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. HS000455

System Type: LAGOON

Situs: 5901 KIOWA RD

Legal Description: T08N-R05E-S25-1-Lot 5

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

LLCHD HS000455

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

#335

A

Permit Number HS000455

* Processed as a lagoon until a perc test is witnessed - Contacted the contractor on 1/18/11.

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 5901 Kiowa Road (no rural route) City Sprague, NE Zip

Legal Description ____ ____ ____ Kicking Bird Addition 1 5
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 Total Acres:

B. Owner

Name Aspen Builders Signature

Address 1633 Normandy Ct. 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

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

☒ Check if contractor designed system Work Phone 416-9668

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 1-19-11 Amount Paid 335
Received By BH Cash/Check No. 7069

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

1-19-2011 15:42: 4

Form A Updated: 5-07

LLCHD HS000455

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

#335

A

Permit Number HS000455

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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 5161 Kicking Bird Road (no rural route) City Sprague, NE Zip

Legal Description 25, 8, 5 Kicking Bird Addition 1 5
(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 Total Acres:

B. Owner

Name Aspen Builders Signature

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

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

C. Contractor

Name: Bob [illegible] Company Name Aspen

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

☒ Check if contractor designed system Work Phone 416-9668

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 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 Jon Pluegel

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 15:42: 6

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

B

Permit Number: HS000455

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5101 Kiowa Road (no rural route) City Sprague NE, Zip _____

Owner Aspen Builders Address 1633 Normandie, CT

Soil Type (SCS): 7418, 7503 Percolation Rate: 60 min/inch

Date of Tests 12-29 to 12-30 Weather: Precipitation Dry 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	1 pm	12-30	1 pm	12-30	1:10	19"	12-30	:40	30	3/4"	40
2							1:12	24"		:42		1/2"	60
3							:14	19"		:44		1/2"	60
4							:16	24"		:46		1/2"	60
5							:17	22"		:47		1/2"	60
6							:18	17"		:44		3/4"	40

Person Conducting Percolation Tests

Name: Bob Beyers

Phone: 402-466-5

Address 3300 Mangrove
Lincoln, NE 68516

Sum of Percolation Rates: 320

Average of Rates: 53

Rate Used for Calculation: 60

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

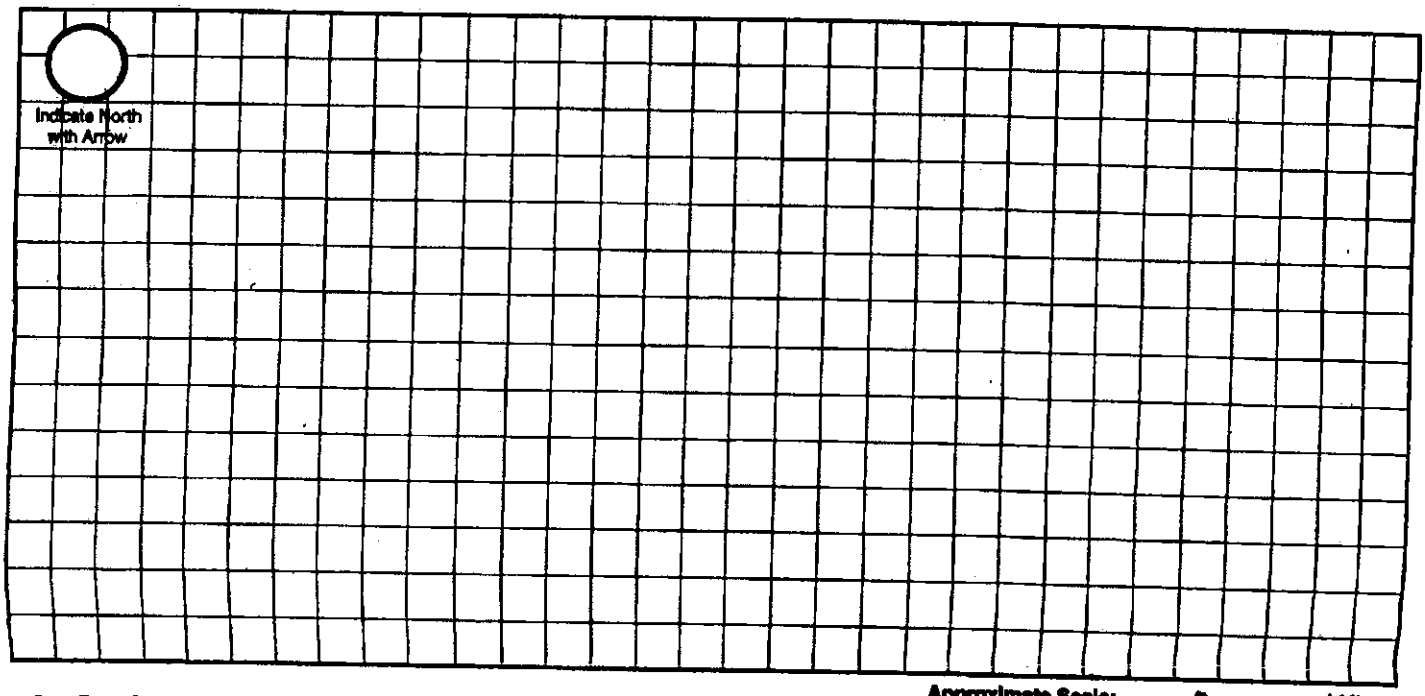
C

Permit Number: HS 000 455

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 lines

A. Onsite System Location

Address (no rural route) 5905 K.Lowa Rd. City Sprague NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 60 (min/inch = mpi) No. of Bedrooms 3 Soil Type 7418, 7503 Land Slope 2 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1050 sq.ft.

Total length of laterals 263 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 3' No. of drop boxes 0 Distrubtion Box 0

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 ☐	☐

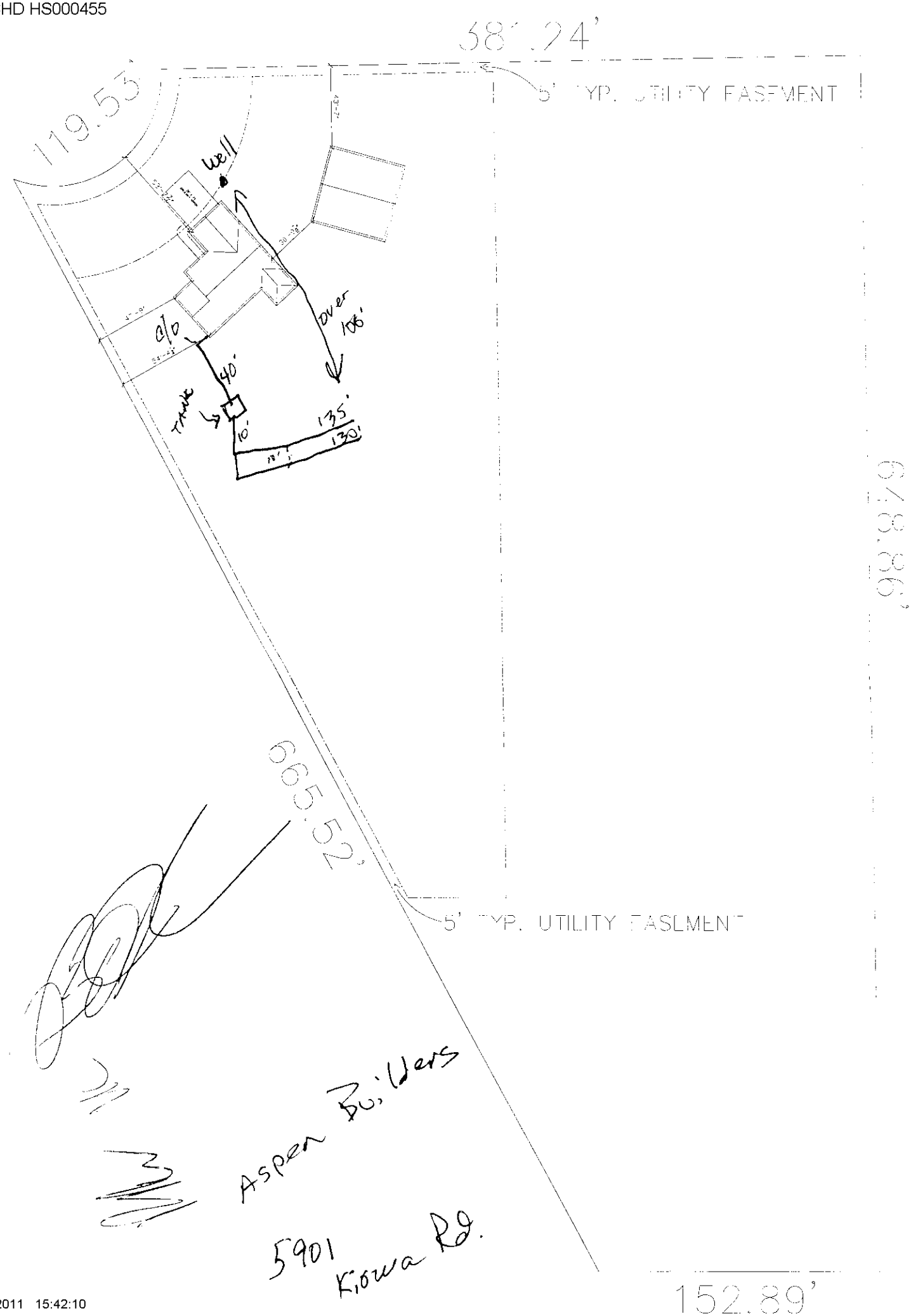
F. Required Signatures

Home Building Contractor _____ Date 12-31-10

Installer _____ Date _____

Onsite Form C 12_06

LLCHD HS000455



1-19-2011 15:42:10


KIOWA
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
25-08-05
30-08-06
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
NODAWAY SILT LOAM, CHANNELED

LLCHD HS000455

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

#335

A

Permit Number HS000455

* Processed as a lagoon until a perc test is witnessed - Contacted the contractor on 1/18/11.

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 5901 Kiowa Road (no rural route) City Sprague, NE Zip

Legal Description ____ ____ ____ Kicking Bird Addition 1 5
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 Total Acres:

B. Owner

Name Aspen Builders Signature

Address 1633 Normandy Ct. 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

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

☒ Check if contractor designed system Work Phone 416-9668

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

1-18-2011 10:36:27

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

SCANNED

#335

A

Permit Number
HS000455

* Processed as a lagoon until a perc test is witnessed - Contacted the contractor on 1/18/11. - Septic System installed

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

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DO NOT WRITE BELOW THIS LINE

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

1. Health Department
Site visits 5/20/11
Septic Inspected
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 Roy Smith
Date 5/20/11

SCANNED

Business Office Use Only
Date Received 1-18-11 Amount Paid 335.-
Received By B.H. Cash/Check No. 7069

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

Form A Updated: 5-07