Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

MICAH PALMER
T9N R5E SEC 13
TIMBERLINE ESTS BLK 3 LOT 4
5950 ALPINE CT

Permittee

MICAH PALMER
6410 CANNONDALE CT
LINCOLN NE 68516

Permit # 01380236001

Issued 09/07/01
Expires 03/07/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

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

A

Permit Number: 013802360

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

LOT 4
TIMBERLINE EST.

☒ 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 5950 ALPINE CT. (no rural route) City LINCOLN NE, Zip

Legal Description: 1/4 13 1/4 Section 9N Township 5E Range TIMBERLINE ESTATES Subdivision 3 Addition 4 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 MICAH & KRISTIN PALMER Signature

Address 6410 CANNONDALE CT. City/State/Zip LINCOLN/NE./68516

☐ Check if owner designed system Home Phone 421-8844 Work Phone 474-6814

C. Contractor

Name JIM KINNEY Company Name KINNEY HOMES

Address 6410 CANNONDALE CT. City/State/Zip LINCOLN/NE./68516

☑ Check if contractor designed system Work Phone 560-4488

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

Designer Name Firm Work Phone

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 4 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 9/7/01 Date frwd 9/7/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/7/01 Date frwd ACTION ☑ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 09/08/01 Date frwd ACTION ☑ Approved ☐ Disapproved Signature

Installation Final Written Approval

By 10/5/01 Doug Ansel

Date

Business Office Use Only

Date Rec'd 9/7/01
Amt Paid #200.00
Rec'd By MP Cash/Check No. 1036.

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

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

B

Permit Number: 013802360

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5950 Alpine Ct. (no rural route) City Lincoln NE, Zip NE

Owner MICAH & KRISTIN PALMER Address 6410 Cannondale Ct. Lincoln 68516

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 8-21 to 8-23 Weather: Precipitation 0 Temperature 90°-95°

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	32	8-21	3:30	8-22	7:30	8-22	11:00	16	8-23	11:30	30	1/2	60 MIN/IN
2	40	"	"	"	"			18				1/2	60 MIN/IN
3	40	"	"	"	"			20				3/4	40 MIN/IN
4	44	"	"	"	"			22				1/2	60 MIN/IN
5	43	"	"	"	"			22				3/4	40 MIN/IN
6	48	"	"	"	"			20				3/4	40 MIN/IN
7	43	"	"	"	"			18				3/4	40 MIN/IN
8	42	"	"	"	"			20				1/2	60 MIN/IN
9	32	"	"	"	"			22				3/4	40 MIN/IN
10	35	"	"	"	"			22				3/4	40 MIN/IN

Sum of Percolation Rates: _____

Average of Rates: 50

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: JIM KINNEY

Phone: 560-4488

Address 6410 CANNONDALE CT.
LINCOLN, NE 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date SEPTEMBER 7, 2001

FORM 23-101 10-96

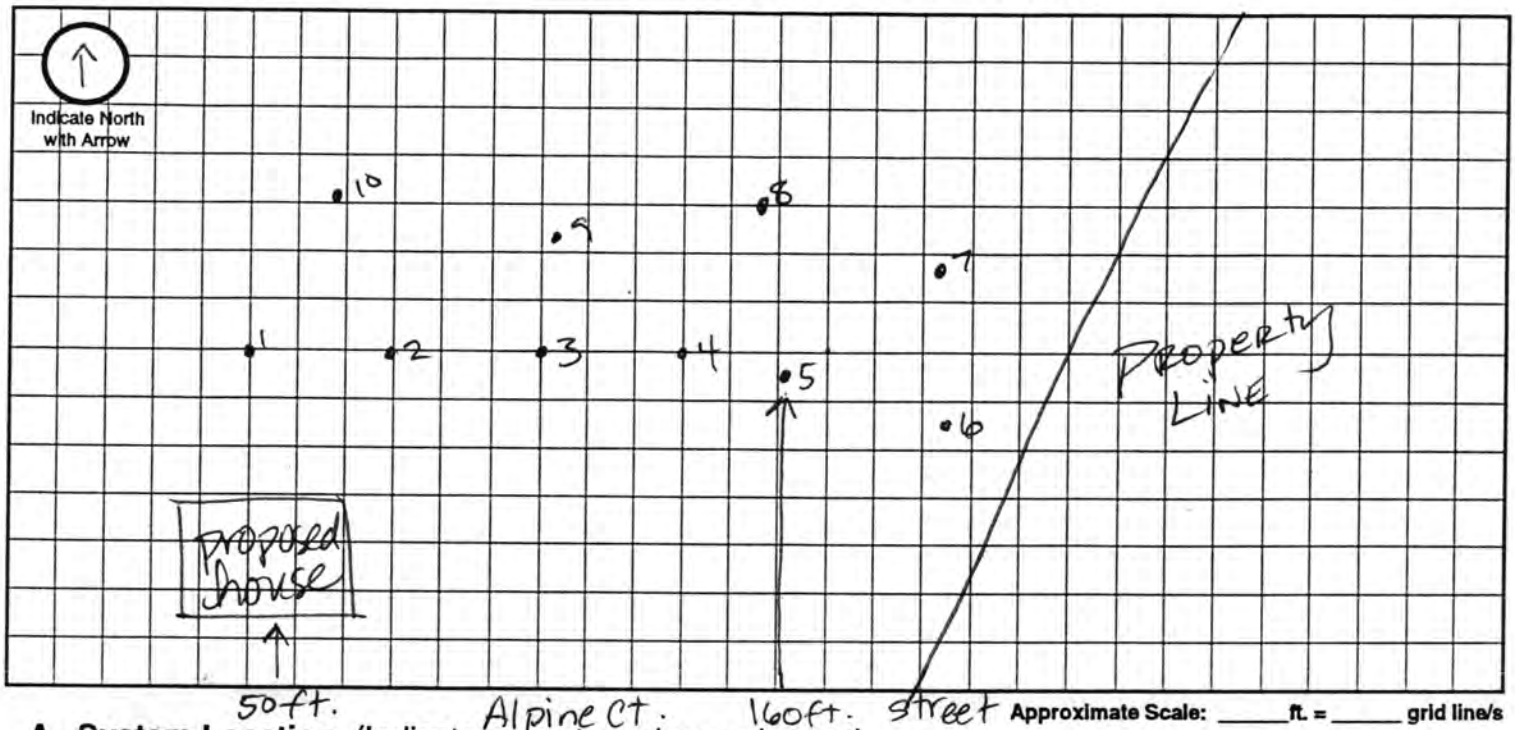
Lincoln-Lancaster County Health Department
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C

Permit Number: 01380236

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) 5950 Alpine Ct. City Lincoln NE, Zip NE

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: 1/2 %

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

Total Square Feet of Field Required: 1400 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches 4 Trench Width 4'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

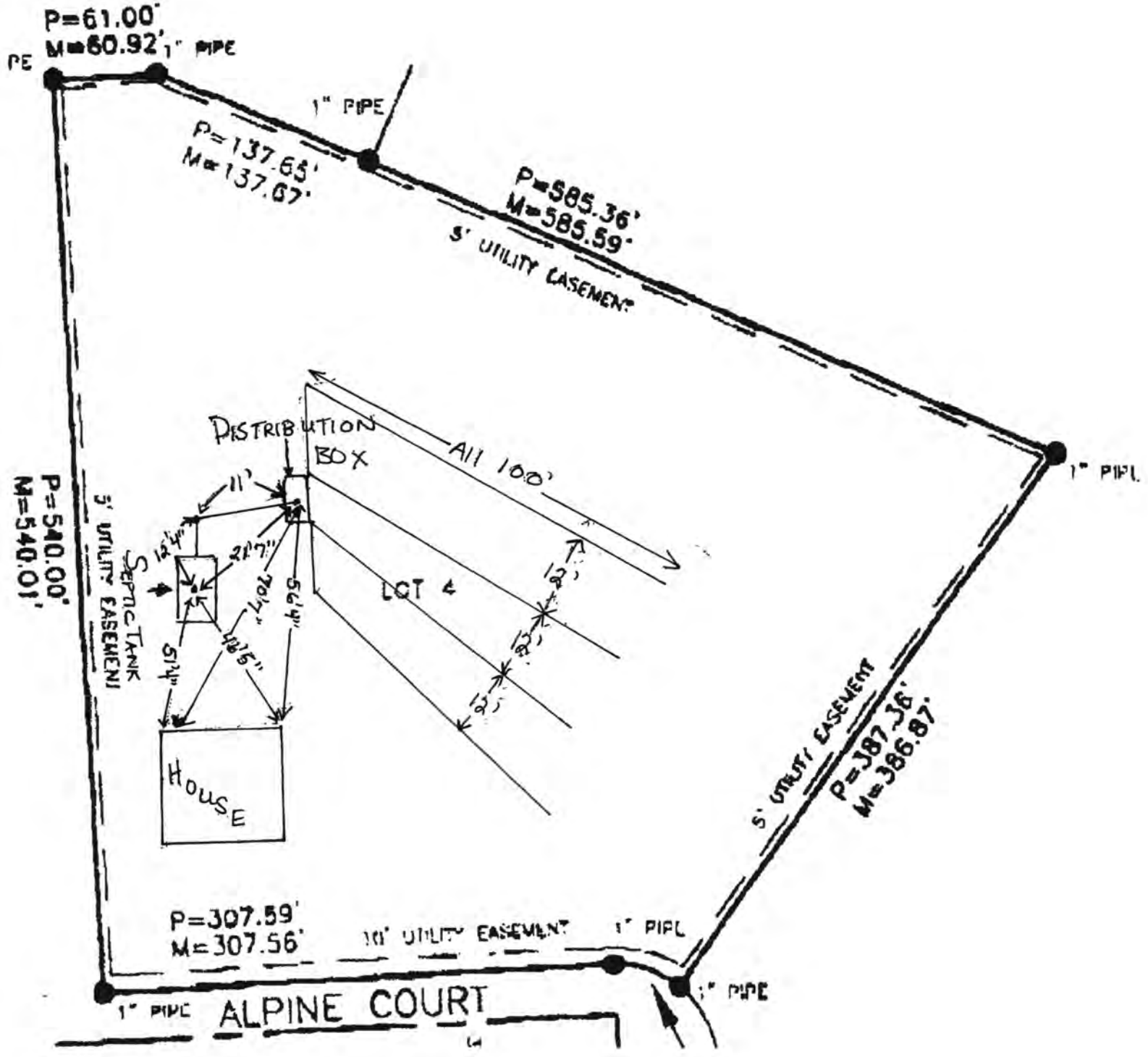
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor JIM KINNEY Date _____

Installer JIM KINNEY Date 8-24-01

FORM 23-102 10-96


P=61.00'
M=60.92'
1" PIPE
1" PIPE
P=137.65'
M=137.67'
P=585.36'
M=585.59'
5' UTILITY EASEMENT
1" PIPE
DISTRIBUTION BOX
ALL 100'
11'
12'4"
21'7"
70'7"
54'9"
51'4"
46'6"
SEPTIC TANK
5' UTILITY EASEMENT
LOT 4
12'
12'
12'
HOUSE
P=540.00'
M=540.01'
5' UTILITY EASEMENT
P=387.36'
M=386.87'
P=307.59'
M=307.56'
10' UTILITY EASEMENT
1" PIPE
1" PIPE
1" PIPE
ALPINE COURT