Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 02380254901

Issued 10/15/02
Expires 04/15/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Establishment

BARBER HOMES
T9N R5E SEC 13
TIMBERLINE ESTS-1ST LOT 4
6600 CARDINAL COVE CT-DENTON

Permittee

BARBER HOMES
3357 LONGVIEW CT
LINCOLN NE 68506

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003000

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

A

Permit Number: 0238025490 1

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 16600 Cardinal Cove Court (no rural route) City Denton NE, Zip

Legal Description 1/4 1/4 Section 13 Township 9N Range 5E Subdivision 1st Addition Timberline Estates Addition Block 1 Lot 4

Geographical Location (if known): Longitude Latitude

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

B. Owner

Name Barber Homes Signature Kathy Barber

Address 3357 Longview Ct City/State/Zip Lincoln NE 68506

☐ Check if owner designed system Home Phone 483-6199 Work Phone 440 5068 430 3170

C. Contractor

Name Harper Well & Plumbing Company Name -

Address P.O Box 15 City/State/Zip Adams NE 68301

☑ Check if contractor designed system Work Phone 402-432-2204

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 5 (As per Leonard Harper via call 2/25/03) 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 10/15/02 Date frwd 10/15/02	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 10/15/02 Date frwd	ACTION ☑ Approved ☐ Disapproved Signature	
3. City or County Engineer	Date rec'd 10/15/02 Date frwd 10/15/02	ACTION ☒ Approved ☐ Disapproved Signature	

10/15/02 Not in flood plain. P.C.H.

2/25/03 Line, Lagoon + lateral, field note, Need fence

Installation Final Written Approval

By Doug Arnold

Date 11/7/03

Business Office Use Only

Date Rec'd 10/15/02
Amt Paid 200.00
Rec'd By [illegible] Cash/Check No. 2652

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

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

B

Permit Number: # 023802549

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6600 Cardinal Cove Ct. (no rural route) City Denton NE, Zip _____

Owner _____ Addresss _____

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

Date of Tests 10/11/02 to 10/12/02 Weather: Precipitation _____ Temperature 80°

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"	10/11/02											
2.	36"	10/11/02											
3	36"	10/11/02											
4	36"	10/11/02											
5	36"	10/11/02											
6.	36"	10/11/02											

Person Conducting Percolation Tests

Name: Harper Well & Plumbing Inc
Phone: 402-432-2204
Address PO Box 15
Adams 68301

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

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

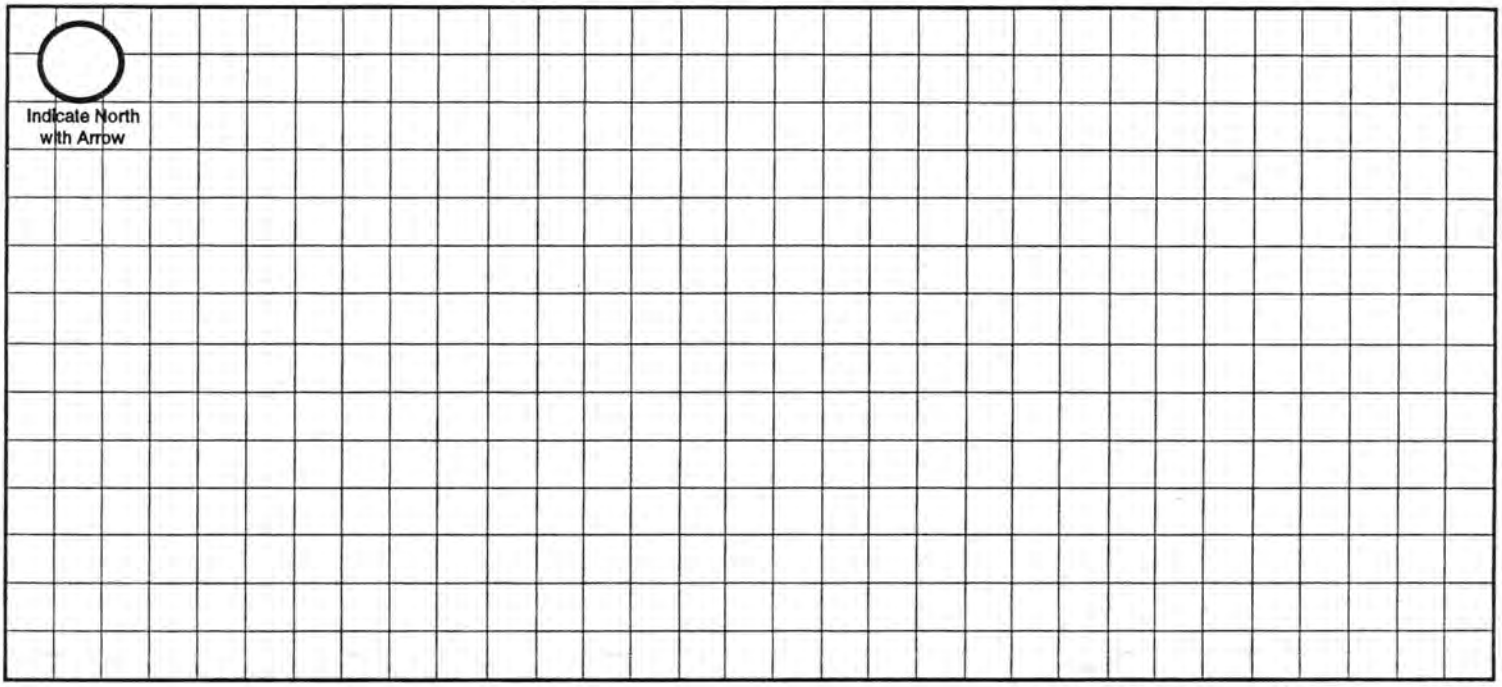
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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

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

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 ☐	☐

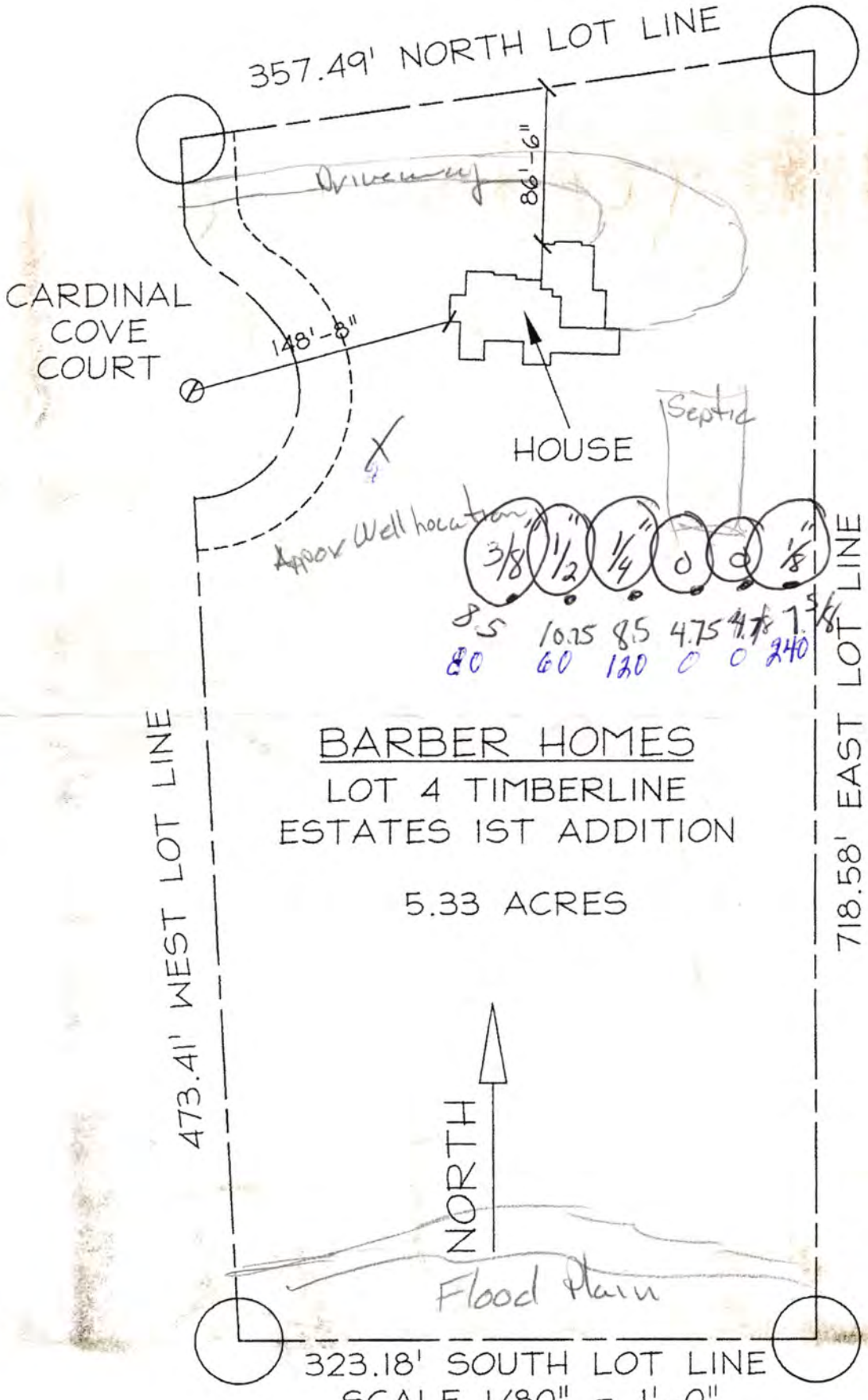
E. Required Signatures

Home Building Contractor Kathy Barber Date 10-15-02

Installer [illegible] Date 10/14/02

FORM 23-102 10-96

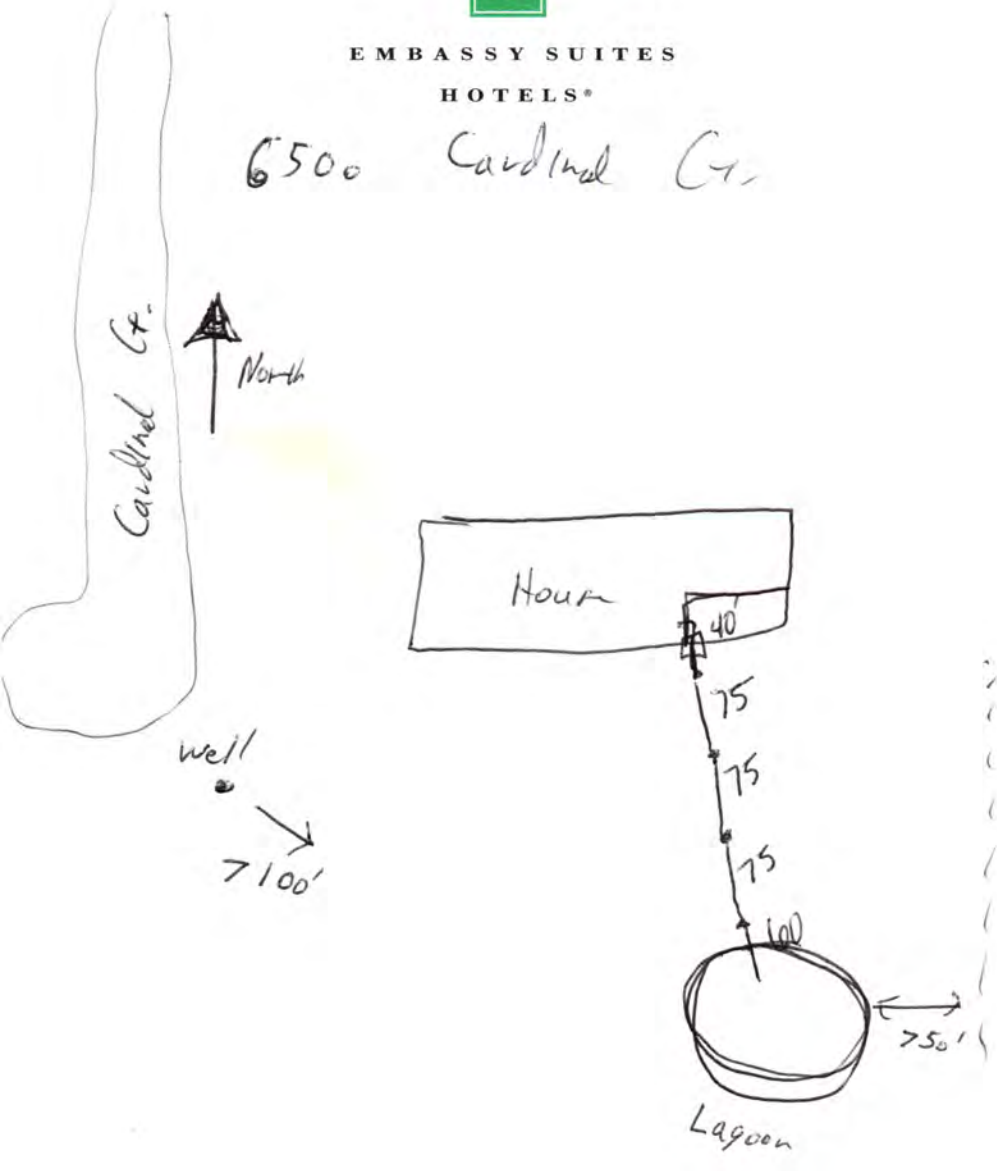
#023802549


357.49' NORTH LOT LINE
Driveway
86'-6"
CARDINAL COVE COURT
148'-8"
HOUSE
Septic
Approx Well location
3/8" 1/2" 1/4" 0 0 1/8"
8.5 10.25 8.5 4.75 4.75 7.5
80 60 120 0 0 240
BARBER HOMES
LOT 4 TIMBERLINE ESTATES IST ADDITION
5.33 ACRES
473.41' WEST LOT LINE
718.58' EAST LOT LINE
NORTH
Flood Plain
323.18' SOUTH LOT LINE
SCALE 1/80" = 1'-0"

EMBASSY SUITES

HOTELS®

6500 Cardinal Cr.



EMBASSY SUITES LINCOLN
1040 "P" Street • Lincoln, NE 68508
(402) 474-1111 • Fax: (402) 474-1144