Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 99380206801

Issued 08/19/99
Expires 02/19/00
Revenue Code 3157

FEES: $150.00

Establishment

ROBERT R ALDERMAN
T9N R5E SEC 13 QTR SE
TIMBER ESTS-1ST ADDN BLK 1 LOT 8
6610 S RAVEN RIDGE CT

TOTAL: $150.00

Permitee

ROBERT R ALDERMAN
5540 S 72 ST
LINCOLN NE 68516

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010876

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

A

Permit Number:

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 6610 RAVEN RIDGE COURT (no rural route) City _____ NE, Zip _____

Legal Description SE 1/4 (1/4) 13 (Section) 9N (Township) 5E (Range) East Timbrel Estate 1st (Subdivision) _____ (Addition) 1 (Block) 8 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Robert R. Alderman Alderman Builders Inc Signature Robert R Alderman

Address 5540 So 72nd ST City/State/Zip Lincoln NE. 68516.

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

C. Contractor

Name Robert R. Alderman Company Name Alderman Builders Inc.

Address 5540 City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Clint Presnell Firm Wellman Plumbing Work Phone cell 430-6817 . 434-2700

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 8/19/99 Date frwd 8/19/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** CHECK FOR FLOOD PLAIN Date rec'd 8/19/99 Date frwd 8/19/99 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-19-99 Date frwd 8-19-99 ACTION ☒ Approved * ☐ Disapproved Signature _____

* Verify system is out of flood plain as per final plat

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date OCTOBER 13, 1999

Business Office Use Only

Date Rec'd 08/18/99
Amt Paid 150.00
Rec'd By _____ Cash/~~Check~~ No. CASH

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 Block 1 Lot 8 Timber Line Estates City Lincoln NE, Zip
(no rural route)

Owner Alderman Builders Inc Address 5540 South 72nd ST Lincoln NE 68516.

Soil Type (SCS): Clay Percolation Rate: 120 min./inch

Date of Tests 8-17 to 18th Weather: Precipitation Rain 1pm to 2pm Temperature 90°

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	8-17	9am	8-18	9am	8-18	9am	6	8-18	9:30am	30	¼	120
2	"	"	"	"	"	"	"	6	"	"	30	0	0
3	"	"	"	"	"	"	"	6	"	"	30	¼	120
4	"	"	"	"	"	"	"	6	"	"	30	0	0
5	"	"	"	"	"	"	"	6	"	"	30	¼	120
6	"	"	"	"	"	"	"	6	"	"	30	¼	120

Person Conducting Percolation Tests

Name: Cliff Presnell
Phone: 434-2400
Address 3130 So 6th

Sum of Percolation Rates: 360
Average of Rates: 60
Rate Used for Calculation: 120

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

SEP 2 3 1999

B

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

Permit Number:

Lot 8 Blk 1
Timberline Estates 1st Add.

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (indicate correct number and street)

Address 5610 Raven Ridge Rd (no rural route) City _____ NE, Zip _____

Owner _____ Address _____

Soil Type (SCS): _____ Percolation Rate: 60 min./inch

Date of Tests 9-20 to 9-21-99 Weather: Precipitation — Temperature 50

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	30	9-20	12:15	9-21	8:00	9-21	11:20	18¼	9-21	11:50	30	1	
2								20½				5/8	
3								16½				1	
4								24				1	
5								13½				½	
6								19				½	
7								18				¾	

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Larry 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 10-98

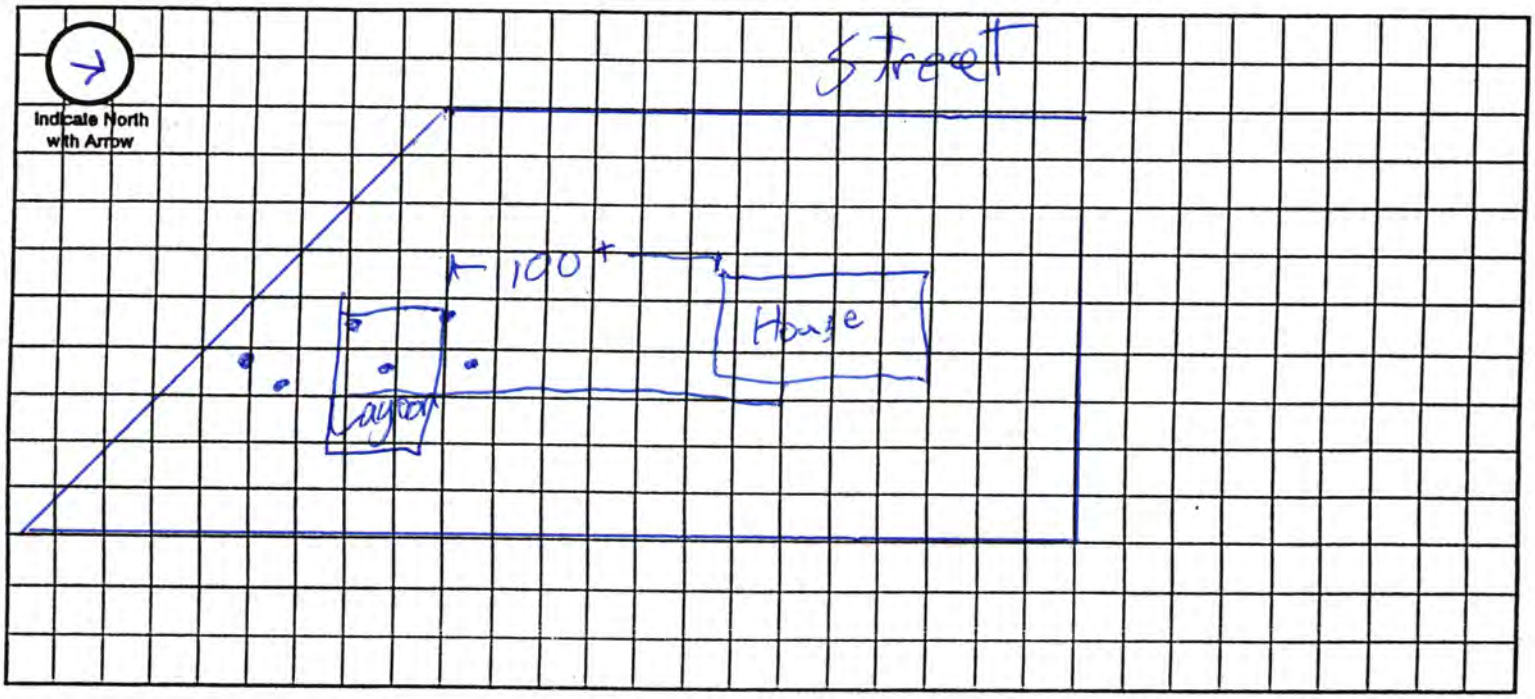
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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 Lagoon

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

Percolation Rate 120 (min. per inch) Soil Type: Clay Land Slope: 1 %

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 Robert D. Allen Date _____

Installer Clint Pruett Wellmanns Plumbing Date 8-19-99

FORM 23-102 10-96

OCT 1 2 1999

D

Permit Number:

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

Sewage Disposal System

As Built Plans & Specifications

Date 10-5-99

System Location (indicate correct number and street)

Address 6610 Raven Ridge Rd. (no rural route) City Lincoln Denton NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 36 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Plastic 3 Drop Laterals
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 16 ft.

D. Absorption Field

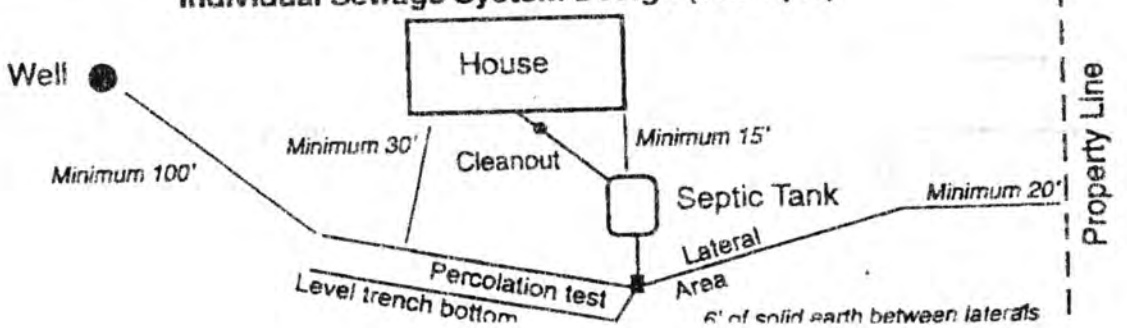
(Provide as-built drawings on back of this form)

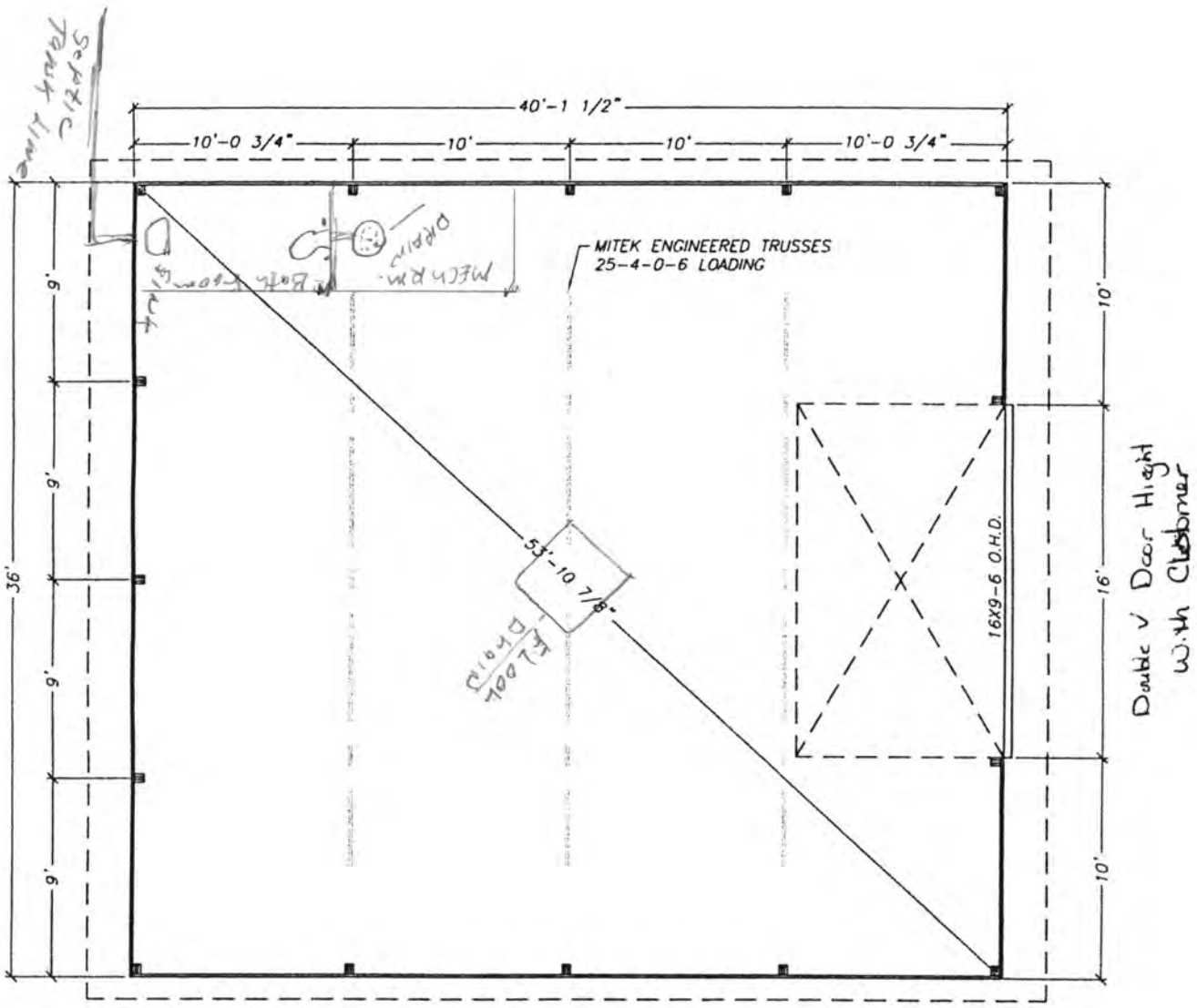
1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: ~~4~~
   or perforated pipe: 4
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 100 ft. 100 ft.
   100 ft. 100 ft., 40 ft.
   ~~440~~
3. Trench dimensions: Width 3 ft.
   Slope 3 in/100 ft.
   Average depth 30 in
4. Filter material: Road Gravel
   Depth of material 14 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 20 ft.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)

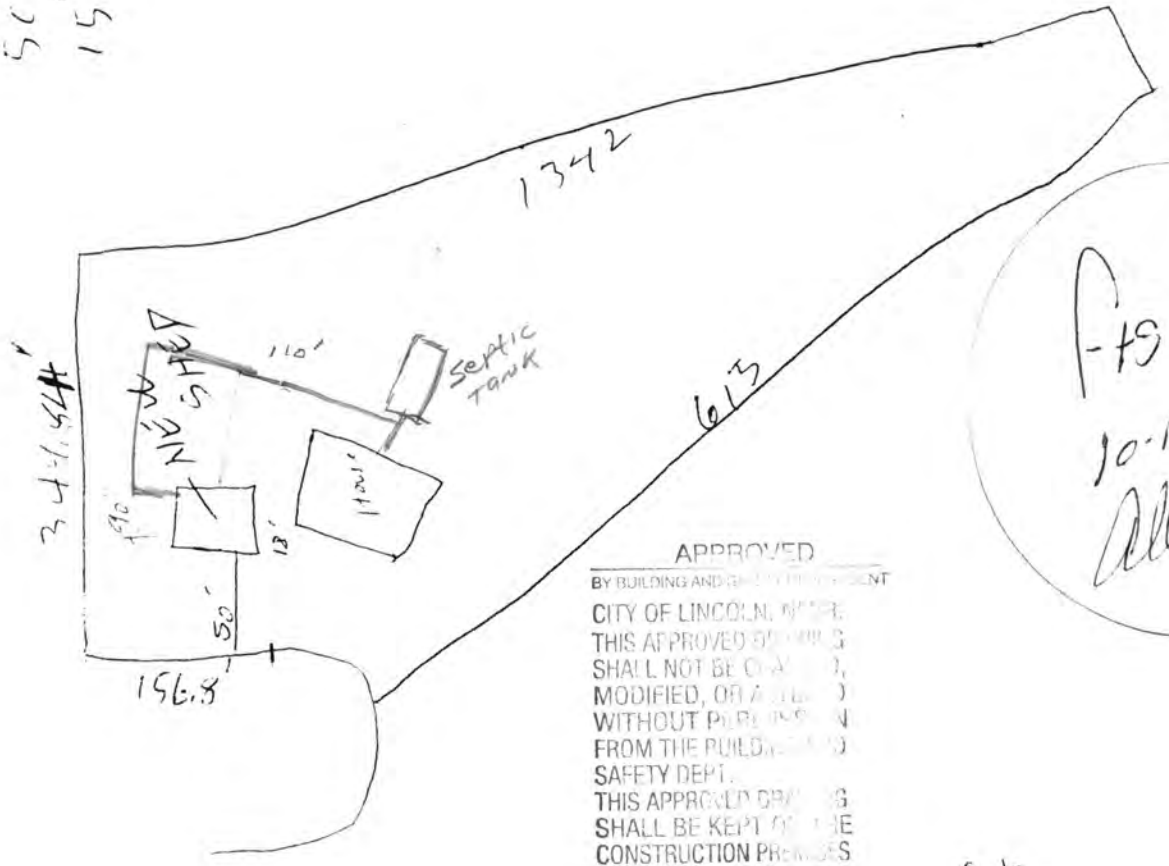




ASTRO BUILDINGS INC.
1109 SOUTH 19th STREET - SUITE A - OMAHA, NE 68108
PHONE: (800) 822-7876
FAX: (402) 292-9802
© COPYRIGHT ASTRO BUILDINGS INC.
DRAWN BY: JASON PURVIANCE
CHECKED BY: _____

NE 12 side
50' (front)
15' side

13-9-5



F-15 Ap
10-13-03
Allen

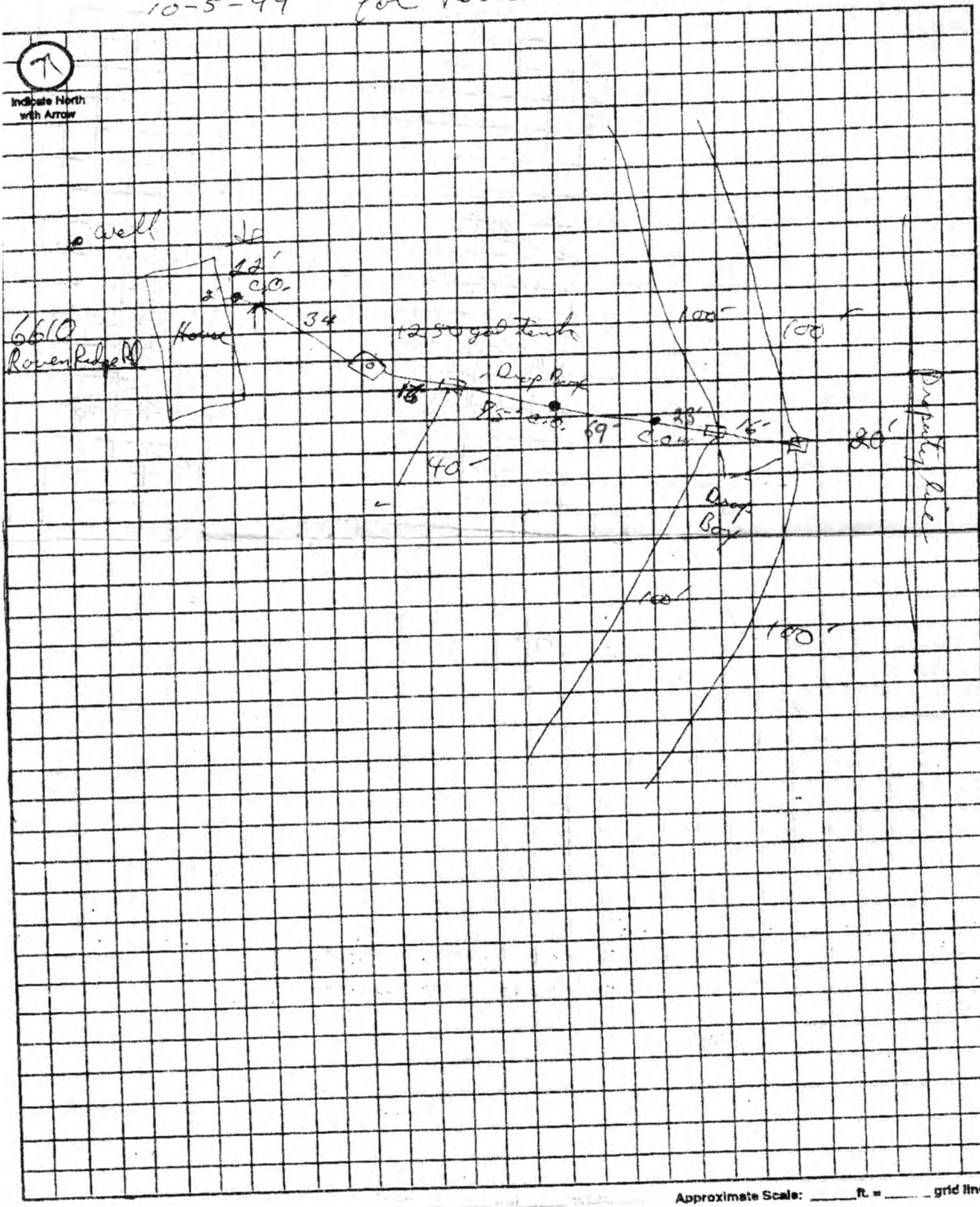
APPROVED
BY BUILDING AND SAFETY DEPARTMENT
CITY OF LINCOLN, NEBR.
THIS APPROVED DRAWING
SHALL NOT BE CHANGED,
MODIFIED, OR ALTERED
WITHOUT PERMISSION
FROM THE BUILDING AND
SAFETY DEPT.
THIS APPROVED DRAWING
SHALL BE KEPT ON THE
CONSTRUCTION PREMISES
AT ALL TIMES DURING
WHICH THE WORK AUTHORIZED IS IN PROGRESS
AND SHALL BE OPEN TO
INSPECTION BY PUBLIC
OFFICIALS.

DATE
REVIEWER
PERMIT #

Ct
Brittenback
6610
Guy

As Built Drawing

by Larry Schwarck
10-5-99 for Robert Alderman



Approximate Scale: _____ ft. = _____ grid lines

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003207

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-ALTER SYSTEM TO
ACCOMMODATE 5 BEDROOMS RATHER THAN 4

Permit # 03390076901

Issued 11/10/03
Expires 05/11/04
Revenue Code 3157

GARY BREITENBACH

Establishment

T9N R5E SEC 13 QTR SE
TIMBER ESTS-1ST ADDN BLK 1 LOT 8
6610 S RAVEN RIDGE CT

FEES: $100.00

Permittee

GARY BREITENBACH
6610 RAVEN RIDGE CT
DENTON NE 68339

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☒ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 9N Range 5E Section 13 1/4 Section
   Block 1 Lot 8 Addition TIMBERLINE ESTATES 1ST ADD
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 6610 Raven Ridge Ct.

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 5 Describe

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Original Permit of 1999 Was for 4 bedroom but sized system for a 5 bedroom because of extra bedroom finished in basement and not used except for storage

5. **Work to be done by:** ☐ owner ☒ contractor's name Wellmans Plumbing

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   (b.) Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Gary Breitenbach Address 6610 Raven Ridge Ct. Denton NE Phone 797-2428
Applicant Signature (owner or lessee) Gary Breitenbach

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 11/7/03 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold G. Hood

Site visits
Date 11/19/03 By Jerrold Hood
Date ____/____/____ By
Date ____/____/____ By

Installation final written approval
Date ____/____/____ By

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 11/10/03 Amount 100.00 Check No. 2423 Initials CW

White - Division Copy Pink - Business Office Revised 9/00