ASPEN BUILDERS

"Building for the Future"

To: Nate

From: Michelle Bellamy

Fax: 441-3890

Date: 3/30/10

Number of Pages: 2

Notes:

Please call Bob if you have any questions.

Thanks!

1633 Normandy Court, Suite B, Lincoln, NE 68512
(402) 423-6811 office ~ (402) 423-6812 fax
www.aspenbuildersinc.com

LLCHD HS000329

MAR 23 2010

SCANNED

SCANNED

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

A

Permit Number: HS000329

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 19300 NW 86th Court (no rural route) City Valparaiso NE, Zip

Legal Description 1/4 1/4 Section 22, Township 12, Range 5 North Branched Oak Addition Subdivision 1 Addition 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, Inc. Signature

Address 11633 Normandy Ct. Ste B City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 416.9660 Work Phone 423.6811

C. Contractor

Name BOB BENES Company Name Aspen Builders, Inc.

Address 11633 Normandy Ct Ste B 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 3 bedroom @ 60 gpd per Bedroom 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 4-6-10
Amt Paid 325.00
Rec'd By B Hall Cash/Check No. 22763

4/[illegible]/2010 11:22:31
[illegible]3-100 10-96

LLCHD HS000329

MAR 23 2010

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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Permit Number: HS000329

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Installation Final Written Approval

By

Date

Business Office Use Only

Date Rec'd

Amt Paid

Rec'd By Cash/Check No.

3-100 10-96
10 11:22:32

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: HS000329

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 19300 NW 86th Ct. (no rural route) City Valparaiso NE, Zip

Owner Aspen Builders Address 1633 Normandy Ct. Ste B

Soil Type (SCS): SHC & SHD2 Percolation Rate: 30 min./inch

Date of Tests 3-17-10 to 3-18-10 Weather: Precipitation Sunny day Temperature 50°

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	3-17	9 AM	3-18	11 AM	3-18	11:15	29"	3-18	11:45	30	.75	40
2	"	"	"	"	"	"	11:17	32"	"	11:47	"	1.0	30
3	"	"	"	"	"	"	11:20	30"	"	11:50	"	1.25	24
4	"	"	"	"	"	"	11:22	27"	"	11:52	"	1.25	24

Sum of Percolation Rates: 118
Average of Rates: 30
Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Bob Beaver
Phone: 416-9660
Address 3300 Normandy
Lincoln NE 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-98

4-7-2010 11:22:34

C

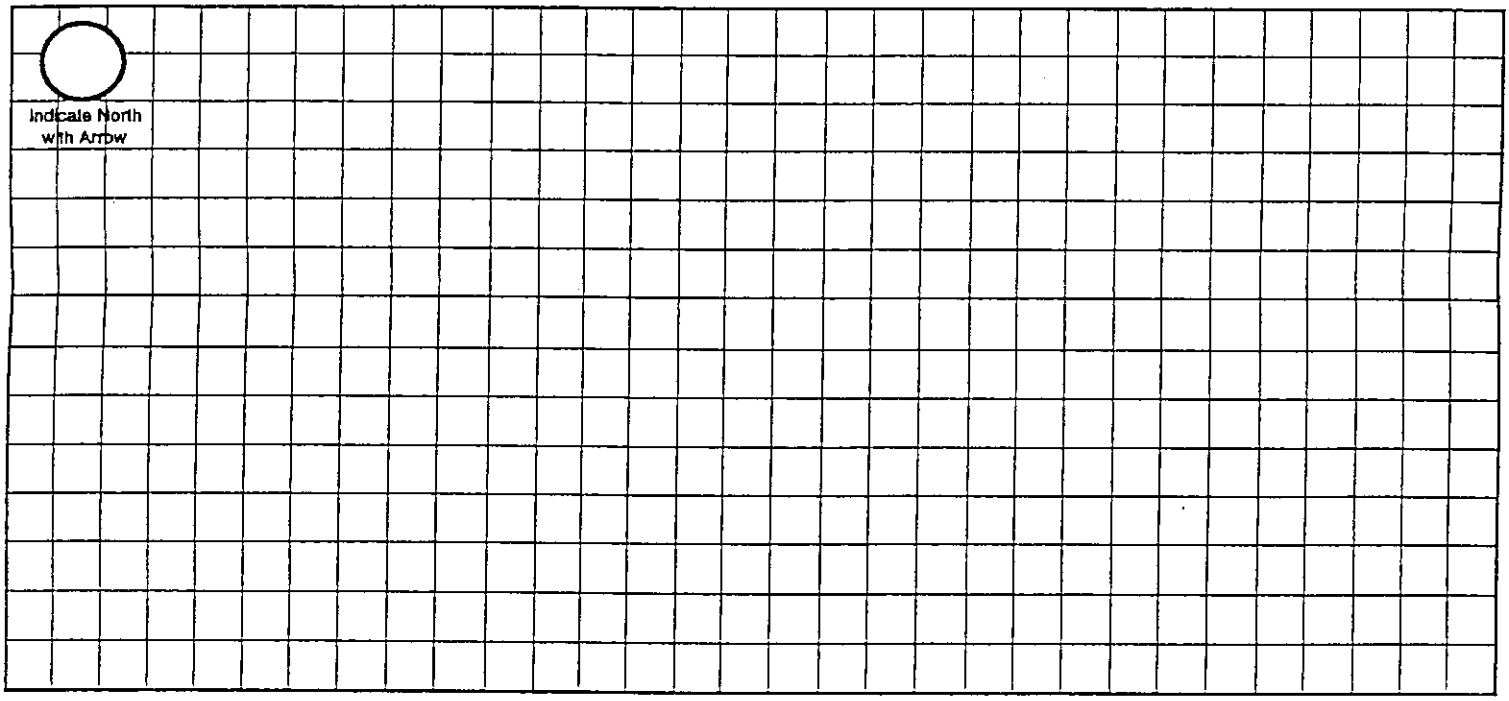
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS000329

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) 19300 NW 84th ct. City Valparaiso NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☑ Plastic ☐ Other _____

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

Percolation Rate 30 (min. per inch) Soil Type: SHC + SHD2 Land Slope: 2% %

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: Chambers 32"

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

Total Length of Laterals 250 ft. Number of Trenches 2 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 3-21-10

Installer _____ Date 3-21-10

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

B

Permit Number: HS000329

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 19300 NW 86th Court (no rural route) City Valparaiso NE, Zip

Owner Aspen Builders Address 1633 Normandy Ct Ste B

Soil Type (SCS): SHC + SHD2 Percolation Rate: 30 min/inch

Date of Tests 3-17-10 to 3-18-10 Weather: Precipitation Sunny Temperature 50°

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	3/17	9 pm	3/18	11 am	3/18	11:15	29"	3/18	11:45	30	.75	40
2	↓	↓	↓	↓	↓	↓	11:17	28"	↓	11:47	↓	1.0	30
3							11:20	30"		11:50		1.25	24
4							11:22	27"		11:52		1.25	24
5							11:24	27"		11:54		1.30	23
6	↓	↓	↓	↓	↓	↓	11:26	25"	↓	11:56	↓	1.60	19

Person Conducting Percolation Tests

Name: Bob Benes

Phone: 416-9660

Address 3300 Manassas Pl.
Lincoln, NE 68516

Sum of Percolation Rates: 160

Average of Rates: 27

Rate Used for Calculation: 30

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks * Need to size system for at least 40 mpi due to 2.2 mpi Variance.

Signature of Reviewing Official: [signature] Date 3/30/10

FORM 23-101 10-98
4-7-2010 11:22:37

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. HS000329

System Type:	STANDARD
Situs:	19300 NW 86th Ct.
Legal Description:	T12N-R05E-S22-Lot 5
Owner:	ASPEN BUILDERS INC 1633 NORMANDY CTB LINCOLN NE 68512

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00
Issued:	04/06/2010
Expires:	04/06/2011

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
1633 NORMANDY CT
LINCOLN NE 68512

LLCHD HS000329

MAR 23 2010

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

A

Permit Number: HS000329

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 19300 NW 86th Court (no rural route) City Valparaiso NE, Zip _____

Legal Description _____ 1/4 _____ 1/4 22 Section, 12 Township, 5 Range North Branched Oak Addition Subdivision, 1 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, Inc. Signature _____

Address 1633 Normandy Ct. Ste B City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 416.9660 Work Phone 423.6811

C. Contractor

Name BOB BENES Company Name Aspen Builders, Inc.

Address 1633 Normandy Ct Ste B 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 3 bedroom @ 60 gpd per B.O. Dept 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. _____

4/2010 16:15:41
3-100 10-96

MAR 23 2010

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

A

Permit Number: H5000329

SCANNED

Sewage Disposal System

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Address 19300 NW 86th Court (no rural route) City Valparaiso NE, Zip

Legal Description 22, 12, 5 North Branched Oak Addition 1 5
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude Latitude

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Name Aspen Builders, Inc. Signature

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Designer Name Firm Work Phone

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2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-6-10 Date frwd 4-6-10 ACTION ☑ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 4-6-10 Date frwd 4-6-10 ACTION ☑ Approved ☐ Disapproved Signature

Installation Final Written Approval

By

Date 8/5/10

Business Office Use Only

Date Rec'd

Amt Paid

Rec'd By Cash/Check No.

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

SCANNED

MAR 23 2010

SCANNED

Lincoln-Lancaster County Health Department
Environmental Health Division
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Installation Final Written Approval

By

Date

SCANNED

Business Office Use Only

Date Rec'd 4-6-10
Amt Paid 325.00
Rec'd By BHall Cash/Check No. 22763

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

SCANNED

B

Permit Number: HS000329

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

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Soil Type (SCS): SHC + SHD2 Percolation Rate: 30 min/inch

Date of Tests 3-17-10 to 3-18-10 Weather: Precipitation Sunny Temperature 50°

Percolation Test Data Table

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Rate Used for Calculation: 30

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Name: Bob Benes
Phone: 416-9660
Address 3300 Manassas Pl.
Lincoln, NE 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks * Need to size system for at least 40 mpi due to 30 mpi Variance.

Signature of Reviewing Official Date 3/30/10

FORM 23-101 10-98

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

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Permit Number: HS000329

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Person Conducting Percolation Tests

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

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Average of Rates: 30
Rate Used for Calculation: 30

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Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-98

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

SCANNED

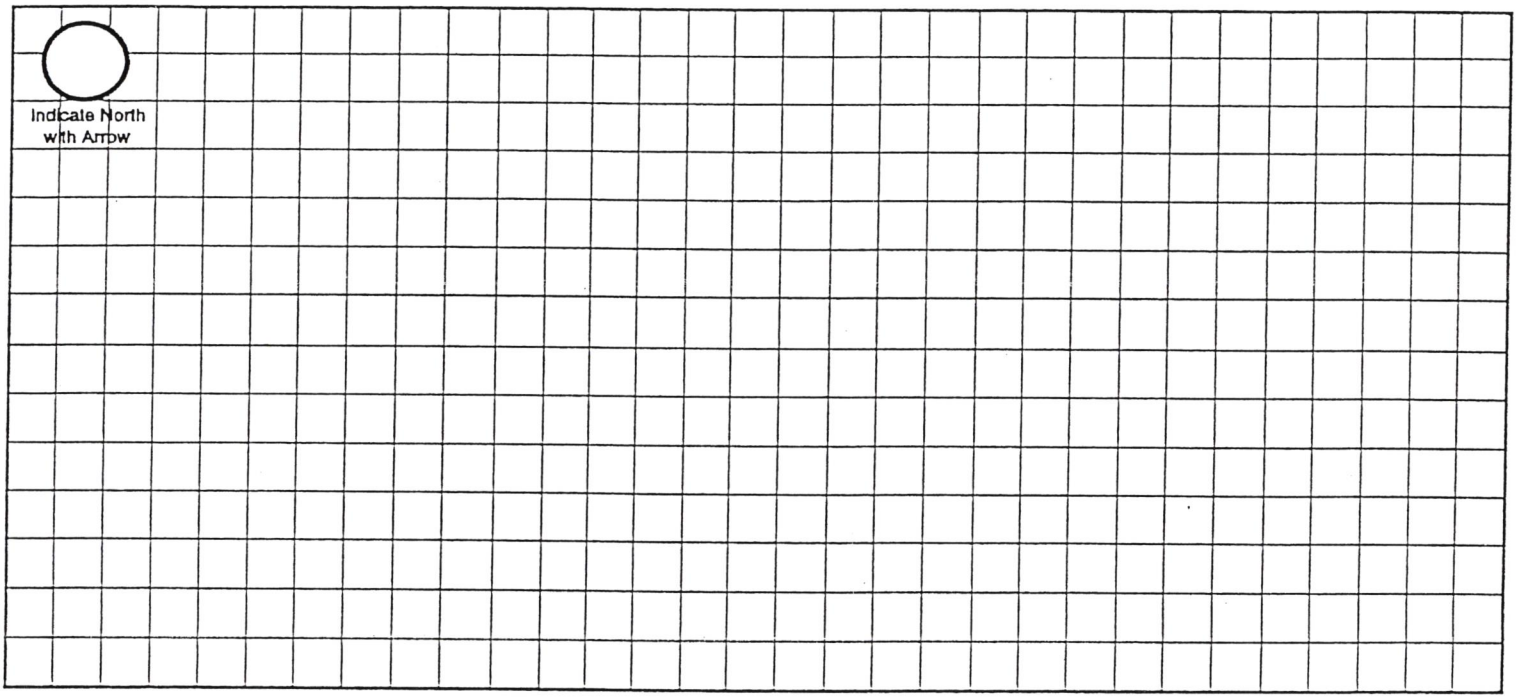
C

Permit Number: HS000329

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) 19300 NW 86th Ct. City Valparaiso NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☑ Plastic ☐ Other _____

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

Percolation Rate 30 (min. per inch) Soil Type: SHC + SHD2 Land Slope: 2% %

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: Chambers 32"

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

Total Length of Laterals 250 ft. Number of Trenches 2 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 3-21-10

Installer _____ Date 3-21-10

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 8-15-10

System Location (Indicate correct number and street)

Address 19300 NW 86~ (no rural route) City Valparaiso NE, Zip

A. Building Sewer

1. Material: pvc
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 10" in.
3. Distance between dwelling and septic tank: 60 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 2000 ft.
   stream NA ft.
   pressure line 100 ft.
   property line 50' ft.

B. Septic Tank

1. Material: fiberglass
   Number of compartments: 1
2. Capacity: 1250 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: 20 in.
8. Distances to: Well or suction line 2000 ft.
   Stream NA ft.
   Pressure line 100 ft.
   Property line 150 ft.

C. Distribution Box

1. Material: None
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

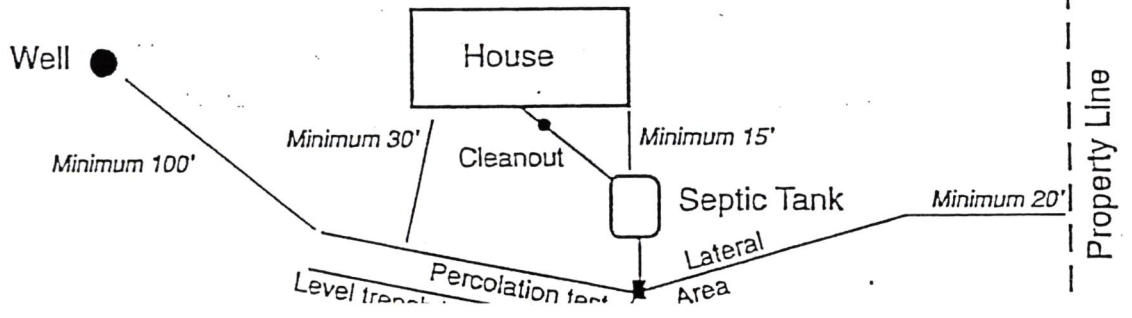
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 40 Chambers
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 90 ft. 90 ft.
   90 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3' ft.
   Slope 1 in/100 ft.
   Average depth 30 in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line 2000 ft.
   Stream ~ ft.
   Pressure line 120 ft.
   Property line 25 ft.

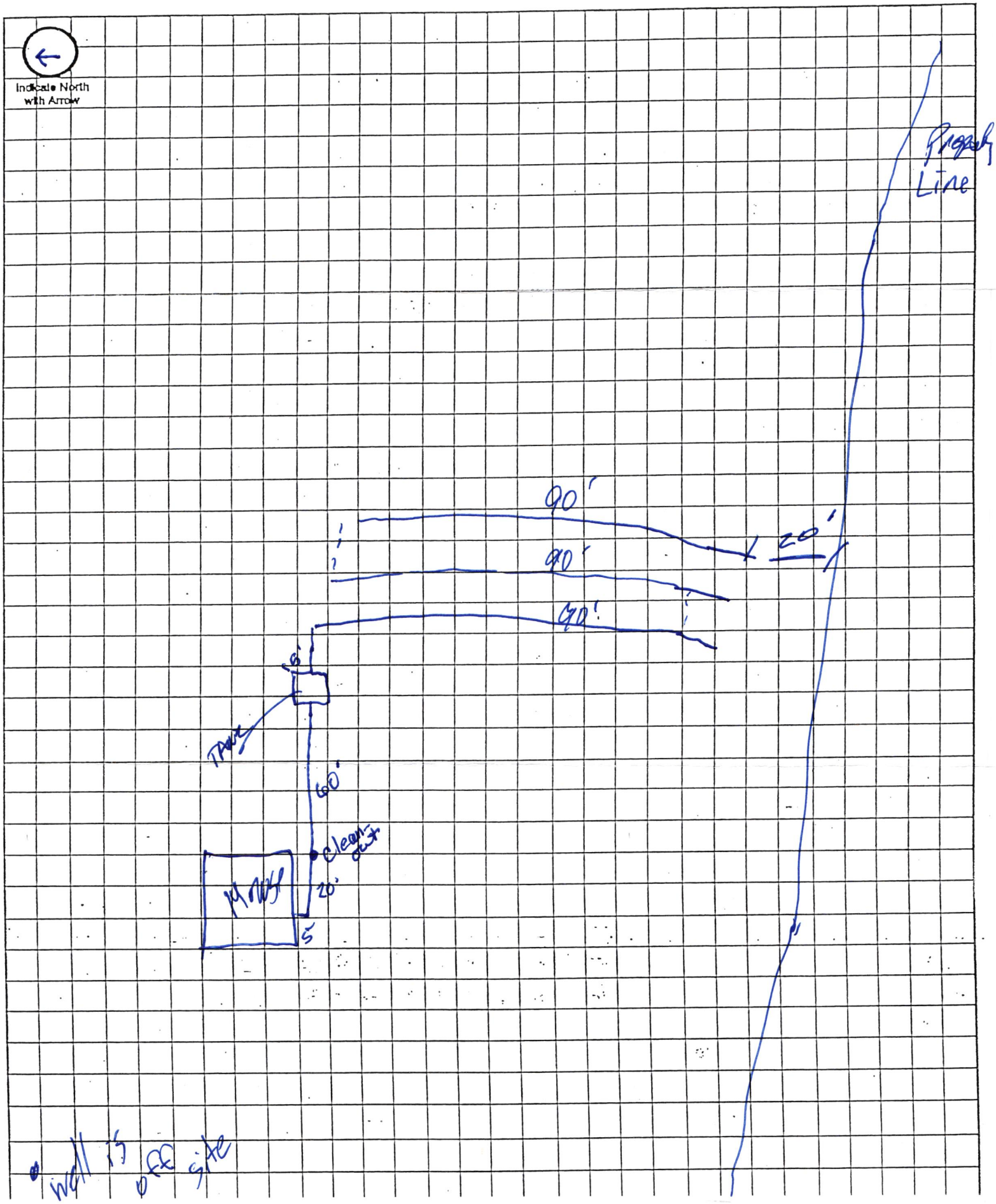
Indicate North with Arrow

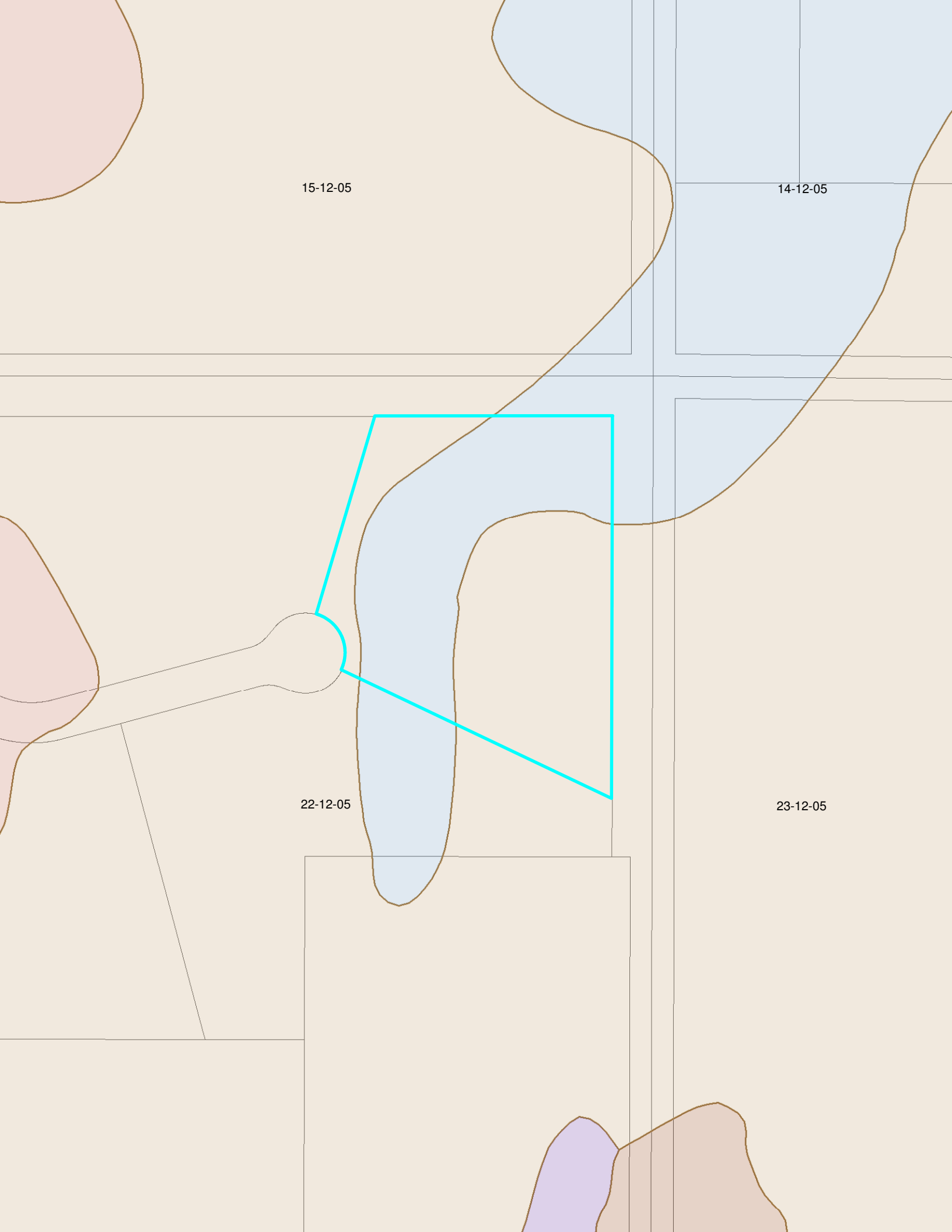
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing




15-12-05
14-12-05
22-12-05
23-12-05