Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000026

System Type: STANDARD

Situs: 6900 W BENELLI LA RUR

Legal Description: T10N-R05E-S36-W.VAN DORN HEIGHTS-Block

Owner: LAYNE LLC
1640 NORMANDY CT
LINCOLN NE
68512

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	10/30/2007
Expires:	10/29/2008

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

LAYNE LLC/ASPEN BUILDERS
1640 NORMANDY CT
LINCOLN NE 68512

LLCHD HS000026

A

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

Permit Number: HS000026

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: 3.19 acres

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address TBD → 6900 W. Benelli Lane (no rural route) City Lincoln NE, Zip 68522

Legal Description 36 10 5 W. VanDorn Heights 4 1
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 Bob Beres/Aspen Builders Signature _____

Address 11640 Normandy Court Ste A City/State/Zip Lincoln NE 68512

☐ Check if owner designed system Home Phone _____ Work Phone 423-0811

C. Contractor

Name Aspen Builders/Bob Beres Company Name Aspen Builders Holly Rilling

Address 11640 Normandy Court Ste A City/State/Zip Lincoln NE 68512

☒ Check if contractor designed system Work Phone 423-0811

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 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 10/12/07 Date frwd 10/12/07 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 10/22/07

Amt Paid 305.00 $280 + $25

Rec'd By _____ Cash/Check No. 16846 - 16848

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

10-23-2007 12: 6:49

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

B

Permit Number: HS000026

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address TBD W. Benelli Lane City Lincoln NE, Zip 68522
(no rural route)

Owner Bob Beres Addresss 1640 Normandy Ct. Suite A Lincoln 68512

Soil Type (SCS): ShD Percolation Rate: 54 min./inch

Date of Tests 9-27 to 9-28 Weather: Precipitation Sunny 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 /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	9-27	12p	9-28	8:00	9-28	8:10	11 1/2	9-28	8:40	30	1/2	60
2	↓	↓	↓	↓	↓	↓	8:12	14 1/4	↓	:42	↓	5/8	48
3							:14	16 5/8		:44		1/2	60
4							:15	15 1/4		:45		5/8	48
5							:17	18 1/4		:47		5/8	48
6						↓	:19	16"	↓	:49	↓	1/2	60

Sum of Percolation Rates: 324
Average of Rates: 54
Rate Used for Calculation: 54

Person Conducting Percolation Tests

Name: B/B Beres
Phone: 416 Rose
Address 1640 Normandy Ct.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

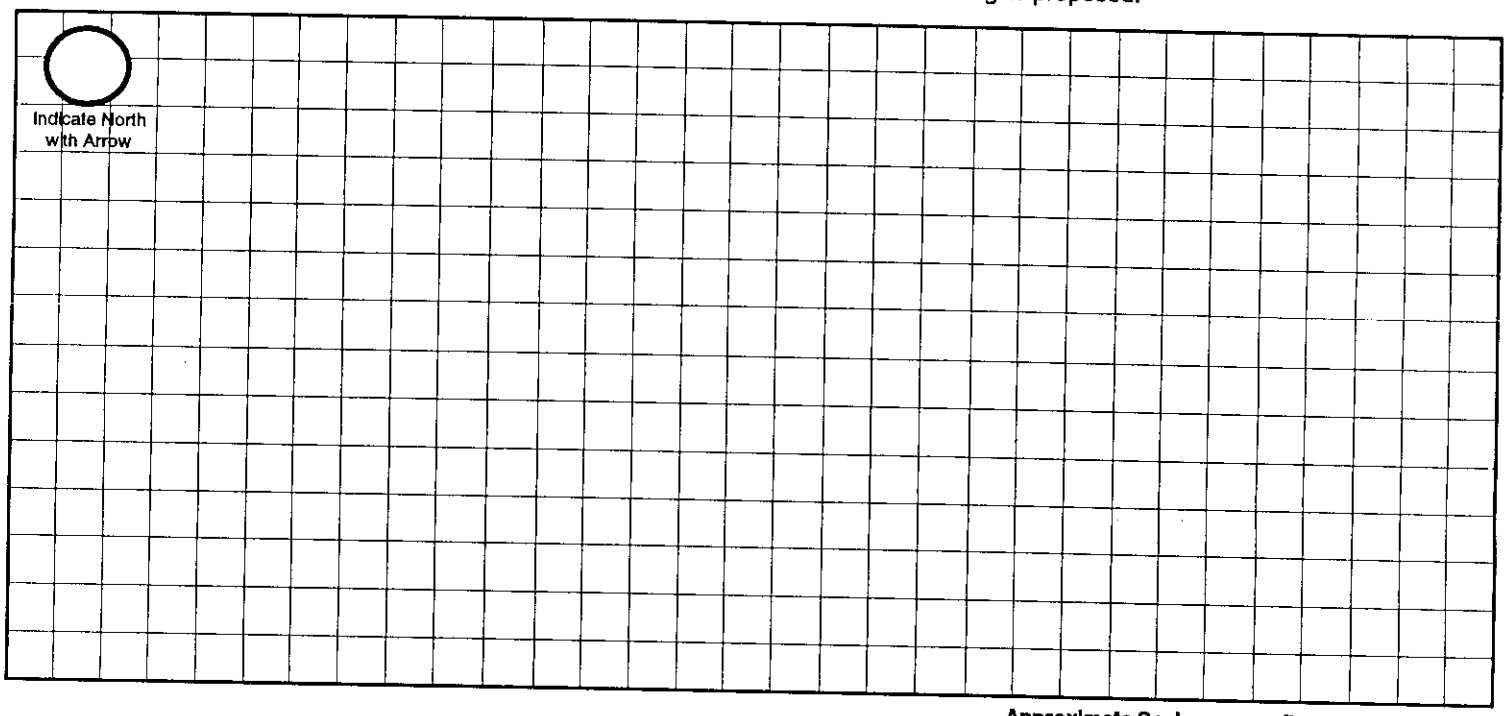
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000026

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) TBD W. Benelli Lane City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 6ut (min. per inch) Soil Type: Sh D Land Slope: _____ %

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

Total Square Feet of Field Required: 1400 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 312.5 ft. Number of Trenches 3 Trench Width 31

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 ☐	☐

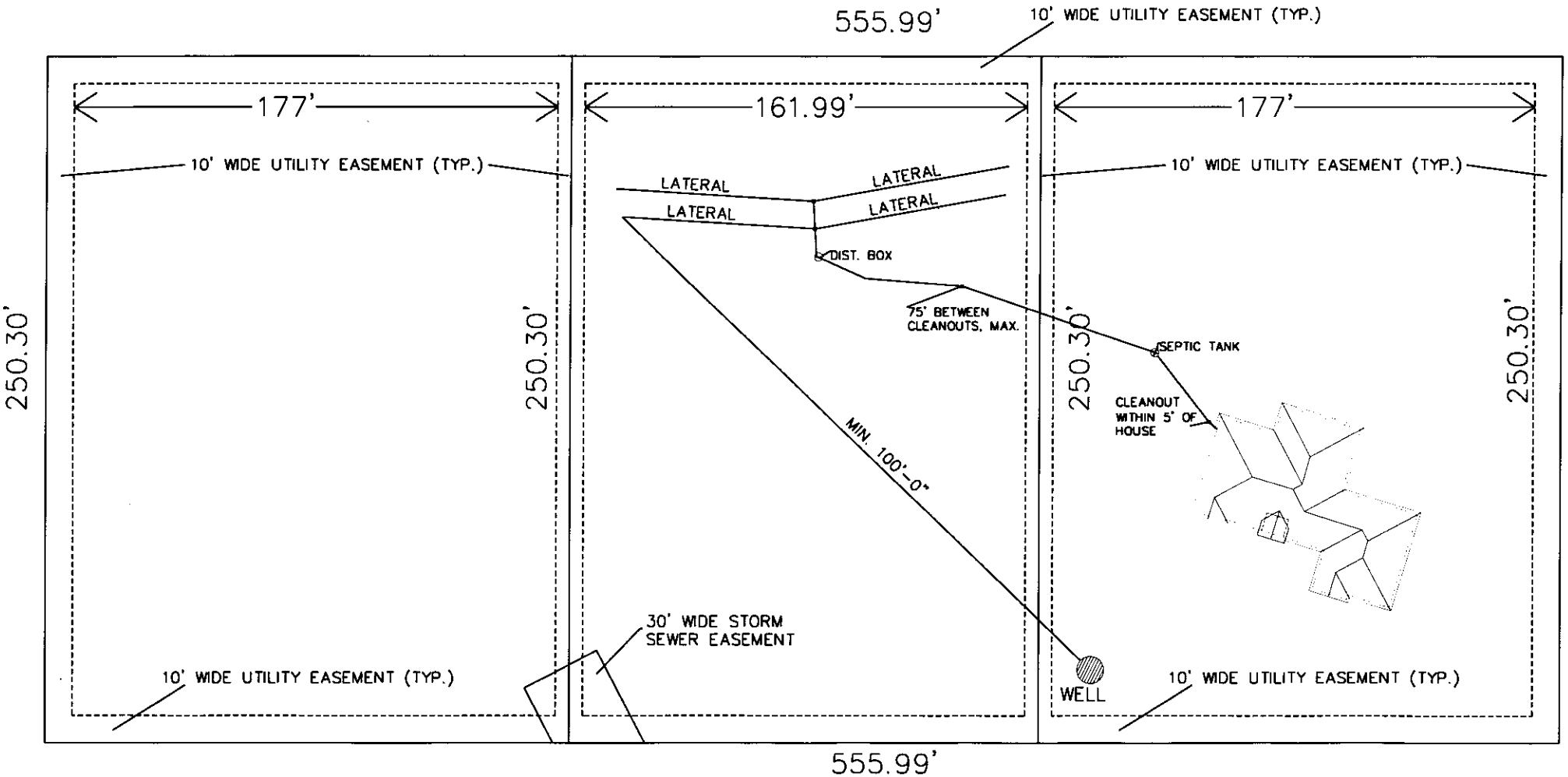
E. Required Signatures

Home Building Contractor _____ Date 10-4-07

Installer _____ Date 10-4-07

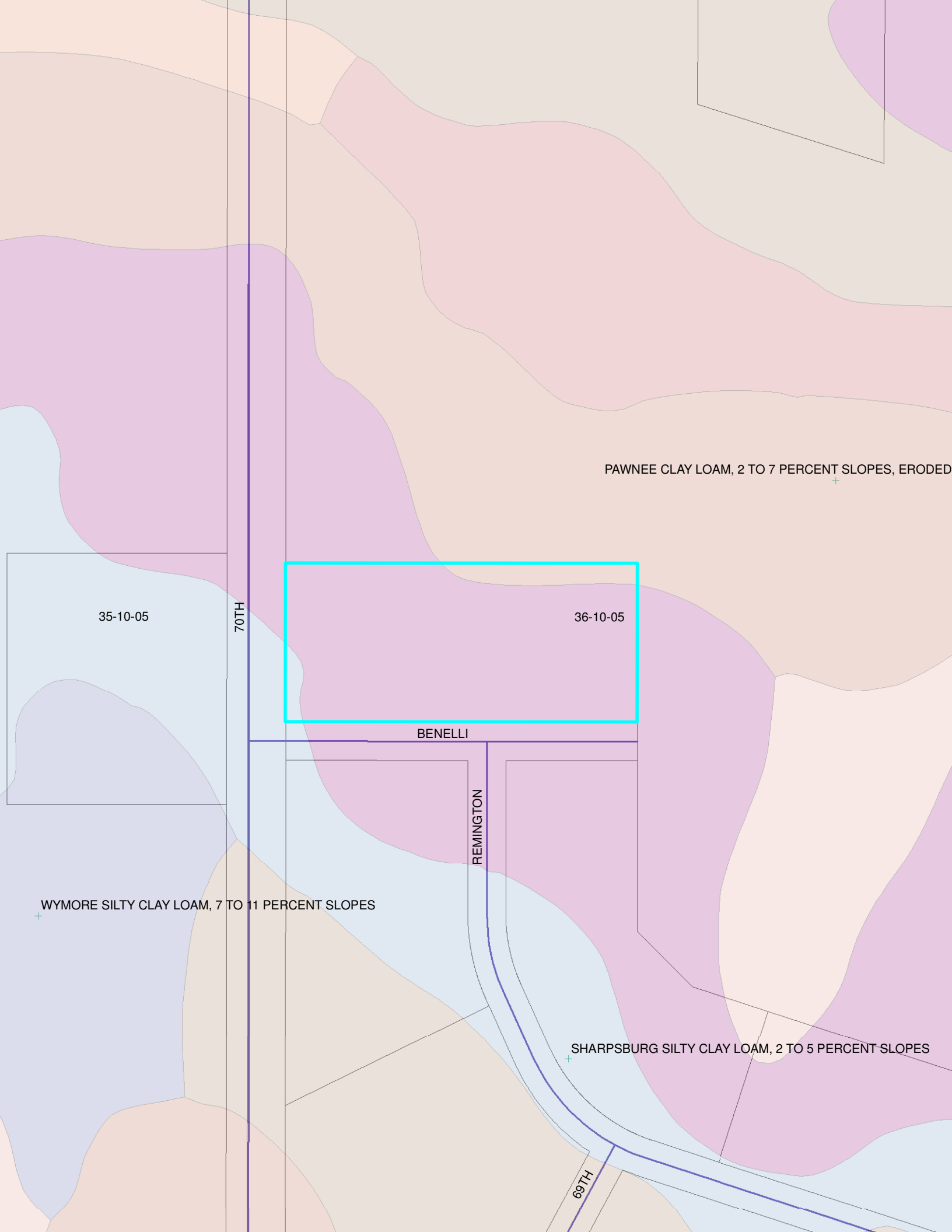
FORM 23-102 10-96

10-23-2007 12:6:56



LLCHD HS000026

10-23-2007 12: 7: 0


PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
35-10-05
70TH
36-10-05
BENELLI
REMINGTON
WYMORE SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
69TH

A

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

Permit Number: H50000026

Sewage Disposal System

Request for Site Clearance and Permit

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Name Bob Benes/Aspen Builders Signature _____

Address 11640 Normandy Court Ste A City/State/Zip Lincoln NE 68512

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

C. Contractor

Name Aspen Builders/Bob Benes Company Name Aspen Builders

Address 11640 Normandy Court Ste A City/State/Zip Lincoln NE 68512

☒ Check if contractor designed system Work Phone 423-6811

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DO NOT WRITE BELOW THIS LINE

Approval Process

☑ Municipal Code 24.38 ☐ County Resolution No. 2832

1. Health Department	Date rec'd 10/12/07 Date frwd 10/12/07	ACTION ☐ Approved ☐ Disapproved Signature _____	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 10-19-07 Date frwd 10-19-07	ACTION ☒ Approved ☐ Disapproved Signature _____	
3. City or County Engineer	Date rec'd 10-22-07 Date frwd 10-22-07	ACTION ☒ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By _____

Date 6/23/08

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

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 5/16/08

System Location (Indicate correct number and street)

Address 6900 W. Benelli (no rural route) City Lincoln NE, Zip 68522

A. Building Sewer

1. Material: PLASTIC
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 8' in.
3. Distance between dwelling and septic tank: 23 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 30 ft.
   stream — ft.
   pressure line 30 ft.
   property line 80 ft.

B. Septic Tank

1. Material: PLASTIC
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 24 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 75 ft.
   Stream — ft.
   Pressure line 60 ft.
   Property line 83 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 17 ft.

D. Absorption Field

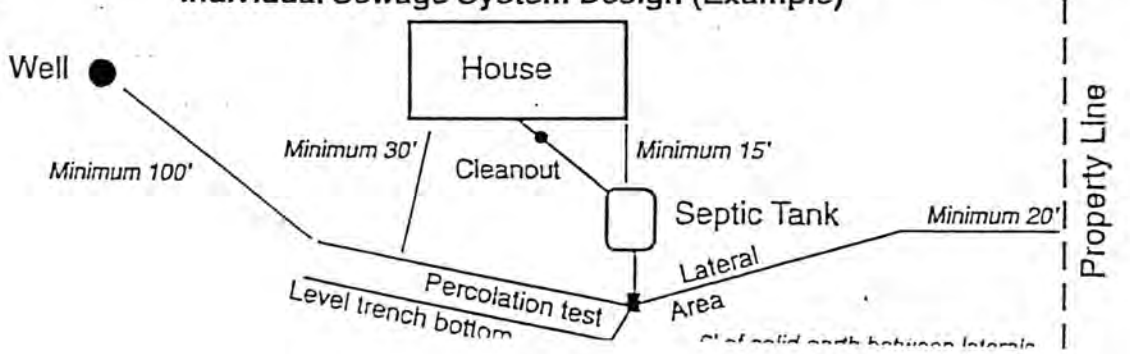
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 42'
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 3
   Length of each line: 150 ft. 128 ft.
   42 ft. ft., ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 36 in
4. Filter material: GRAVELLESS
   Depth of material — in.
5. Distances to: Well or suction line 101 ft.
   Stream — ft.
   Pressure line 100 ft.
   Property line 40 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

