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. HS000350

System Type:	STANDARD
Situs:	20900 NW 22 ST
Legal Description:	T12N-R06E-S16-2-Lot 1
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:	05/03/2010
Expires:	05/03/2011

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 SUITE B
LINCOLN NE 68512

LLCHD HS000350

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

APR 28 2010

A

Permit Number
HS000350

Onsite Wastewater Treatment System Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 20900 NW 22nd Street (no rural route) City Raymond, NE Zip 68428

Legal Description Mustang Ridge 1st addition 2 1

1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: _____

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 _____ Work Phone _____

C. Contractor

Name: Aspen Builders, Inc. ← Company Name BOB BENES

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 Is there a Whirlpool Bathtub? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

4-29-2010 11:51:37

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

APR 28 2010

A

Permit Number
HS000350

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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Legal Description: Mustang Ridge 1st addition 2 1

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: _____

B. Owner

Name Aspen Builders Inc. Signature [signature]

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

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name: Aspen Builders, Inc. Company Name BOB BENES

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

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Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits _____
Date rec'd 5/3/10
Date frwd 5/3/10
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4-30-10
Date frwd 4-30-10
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

3. City or County Engineer
Comments _____
Date rec'd 4-30-2010
Date frwd 4-30-2010
ACTION ☐ Approved ☐ Disapproved
Signature [signature]

Installation Final Written Approval
By [signature]
Date 8/3/10

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

White - Health Department Yellow - Engineer Pink - Building & Safety

Had installer put elevation caps in D-box - NH

Form A Updated: 5-07

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

APR 28 2010

SCANNED **A**

Permit Number
HS000350

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

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Address 20900 NW 22nd Street (no rural route) City Raymond, NE Zip 68428

Legal Description: Mustang Ridge 1st addition 2 1

1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☐ Check if system mail address is not the same as the owner's address Total Acres: _____

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 _____ Work Phone _____

C. Contractor

Name: Aspen Builders, Inc. ← Company Name BOB BENES 476-9660

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 Is there a Whirlpool Bathtub? ☐ Yes ☒ No

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Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

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Site visits _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd _____ Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 4-29-10 Amount Paid 325.00
Received By B. Hall Cash/Check No. 5530

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

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

B

Permit Number: HS000350

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 20900 NW 22nd St (no rural route) City Raymond NE, Zip 68428

Owner Aspen Builders, Inc. Address 1633 Normandy Ct. Ste B Lincoln, NE 68512

Soil Type (SCS): MRD Percolation Rate: 39 min./inch

Date of Tests 4-26 to 4-27 Weather: Precipitation cloudy sprinkle 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	4-26	9 AM	4-27	9 AM	4-27	9:10	24"	4-27	9:40	30	.5	60
2	36	"	"	"	"	"	9:12	29"	"	:42	"	.75	40
3	36	"	"	"	"	"	9:14	21"	"	:44	"	.75	40
4	36	"	"	"	"	"	9:16	23"	"	:46	"	1.50	20
5	36	"	"	"	"	"	9:18	28"	"	:48	"	2.00	15
6	36	"	"	"	"	"	9:20	30"	"	:50	"	.50	60

Person Conducting Percolation Tests

Name: Bob Renee

Phone: 416-9660

Address 3300 Manassas Lincoln, NE.

Sum of Percolation Rates: 235

Average of Rates: 39

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

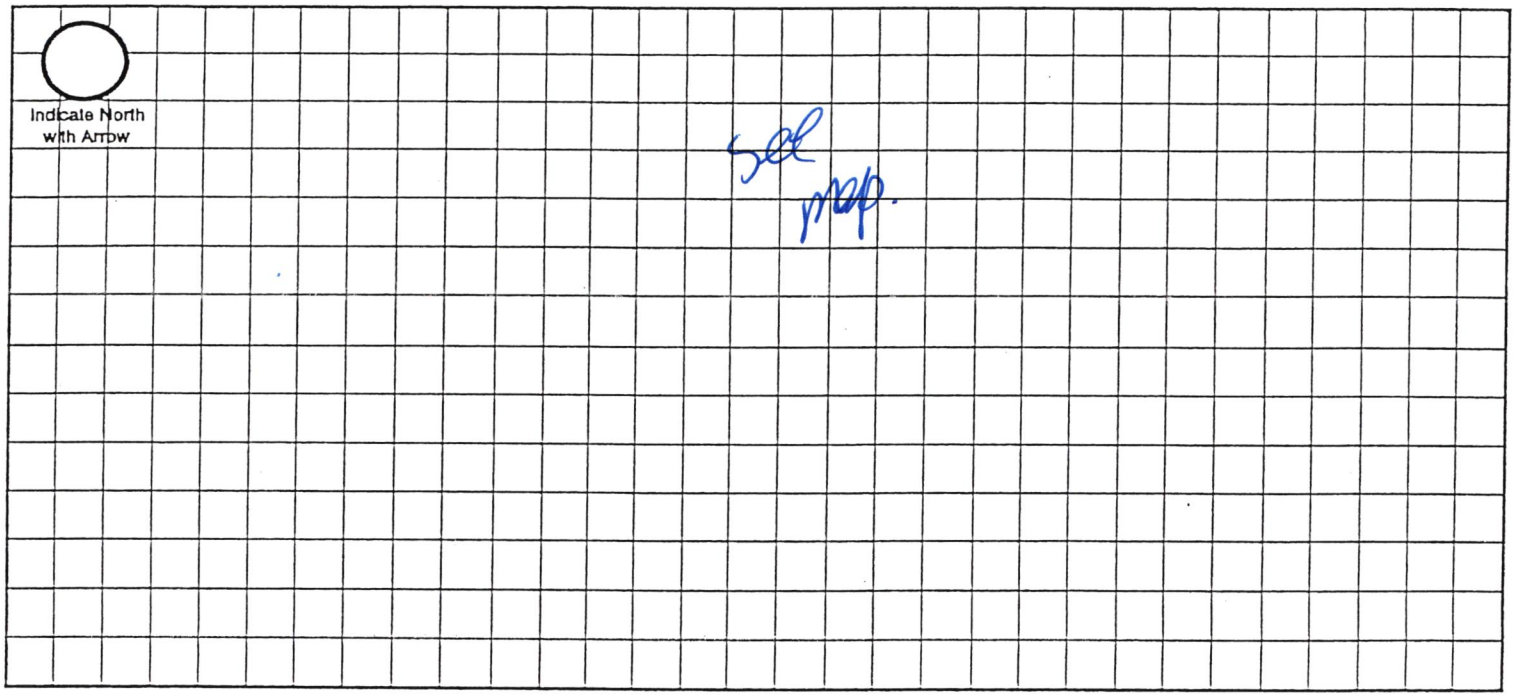
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS000350

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) 20900 NW 22nd St. 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 60 (min. per inch) Soil Type: M Land Slope: _____ %

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: chambers

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

Total Length of Laterals 263 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 ☐	☐

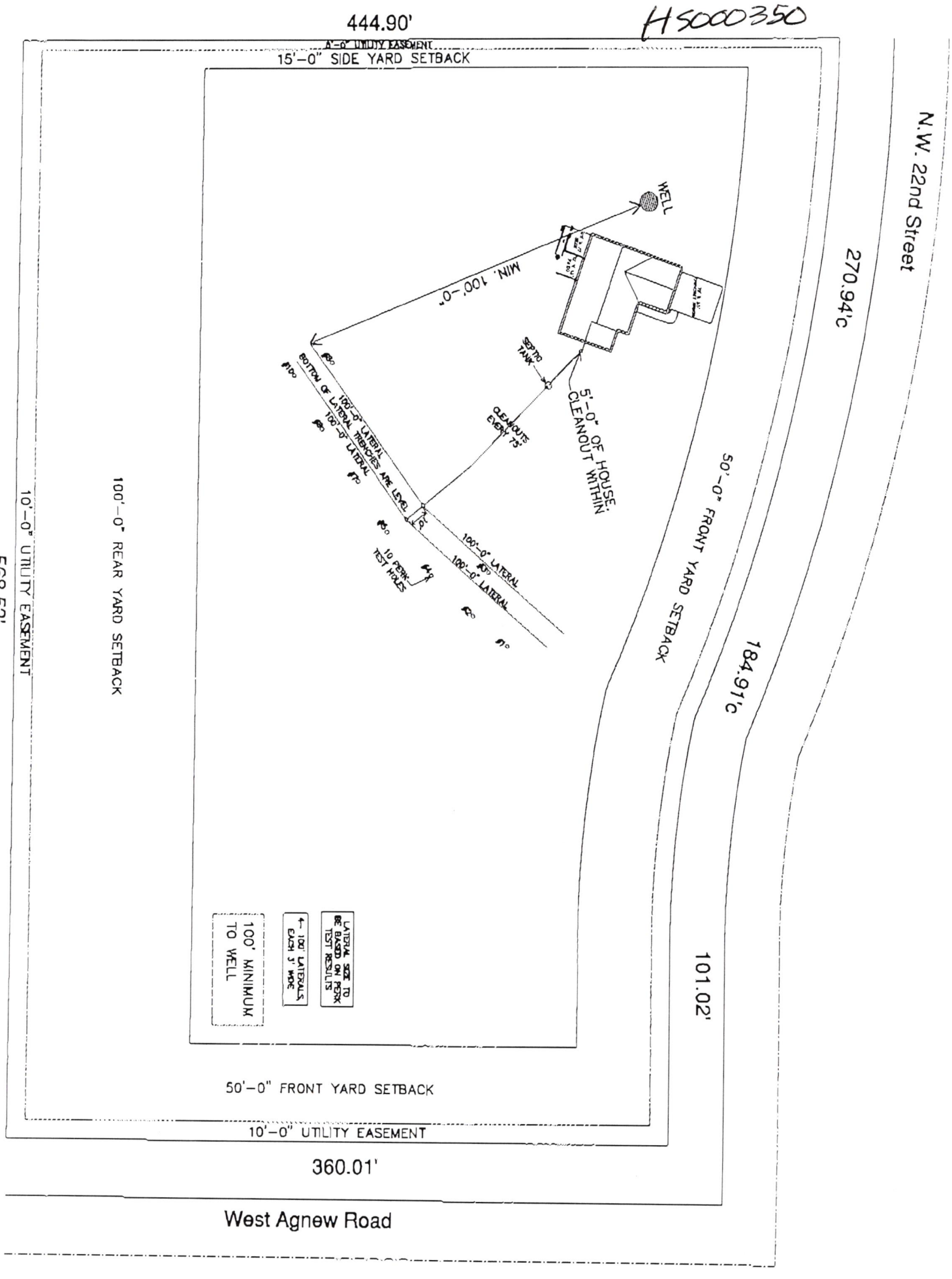
E. Required Signatures

Home Building Contractor _____ Date 4-27-10

Installer _____ Date 4-27-10

FORM 23-102 10-96

H5000350


444.90'
4'-0" UTILITY EASEMENT
15'-0" SIDE YARD SETBACK
N.W. 22nd Street
270.94'c
WELL
MIN. 100'-0"
SEPTIC TANK
5'-0" OF HOUSE WITHIN
CLEANOUTS EVERY 75'
100'-0" LATERAL TRENCHES ARE LEVEL
BOTTOM OF LATERAL
100'-0" LATERAL
10 PERK TEST HOLES
100'-0" LATERAL
100'-0" LATERAL
50'-0" FRONT YARD SETBACK
184.91'c
101.02'
100' MINIMUM TO WELL
← 100' LATERALS EACH 3' MORE
LATERAL SIZE TO BE BASED ON PERK TEST RESULTS
50'-0" FRONT YARD SETBACK
10'-0" UTILITY EASEMENT
360.01'
West Agnew Road
100'-0" REAR YARD SETBACK
10'-0" UTILITY EASEMENT
568.53'

AUG 24 2010

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 8-22-2010

System Location (Indicate correct number and street)

Address 20900 NW 22nd Street (no rural route) City Raymond NE, Zip 68428

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: 40 ft.
4. Number of clean-outs: 0
5. Distances to: well or suction line 200 ft.
   stream — ft.
   pressure line 100 ft.
   property line 50 ft.

B. Septic Tank

1. Material: fiberglass
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 12 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 150 ft.
   Stream — ft.
   Pressure line 100 ft.
   Property line 75 ft.

C. Distribution Box

1. Material: plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 15' ft.

D. Absorption Field

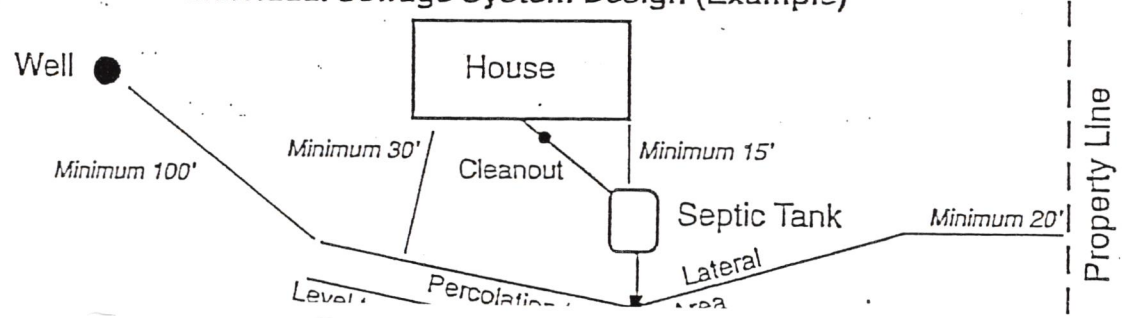
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other chambers
2. Lateral lines: Number 3
   Length of each line: 90 ft. 90 ft.
   _____ ft. 90 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1 in/100 ft.
   Average depth 30 in
4. Filter material: —
   Depth of material _____ in.
5. Distances to: Well or suction line 150 ft.
   Stream — ft.
   Pressure line 100 ft.
   Property line 20 ft.

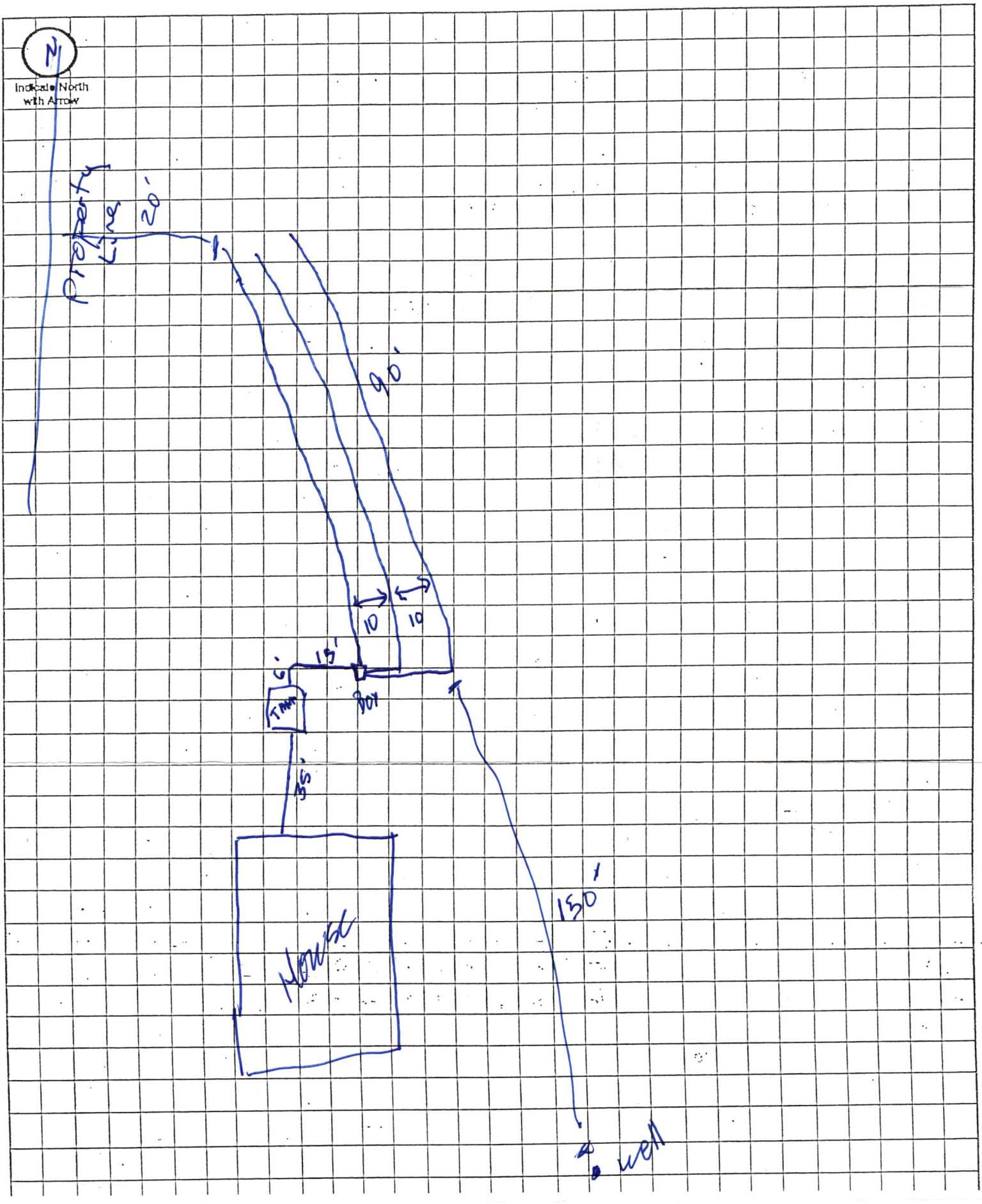
Indicate North with Arrow

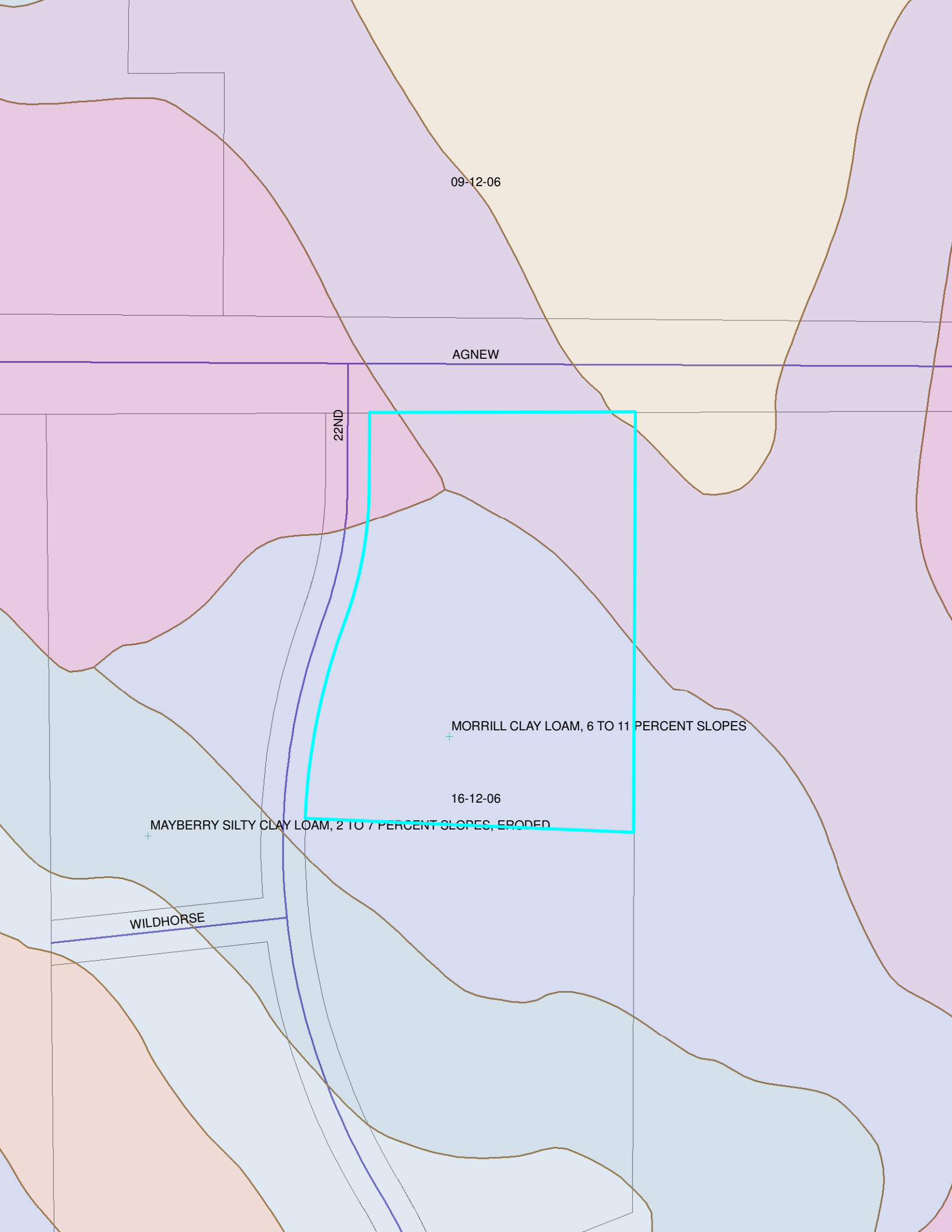
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing




09-12-06
AGNEW
22ND
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
16-12-06
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WILDHORSE