B

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

Permit Number: HS000013

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1300 19401 NW 86th Ct. City Raymond NE, Zip 68428
(no rural route)

Owner Aspen Builders Address 1640 Normandy Ct. Lincoln NE 68512

Soil Type (SCS): PAC2 Percolation Rate: _____ min./inch

Date of Tests 9/10 to 9/12 Weather: Precipitation clear Temperature 72°

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	9/11	3:30	9/12	7:00	9-12	7:10	16"	9-12	7:40	30	6"	5
2							7:11	15"		:41		5 7/16"	5
3							7:12	12"		:42		5 15/16"	5.88
4							7:14	11"		:44		5 3/16"	5
5							7:15	15"		:45		5 3/4	5
6							7:17	17"		:47		5 7/8	5
													3

Sum of Percolation Rates: 31
Average of Rates: 5.1
Rate Used for Calculation: 6

Person Conducting Percolation Tests

Name: Bob Benes
Phone: 416-9660
Address 3300 Manassas
Lincoln 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

LLCHD HS000013

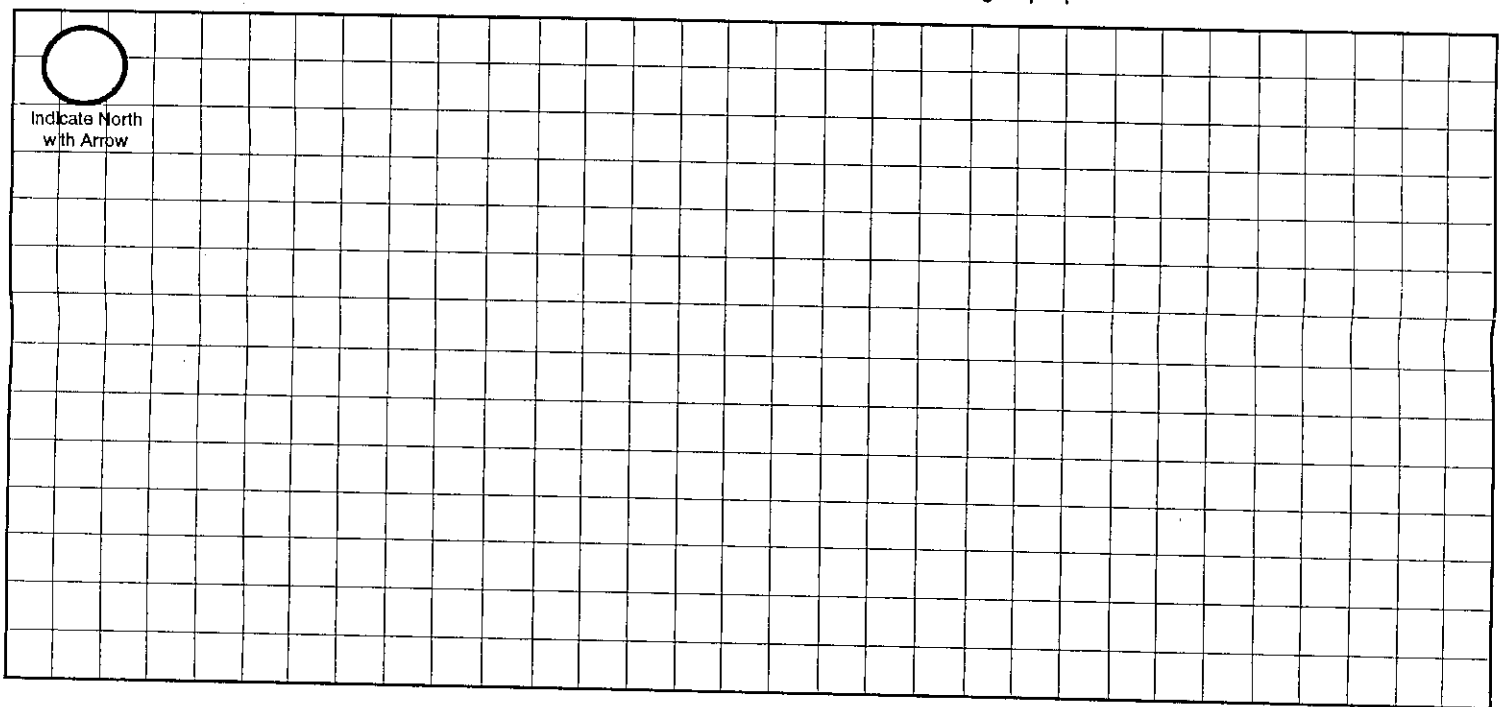
Lincoln-Lancaster County Health Department
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C

Permit Number: HS000013

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) 19401 NW 81st Ct City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 6 (min. per inch) Soil Type: Pal 2 Land Slope: 3-4 %

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

Total Square Feet of Field Required: 330 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: 4" gravelless slotted chamber

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 425 ft. Number of Trenches 1 Trench Width 3'

will do 85' to begin

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

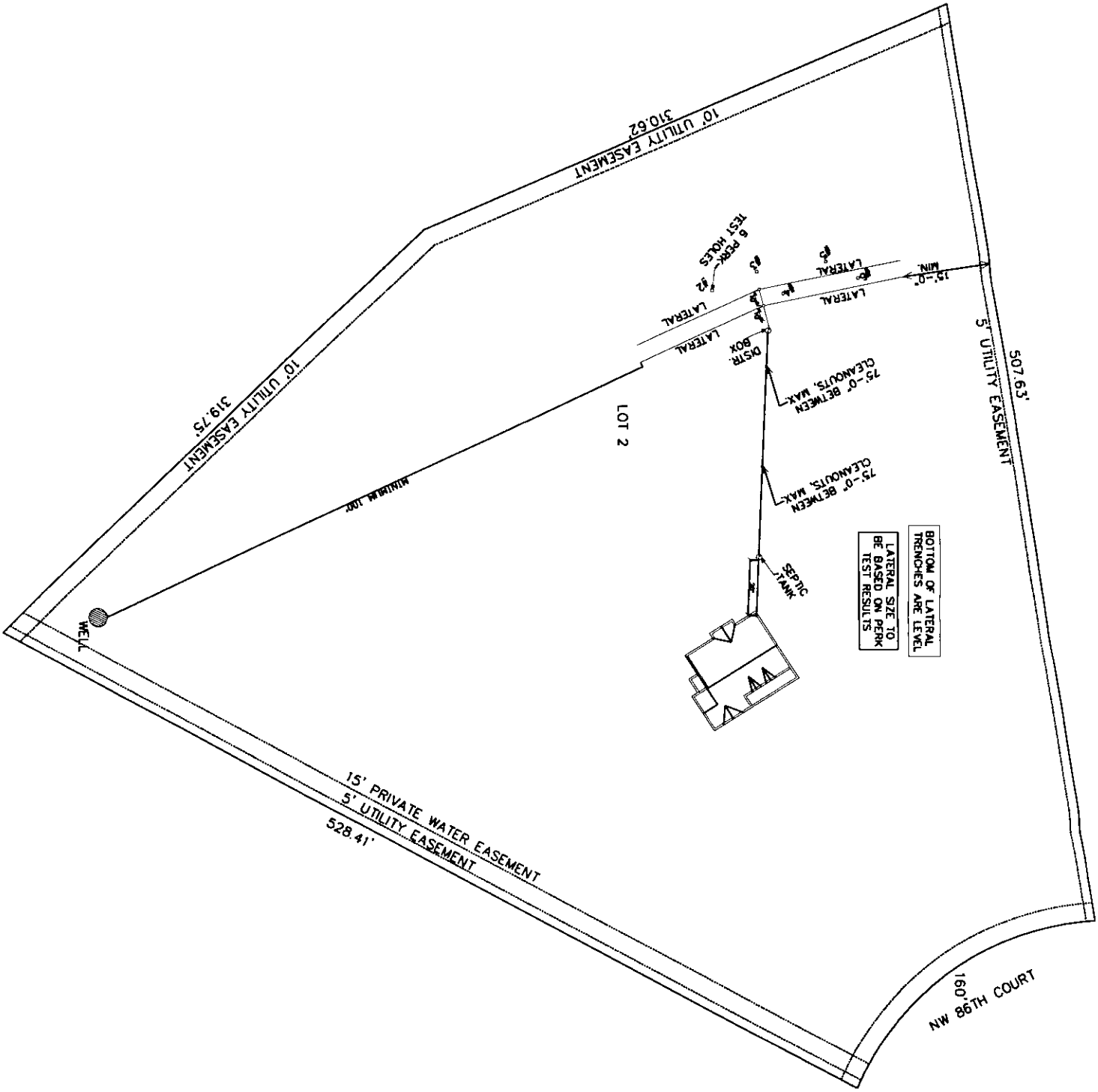
Home Building Contractor _____ Date 9-12-07

Installer _____ Date 9-12-07

FORM 23-102 10-96

10-29-2007 8:54:32

HS000013


10' UTILITY EASEMENT
310.62'
10' UTILITY EASEMENT
319.75'
5' UTILITY EASEMENT
507.63'
6 PERK TEST HOLES
#2
#3
#4
#5
#6
LATERAL
LATERAL
LATERAL
LATERAL
MIN. 25'-0"
DISTR. BOX
75'-0" BETWEEN CLEANOUTS, MAX.
75'-0" BETWEEN CLEANOUTS, MAX.
LOT 2
MINIMUM 100'
SEPTIC TANK
LATERAL SIZE TO BE BASED ON PERK TEST RESULTS
BOTTOM OF LATERAL TRENCHES ARE LEVEL
WELL
15' PRIVATE WATER EASEMENT
5' UTILITY EASEMENT
528.41'
160'
NW 86TH COURT

LLCHD HS000013

SEP 1 4 2007

A

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

Permit Number: HS000013

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: 9/24/07

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 7BD 19401 Uw 86th Court (no rural route) City Raymond NE, Zip 68428

Legal Description 1/4 22 1/4 Section, 12 Township, 5 Range, Branched Oak Estates Subdivision, 1st Addition, 2 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 Aspen Builders Signature _____

Address 11640 Normandy Ct Suite A City/State/Zip Lincoln NE 68512

☐ Check if owner designed system Home Phone _____ Work Phone 402-423-6811

C. Contractor

Name Bob Benes Company Name Aspen Builders

Address 11640 Normandy Ct. Suite A City/State/Zip Lincoln NE 68512

☒ Check if contractor designed system Work Phone 402-423-6811

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 2 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 9/24/07 Date frwd 9/24/07	ACTION ☒ Approved ☐ Disapproved Signature _____	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 9/20/07 Date frwd 9/20/07	ACTION ☒ Approved ☐ Disapproved Signature _____	
3. City or County Engineer	Date rec'd 9-20-07 Date frwd 9-20-07	ACTION ☒ Approved ☐ Disapproved Signature Jim Rogers	

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

10-29-2007 8:53:11

LLCHD HS000013

SEP 1 4 2007

A

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

Permit Number: HS000013

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 FBO 19401 NW 86th Court (no rural route) City Raymond NE, Zip 68428

Legal Description ____ ____ ____ ____ Branched Oak Estates 1st 2
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 Aspen Builders Signature ____

Address 11640 Normandy Ct Suite A City/State/Zip Lincoln NE 68512

☐ Check if owner designed system Home Phone ____ Work Phone 402-423-6811

C. Contractor

Name Bob Beres Company Name Aspen Builders

Address 11640 Normandy Ct. Suite A City/State/Zip Lincoln NE 68512

☒ Check if contractor designed system Work Phone 402-423-6811

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 2 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 ____ Date frwd ____ ACTION ☐ Approved ☐ Disapproved Signature ____
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 ____

Date ____

Business Office Use Only

Date Rec'd ____

Amt Paid ____

Rec'd By ____ Cash/Check No. ____

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

9-18-2007 13:47:20

DEC 31 2007

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12/26/07

System Location (Indicate correct number and street)

Address 19401 N.W. 86TH (no rural route) City LINCOLN NE, Zip 68428

A. Building Sewer

1. Material: PLASTIC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: 43 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 110 ft.
   stream — ft.
   pressure line 70 ft.
   property line 50 ft.

B. Septic Tank

1. Material: PLASTIC
   Number of compartments: 1
2. Capacity: 1050 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 3 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 130 ft.
   Stream — ft.
   Pressure line 100 ft.
   Property line 50 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 12 ft.

D. Absorption Field

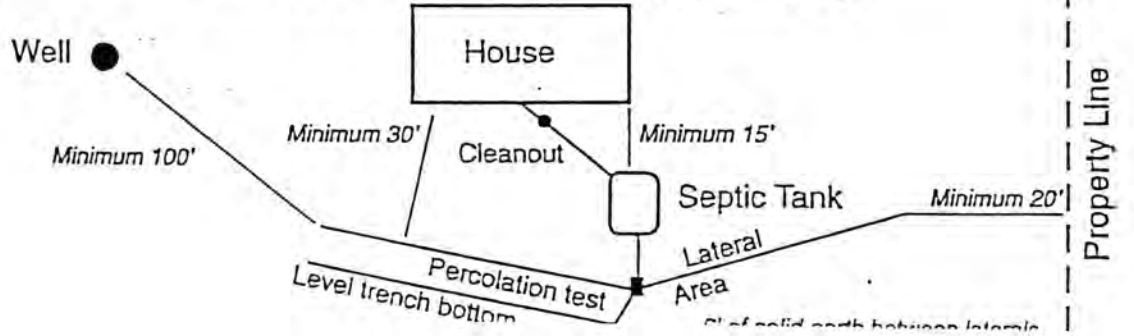
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 150
   Length of each line: 85 ft. 90 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36' ft.
   Slope — in/100 ft.
   Average depth 30 in
4. Filter material: GRAVELESS
   Depth of material 18" in.
5. Distances to: Well or suction line 115 ft.
   Stream — ft.
   Pressure line 80 ft.
   Property line 60 ft.

Indicate North with Arrow

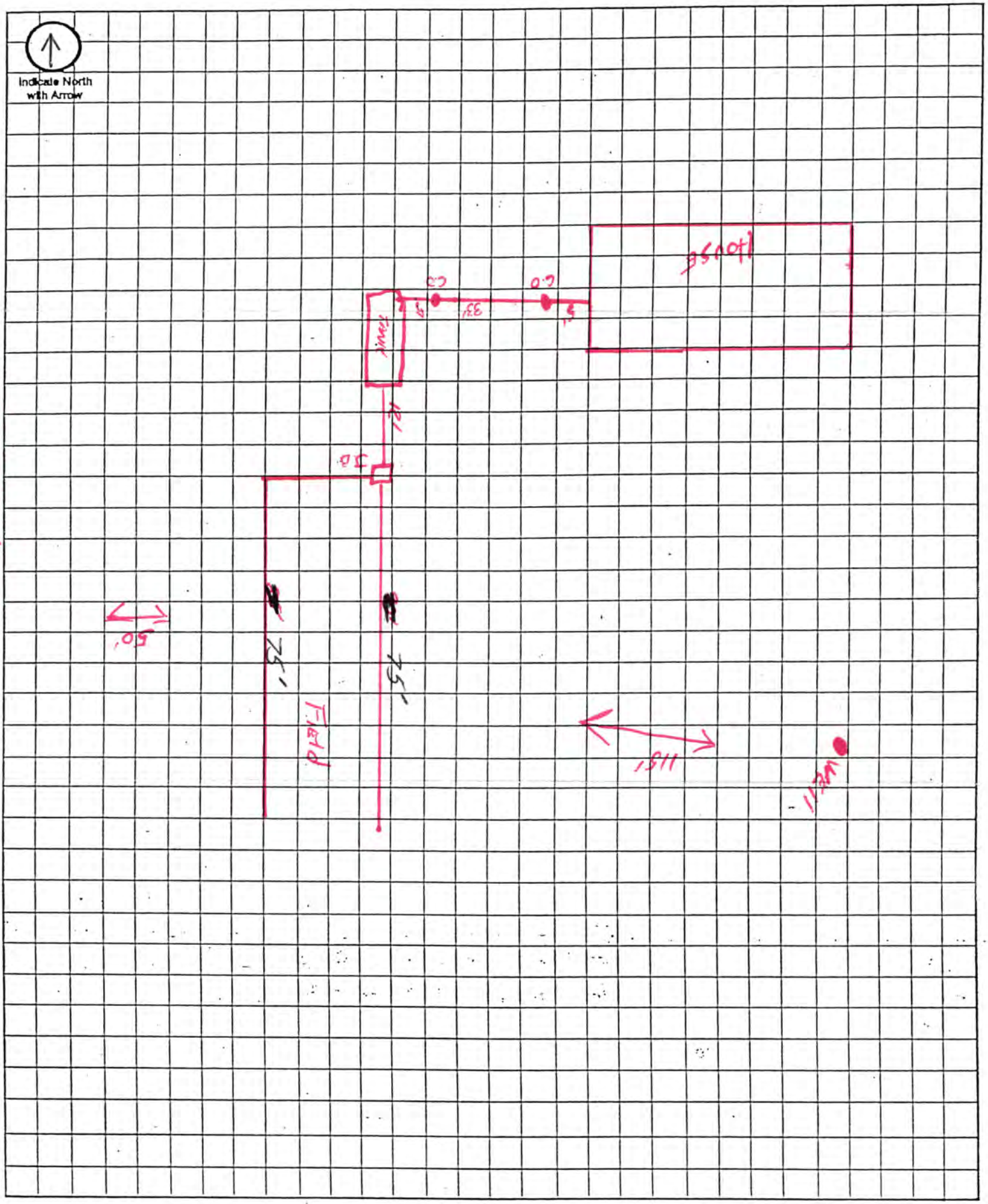
Complete "As Built" drawing on back of this form.

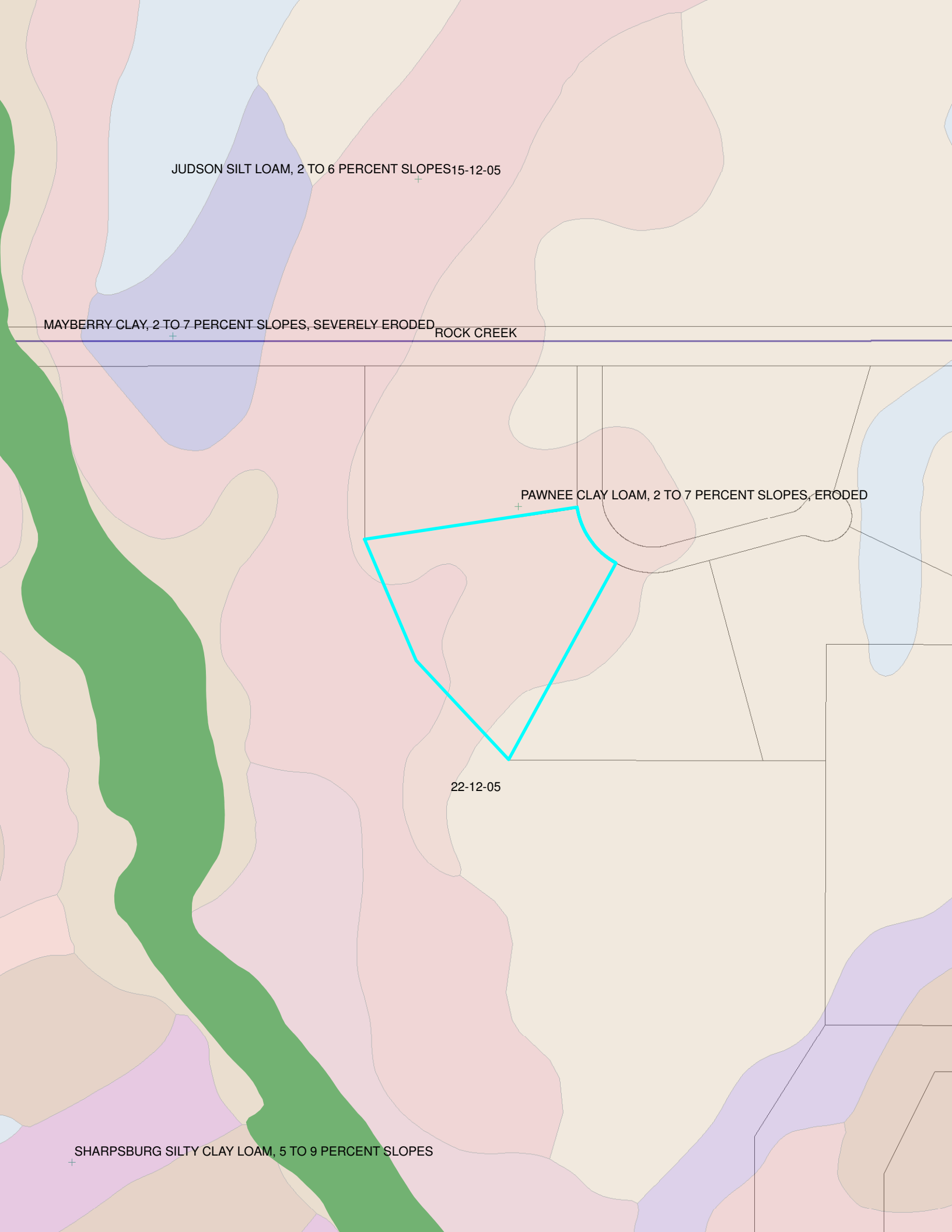
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing




JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
15-12-05
MAYBERRY CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
ROCK CREEK
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
22-12-05
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES