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. HS000027

System Type: STANDARD

Situs: 6931 W REMINGTON DR 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

SCANNED

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

OCT 10 2007

A

Permit Number: H5000027

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 6931 W. Remington Cr. 3.17 acres

A. System Location (Indicate correct number and street)

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

Legal Description 1/4 36 1/4 10 Section 5 Township Range W. Van Dorn Heights Subdivision Addition 3 Block 5 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 1640 Normandy Ct. Ste A City/State/Zip Lincoln NE 68512

☐ Check if owner designed system Home Phone _____ Work Phone 423-6811 Eric Bish 416-9162

C. Contractor

Name Bob Benes Company Name Aspen Builders

Address 1640 Normandy Ct. Ste. A City/State/Zip Lincoln NE 68512

☒ Check if contractor designed system Work Phone 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 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 10/15/07 Date frwd 10/15/07	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 _____	ACTION ☒ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By _____

Date 4/30/08

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

OCT 10 2007

A

Permit Number: H5000027

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 6931 W. Remington Dr. 3.17 acres

A. System Location (Indicate correct number and street)

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

Legal Description 36 (1/4) 10 (1/4) 5 (Section, Township, Range) W. Van Dorn Heights (Subdivision) 3 (Addition) 5 (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 1640 Normandy Ct. Ste A City/State/Zip Lincoln NE 68512

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

C. Contractor

Name Bob Benes Company Name Aspen Builders Holly Pulling

Address 1640 Normandy Ct. 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 10/15/07 Date frwd 10/15/07	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

Rec'd By _____ Cash/Check No. 16847 280 + 25 = 305 #168 48

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

Also well

SCANNED

B

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

Permit Number: HS000027

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. Remington (no rural route) City Lincoln NE, Zip 68522

Owner Aspen Builders Addresss 1640 Normandy Ct. Lincoln NE 68522

Soil Type (SCS): SHC, WfC2 Percolation Rate: _____ 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 (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	9-27	1 pm	9-28	9:30AM	9-28	9:35	17"	9-28	10:05	30	1 3/8"	21
2							9:36	16 1/2"		:06		1 1/8"	26.6
3							9:38	20"		:08		1 1/4"	24
4							9:40	14"		:10		1 5/8"	18.5
5							9:42	15 1/2"		:12		1 1/8"	26.6
6							9:45	19"		:15		1 5/8"	18.5

Sum of Percolation Rates: 135

Average of Rates: 22.5

Rate Used for Calculation: 21-30

Person Conducting Percolation Tests

Name: Bob Bonas

Phone: 416-9600

Address 1640 Normandy Ct

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

SCANNED

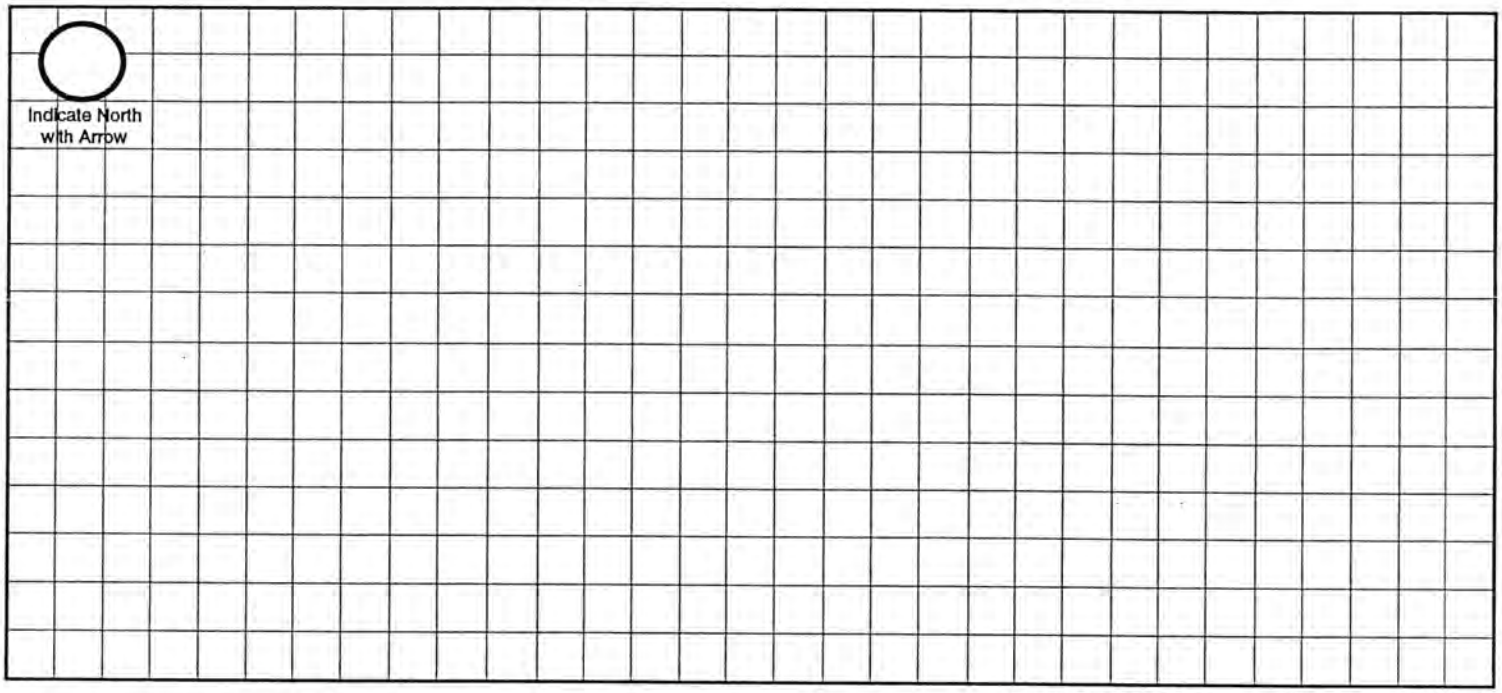
C

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

Permit Number: HS000027

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. Remington 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 22.5 (min. per inch) Soil Type: ShC, WtC 2 Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 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 10-5-07

Installer _____ Date _____

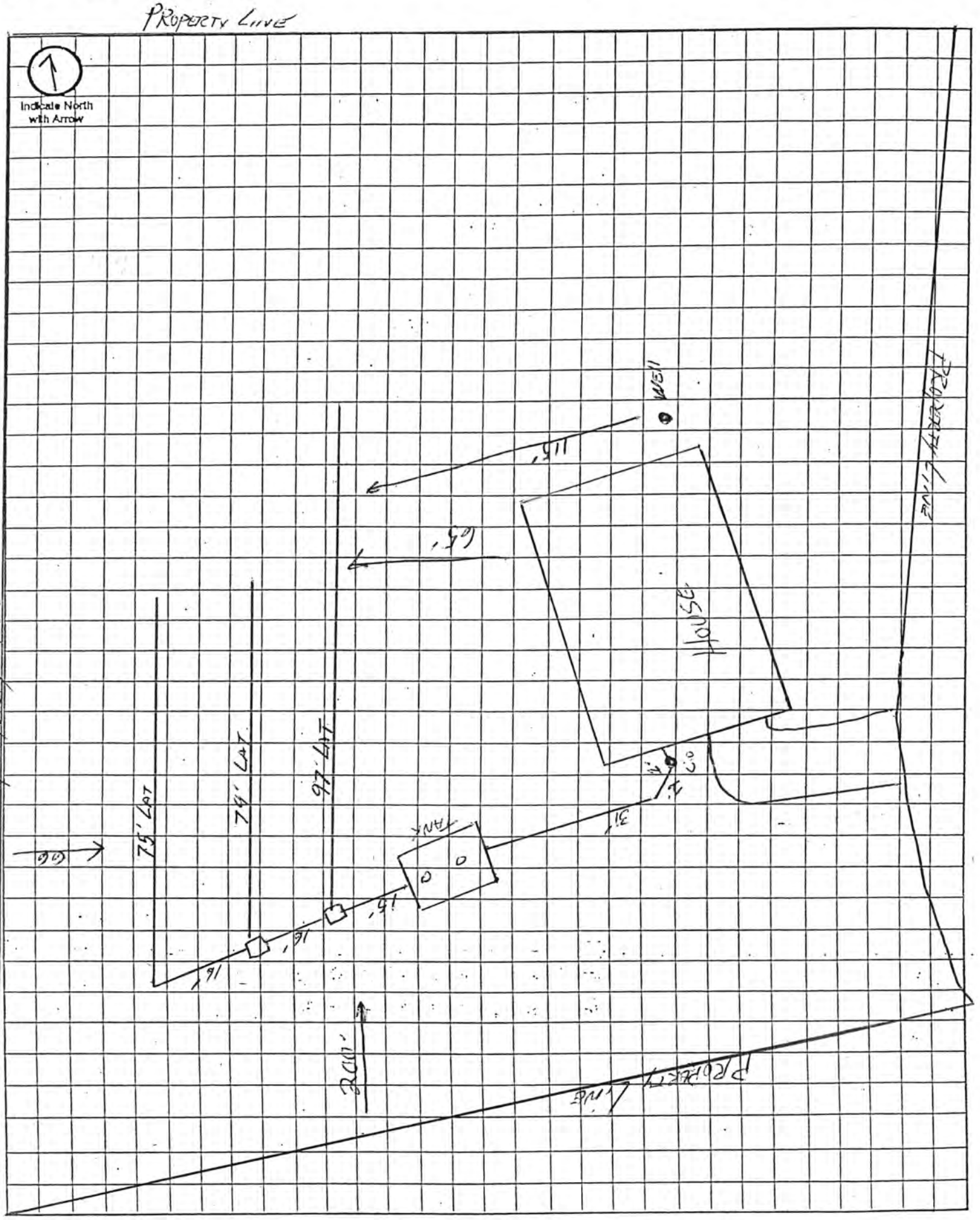
FORM 23-102 10-96

SCANNED

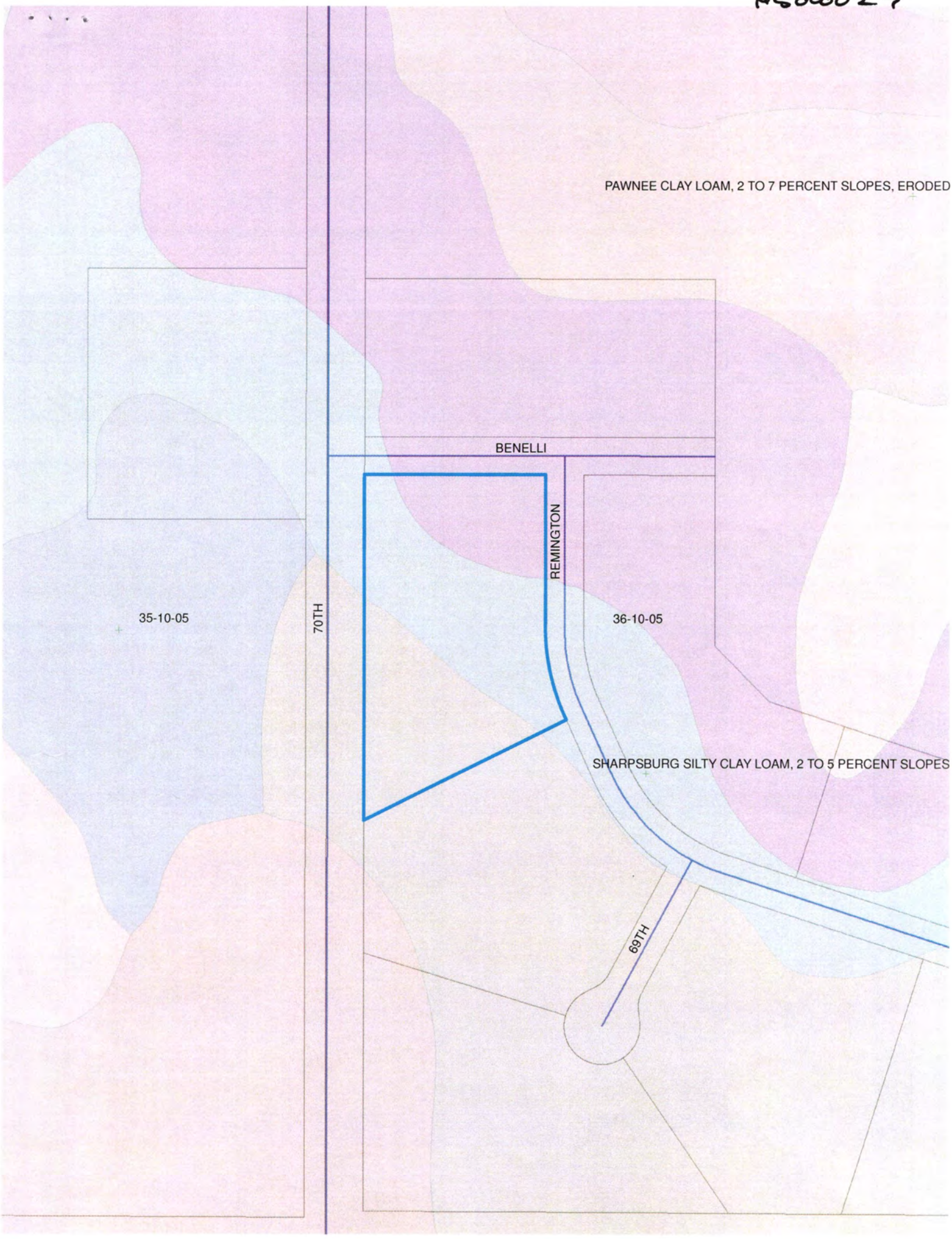
HS000027

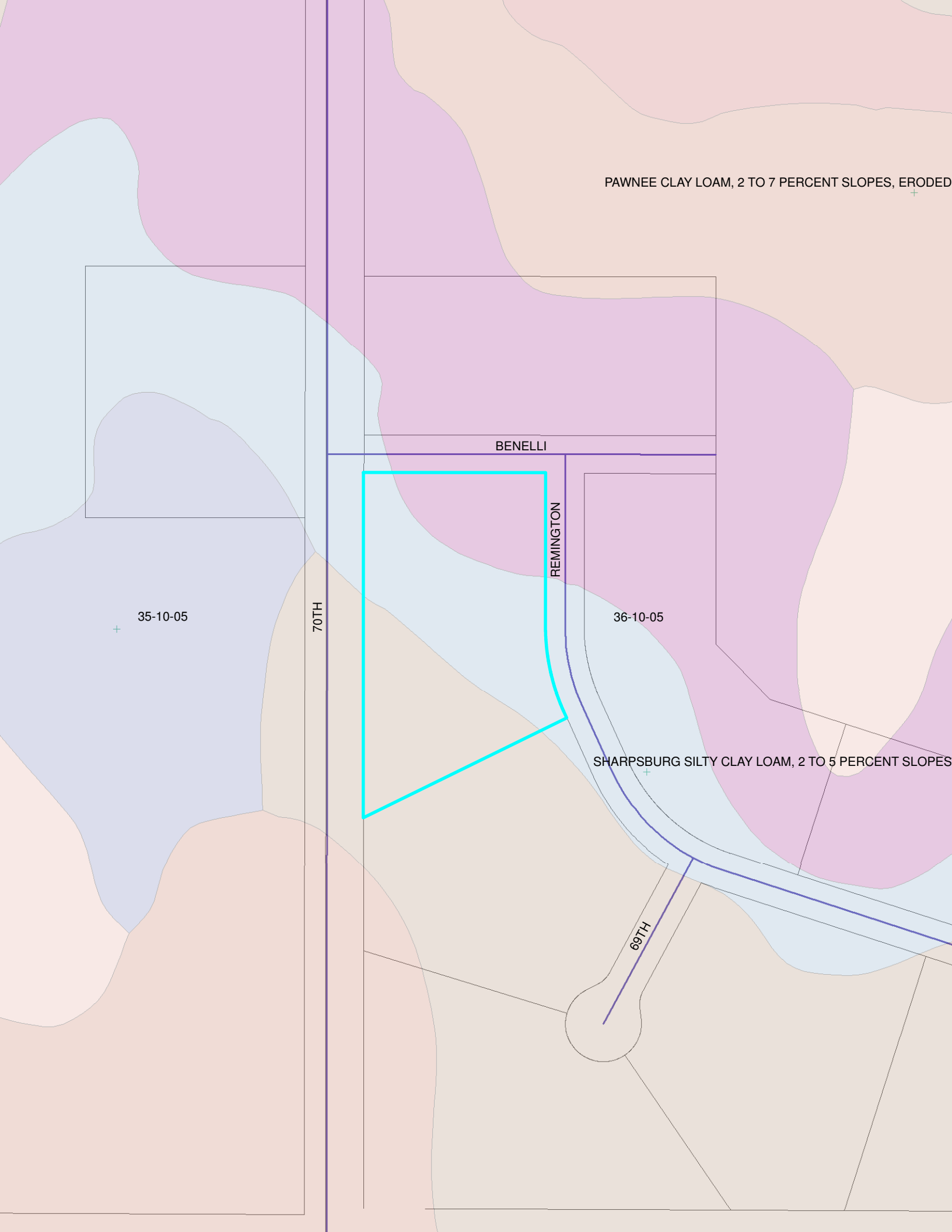


As Built Drawing



HS000027


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


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