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

SEP 26 2013

A

Permit Number: H000822

8000

Sewage Disposal System

Request for Site Clearance and Permit

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

Include Form B, Form C and Applicable Fees with this Application.

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address TBD NW 140TH STREET (no rural route) City Lincoln NE, Zip 68528

Legal Description 1420 NW 140 E OAK PRAIRE ESTATES 2
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

B. Owner

Name _____ Signature _____

Address SAME AS CONTRACTOR City/State/Zip _____

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

C. Contractor

Name Aspen Builders Inc Company Name Aspen Builders Inc

Address 1633 NORMANDY COURT 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 Garbage Garbage ☑

☐ Commercial Establishment/Other Facility Specify _____ Is there a Whirlpool Bathtub YES (NO)

Design flow in gallons per day _____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

(3.01 acres)

Approval Process

☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 10/4/13 Date frwd 10/4/13 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 10-4-13
Amt Paid 355.00
Rec'd By BA Cash/Check No. 13473

RM 23-100 10-96 7206 7418 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

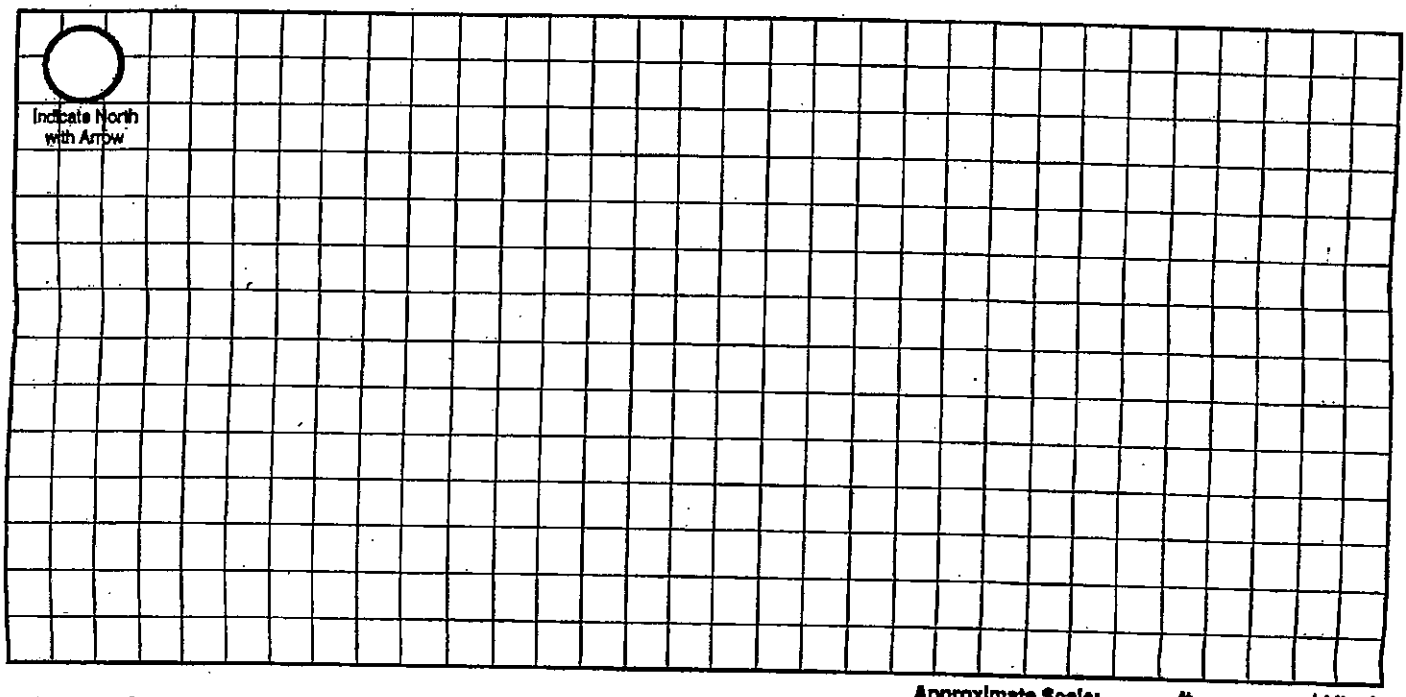
C

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) TBD NW 140th 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 (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

sized for (4) ARROWBEN

Percolation Rate 30 (min/inch = mpi) No. of Bedrooms 3 Soil Type Moody clay loam Land Slope 3 %

☒ 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 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 9-24-13

Installer _____ Date _____

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 TBD NW 140TH STREET (no rural route) City Lincoln NE, Zip 68528

Owner _____ Addresss 1633 Normandy Ct

Soil Type (SCS): Morrill Clay Loam + AKSARBEN SILTY CLAY LOAM Percolation Rate: 30 min./inch

Date of Tests 9-23 to 9-24 Weather: Precipitation rain day before Temperature 75

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	9-23	10 AM	9-24	9:30A	9-24	9:30	34"	9-24	10:00	30	2.25	13.3
2	"	"	"	"	"	"	:32	33"	"	:02	"	2.25	13.3
3	"	"	"	"	"	"	:34	33"	"	:04	"	3.25	9.2
4	"	"	"	"	"	"	:36	34"	"	:06	"	2.75	10.9
5	"	"	"	"	"	"	:38	34"	"	:08	"	2.75	10.9
6	"	"	"	"	"	"	:40	35"	"	:10	"	2.50	12

Sum of Percolation Rates: 69.60
Average of Rates: 11.60 ? ← Seemed LOW
Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Bob Benes
Phone: 416-9660
Address 1639 Normandy Ct
Lincoln, NE 68512

Actually Perked Better but using 30

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-98

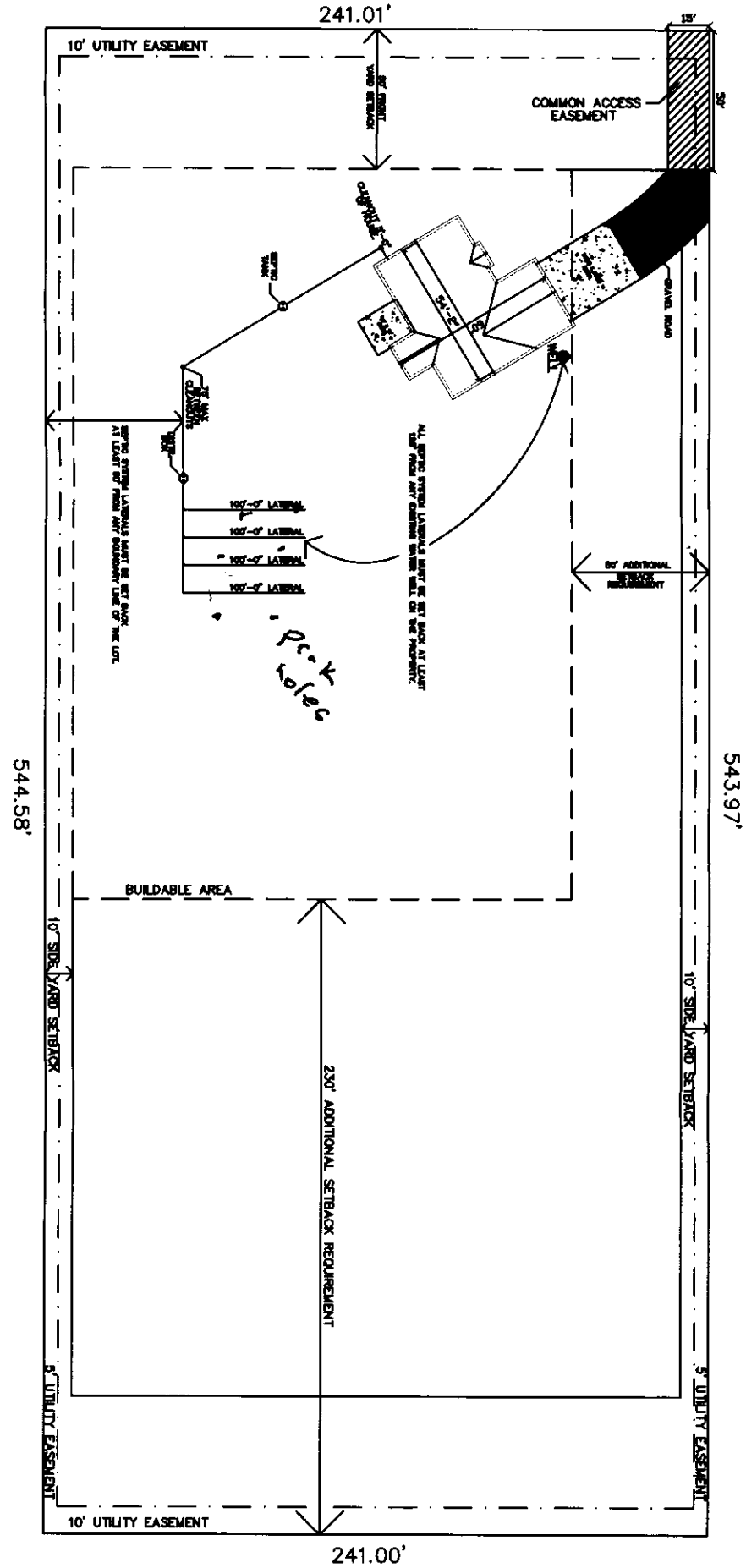
Nate C. Hartman

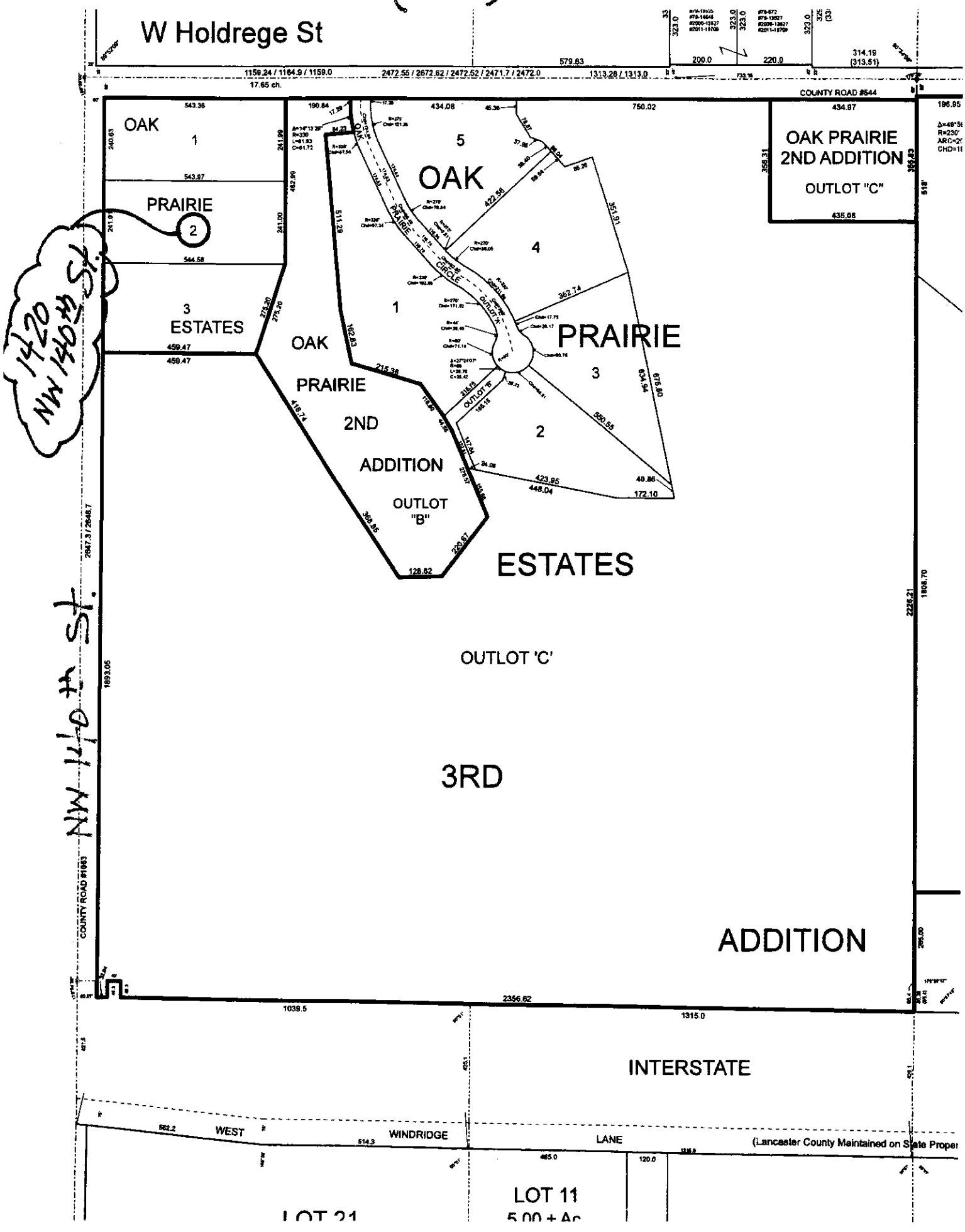
From: Ken D. Schroeder
Sent: Wednesday, October 02, 2013 10:23 AM
To: Nate C. Hartman
Subject: sewage disposal system (1420 NW 140th Street)
Attachments: part of sec 19-10-5.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for lot 2, "Oak Prairie Estates" located in the NW 1/4 of Section 19, T10N, R5E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec 19-10-5)*
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692

N.W. 140TH STREET




SEC. 19 (10-5)
W Holdrege St
COUNTY ROAD #544
OAK
1
PRAIRIE
2
3
ESTATES
OAK
5
OAK
PRAIRIE
CIRCLE
4
1
OAK
PRAIRIE
2ND
ADDITION
OUTLOT
"B"
PRAIRIE
3
2
OUTLOT "C"
OAK PRAIRIE
2ND ADDITION
ESTATES
OUTLOT 'C'
3RD
ADDITION
COUNTY ROAD #1063
INTERSTATE
WEST
WINDRIDGE
LANE
(Lancaster County Maintained on State Proper
LOT 11
5.00 + Ac
LOT 21
1420 NW 48th St.
48th St. NW 1420

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000822

System Type: Standard

Situs: 1420 NW 140 ST, RURAL, NE

Issued: 10/7/2013

Expires: 10/7/2014

Description: OAK PRAIRIE ESTATES, Lot 2

Owner: AUGUSTYN, AARON T & REBEKAH J
7417 S 29 ST
LINCOLN, NE 68516

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

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

10-3-19

SCANNED SEP 26 2013

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-~~8022~~ 8000

A

Permit Number: HP000822

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address TBD NW 140TH STREET (no rural route) City Lincoln NE, Zip 68528

Legal Description 1420 NW 140 L'S OAK PRAIRE ESTATES 2
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

B. Owner

Name _____ Signature _____

Address SAME AS CONTRACTOR City/State/Zip _____

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

C. Contractor

Name Aspen Builders Inc Company Name Aspen Builders Inc

Address 1633 NORMANDY COURT 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

Garbage Grinder ☐

(3.01 acres)

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 10/1/13 Date frwd 10/1/13 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 4/21/14

Business Office Use Only
Date Rec'd 10-4-13
Amt Paid 355.00
Rec'd By BA Cash/Check No. 13473

RM 23-100 10-96 7206 7418 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

10-5-19

SCANNED

SEP 26 2013

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

8000

A

Permit Number: B000822

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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Address TBD NW 140TH STREET (no rural route) City Lincoln NE, Zip 68528

Legal Description 1420 NW 140th OAK PRAIRE ESTATES 2
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

B. Owner

Name _____ Signature _____

Address SAME AS CONTRACTOR City/State/Zip _____

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

C. Contractor

Name Aspen Builders Inc Company Name Aspen Builders Inc

Address 1633 NORMANDY COURT 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 Garbage Garden ☑

☐ Commercial Establishment/Other Facility Specify _____ Is there a Whirlpool Bathtub YES (NO)

Design flow in gallons per day _____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

(3.01 acres)

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 10/1/13 Date frwd 10/1/13 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☑ Approved ☐ Disapproved Signature _____
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Installation Final Written Approval

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Date 4/21/14

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SCANNED

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 TBD NW 140TH STREET (no rural route) City Lincoln NE, Zip 68528

Owner _____ Address 1633 Normandy Ct

Soil Type (SCS): Morrill Clay loam + AKSARBEN silty clay loam Percolation Rate: 30 min./inch

Date of Tests 9-23 to 9-24 Weather: Precipitation rain day before Temperature 75

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)
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2							:32	33"		:02		2.25	13.3
3							:34	33"		:04		3.75	9.2
4							:36	34"		:06		2.75	10.9
5							:38	34"		:08		2.75	10.9
6							:40	35"		:10		2.50	12

Person Conducting Percolation Tests

Name: Bob Beaes
Phone: 416-9660
Address: 1633 Normandy Ct. Lincoln, NE 68512

Sum of Percolation Rates: 69.60
Average of Rates: 11.60 ? ← Seemed LOW
Rate Used for Calculation: 30

Actually perked better but using 30

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-98

SCANNED

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

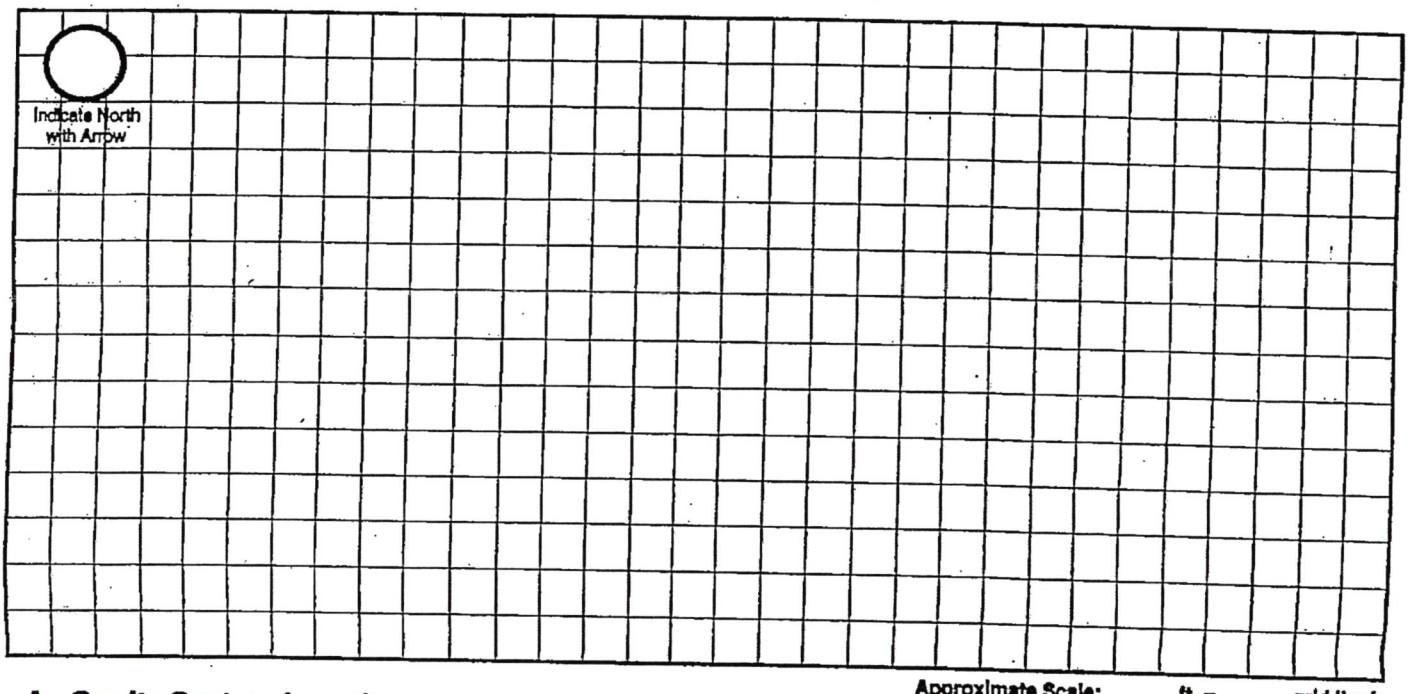
C

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) TBD NW 140th 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 (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 30 (min/inch = mpi) No. of Bedrooms 3 sized for (4) Soil Type Marshall clay loam Land Slope 3 %

☒ 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 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 ☐	☐

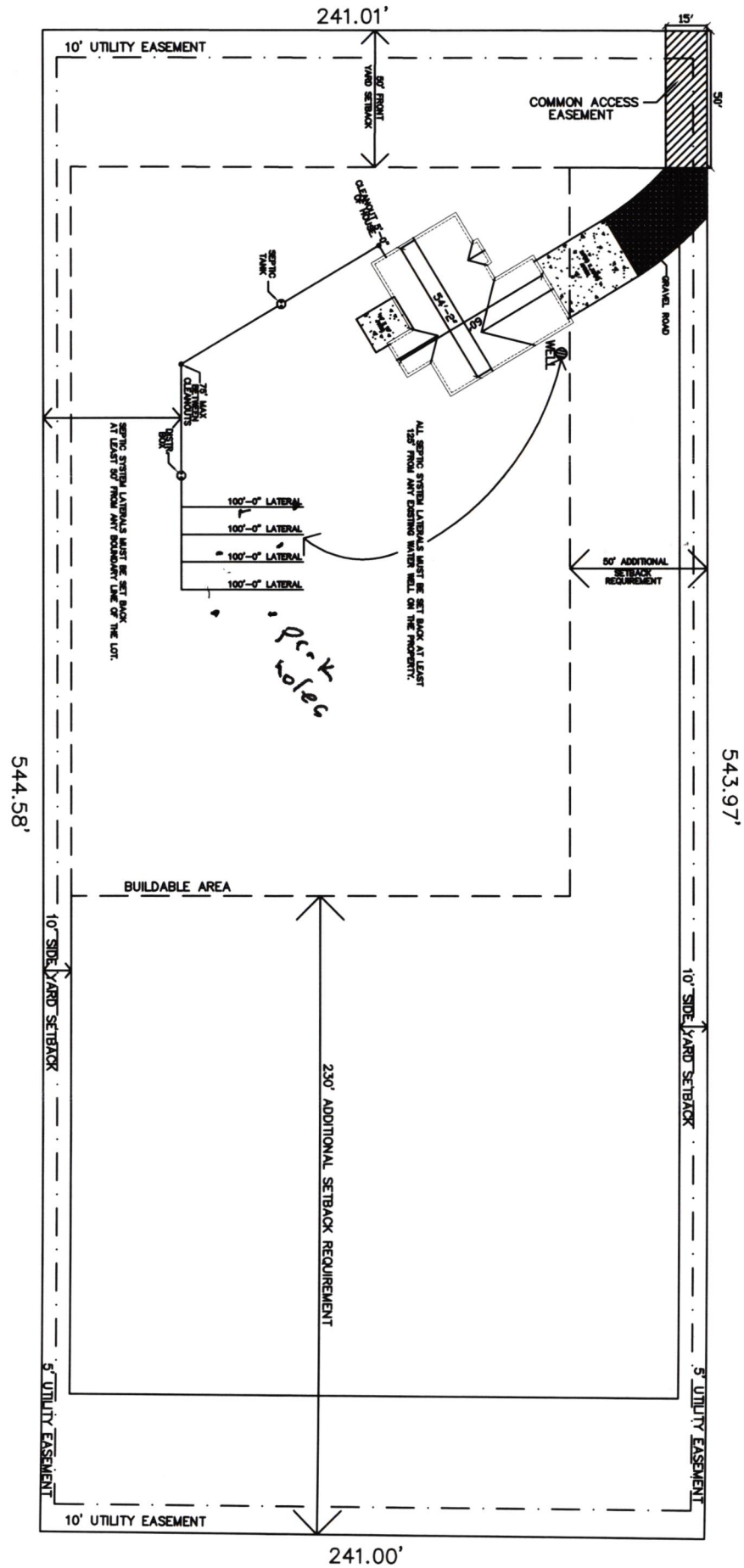
F. Required Signatures

Home Building Contractor_____ Date 9-24-13

Installer_____ Date_____

SCANNED

N.W. 140TH STREET



10-5-19

APR 2 8 2014

D

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

Permit Number: HS 000822

Sewage Disposal System

As Built Plans & Specifications

Date 4-28-14

System Location (Indicate correct number and street)

Address 1420 NW 140th (no rural route) City Lincoln NE, Zip 68528

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: 100 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 90 ft.
   stream – ft.
   pressure line – ft.
   property line 80 ft.

B. Septic Tank

1. Material: fiberglass
   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 130 ft.
   Stream – ft.
   Pressure line – ft.
   Property line 15 ft.

C. Distribution Box

1. Material: None
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

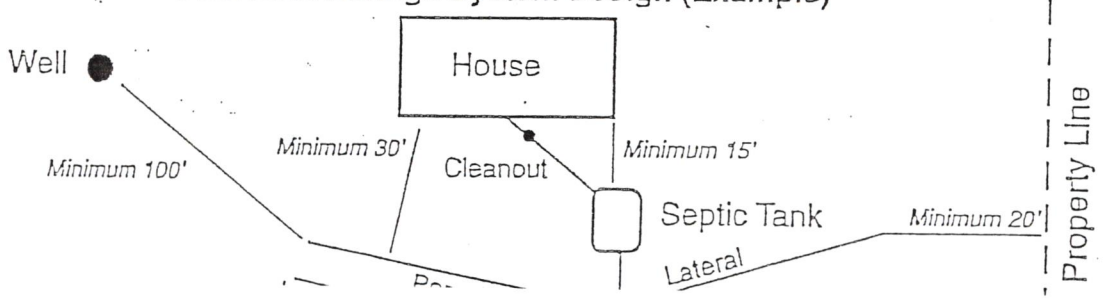
(Provide as-built drawings on back of this form)

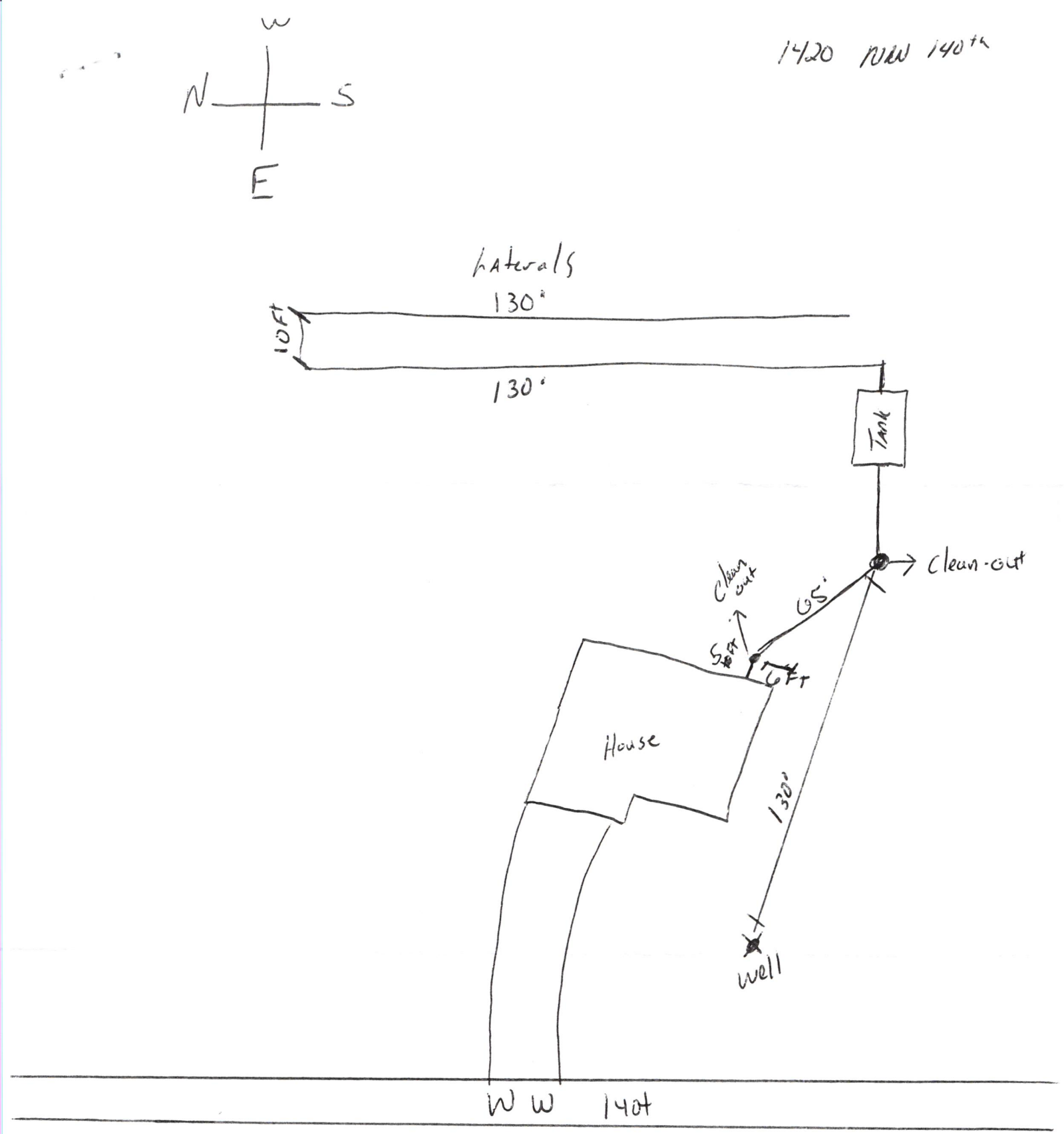
1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other Chambers
2. Lateral lines: Number ~~1~~ 2
   Length of each line: 130 ft. 130 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3' ft.
   Slope 1 in/100 ft.
   Average depth 24" in
4. Filter material: none
   Depth of material _____ in.
5. Distances to: Well or suction line 150' ft.
   Stream – ft.
   Pressure line – ft.
   Property line 50' ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)




W
N
S
E
1420 NW 140th
laterals
130'
10ft
130'
Tank
Clean-out
Clean out
65'
5ft
6ft
House
130'
well
W W
140t

SEC. 19 (10-5)

SCANNED

