Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008329

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380311701

Issued 10/17/05
Expires 10/17/06
Revenue Code 3157

Establishment

BUILT BY DESIGN
T9N R5E SEC 13
TIMBERLINE ESTS-2ND LOT 1
5610 PINE KNOT DR-DENTON

FEES: $275.00

Permittee

BUILT BY DESIGN
28400 S 176 ST
ADAMS NE 68301

TOTAL: $275.00

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: 05380311701

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 5610 Pmeknot Drive (no rural route) City Denton NE, Zip 68339

Legal Description 13 (1/4) 9N (1/4) 5E — Section / Township / Range: Timberline Estates - 2nd ADD (Subdivision / Addition) Block 12 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Darrel Bryer Signature Cheryl Bryer

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Built by Design (Gary Heetderks) Company Name Built by Design

Address 28400 S. 176th 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 Scott Prange Firm Prange Construction Work Phone 402-540-1875

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 10/17/05, Date frwd 10/17/05 — ACTION ☒ Approved ☐ Disapproved — Signature Jerrold C. Hood
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 Bruce Briney

Installation Final Written Approval

line, tank, pump station, lateral, — field notes

By _____

Date 2/8/06

Business Office Use Only

Date Rec'd 10/17/05
Amt Paid 275.00
Rec'd By _____ ~~Cash~~/Check No. 4031

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

OCT 17 2005

B

Permit Number: 05380317

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City Lincoln NE NE, Zip 68339

Owner Daryl Bryer (no rural route) Address 6630 ~~3610~~ Pinehurst Drive

Soil Type (SCS): Black and clay Percolation Rate: _____ min

Date of Tests 6-2-05 to 6-3-05 Weather: Precipitation Damp 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 (Min/in)
1	24"	6-2	1130	6-3	1130	6.3	1145	6"	6.3	1215	30	1 5/8	27
2	24"	6-2	1130	6-3	1130	6.3	1145	6"	6.3	1215	30	5/8	48
3	24"	6-2	1130	6.3	1130	6.3	1145	6"	6.3	1215	30	1 3/4	17
4	24"	6-2	1130	6-3	1130	6.3	1145	6"	6.3	1215	30	1"	30
5	24"	6-2	1130	6-3	1130	6.3	1145	6"	6.3	1215	30	2 1/2	12
6	24"	6-2	1130	6-3	1130	6.3	1145	6"	6.3	1215	30	1 5/8	18
	West location												

est

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 48

Person Conducting Percolation Tests

Name: Carl Weis
Phone: 402-787-2070
Address 26201 SW 29th Street
Martell NE 68404

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date 10/17/05

FORM 23-101 10-96

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

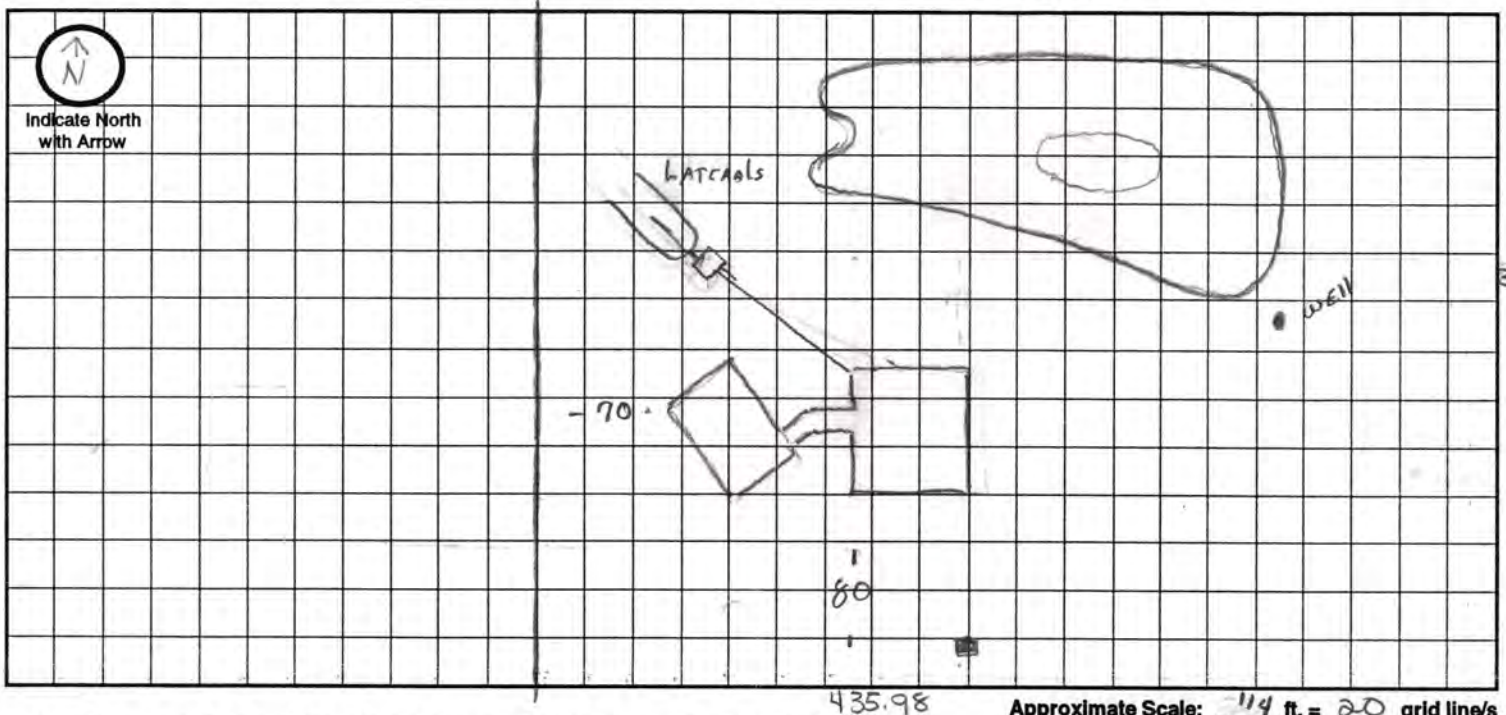
RECEIVED OCT 17 2005

C

Permit Number: 053803117

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: 114 ft. = 20 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5610 Pine Knot Drive City ~~Blair~~ Denton NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 48 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 990 sq. ft.

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

Capacity of Septic Tank 1250 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

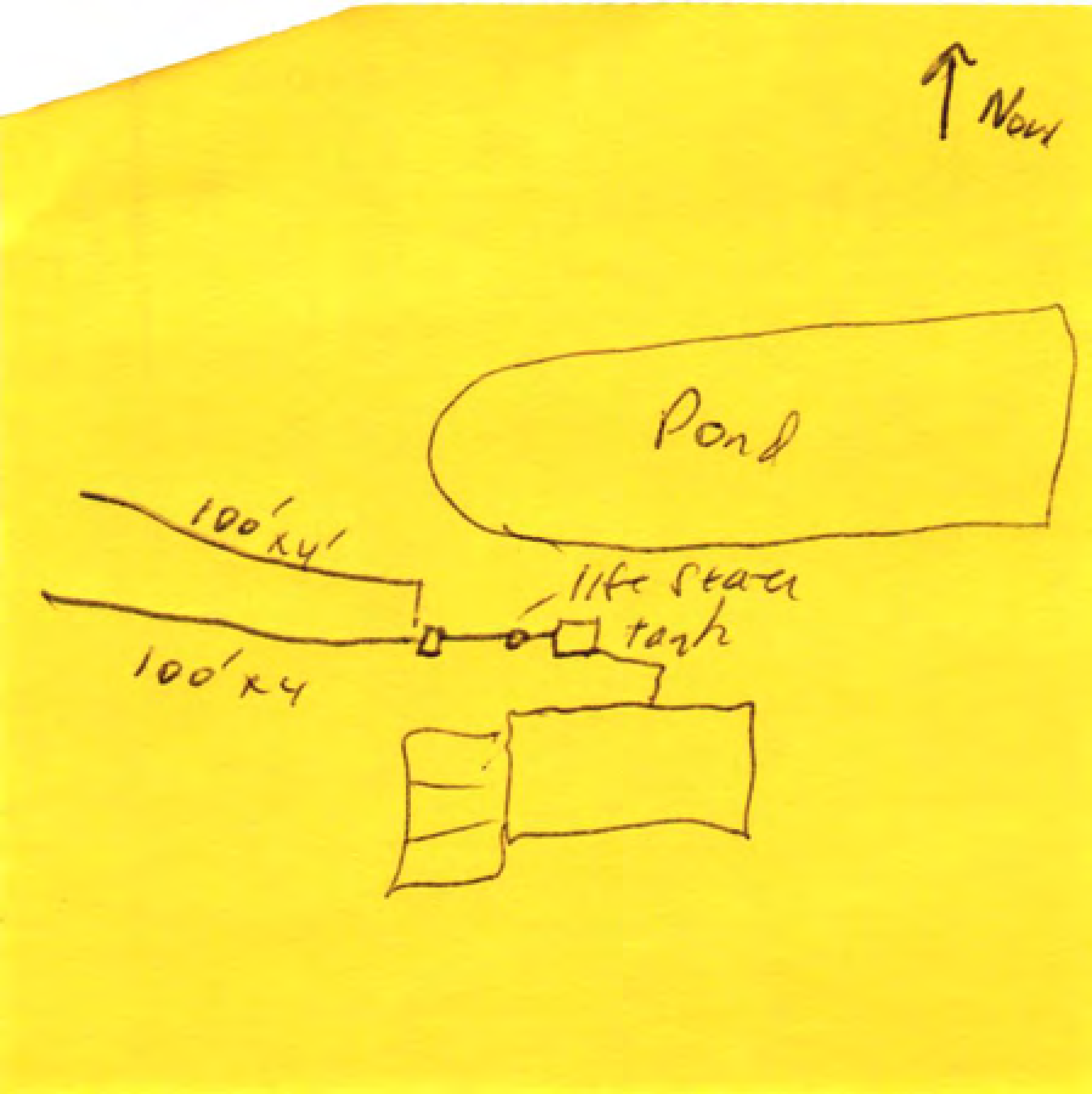
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor _____ Date 10-17-05

Installer Scott Pinkerton Date 10-17-05

FORM 23-102 10-96


North
Pond
100' x 4'
100' x 4'
life stack
tank