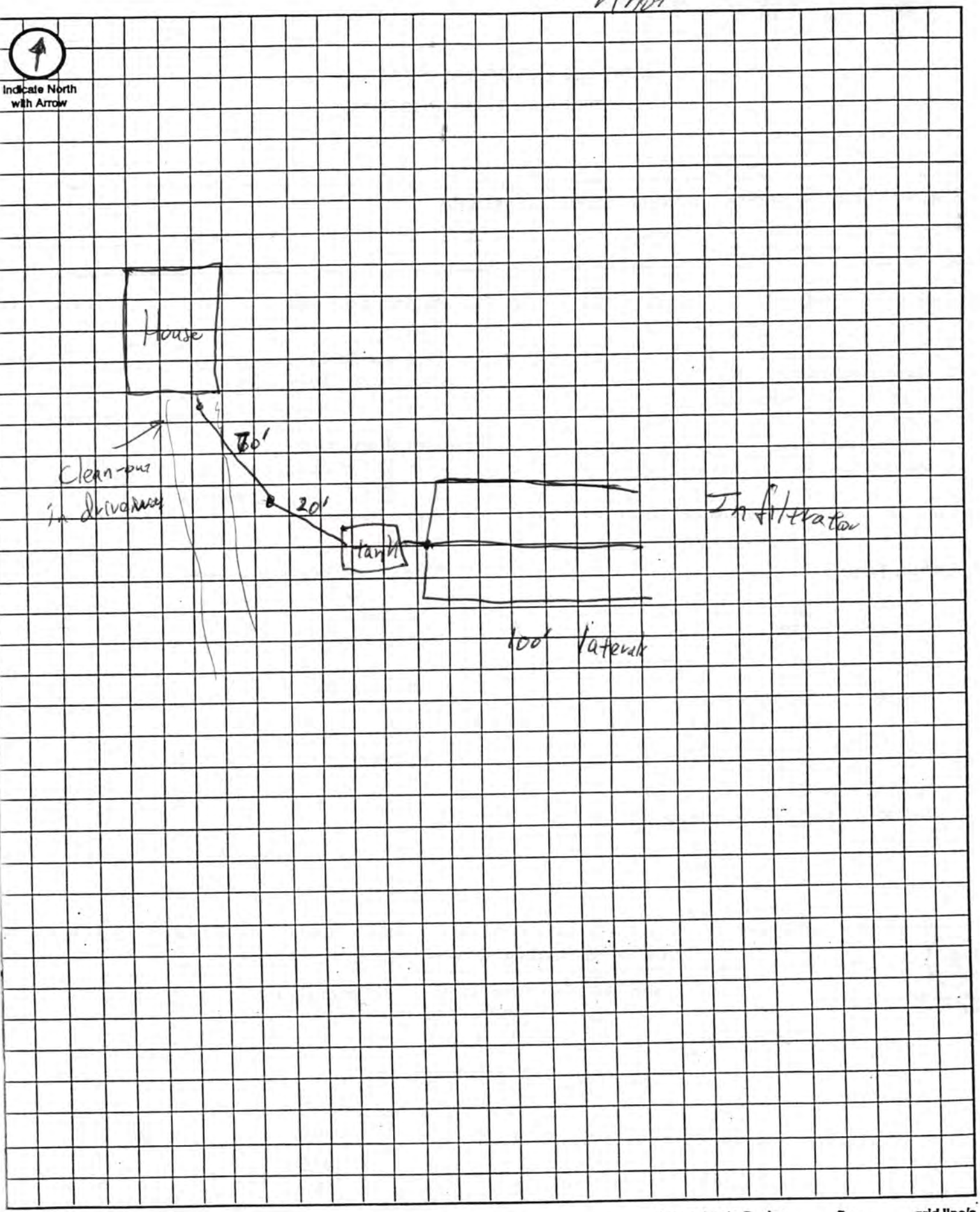
Home Building Contractor X Gary Westfahl Date 12-1-00

Installer Craig McDonald Date 12-1-00

FORM 23-102 10-98

As Built Drawing

5630 Pine Knot



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

Well is brand new – Will be connected soon (by the 20th)

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

The closing is the 24th

RECEIVED JUN 13 2005

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 5630 Pine Knot Drive - Denton

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

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

Directions to Property Denton Rd to SW 56th Timberline Estates, 1st Addn, B3 L1 DLCN

Location of Well North Side of house ~50 ft. Tap Location: Inside ☐ Outside ☐ Will call

Location of Sewage System Along driveway - South Side Year Installed 2005

Site Hazards (dogs, etc.) Dogs are penned up

	NAME	ADDRESS	PHONE
Present Owner:	Daryl & Cheryl Bryer	5630 Pine Knot Dr.	797-8702
Tenant/Buyer:	Kathy Zbz & Curt White	6730 So. 42nd St Lincoln, Ne 68516	499-7040 or 423-7321
Return to:	Carney Anthony	Home 4501 So. 86th St.	430-6318 436-3199 (Fax)

☒ Signature of Applicant Carney Anthony Address Lincoln 68526 Date 6/13/05

The new water system will be hooked up by the 20th

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 6/13/05 Amount 200.00 Check No. 2399 Initials

DATA ENTRY Date ____/____/____ Case No. ____ Initials ____

PRELIMINARY STATUS--By Doug Smith **DATE:** 6/20/05

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.4 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 6/21/05 by ar

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: No visible malfunction of on-site wastewater system noted. System was installed in 2001. It is a standard recommendation to have septic tank checked for the need for pumping if this has not been done in the previous 2 years. A New well has been installed. ☐ See Attached Letter

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Doug Smith Date 6/22/05

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