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. HS000035

System Type:	STANDARD
Situs:	19355 NW 86TH CT LC-RAYMOND
Legal Description:	T12N-R05E-S22-BRANCHED OAK ESTATES-1ST
Owner:	ASPEN BUILDERS INC 1640 NORMANDY CT STE A LINCOLN NE 68512

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	11/07/2007
Expires:	11/06/2008

Bruce D. Dart, PhD, Health Director

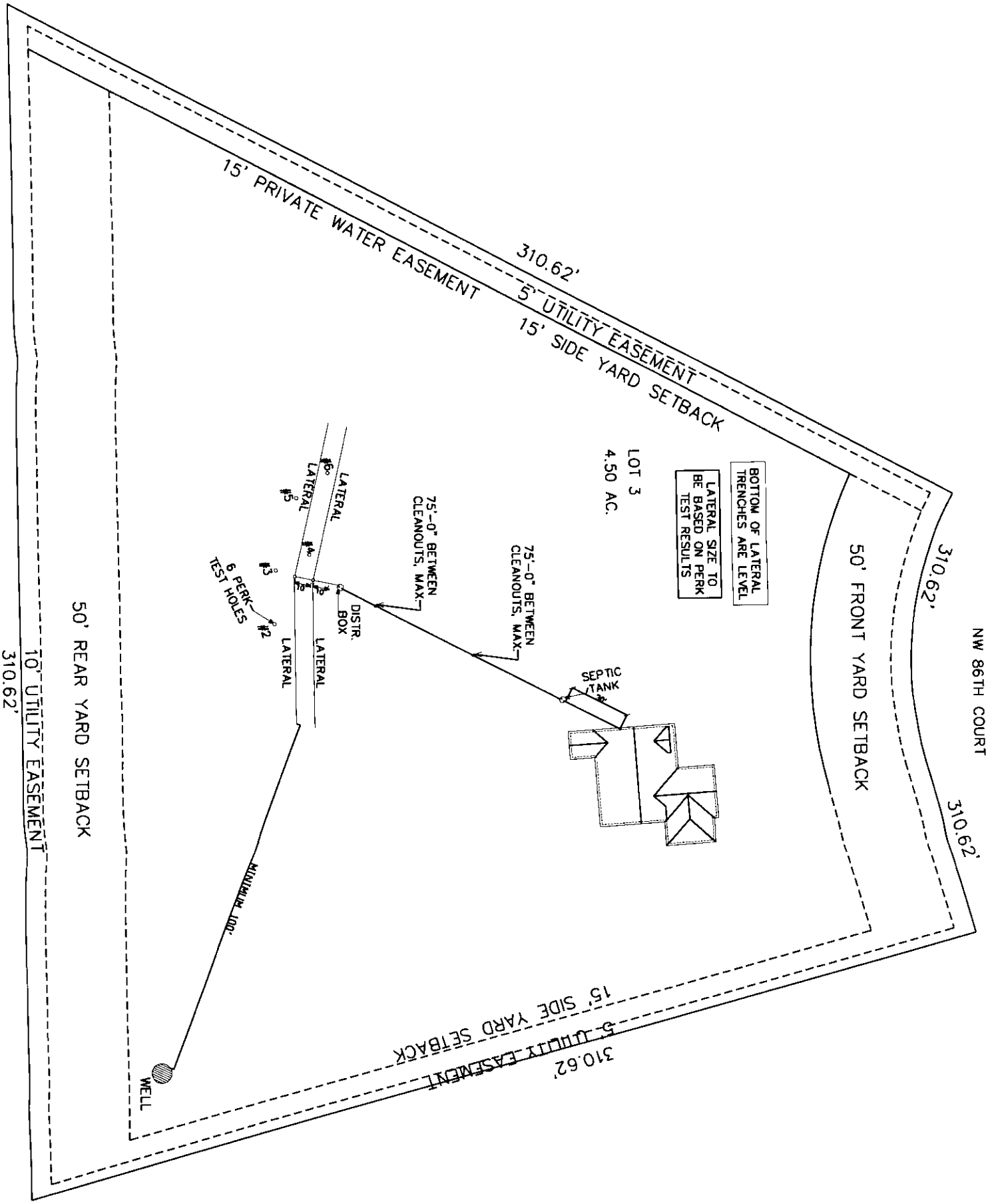
On-site Waste System Permit Holder:

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

ASPEN BUILDERS INC
1640 NORMANDY CT STE A
LINCOLN NE 68512

LLCHD HS000035



11-7-2007 12:31:24

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

B

Permit Number: 4500035

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 19355 NW 86th Court (no rural route) City Raymond NE, Zip 68428

Owner Bob Benes Addresss 1640 Normandy Court Ste A.

Soil Type (SCS): SLDZ Percolation Rate: 44 min./inch

Date of Tests 10-24 to 10-25 Weather: Precipitation sunny no rain Temperature 60s°

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	10-24	5 PM	10-25	11 AM	10-25	11:05	18"	10-25	11:35	30	5/8	48
2	36						11:07	19 1/2"		37		3/4	40
3	36						11:08	21"		38		1/2	60
4	36						:10	18 1/2"		:40		3/4	40
5	36						:12	22"		:42		5/8	48
6	36						:14	20 1/2"		:44		1"	30

Person Conducting Percolation Tests

Name: Bob Benes

Phone: 423-6811

Address 3300 Manassas

Lincoln 68516

Sum of Percolation Rates: 246

Average of Rates: 44

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

11-7-2007 12:29:25

LLCHD HS000035

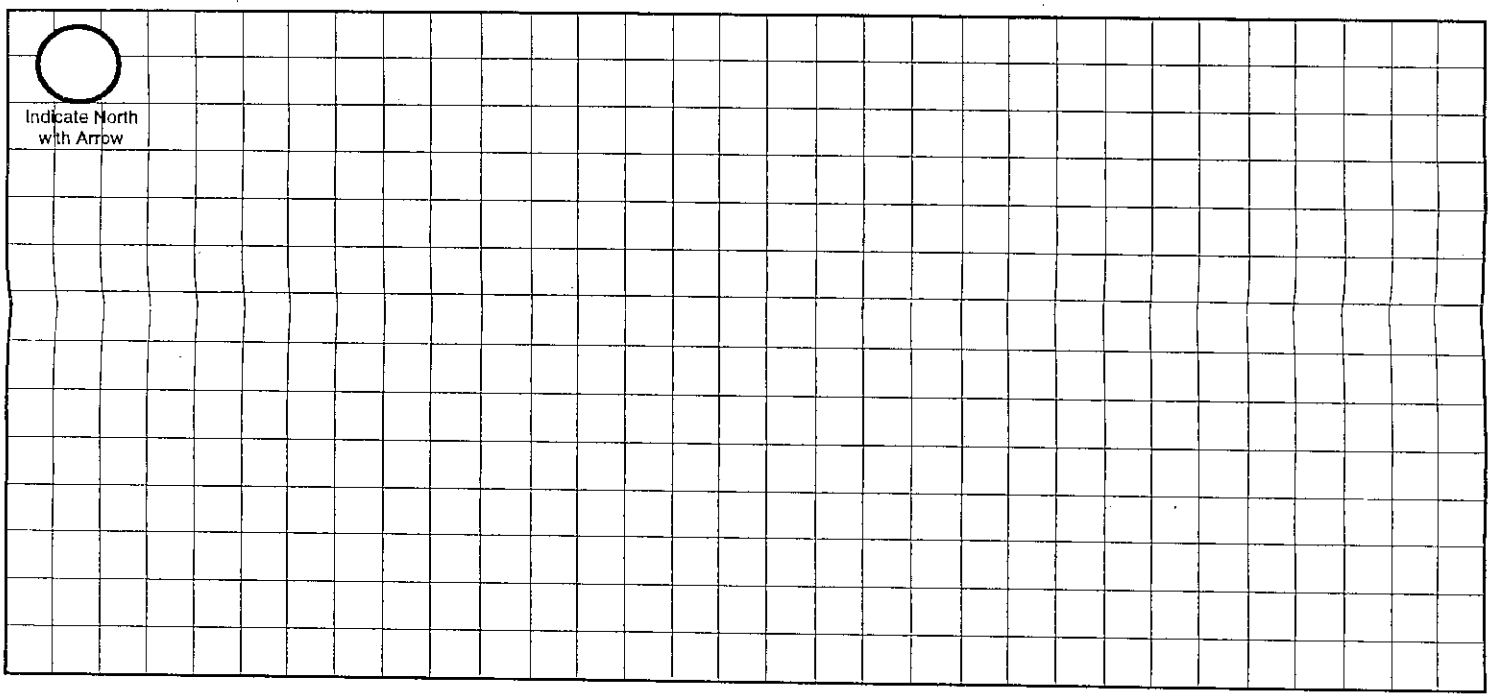
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000035

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) 19355 NW 86th Court 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 49 – 60 used (~~min. per inch~~) Soil Type: SHD 2 Land Slope: 2 %

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

Total Square Feet of Field Required: 1050 sq. ft.

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

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

Total Length of Laterals 2625 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 10-25-01

Installer _____ Date _____

FORM 23-102 10-96

11-7-2007 12:29:29

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. HS000035

System Type:	STANDARD
Situs:	19355 NW 86TH CT LC-RAYMOND
Legal Description:	T12N-R05E-S22-BRANCHED OAK ESTATES-1ST
Owner:	ASPEN BUILDERS INC

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00

Issued:	11/07/2007
Expires:	11/06/2008

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

ASPEN BUILDERS INC

LLCHD HS000035

A

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

Permit Number: HS000035

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 19355 NW 86th Court (no rural route) City Raymond NE, Zip 68428

Legal Description ____ 1/4 ____ 1/4 ____ Section ____ Township ____ Range Branched Oak Estates 1st Subdivision Addition 1 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 ~~Bob Benes~~ Aspen Builders Signature [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 Inc.

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 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 11/6/00 Date frwd 11/6/00 — ACTION ☒ Approved ☐ Disapproved — Signature [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

11-6-2007 11:48:12

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

A

SCANNED

Permit Number: #5000035

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 19355 N W 86th Court (no rural route) City Raymond NE, Zip 68428

Legal Description ____ ____ ____ ____ Branched Oak Estates 1st 1 3
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 Benes Aspen Builders Signature [signature]

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

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

C. Contractor

Name Bob Benes Company Name Aspen Builders Inc.

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 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 11/6/07, Date frwd 11/6/07 — ACTION ☒ Approved ☐ Disapproved — Signature [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 Doug Date 4/16/08

Business Office Use Only

Date Rec'd 11/06/07
Amt Paid 305.00
Rec'd By [signature] ~~Cash~~/Check No. 16994

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

A

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

SCANNED

Permit Number: H5000035

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 19355 NW 86th Court (no rural route) City Raymond NE, Zip 68428

Legal Description 22 12 5 North Branched Oak Estates 1st 1 3
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 Benes 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

C. Contractor

Name Bob Benes Company Name Aspen Builders Inc.

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 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 11/6/07, Date frwd 11/6/07 — ACTION ☒ Approved ☐ Disapproved — Signature _____
2. Supt. Bldg. Insp. or Village Clerk — Date rec'd 11-6-07, Date frwd 11-6-07 — 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

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

B

Permit Number: 1500000035

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 19355 NW 86th Court (no rural route) City Raymond NE, Zip 68428

Owner Bob Benes Addresss 1640 Normandy Court Ste A.

Soil Type (SCS): SLDZ Percolation Rate: 44 min./inch

Date of Tests 10-24 to 10-25 Weather: Precipitation sunny, no rain Temperature 60°

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	10-24	5 pm	10-25	11 AM	10-25	11:05	18"	10-25	11:35	30	5/8	48
2	36						11:07	19 1/2"		:37		3/4	40
3	36						11:08	21"		:38		1/2	60
4	36						:10	18 1/2"		:40		3/4	40
5	36						:12	22"		:42		5/8	48
6	36						:14	20 1/2"		:44		1"	30

Sum of Percolation Rates: 246
Average of Rates: 44
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Bob Benes
Phone: 423-6811
Address 3300 Manassas
Lincoln 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

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

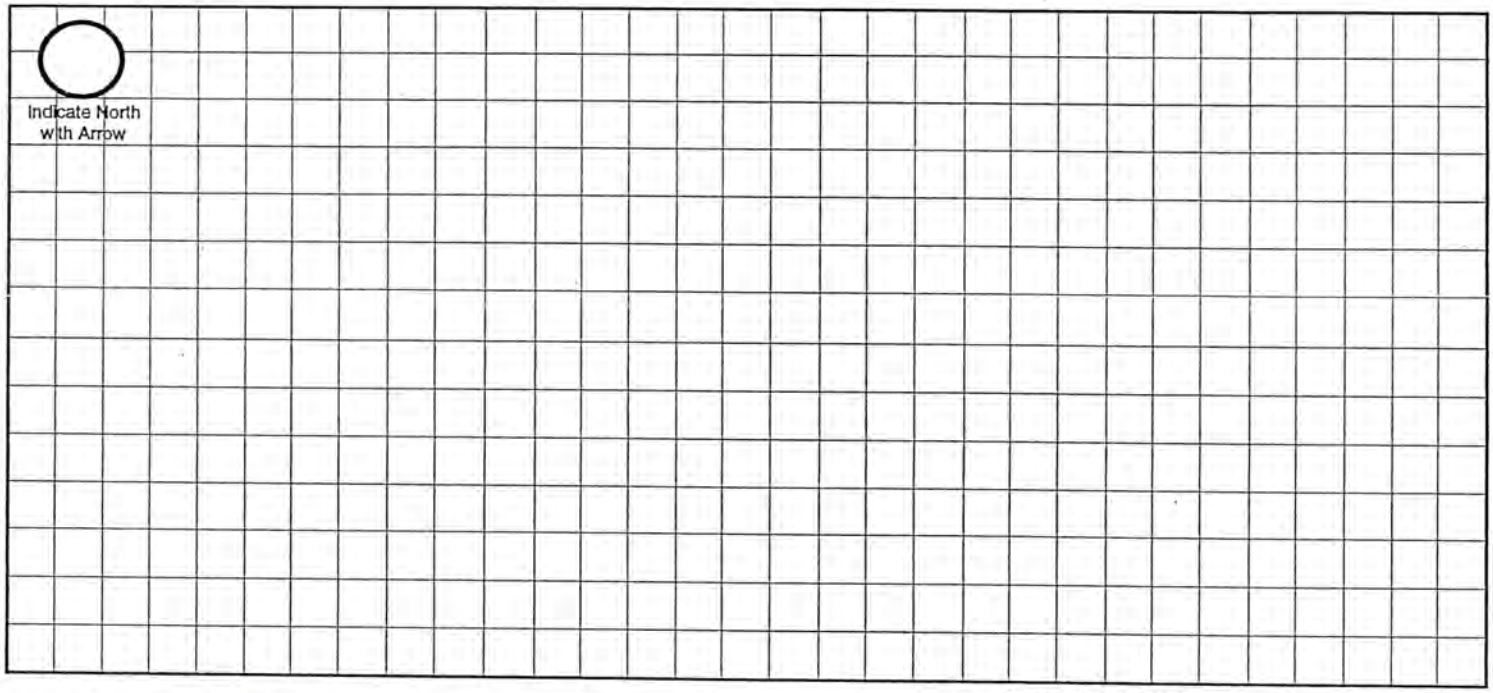
SCANNED

C

Permit Number: HS000035

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) 19355 NW 86th Court 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 44 - (60 used) (min. per inch) Soil Type: SHD2 Land Slope: 2 %

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

Total Square Feet of Field Required: 1050 sq. ft.

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

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

Total Length of Laterals 2625 ft. Number of Trenches 3 Trench Width 3'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

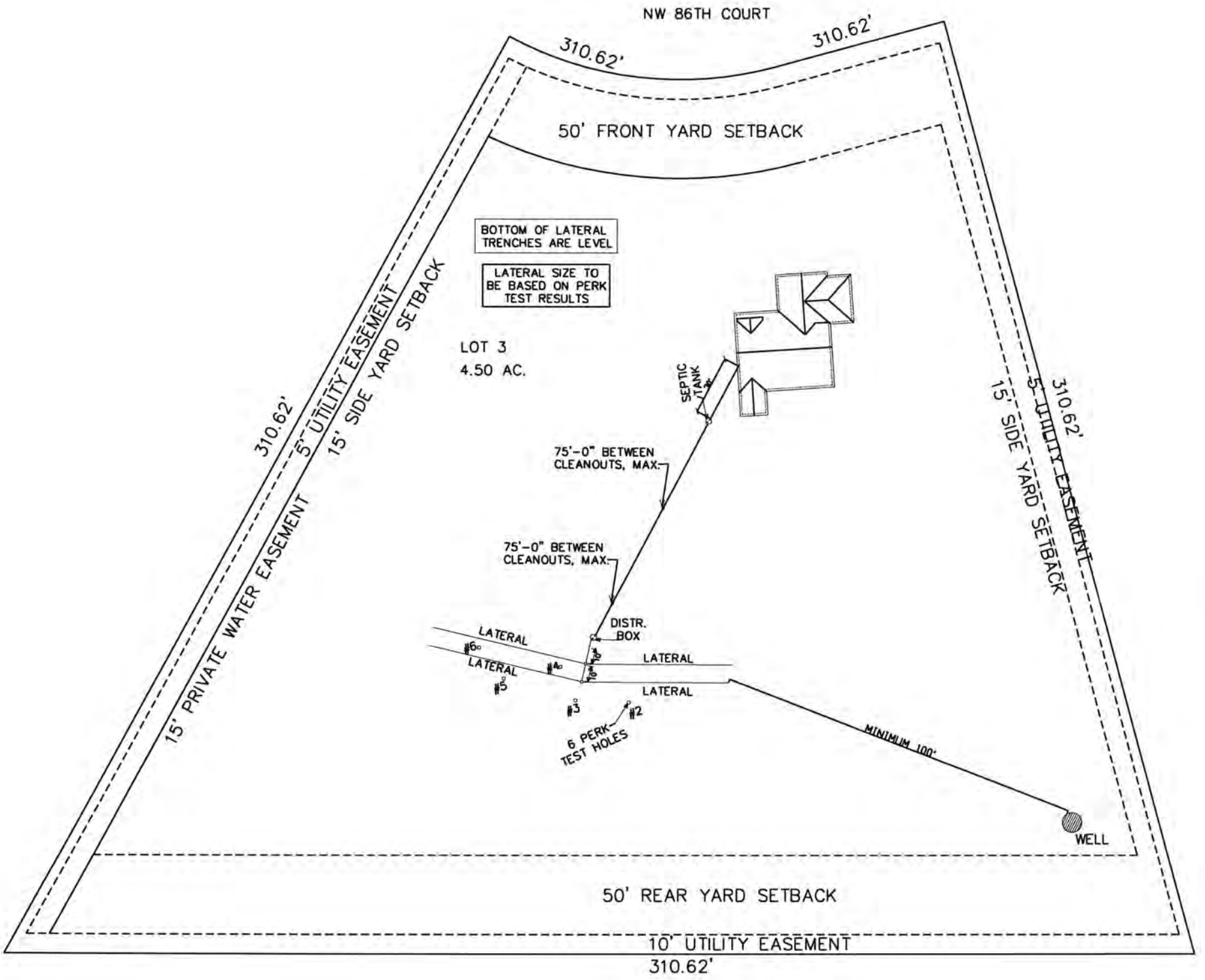
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 10-25-07

Installer _____ Date _____

FORM 23-102 10-96


NW 86TH COURT
310.62'
310.62'
50' FRONT YARD SETBACK
BOTTOM OF LATERAL TRENCHES ARE LEVEL
LATERAL SIZE TO BE BASED ON PERK TEST RESULTS
LOT 3
4.50 AC.
310.62'
15' PRIVATE WATER EASEMENT
5' UTILITY EASEMENT
15' SIDE YARD SETBACK
15' SIDE YARD SETBACK
5' UTILITY EASEMENT
310.62'
SEPTIC TANK
75'-0" BETWEEN CLEANOUTS, MAX.
75'-0" BETWEEN CLEANOUTS, MAX.
DISTR. BOX
LATERAL
LATERAL
LATERAL
LATERAL
#6
#4
#5
#3
#2
6 PERK TEST HOLES
MINIMUM 100'
WELL
50' REAR YARD SETBACK
10' UTILITY EASEMENT
310.62'

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 4/18/08

System Location (Indicate correct number and street)

Address 19355 N.W. 86TH St (no rural route) City RAYMOND NE, Zip 68428

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: 26 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 50 ft.
   stream — ft.
   pressure line 10 ft.
   property line 185 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 EVEN in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 36 in.
8. Distances to: Well or suction line 70 ft.
   Stream — ft.
   Pressure line 55 ft.
   Property line 117 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13' + 16" ft.

D. Absorption Field

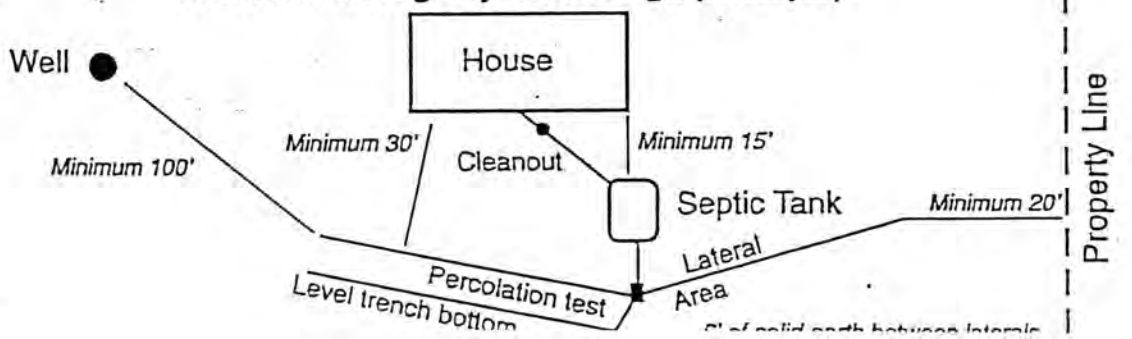
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 32'
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 99 ft. 97 ft.
   68 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 120 ft.
   Stream — ft.
   Pressure line 10 ft.
   Property line 70 ft.

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

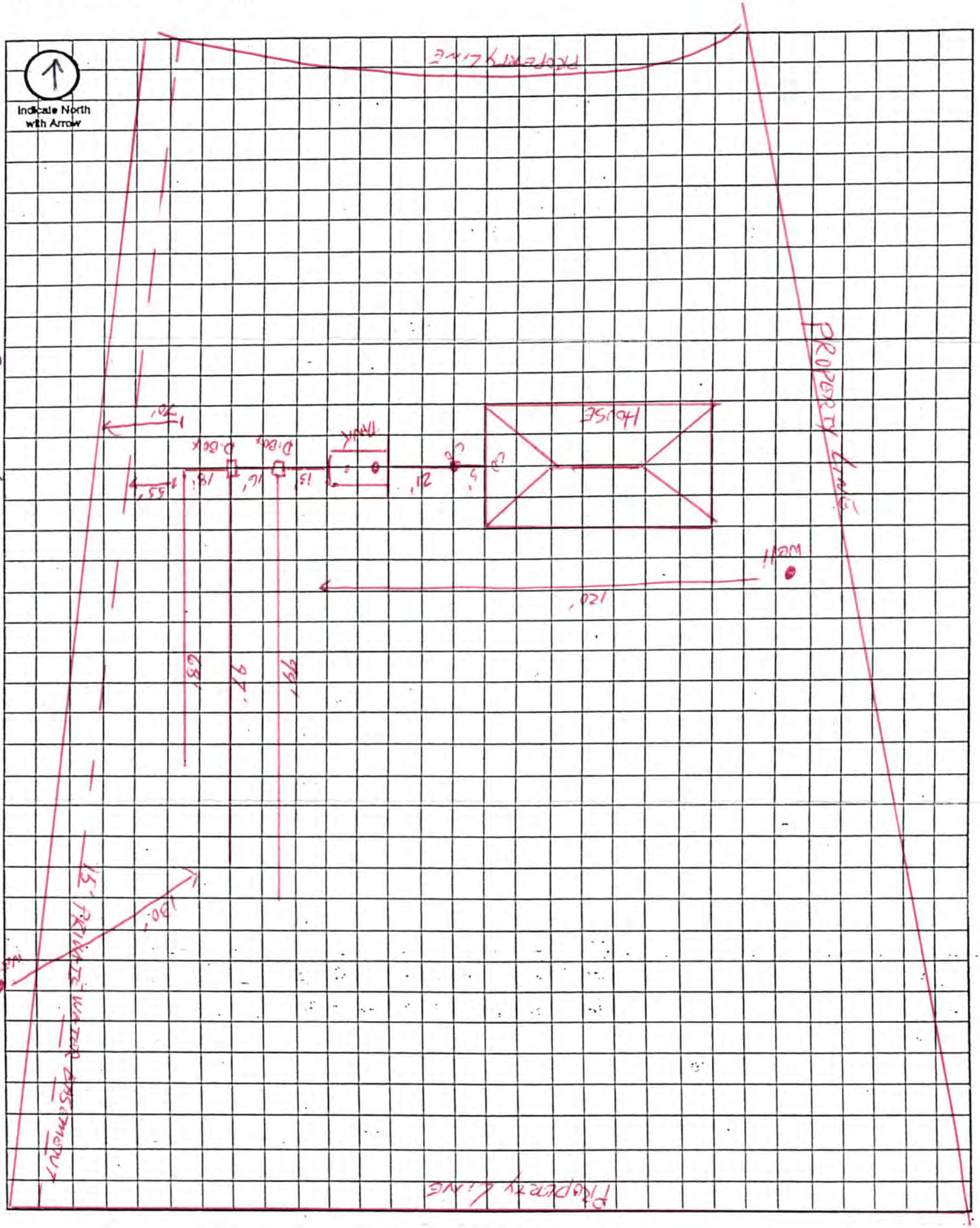
Indicate North with Arrow

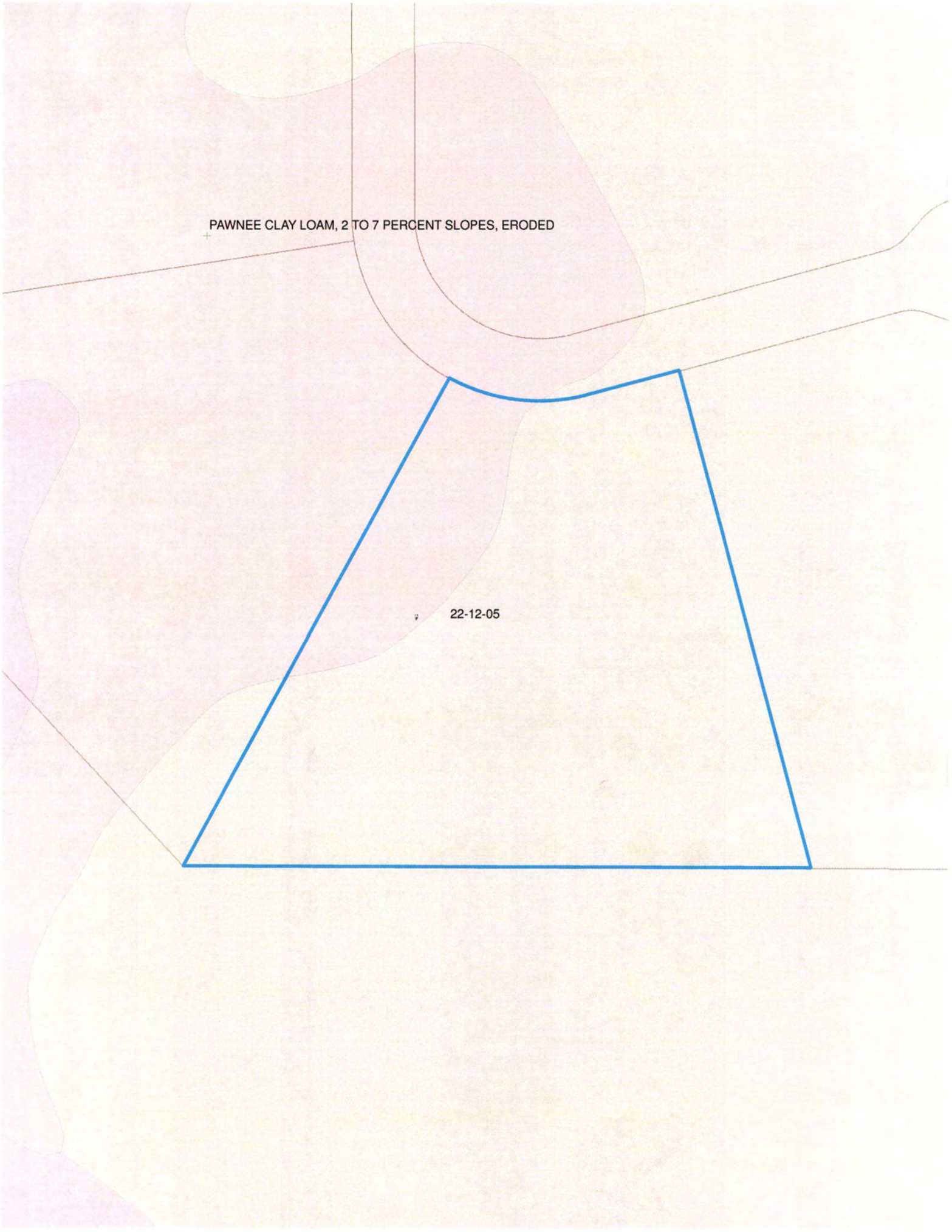
Individual Sewage System Design (Example)

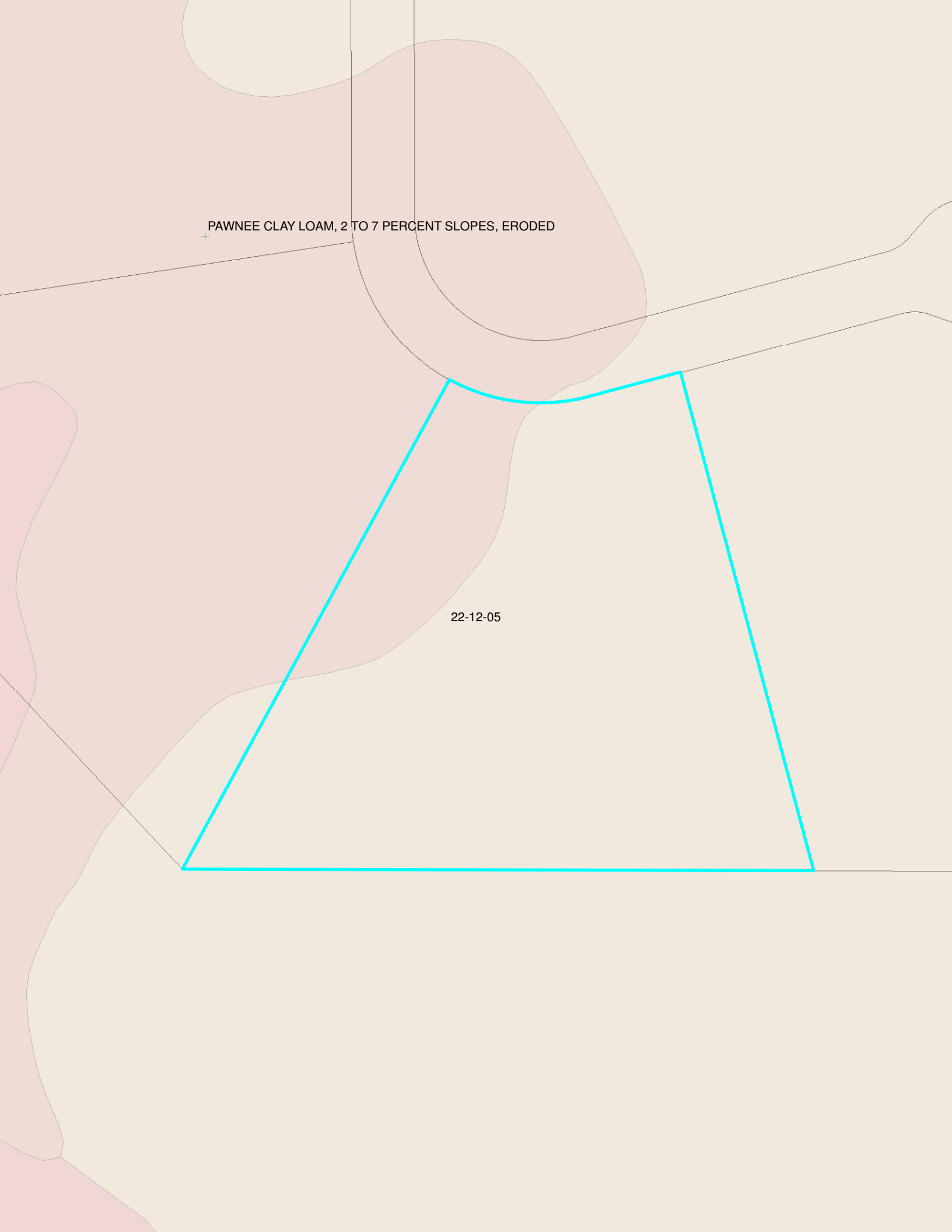


FORM 23-103 10-96

As Built Drawing




PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
22-12-05


PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
22-12-05