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. HS000379

System Type: STANDARD

Situs: 6501 W REMINGTON DR

Legal Description: T10N-R05E-S36-3-Lot 1

Owner:

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00

Issued:	07/20/2010
Expires:	07/20/2011

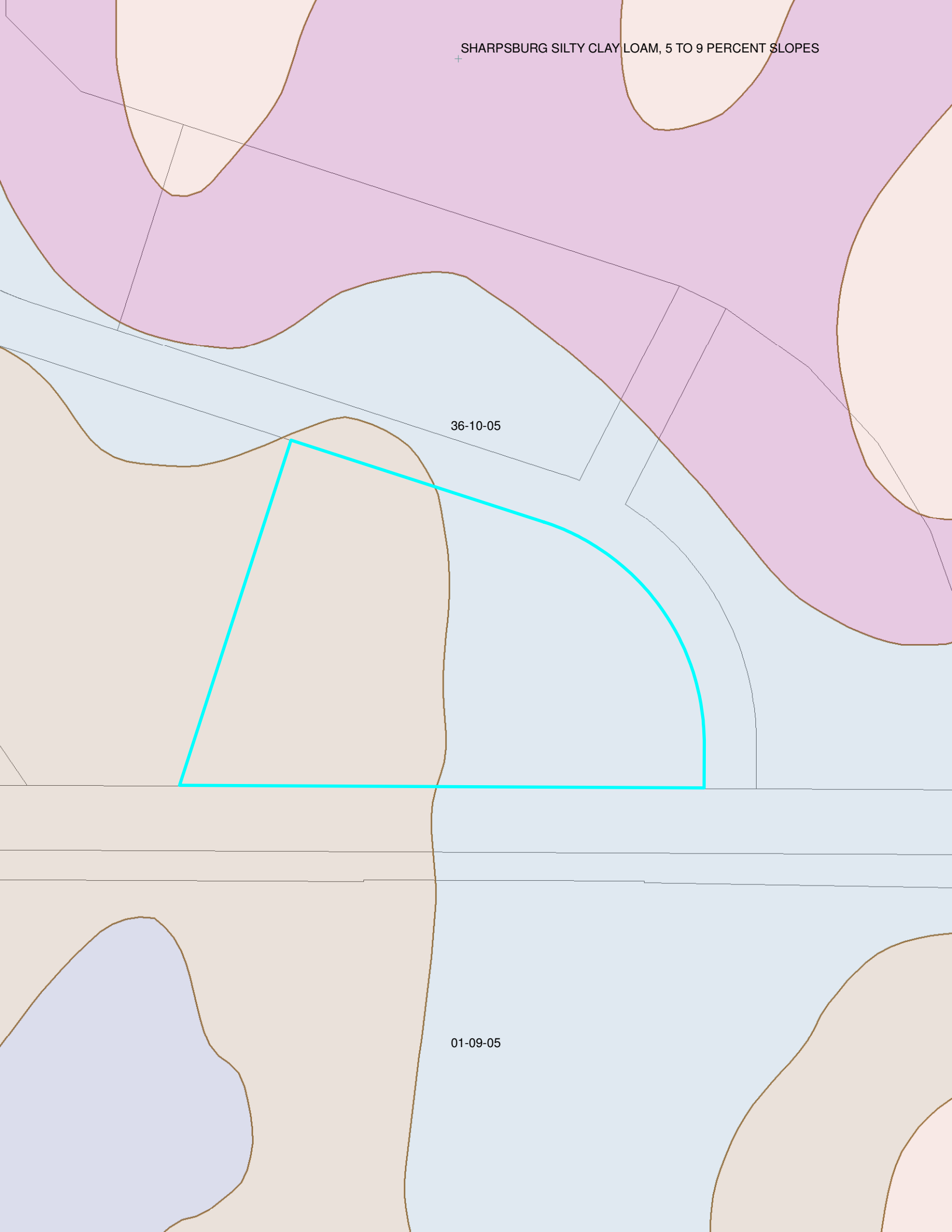
Bruce D. Dart, PhD, Health Director

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


SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
36-10-05
01-09-05

LLCHD HS000380

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

A

Permit Number
HS000379

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: [X] 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 6501 W. Remington (no rural route) City Lincoln (Rural) NE Zip 68522

Legal Description — 1/4: — 1/4: — Section: 36 — Township: 10 — Range: 5 — Subdivison: West Van Dorn Heights — Addition: — Block: 3 — Lot: 1

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 423 6811

C. Contractor

Name: [redacted] 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 423.6811

D. Engineer/Installer [ ] Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

[X] Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? Yes [X] No

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

Type of Wastewater [X] Domestic [ ] Non-Domestic Well Permit Applied for [X] Yes [ ] No [ ] Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process [ ] Municipal Code 24.38 [X] County Resolution No. ~~02-30~~

1. Health Department
Site visits _____
Date rec'd 7/16/10
Date frwd 7/16/10
ACTION [X] Approved [ ] Disapproved
Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 7-16-10
Date frwd 7-16-10
ACTION [X] Approved [ ] Disapproved
Signature [signature]

3. City or County Engineer
Comments _____
Date rec'd 7-16-10
Date frwd 7-16-10
ACTION [X] Approved [ ] Disapproved
Signature Jim Pluzek

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 7-19-10 Amount Paid 325.—
Received By EM Cash/Check No. 5966

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

Form A Updated: 5-07

7-19-2010 15:52: 8

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

B

Permit Number: 1/Service 17

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6501 W. Remington (no rural route) City Lincoln (Rural) NE, Zip 68522

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

Soil Type (SCS): She & WtC2 Percolation Rate: _____ min./inch

Date of Tests 7-5 to 7-6 Weather: Precipitation wet no rain Temperature 86°

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	7-5	3:30	7-6	3:20	7-6	3:43	28"	7-6	4:13	30	4.5	6.6
2							3:44	30"		:14		3.75	8
3							3:45	27"		:15		2.00	15
4							3:46	30"		:16		1.75	17
5							3:47	31"		:17		3.0	10
6							3:48	29"		:18		4.0	7.5

Sum of Percolation Rates: 64.1

Average of Rates: 10.6

Rate Used for Calculation: 17

Person Conducting Percolation Tests

Name: Bob Beams

Phone: 416-9660

Address: 1673 Normandy Ct Lincoln, NE.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-98

LLCHD HS000380

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

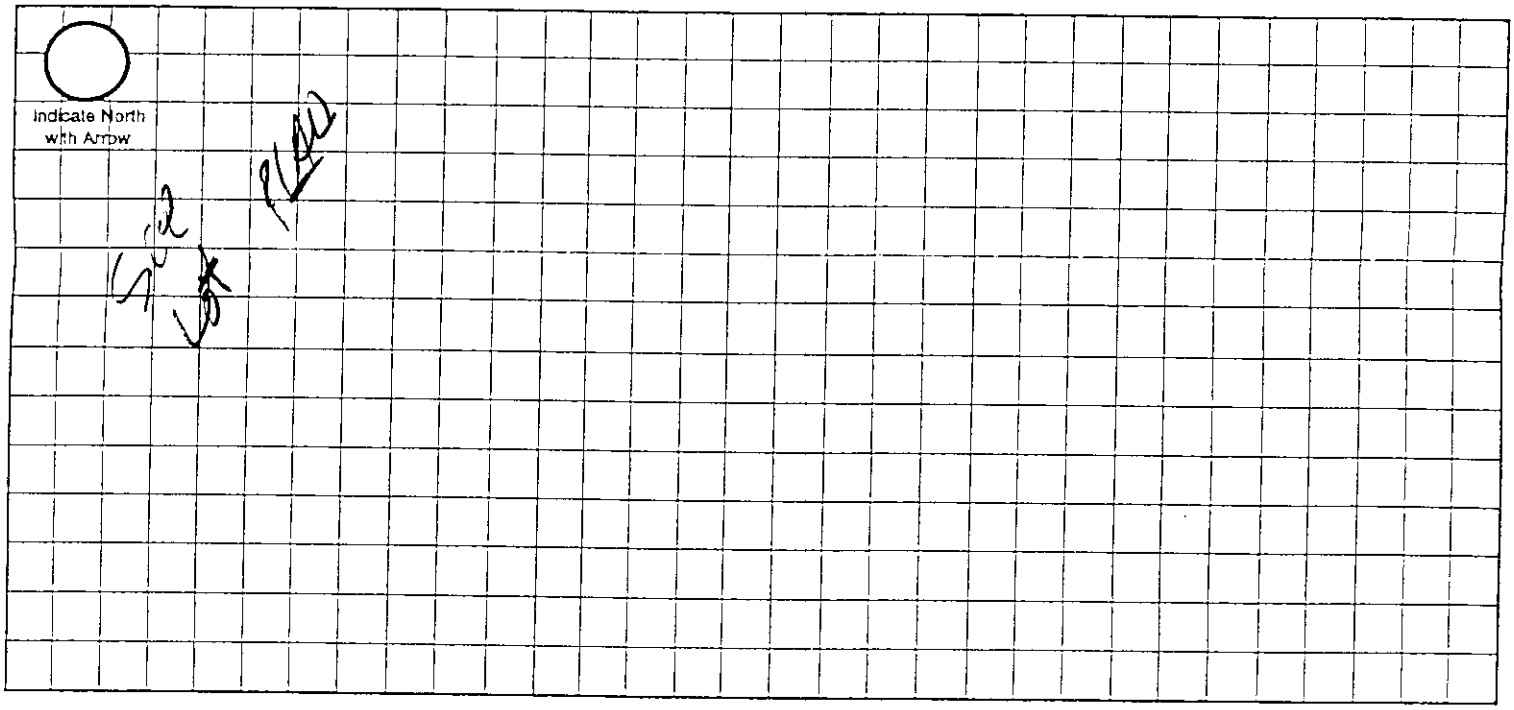
C

Permit Number: HS000379

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) 6501 N Remington City Lincoln (Rural) 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 17 (min. per inch) Soil Type: Sh c W+C 2 Land Slope: 2 %

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

Total Square Feet of Field Required: 840 sq. ft.

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

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

Total Length of Laterals 210 ft. Number of Trenches 2 Trench Width 3'

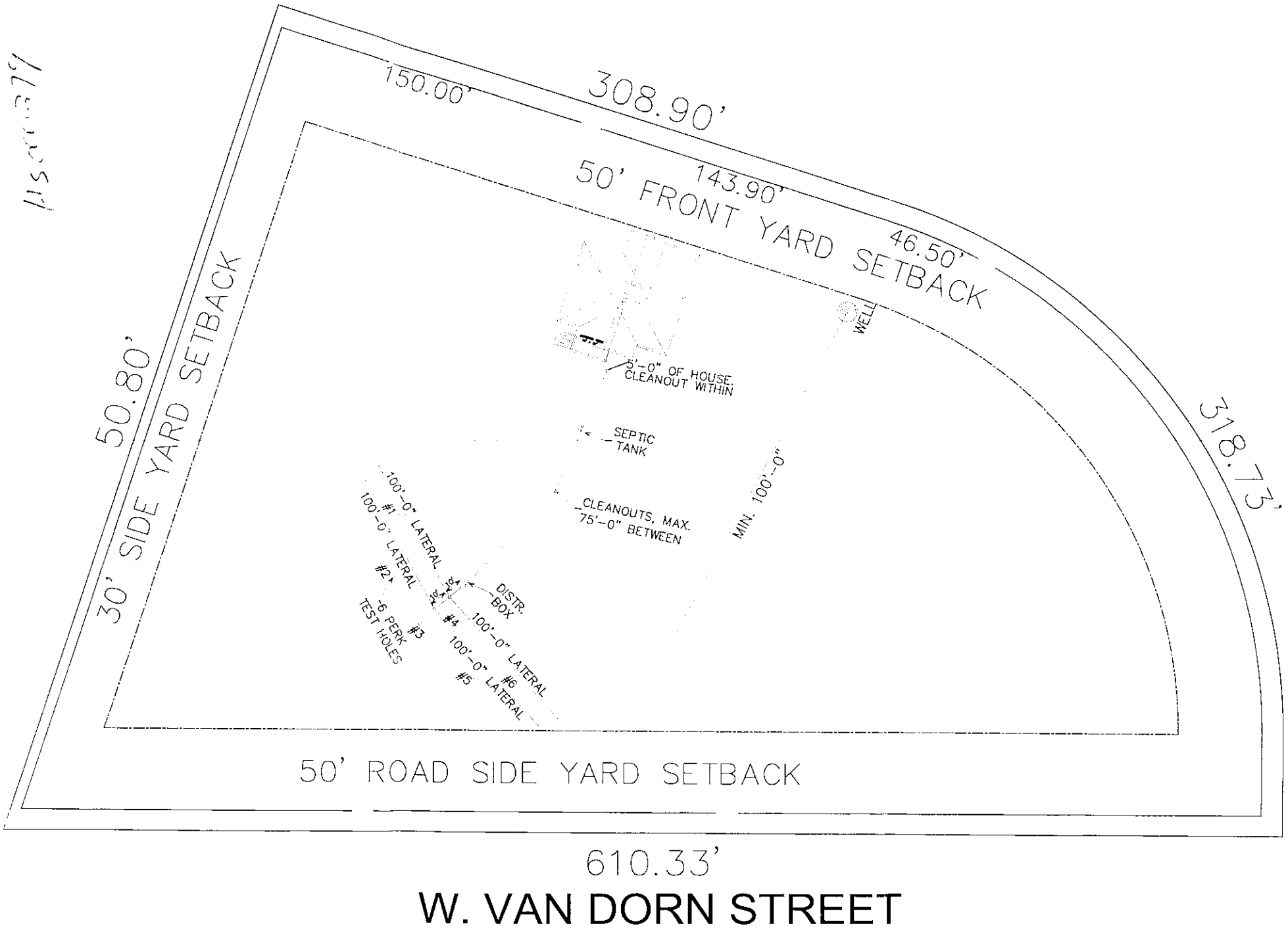
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Aspen Builders Date 7-9-10

Installer Big T Lines Date 7-7-10



LLCHD HS000380

7-19-2010 15:52:13

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

SCANNED

A

Permit Number
H5000379

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 6501 W. Remington (no rural route) City Lincoln (Rural), NE Zip 68522

Legal Description 36 10 10 5 West Van Dorn Heights 3 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 423.6811

C. Contractor

Name: [redacted] 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 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 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 7/16/10
Date frwd 7/16/10
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 7-16-10
Date frwd 7-16-10
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

3. City or County Engineer
Comments _____
Date rec'd 7-16-10
Date frwd 7-16-10
ACTION ☒ Approved ☐ Disapproved
Signature Jim Blazek

Installation Final Written Approval
By _____
Date 12/6/10

Business Office Use Only
Date Received 7-19-10 Amount Paid 325-
Received By BA Cash/Check No. 5966

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

Form A Updated: 5-07

DEC 07 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

West Van Dorn Heights
T10-R5-S36
Block 3 Lot 2

Date 12-5-10

System Location (Indicate correct number and street)

Address 6501 W. Remington (no rural route) City Lincoln NE, Zip 68532

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 8' in.
3. Distance between dwelling and septic tank: 50 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 150 ft.
   stream - ft.
   pressure line 150 ft.
   property line 150 ft.

B. Septic Tank

1. Material: C. Bengtos
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18 in.
   Over outlet, diameter 18 in.
   Riser: ☒ above ☐ below grade 8 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 150 ft.
   Property line 150 ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

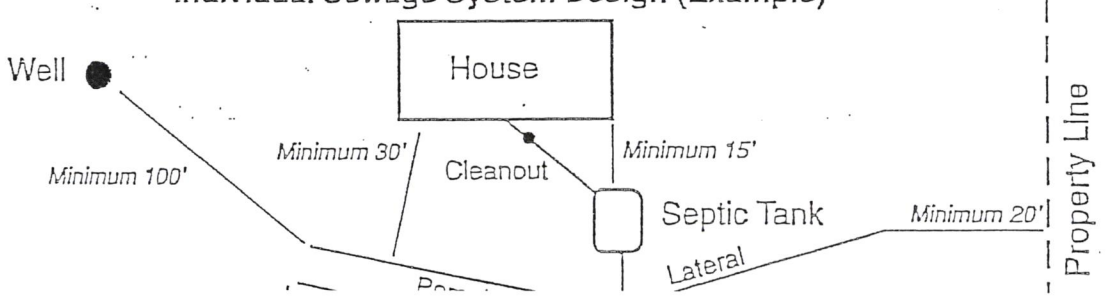
(Provide as-built drawings on back of this form)

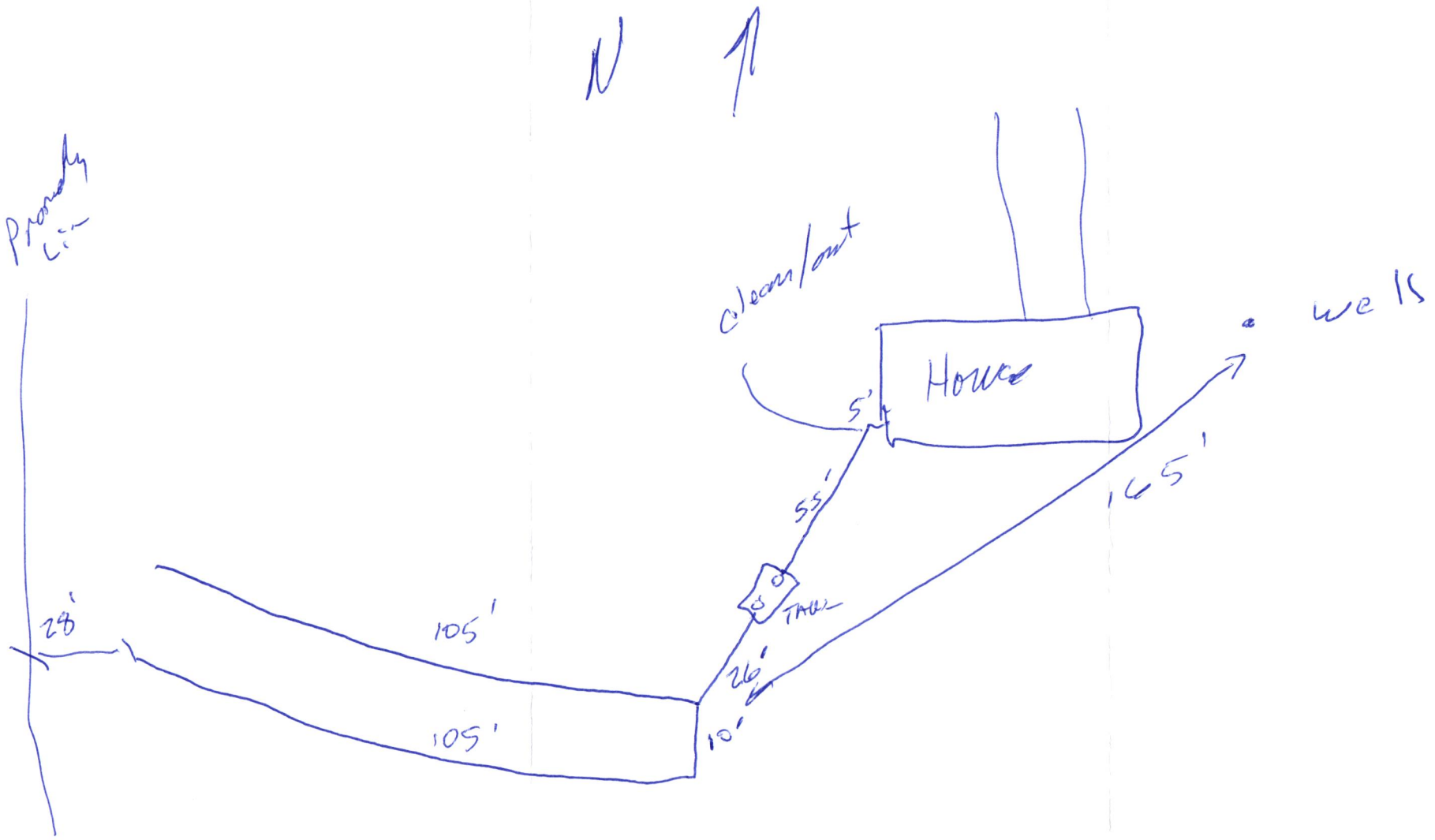
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Chambers
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 105 ft. 105 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope - in/100 ft.
   Average depth 44" in
4. Filter material: DA
   Depth of material _____ in.
5. Distances to: Well or suction line 150 ft.
   Stream - ft.
   Pressure line - ft.
   Property line 25 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)




N
Property Line
clean/out
House
5'
55'
165'
well
TANK
28'
105'
105'
26'
10'