LLCHD HS000507

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

JUN 16 2011

A

Permit Number HS000507

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

Legal Description _____ WEST VAN DORN HEIGHTS ADD. 1 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 402-416-9660 Work Phone 402-423-6811

C. Contractor

Name: Bob Berecs Company Name Aspen Builders

Address 1633 Normandy Ct. 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 _____
Date frwd _____
ACTION ☐ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 6/17/11
Date frwd 6/17/11
ACTION ☑ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 6/17/11
Date frwd 6/17/11
ACTION ☑ Approved ☐ Disapproved
Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 6-20-11 Amount Paid 335.00
Received By BH Cash/Check No. 8083

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

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

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

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

Date of Tests 6-7 to 6-8 Weather: Precipitation — Temperature 70°

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	6-7	5PM	6-8	10AM	6-8	10:00	32	6-8	:30	30	2.25	27
2							10:02	34		:32		2.00	30
3							:04	31		:34		2.50	24
4							:06	32		:36		2.50	24
5							:08	33		:38		2.00	30
6							:10	30		:40		2.25	27

Person Conducting Percolation Tests

Name: Bob Beines

Phone: 416-9000

Address _____

Sum of Percolation Rates: 167

Average of Rates: 27

Rate Used for Calculation: 30

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Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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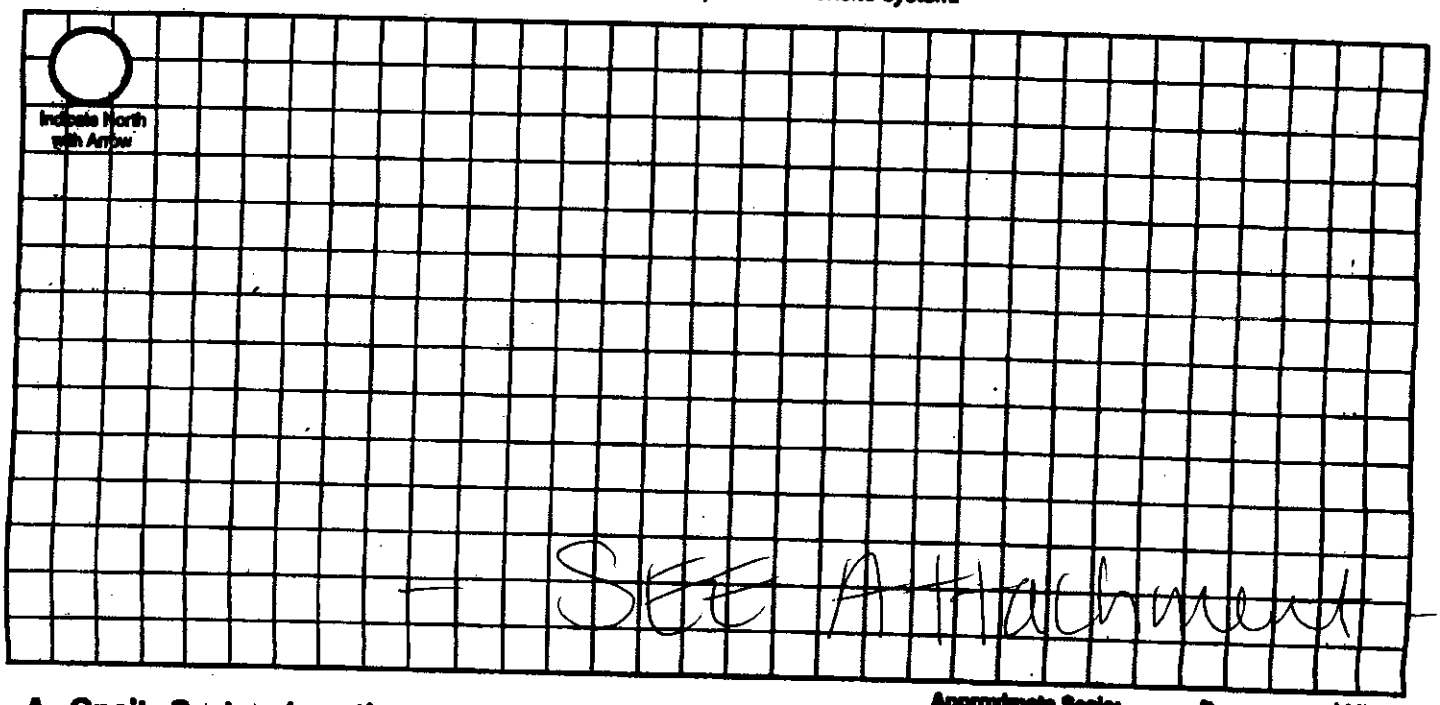
C

Permit Number:

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) 7 W. Remington DRIVE City Lincoln NE, Zip 68522

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 (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 30 (min/inch = mpi) No. of Bedrooms 4 Soil Type _____ Land Slope 1-2 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1000 sq.ft.

Total length of laterals 250 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 3' No. of drop boxes — Distrubition 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

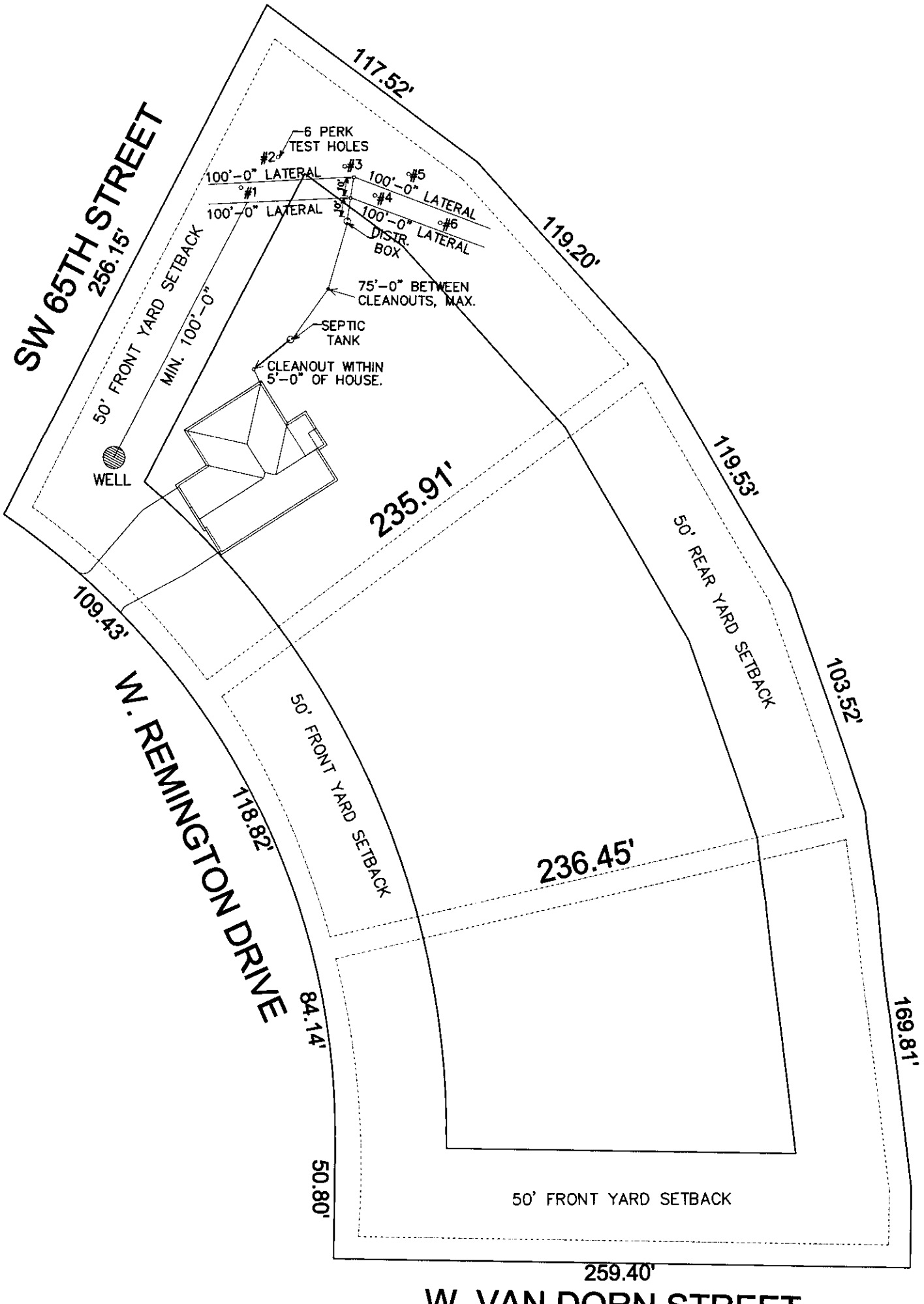
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☐
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☐	30 ☐	20 ☑	30 ☑	40 ☑	☐
Lagoon (ft)	100 ☑	500 ☑	50 ☐	N/A ☑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

F. Required Signatures

Home Building Contractor _____ Date 6-15-11

Installer _____ Date 6-15-11

LLCHD HS000507



6-21-2011 10:19: 7

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. HS000507

System Type: STANDARD

Situs: 6450 W REMINGTON DR

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

Owner:

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

Issued: 06/20/2011
Expires: 06/19/2012

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

JUN 16 2011

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Date frwd 6/17/11
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Signature

3. City or County Engineer
Comments
Date rec'd 6/17/11
Date frwd 6/17/11
ACTION ☑ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 8/2/11

Business Office Use Only
Date Received 6-20-11 Amount Paid 335.00
Received By BH Cash/Check No. 8083

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

Form A Updated: 5-07