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. HS000454

System Type: STANDARD

Situs: 2720 SW 69 PL

Legal Description: T10N-R05E-S36-3-Lot 2

Owner:

Permit Fee:	$335.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$335.00

Issued:	02/14/2011
Expires:	02/14/2012

Judith A Halstead

Judith A. Halstead, MS, 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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

ASPEN BUILDERS
1633 NORMANDY CT SUITE B
LINCOLN NE 68512

SCANNED

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

A

Permit Number HS000454

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 TBD West Remmington Pl (no rural route) City Lincoln, NE Zip 68528

Legal Description 2720 SW 69th & West Van Dorn Heights Lot 2, Bl 3

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: 3.5

B. Owner

Name Aspen Builders, Signature _____

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

☐ Check if owner designed system Home Phone _____ Work Phone 433-6811

C. Contractor

Name: Bob Beres Company Name Aspen

Address 1633 Normandy Ct. City/State/Zip Lincoln, NE 68516

☒ Check if contractor designed system Work Phone 416-9660

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 _____ 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 1-5-11 Amount Paid 336.00
Received By SH Cash/Check No. 7670

LLCHD HS000454

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

A

Permit Number
HS000454

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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Legal Description 2720 SW 69th & West Van Dorn Heights Lot 2, Bl. 3

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: 3.5

B. Owner

Name Aspen Builders, Signature _____

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

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

C. Contractor

Name: Bob Beres Company Name Aspen

Address 1633 Normandy Ct. City/State/Zip Lincoln, NE 68516

☒ Check if contractor designed system Work Phone 416-9660

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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 1/18/11
Date frwd 1/18/11
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 1-18-11
Date frwd 1-18-11
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 1-18-11
Date frwd 1-18-11
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

1-19-2011 15:24:35

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

B

Permit Number: HS000454

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1601 W. Remmington (no rural routs) City Lincoln NE, Zip 68528

Owner Aspen Builders Addresss 1633 Normandy Ct. Lincoln

Soil Type (SCS): 7684 ? Percolation Rate: 30 min./inch

Date of Tests 12-29 to 12-30 Weather: Precipitation — Temperature 40-60°

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	12-29	10 AM	1230	10PM	1230	10:05	17"	12-30	35	30	3/4	40
2							:07	21"		37		1"	30
3							:09	19"		:38		1 1/4"	24
4							:10	16"		:40		1 1/4	24
5							:11	18"		:43		1"	30
6							:13	17"		:43		1 1/4"	24

Sum of Percolation Rates: 172

Average of Rates: 28.6

Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Bob Bones

Phone: 416-9000

Address 3300 Manassas Lincoln, NE 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-98

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

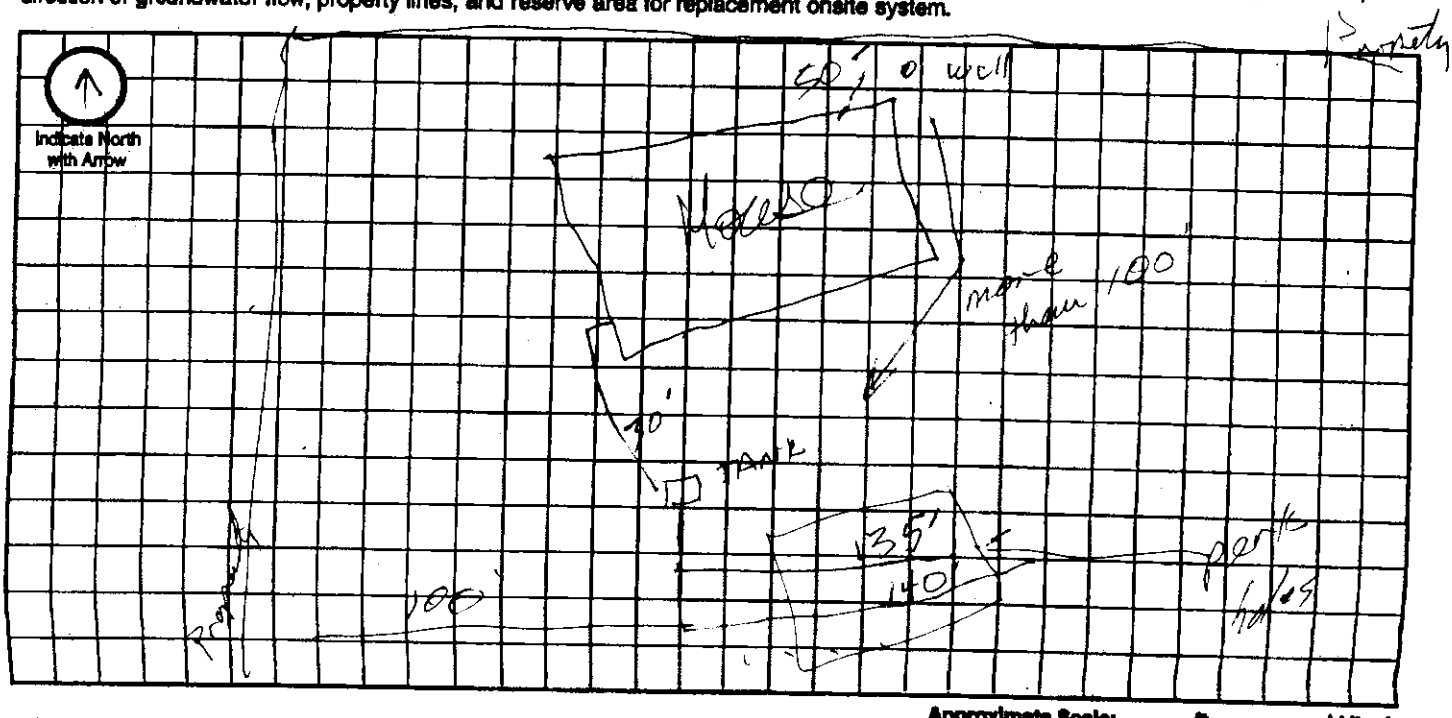
C

Permit Number: HS000454

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 180 W. Remington City Lincoln NE, Zip 68528

B. Proposed Septic Tank/s

Septic Tank Cap. 1250 gals Tank Material: ☐ Concrete ☒ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolcation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 30 (min/inch = mpi) No. of Bedrooms 4 Soil Type 9484 Land Slope 2 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1100 sq.ft.

Total length of laterals 275 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 3' No. of drop boxes – Distrubtion Box –

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

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

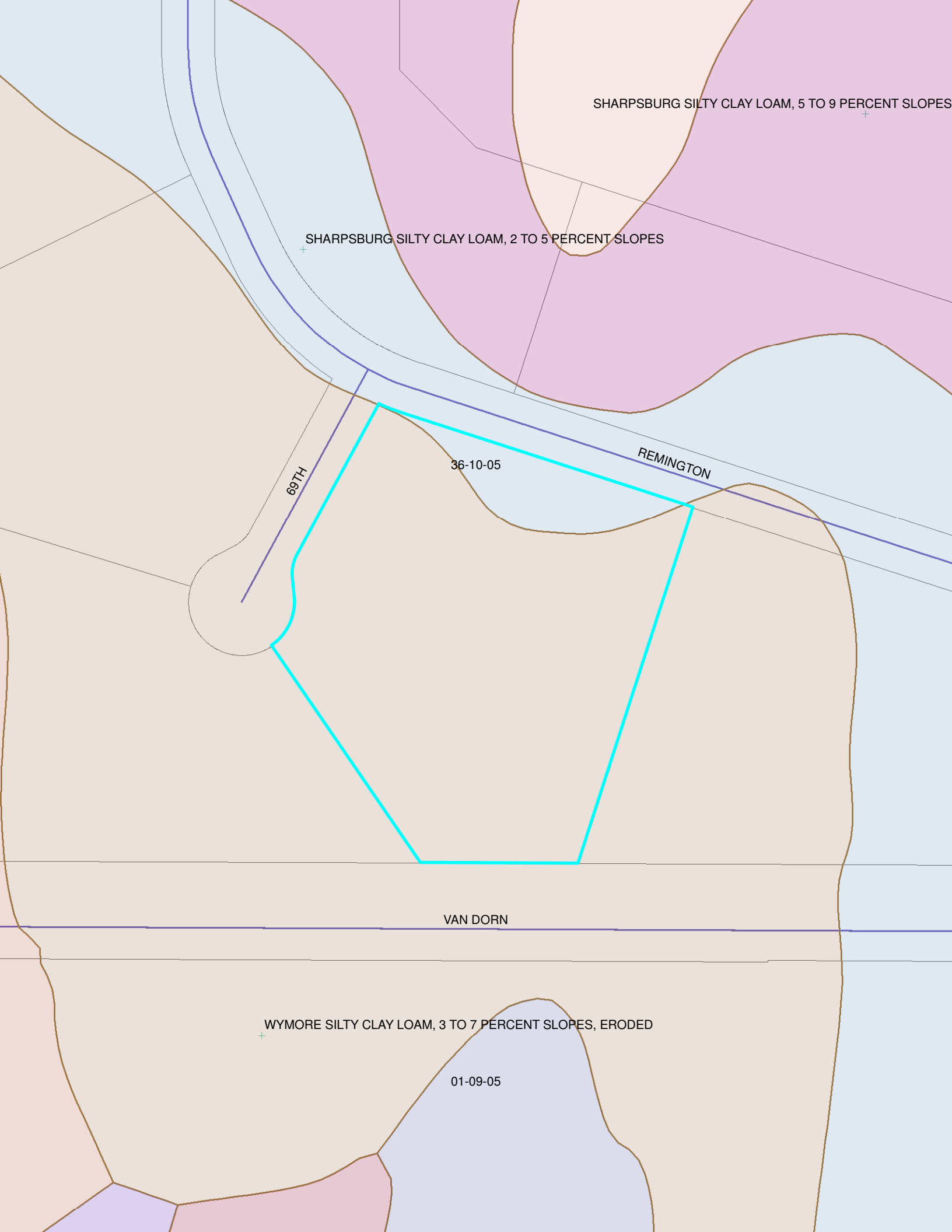
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☐	15 ☒	25 ☒	☒
Field (ft)	100 ☐	500 ☒	50 ☒	4 ☒	30 ☒	20 ☐	30 ☒	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

F. Required Signatures

Home Building Contractor _____ Date 12-31-10

Installer _____ Date _____

Onsite Form C 12_06


SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
69TH
36-10-05
REMINGTON
VAN DORN
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
01-09-05

LLCHD HS000454

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

A ← 35

Permit Number HS000454

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 TBD West Rennington Dr. (no rural route) City Lincoln, NE Zip 68528

Legal Description 2720 SW 69th & West Van Dorn Heights Lot 2, Bl 3

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: 3.5

B. Owner

Name Aspen Builders Signature _____

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

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

C. Contractor

Name: Bob Beres Company Name Aspen

Address 1633 Normandy Ct. City/State/Zip Lincoln, NE 68516

☒ Check if contractor designed system Work Phone 416-9660

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 _____ 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. _____

1-18-2011 10:34:12 White - Health Department Yellow - Engineer Pink - Building & Safety 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

A $225

Permit Number
HS000454

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 TBD West Remmington Pl. City Lincoln, NE Zip 68528
(no rural route)

Legal Description 2720 SW 69th A West Van Dorn Heights Lot 2, Bl. 3
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: 3.5

B. Owner

Name Aspen Builders, Signature _____

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

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

C. Contractor

Name: Bob Beres Company Name Aspen

Address 1633 Normandy Ct. City/State/Zip Lincoln, NE 68516

☒ Check if contractor designed system Work Phone 416-9660

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 1/18/11
Date frwd 1/18/11
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 1-18-11
Date frwd 1-18-11
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 1-18-11
Date frwd 1-18-11
ACTION ☒ Approved ☐ Disapproved
Signature Jim Planck

Installation Final Written Approval
By _____
Date 7/20/11

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

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

Form A Updated: 5-07

* address verified via contractor - more than 1 permit pulled by same contractor is same subdivision - NH 7-20-11

AUG 8 2011

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 07/22/11

System Location (Indicate correct number and street)
Address 6801 W. REMINGTON DRIVE City LINCOLN NE, Zip 68522
(no rural route)

A. Building Sewer

1. Material: PVC 4"
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 10" in.
3. Distance between dwelling and septic tank: 70' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 90' ft.
   stream – ft.
   pressure line 100 ft.
   property line 250 ft.

B. Septic Tank

1. Material: PVC
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☑ above ☐ below grade 6" 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 100 ft.
   Stream – ft.
   Pressure line ~ ft.
   Property line – ft.

C. Distribution Box

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

D. Absorption Field

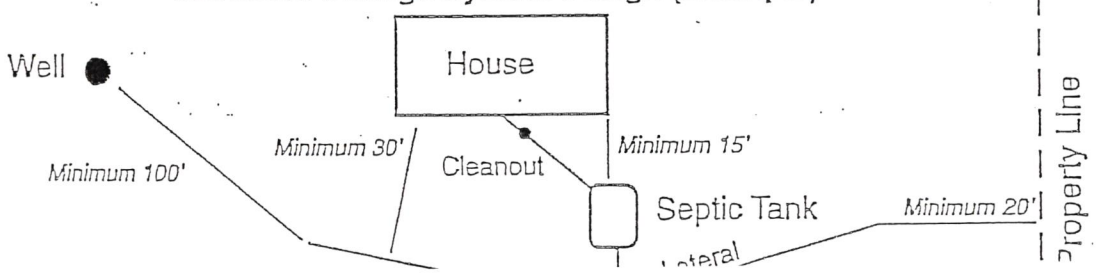
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" Chambers
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 140 ft. 135 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3' ft.
   Slope – in/100 ft.
   Average depth 3' in
4. Filter material: Chambers
   Depth of material _____ in.
5. Distances to: Well or suction line 120 ft.
   Stream – ft.
   Pressure line – ft.
   Property line 40 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



AUG 8 2011

6801 W Remington

Septic

