Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009669

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit #: 06380326101

Issued: 10/06/06
Expires: 10/06/07
Revenue Code: 3157

Establishment:
KURT RINKE
T10N R5E SEC 19
PRAIRIE ESTS LLCN LOT 3
1350 NW 140 ST

FEES: $290.00

Permittee:
KURT RINKE
1941 BRECKENRIDGE DR
LINCOLN NE 68521

TOTAL: $290.00

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: 06380326101

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 1350 NW 140TH (no rural route) City Lincoln NE, Zip 68528

Legal Description 1/4 1/4 Section 19 Township 10 Range 5 Subdivision Oak Prairie Estates, LLC Addition Block 3 Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Kurt Rinke Signature _____

Address 1941 Beckenridge Dr City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone _____ Work Phone 402 314-0418

C. Contractor

Name Leonard Harper Company Name Harper Well

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 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 10/9/06 Date frwd 10/19/06 **ACTION** ☒ Approved ☐ Disapproved Signature Doug Ammon
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-9-06 Date frwd 10-9-06 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-9-06 Date frwd 10-9-06 **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Doug Ammon

Date 6/2/07

Business Office Use Only
Date Rec'd 10/6/06
Amt Paid 290.00
Rec'd By CW Cash/Check No. 2282

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: 06380326101

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1350 NW 140TH (no rural route) City Lincoln NE, Zip 68528

Owner Kurt & Cindi Rinke Addresss 941 Breckenridge Dr. Lincoln, NE 68521

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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	28"	7/20	8 AM	7/20	4PM	7/21	8:30	20"	7/21	3:00PM	36	1	36
		7/20									40		40
											40		40
											35		35
											34		34
6		7/20				7/21	8:30	20"			40	1'	40

Person Conducting Percolation Tests

Name: Jared Glass

Phone: 402 432-2204

Address PO Box 15

Adams, NE 68301

Sum of Percolation Rates: 47

Average of Rates: _____

Rate Used for Calculation: _____

1100 ÷ 4 = 275' Leach

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

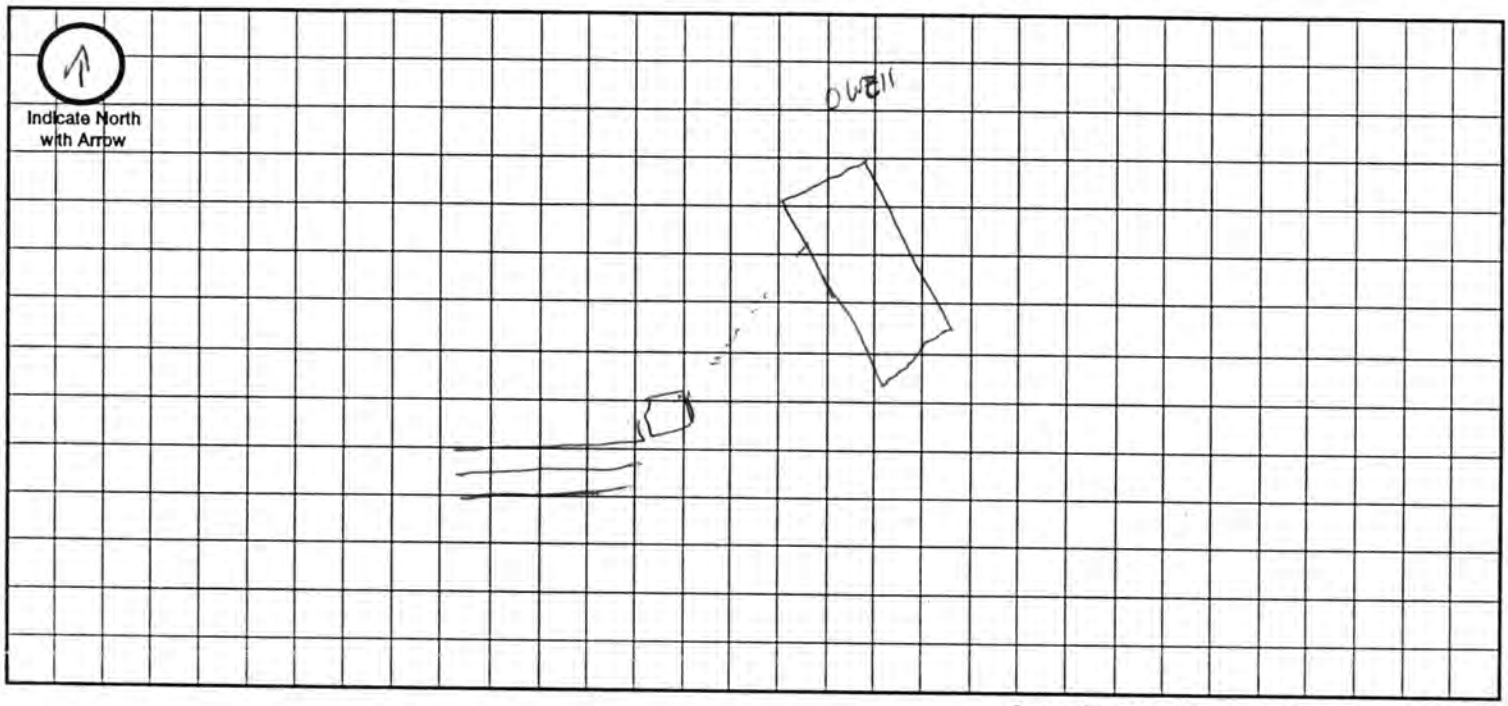
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C

Permit Number: 06380326101

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 1500 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 275 ft. Number of Trenches 3 Trench Width 3'

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 ☐	☐

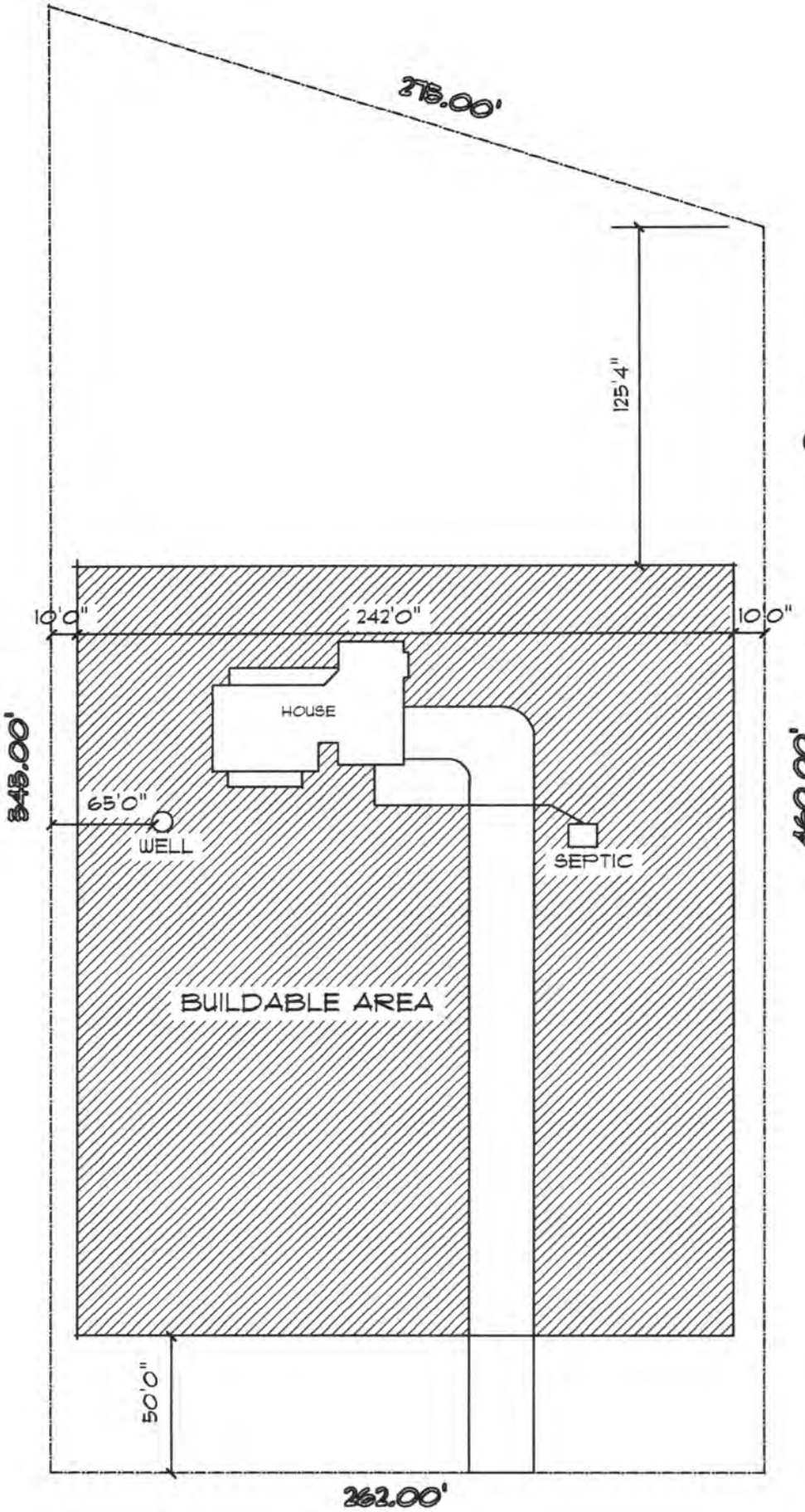
E. Required Signatures

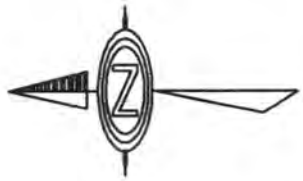
Home Building Contractor _____ Date _____

Installer _____ Date 10-6-06

FORM 23-102 10-96

PLOT PLAN
OAK PRAIRIE ESTAT
LOT 3





LATERALS
RUN N/S
NOT E/W
well
100
tank
North
3 runs
@ 80