# Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380234301

Issued 08/02/01
Expires 02/02/02
Revenue Code 3157

FEES: $200.00

Establishment

JAMES KINNEY
T9N R5E SEC 13
TIMBERLINE ESTS BLK 3 LOT 3
6700 ALPINE CT

TOTAL: $200.00

Permittee

JAMES KINNEY
6410 CANNONDALE CT
LINCOLN NE 68516

[redacted], Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

016174

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

**A**

Permit Number: 01380234 3

# Sewage Disposal System

## Request for Site Clearance and Permit

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

Lot 3 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 6700 Alpine Ct. (no rural route) City _____ NE, Zip _____

LCR 4599

Legal Description _____ 13 9N 5E Timberline Estates 3 3
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 James Kinney Signature _____

Address 6410 Cannondale Ct City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone 423-8844 Work Phone 560 4488

### C. Contractor

Name James Kinney Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Larry Schwarck Firm Schwarck Trenching Work Phone 489-7294

### E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES NO X

☐ 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 8/2/01 Date frwd 8/2/01 **ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hook
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

## Installation Final Written Approval

By Doug Schwarck

Date 8/14/01

***Business Office Use Only***

Date Rec'd 8-2-01
Amt Paid #200.00
Rec'd By JL Cash/Check No. 1035

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: 0138023 43

# Sewage Disposal System

## Soil Absorption Test Data Report

## Annex to Application

Lot 3
Timberline Estates

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

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

Owner Addresss

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

Date of Tests 8-23 to 8-24-00 Weather: Precipitation 0 Temperature 80°-85°

7' test hole No water

### 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 | 48 | 8-23 | 3:30 | 8-24 | 7:30 | 8-24 | 10:30 | 14 | 8-24 | 11:00 | 30 | 1/2 | 60 MIN/IN |
| 2 | 58 | | | | | | | 18 | | | | 1/2 | 60 MIN/IN |
| 3 | 34 | | | | | | | 23 1/2 | | | | 1/2 | 60 MIN/IN |
| ~~4~~ | ~~30~~ | | | | | | | ~~16 1/4~~ | | | | ~~1/4~~ | |
| 5 | 42 | | | | | | | 12 1/2 | | | | 1/2 | 60 MIN/IN |
| 6 | 57 | | | | | | | 13 1/8 | | | | 1/2 | 60 MIN/IN |
| 7 | 56 | | | | | | | 24 | | | | 3/4 | 40 MIN/IN |
| ~~8~~ | ~~30~~ | | | | | | | ~~11 3/4~~ | | | | ~~1/4~~ | |
| 9 | 30 | | | | | | | 15 1/2 | | | | 3/4 | 40 MIN/IN |
| ~~10~~ | ~~30~~ | | | | | | | ~~8 7/8~~ | | | | — | |
| 11 | 52 | | | | | | | | | | | | |
| 12 | 30 | | | | | | | | | | | | |

2 ~~12 3/4~~ 12 3/4

Sum of Percolation Rates: ~~1/2~~ 1/16 60 MIN/IN

Average of Rates: 55

Rate Used for Calculation: 60

### Person Conducting Percolation Tests

Name: Darcy Schwarck

Phone: 489/7294

Address 8200 old Cheney Rd

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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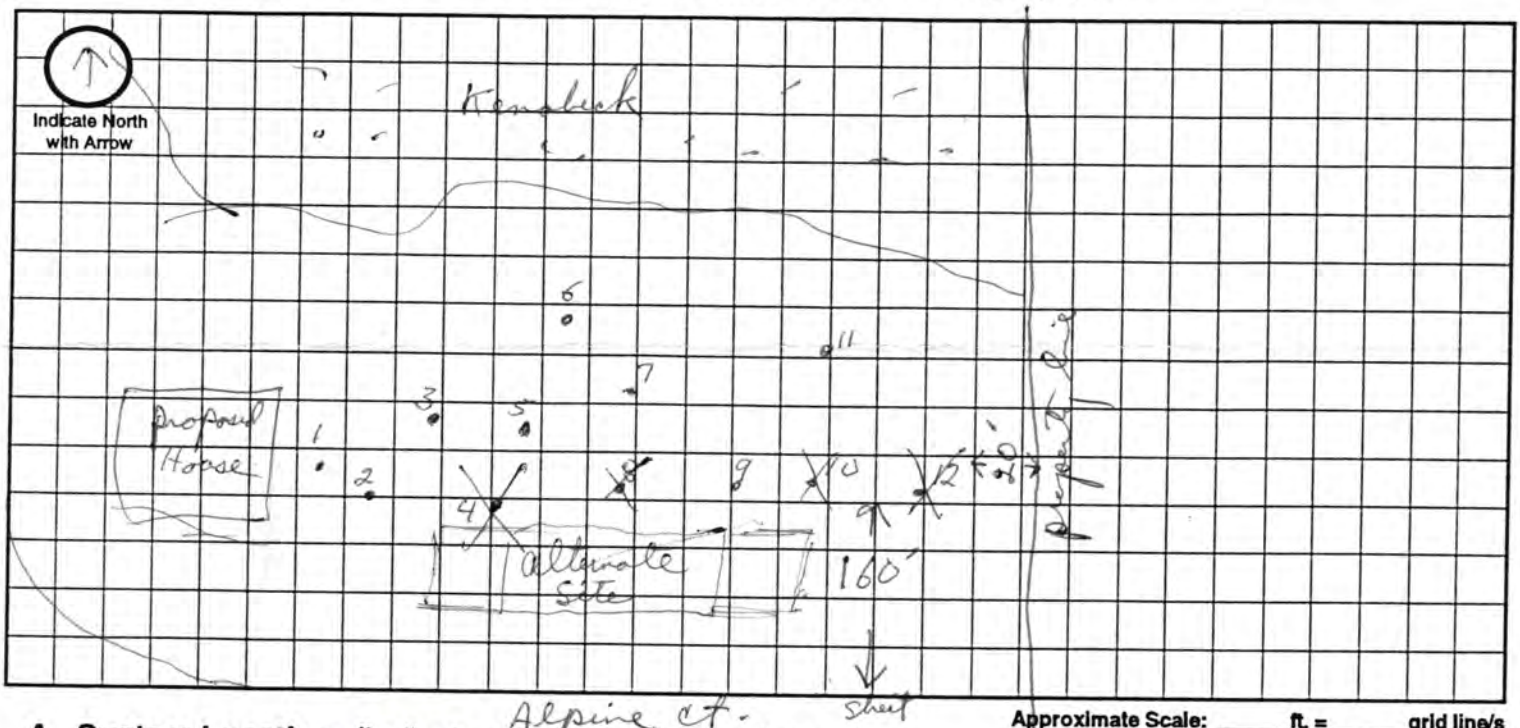
**C**

Permit Number: 013802343

Lot 3
Timberline East

# 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) 6700 Alpine Ct. 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: ½ %

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: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ 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

X Home Building Contractor Self Date _____

Installer Larry Schwanck Date 8-24-00

FORM 23-102 10-96

Jim Kinney
6700 Alpine Dr.

