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. HS000862

System Type: Lagoon

Situs: No Site Address Specified

Issued: 1/16/2014

Expires: 1/16/2015

Description: CONESTOGA LAKE ESTATES, BLOCK 2, Lot 1

Owner: AUXIER, JASON R
126 N 14 ST UNIT 4
LINCOLN, NE 68508

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

INFINITY EXCAVATING
7701 CORNHUSKER HWY, STE 5
LINCOLN, NE 68507

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
HS000862

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 3900 SW 91st (no rural route) City Denton, NE Zip 68339

Legal Description Conestoga Lake Estates B2 L1

1/4	1/4	Section	Township	Range	Subdivison	Addition	Block	Lot
			9	3				

PID 03-03-302-001-000

B. Owner

Name Jason Auxier Signature

Address 124 N 14th St Unit 4 City/State/Zip Lincoln NE 68508

Home Phone Work Phone

C. Certified Installer

Name: Nathan Peterson Signature

Address 7701 Cornhusker Hwy Suite 5 City/State/Zip Lincoln NE 68507

Work Phone 402-202-8130

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3+
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☐ Domestic ☐ Non-Domestic

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
Comments
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 7/15/14 Amount Paid 305.00
Received By SB Cash/Check No. 3907

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

Nate C. Hartman

From: Mike J. Petersen
Sent: Thursday, January 16, 2014 8:23 AM
To: Nate C. Hartman
Subject: Buildable lot
Attachments: Mike Petersen.vcf

Nate- Conestoga Lake Estates Lot 1 Block 1 is a legal buildable lot not in the flood plain. -Mp



Mike Petersen
Building & Safety Dept.
Plans Examiner II

(402) 441-6445 Work
mjpetersen@lincoln.ne.gov

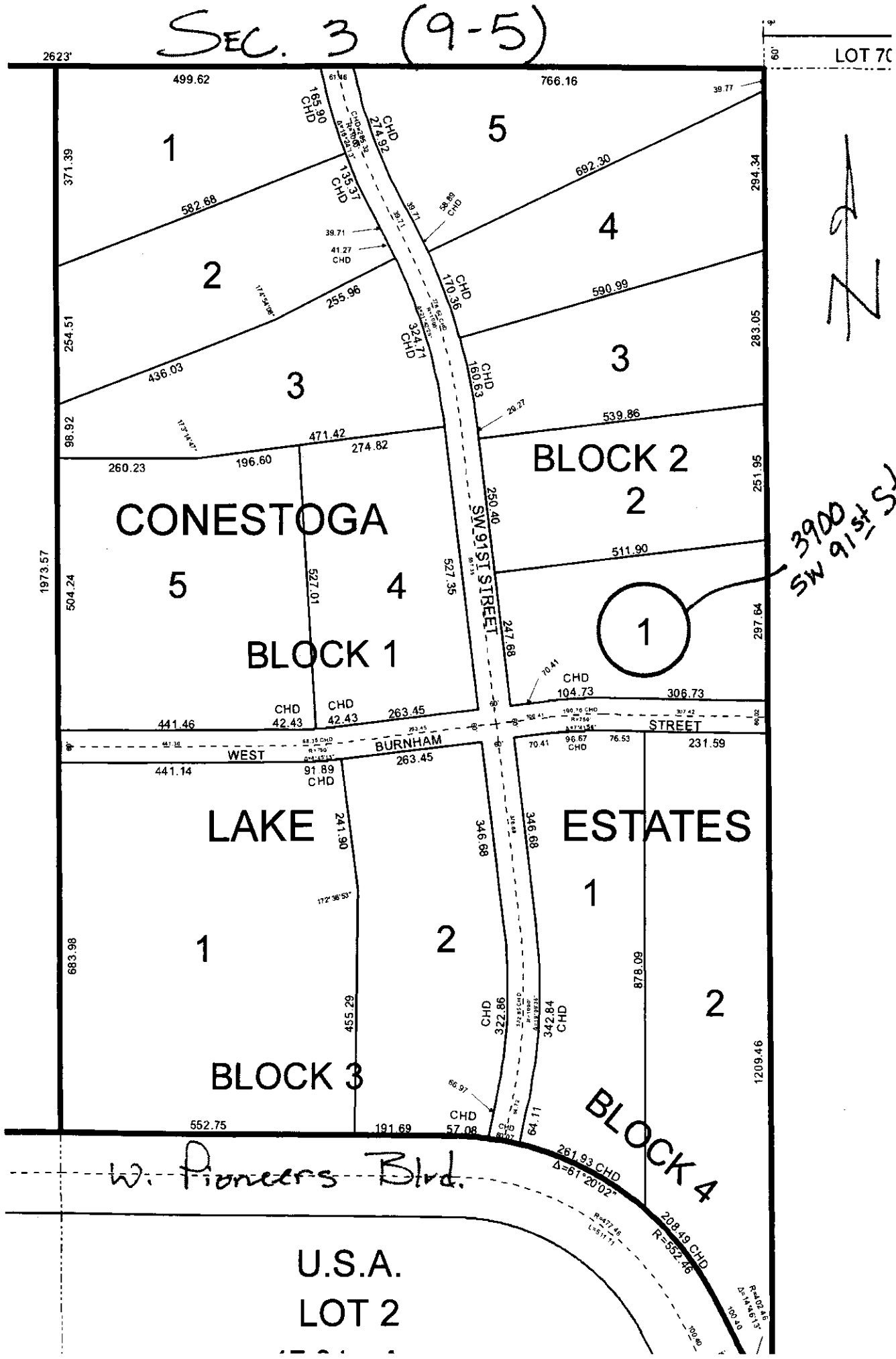
555 S. 10th Street Room 203
Lincoln, NE 68508

Nate C. Hartman

From: Ken D. Schroeder
Sent: Tuesday, January 14, 2014 3:08 PM
To: Nate C. Hartman
Subject: sewage disposal system for 3900 SW 91st Street
Attachments: part of sec 3-9-5.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for lot 1, Block 2, "Conestoga Lake Estates" located in the SW 1/4 of Section 3, T9N, R5E of the 6th P.M., Lancaster County, Nebraska. *(see attached pt of sec 3-9-5)*
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


SEC. 3 (9-5)
2623'
LOT 7(
499.62
766.16
371.39
582.68
692.30
294.34
254.51
255.96
590.99
283.05
436.03
98.92
471.42
539.86
260.23
196.60
274.82
251.95
CONESTOGA
BLOCK 2
2
250.40
SW 91ST STREET
3900 SW 91st St.
1973.57
504.24
527.01
527.35
511.90
297.64
5
4
BLOCK 1
247.68
1
441.46
263.45
306.73
WEST
BURNHAM
STREET
441.14
263.45
231.59
LAKE
ESTATES
241.90
346.68
346.68
1
683.98
1
2
878.09
2
455.29
1209.46
BLOCK 3
552.75
191.69
64.11
BLOCK 4
W. Pioneers Blvd.
261.93 CHD
Δ=61°20'02"
208.49 CHD
R=552.46
U.S.A.
LOT 2
N

SCANNED

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number
HS000862

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PID 03-03-302-001-000

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Name Jason Auxier Signature

Address 124 N 14th St Unit 4 City/State/Zip Lincoln NE 68508

Home Phone Work Phone

C. Certified Installer

Name: Nathan Peterson Signature

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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 12/5/14

Business Office Use Only
Date Received 1/15/14 Amount Paid 365.00
Received By SB Cash/Check No. 3907

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

Form A Updated: 1/13

JUN 0 9 2014

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

B

Permit Number: 020554

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

PID 03-03-001-000

Onsite System Location

Address 3900 SW 91st (no rural route) City Denton NE, Zip 68339

Owner Jason Auxier Address 126 N. 14th St Lincoln NE 68508

Date of Tests 4/11/14 to 4/12/14 Weather: Precipitation 0 Temperature 80°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	4/11	9:00	4/4	1:00	4/12	9:00	6	4/12	1:00	30	3/4	40
2	36	4/4	9:00	4/11	1:00	4/12	9:00	6	4/12	1:00	30	3/4	40
3	36	4/11	9:00	4/11	1:00	4/12	9:00	6	4/12	1:00	30	5/8	48
4	36	4/11	9:00	4/11	1:00	4/12	9:00	6	4/12	1:00	30	5/8	48
5	36	4/11	9:00	4/11	1:00	4/12	9:00	6	4/12	1:00	30	3/4	40
6	36	4/11	9:00	4/11	1:00	4/12	9:00	6	4/12	1:00	30	3/4	40
								6					
								6					

Person Conducting Percolation Test

Name: Nathan Peterson
Phone: 402-202-8130
Address 7701 Cornhusker Hwy

Sum of Percolation Rates: 256
Average of Rates: 43
Rate Used for Calculation: 43

Soil type (NRCS Maps/Other)

Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

JUN 0 9 2014

C

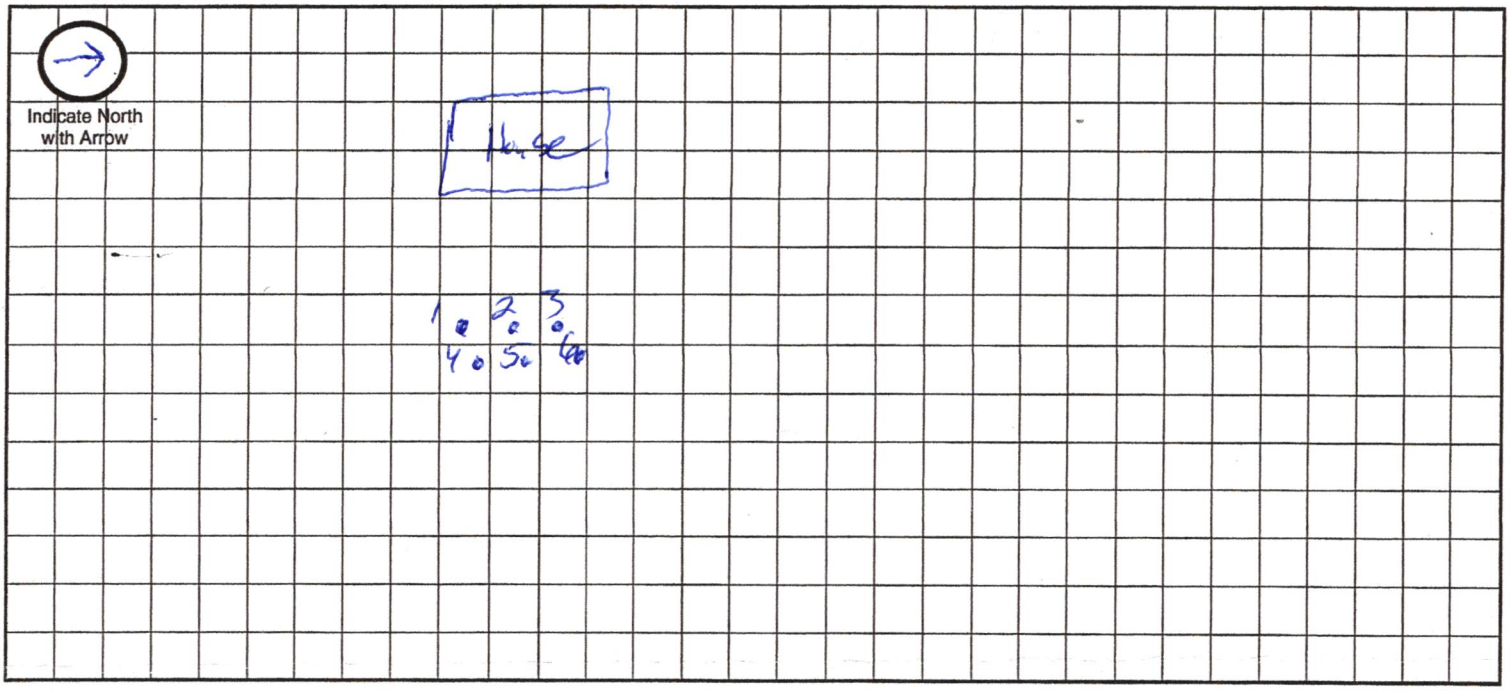
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street ◆ Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 020554

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) 3900 SW 91 City Denton NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 43 (min/inch = mpi) No. of Bedrooms 3 Soil Type_____ Land Slope_____%

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

Total length of laterals 265 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 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 _____

Installer _____ Date 6/10/14