Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003273

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380275701

Issued 12/22/03
Expires 06/22/04
Revenue Code 3157

Establishment: LYNN G FISHER
T9N R5E SEC 13
TIMBERLINE ESTATES BLK 3 LOT 2
6500 ALPINE RD-DENTON

FEES: $200.00

Permittee: LYNN G FISHER
2844 JANE LN
LINCOLN NE 68516

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: 03380275 7-01

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 6500 ALPINE RD (no rural route) City DENTON NE, Zip 68339

Legal Description 13 (1/4) 9 (1/4) 5E (Section, Township, Range) TIMBERLINE ESTATES (Subdivision) 3 (Addition) 2 (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 LYNN G. FISHER Signature _____

Address 2844 JANE LN City/State/Zip LINCOLN NE 68516

☑ Check if owner designed system Home Phone 402 421 7102 Work Phone (Cell) 402 432 2386

C. Contractor

Name LYNN G. FISHER Company Name _____

Address Same City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Golden Luker Firm _____ Work Phone _____

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 12/22/03 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Doug Amick
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/23/03 Date frwd 12/23/03 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12/23/03 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

6/4 Line + Lagoon - need fence - drawin
7/13/04 Changed to tank + lateral, need drawn

Installation Final Written Approval

By Doug Amick

Date 7/21/04

Business Office Use Only

Date Rec'd 12/22/03
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 1061

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

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6500 ~~ARPINERA~~ (no rural route) City ~~LINCOLN~~ DENTON NE, Zip NE 68339

Owner LYNN FISHER Addresss P.O. BOX 6661, LINCOLN, NE 68506

Soil Type (SCS): WYMORE Percolation Rate: 50 min./inch

Date of Tests 23 JUN 04 to 24 JUN 04 Weather: Precipitation SUN / LIGHT RAIN Temperature 82°/62°

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	53/42*	6/23	10:06	6/23	14:06	6/24	16:05	27.2	6/24	16:35	30	0.6	50
2	53/42	6/23	10:10	6/23	14:10	6/24	16:07	36.8	6/24	16:37	30	0.6	50
3	55/39	6/23	10:14	6/23	14:14	6/24	16:10	27.8	6/24	16:40	30	1.0	30
4	54/41	6/23	10:18	6/23	14:18	6/24	16:13	30.7	6/24	16:43	30	1.1	27
5	53/42	6/23	10:22	6/23	14:22	6/24	16:15	32.4	6/24	16:45	30	1.3	23
6	55/41	6/23	10:26	6/23	14:26	6/24	16:17	34.2	6/24	16:47	30	1.6	19

* DEPTH TO TOP OF GRAVEL

Person Conducting Percolation Tests

Name: STEPHEN H. NICKEL, P.E.
Phone: 423-0559
Address 7941 PORTSCHE LN
LINCOLN, NE 68516

REGISTERED PROFESSIONAL ENGINEER
STEPHEN H. NICKEL E-3808
6-28-04
STATE OF NEBRASKA

Sum of Percolation Rates: 199
Average of Rates: 33
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
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number: 033802757

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6500 ALPINE RD (no rural route) City DENTON NE, Zip 68339

Owner LYNN FISHER Addresss 2844 JANE LANE LINCOLN NE 68516

Soil Type (SCS): CLAY Percolation Rate: 173 min./inch

Date of Tests OCT 28,03 to OCT 29, 03 Weather: Precipitation 0 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	36"	10/28	1600	10/29	1400	10/29	1410	6"	10/29	1440	30	1/8	240
2	36"	"	"	"	"	"	"	6"	"	"	30	1/4	120
3	36"	"	"	"	"	"	"	6"	"	"	30	1/8	240
4	36"	"	"	"	"	"	"	6"	"	"	30	3/8	80
5	36"	"	"	"	"	"	"	6"	"	"	30	1/4	120
6	36"	"	"	"	"	"	"	6"	"	"	30	1/8	240

Person Conducting Percolation Tests

Name: Lynn Fisher

Phone: 402 432 2386

Address: 2844 Jane Lane
Lincoln, NE 68516

Sum of Percolation Rates: 1040

Average of Rates: 173

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

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

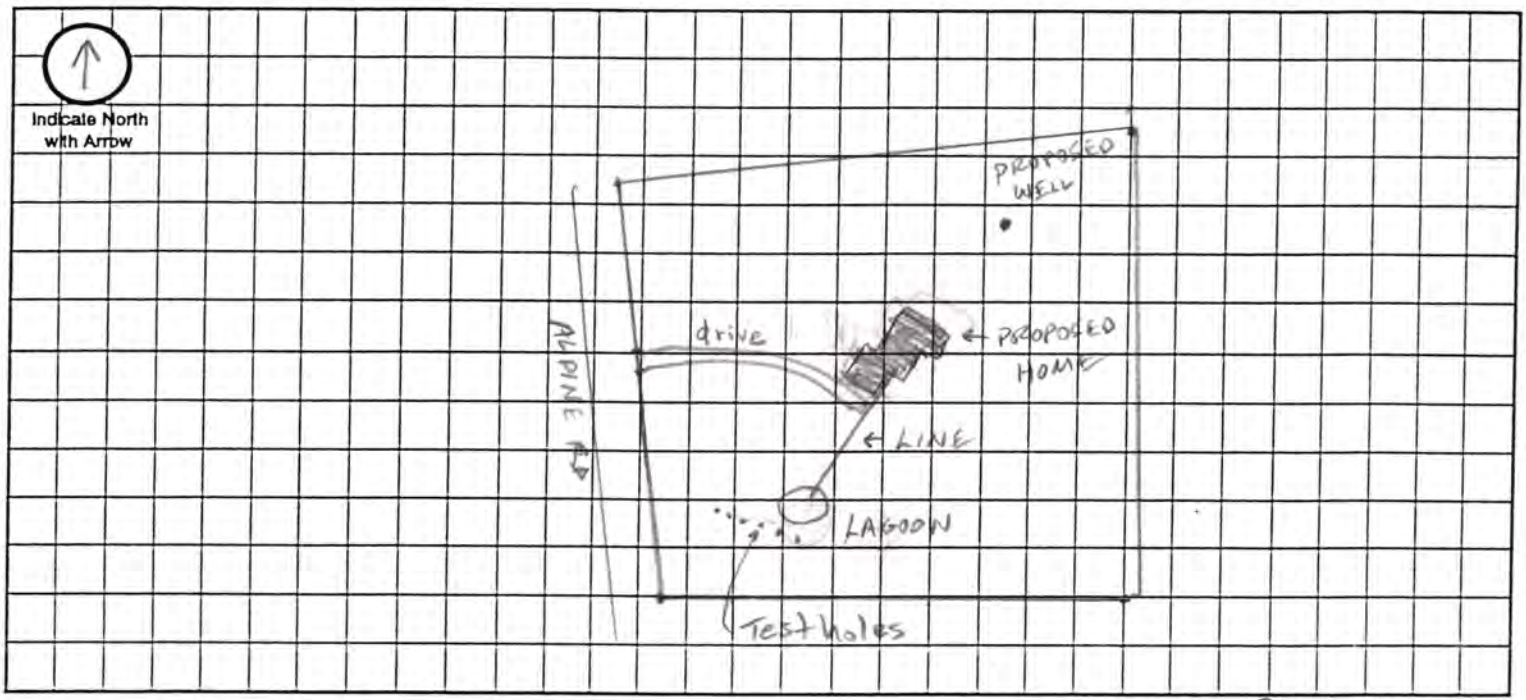
C

Permit Number: 033802757

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6500 ALPINE RD City DENTON NE, Zip NE 68339

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☑ Other LAGOON

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 173 (min. per inch) Soil Type: CLAY Land Slope: 2 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other LAGOON

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 _____

Installer Gordon Lukes G&A Backhoe Service Date 12/19/2003

FORM 23-102 10-96

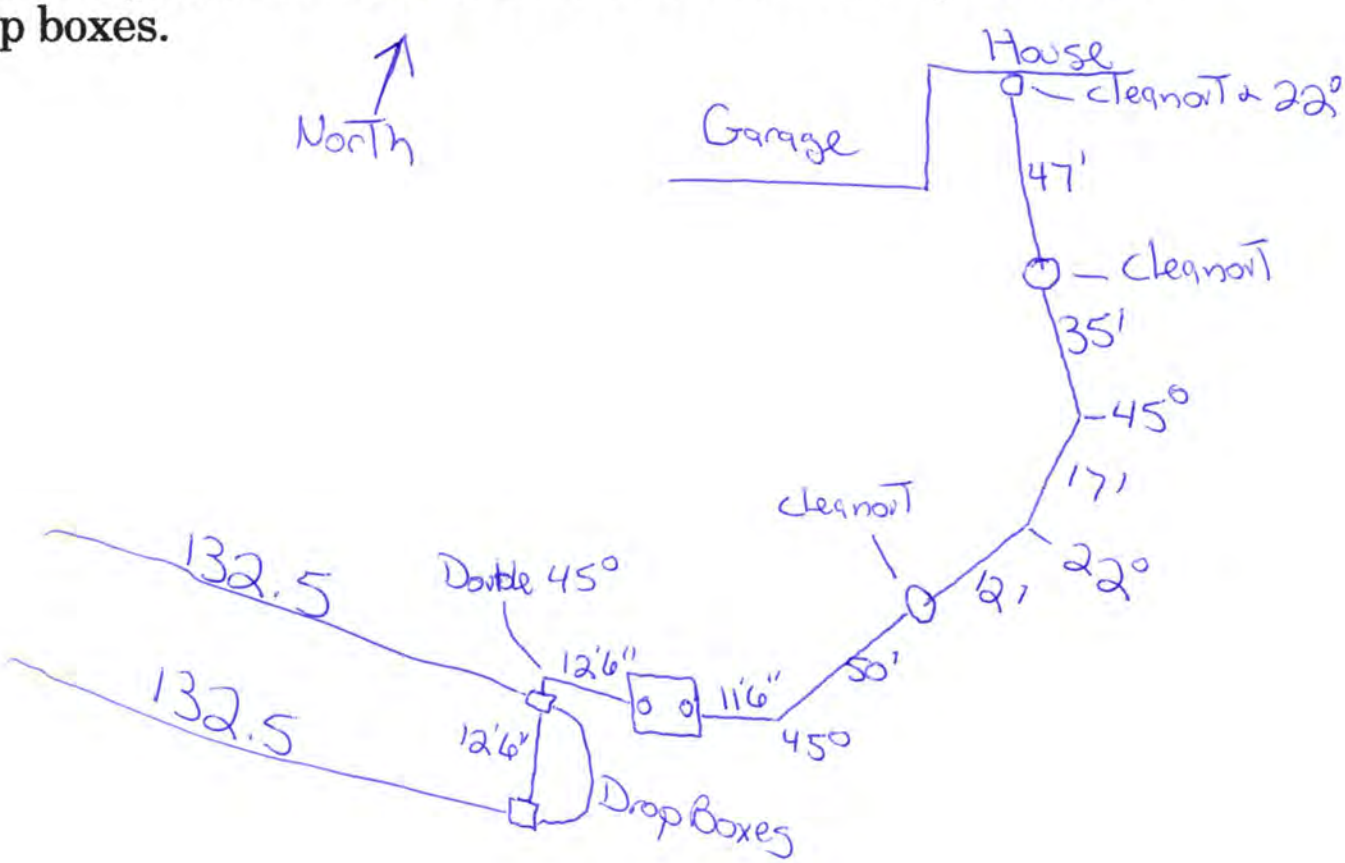
G & A

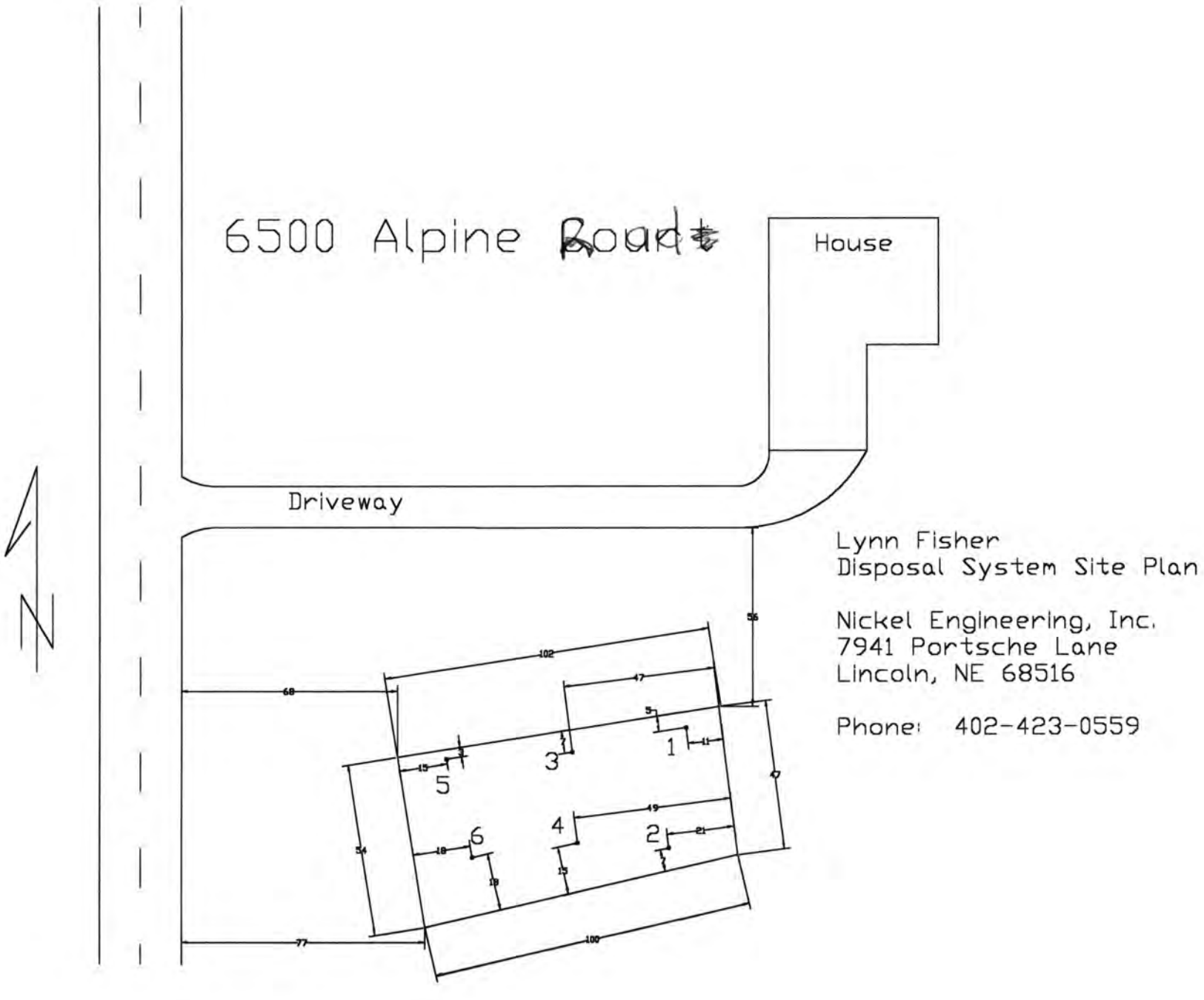
BACKHOE SERVICE

Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

07/15/04

To Doug Smith,
This is the as built drawing for a Septic System @ 6500 Alpine Road for Lynne Fisher. 1500 Gallon tank with risers to grade. Infiltrator H10 laterals 1050 sq. ft with 2 drop boxes.





Lynn Fisher
Disposal System Site Plan

Nickel Engineering, Inc.
7941 Portsche Lane
Lincoln, NE 68516

Phone: 402-423-0559