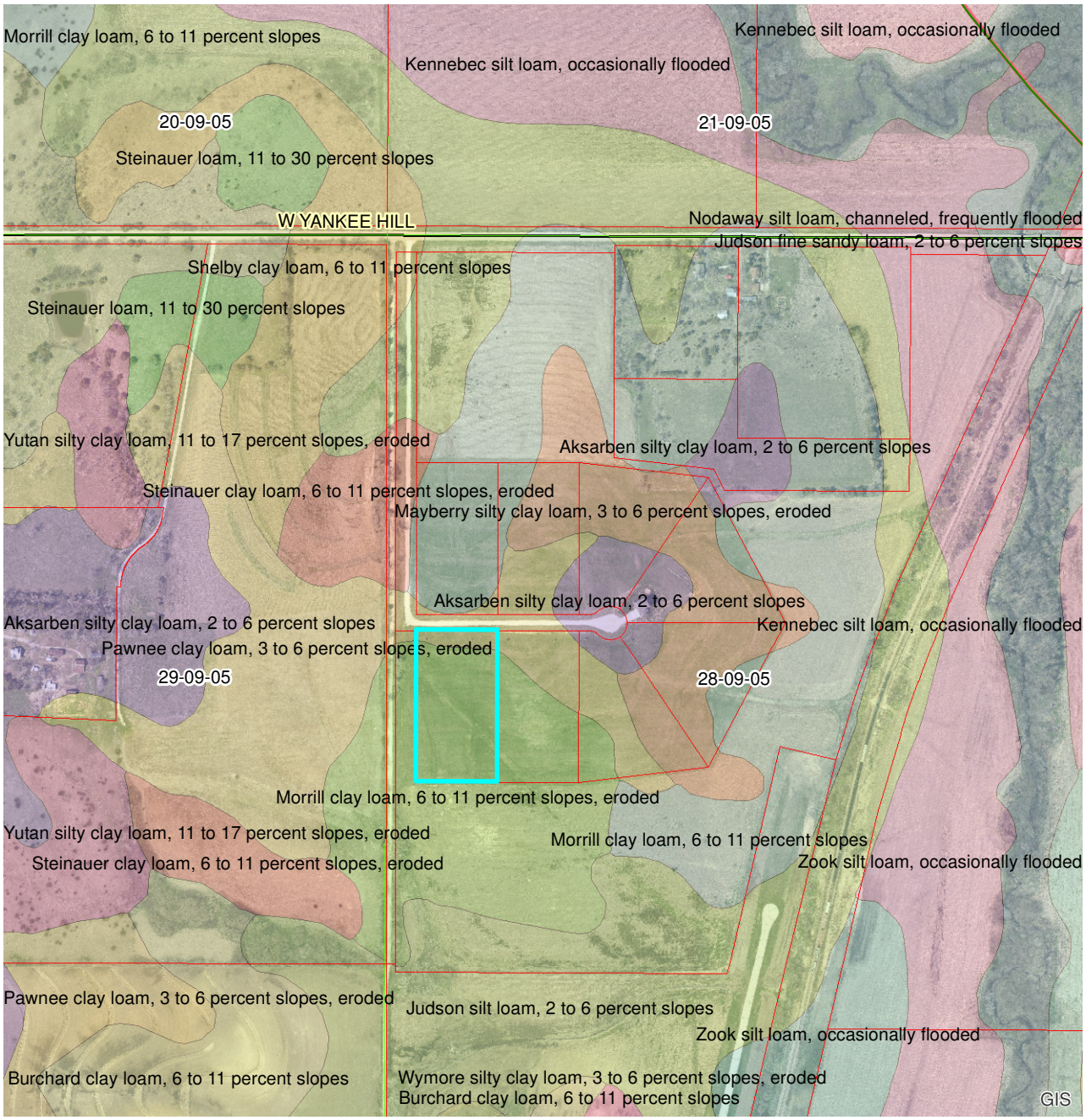
Septic Permit Area: HW000871



0 350 700 1,400 Feet

March 10, 2014

Source Enterprise GIS
F/FILES/ENV

Legend

- GIS.CFE.CityLimitsArcs
- City Limits Aug 2012
- **townshippoly**
- **Sec T R**
- **streets arc**
- **GIS.WSM.FEMA_Floodplain**
- **FLD_ZONE, FLOODWAY**
- AE,
- AE, FLOODWAY

N W E S

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

Troy Bugbee Homes LLC
FAX TRANSMISSION

Date: 3-10-14

To: Tim, Doug, Nate

From: Troy Bugbee

Fax Number: 402-441-3890

Our Phone: (402) 580-7339
Our Fax: (402) 438-9499
tlc910@windstream.net

No. of pages including cover page: 2

Message:

Could you let me know you got this.

Thanks
Troy

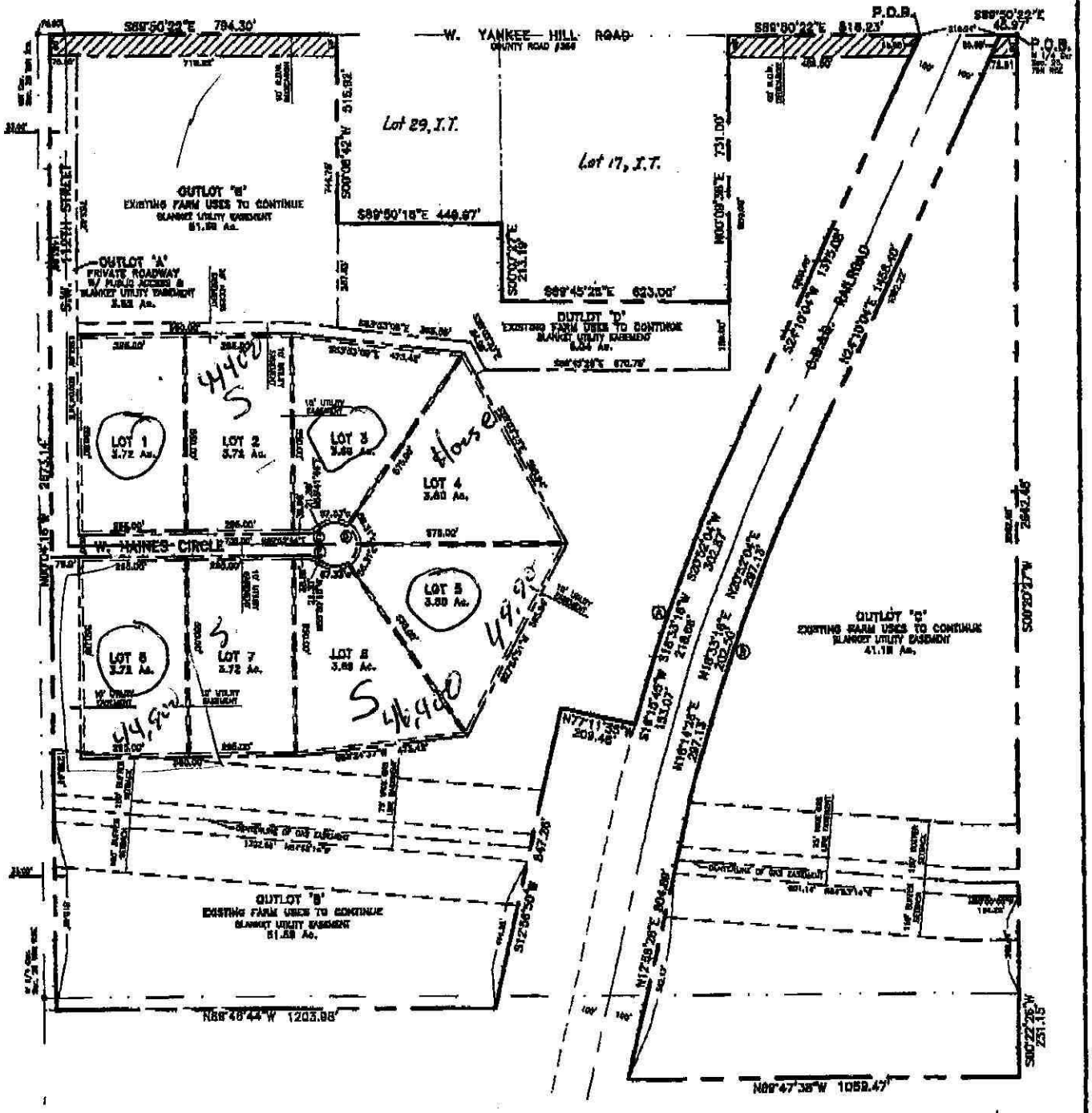
Bugbee Homes
5901 N. 27th
Lincoln NE. 68521

Please call if you experience transmission problems.

WEST YANKEE HILL ACRES

FINAL PLAT

BASED ON WEST YANKEE HILL ACRES COUNTY PRELIMINARY PLAT #04029 & COUNTY SPECIAL PERMIT #04066



CURVE DATA:

(A) R = 2704.84'
Δ = 4°36'00"
T = 108.42'
L = 216.72'
Ch = 216.66'
ChBrg = S 18°33'29" W

(B) R = 2504.84'
Δ = 4°38'00"
T = 101.33'
L = 202.66'
Ch = 202.50'
ChBrg = N 18°33'18" E

(C) R = 44.00'
Δ = 34°14'00"
T = 13.55'
L = 26.29'
Ch = 25.90'
ChBrg = N 7°48'44" E

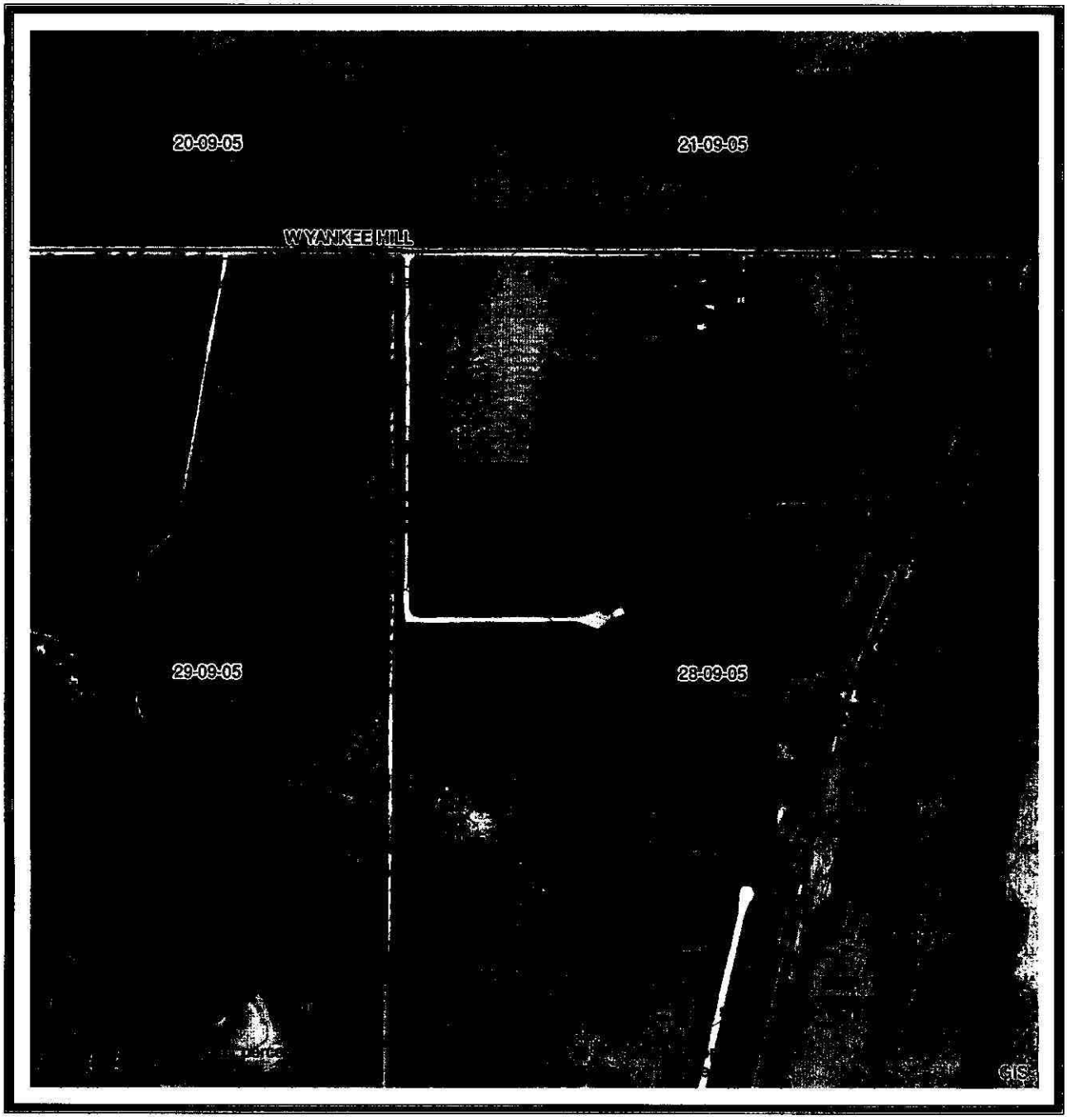
(D) R = 60.00'
Δ = 248°28'00"
T = 69.16'
L = 260.19'
Ch = 99.21'
ChBrg = S 00°04'18" E

(E) R = 44.00'
Δ = 34°14'00"
T = 13.55'
L = 26.29'
Ch = 25.90'
ChBrg = N 7°57'16" W

TOTAL LOTS = 8
TOTAL OUTLOTS = 4
TOTAL ACRES = 134.07

SCALE: 1" = 200'

Septic Permit Area: HW000871



0 350 700 1,400 Feet

March 10, 2014

Source Enterprise GIS
F/FILES/ENV

Legend
- GIS.CFE.CityLimitsArcs
- City Limits Aug 2012
- townshippoly
- Sec T R
- streets arc
- GIS.WSM.FEMA_Floodplain
- FLD_ZONE, FLOODWAY
- AE,
- AE, FLOODWAY

N
W E
S

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

A HS000871

Permit Number ~~HS000445~~ HS000445 871

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 11133 W Haines Cr. (no rural route) City Denton NE Zip

Legal Description 28 9 5 West Yankee Hills Haven 8

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

PID 0328101008000

B. Owner

Name Bugbee Homes Signature

Address 5901 N 27th City/State/Zip Lincoln NE 68521

Home Phone 580-7339 Work Phone 580-7339

C. Certified Installer

Name: Gregory Bonwell C1333 Signature

Address 5901 Fletcher Av. City/State/Zip Lincoln, NE 68507

Work Phone 402 466-1944

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 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.72
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
Comments
Date rec'd 3-10-14
Date frwd 3-10-14
ACTION ☑ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 3-10-14
Date frwd 3-10-14
ACTION ☑ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 3-10-2014
Date frwd 3-10-2014
ACTION ☑ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 3/10/14 Amount Paid 365.00
Received By SB Cash/Check No. 4445

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

Form A Updated: 1/13

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

A

Permit Number

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 11133 W Haines Cr. (no rural route) City Denton, NE Zip

Legal Description 28 9 5 West Yankee Hill Acres 8

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

PID 0328101008000

B. Owner

Name Bugbee Homes Signature

Address 5901 N 27th City/State/Zip Lincoln NE 68521

Home Phone 580-7339 Work Phone 580-7339

C. Certified Installer

Name: Signature

Address City/State/Zip

Work Phone

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 4 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 3.72

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 **ACTION** ☐ Approved ☐ Disapproved
Date frwd Signature
Comments

2. Supt. Bldg. Insp. or Village Clerk
Comments Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Date frwd Signature

3. City or County Engineer
Comments Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Date frwd 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

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. HS000871

System Type: Lagoon

Situs: 11111 W HAINES CIR, RURAL, NE

Issued: 3/13/2014

Expires: 3/13/2015

Description: WEST YANKEE HILL ACRES, Lot 8

Owner: TROY BUGBEE HOMES LLC
5901 N 27 ST
LINCOLN, NE 68521

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

TROY BUGBEE HOMES LLC
5901 N 27TH STREET
LINCOLN, NE 68521

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
LAGOON/SEPTIC INSPECTION REPORT

Permit No. HS000871 Certified Installer: Greg Bouwens

Address: 11133 W. Hainer

Circle compliance status for each item. **IN = in compliance OUT = not in compliance NA = not applicable NO = not observed**

LAGOON SETBACKS

				Item	MIN. SETBACK DISTANCE – FT. (METERS)
IN	OUT	NA	NO	Surface Wtr. Distance from Wtr. Mark	50 ft. (15.2 m)
IN	OUT	NA	NO	Private Drinking Water Wells	100 ft. (30.5 m)
IN	OUT	NA	NO	Public Drinking Water Supply Wells:	
IN	OUT	NA	NO	Non-Community	100 ft. (30.5 m)
IN	OUT	NA	NO	Community	Evaluated by a professional engineer for potential impact on the well and submitted to the Dept. for approval l if less than 1000 ft. (304.8 m)
IN	OUT	NA	NO	All Other Water Wells	100 ft. (152.4 m)
IN	OUT	NA	NO	Water Lines:	
IN	OUT	NA	NO	Pressure Main	25 ft. (7.6 m)
IN	OUT	NA	NO	Pressure-Service Connection	25 ft. (7.6 m)
IN	OUT	NA	NO	Suction Line	100 ft. (30.5 m)
IN	OUT	NA	NO	Property Lines	50 ft. (15.2 m)
IN	OUT	NA	NO	Trees and Brush	50 ft. (15.2 m)
IN	OUT	NA	NO	Foundations: (see definition above)	
IN	OUT	NA	NO	Except Neighbor's Foundation:	
IN	OUT	NA	NO	Class 1	100 ft. (30.5 m)
IN	OUT	NA	NO	Class 2	100 ft. (30.5 m)
IN	OUT	NA	NO	Class 3	50 ft. (15.2 m)
IN	OUT	NA	NO	Neighbor's Foundation:	
IN	OUT	NA	NO	Class 1	200 ft. (61.0 m)
IN	OUT	NA	NO	Class 2	200 ft. (61.0 m)
IN	OUT	NA	NO	Class 3	100 ft. (30.5 m)

COMMENTS

Lagoon Dimensions:

TANK AND SOIL ABSORPTION SYSTEM SETBACKS

				Item	MIN. SETBACK DISTANCE – FT. (METERS) Tanks	Absorption, Infiltrative & Evaporative Systems
IN	OUT	NA	NO	Surface Water	50 ft. (15.2 m)	50 ft. (15.2 m)
IN	OUT	NA	NO	Private Drinking Water Wells	50 ft. (15.2 m)	100 ft. (30.5 m)
IN	OUT	NA	NO	Public Drinking Water Supply Wells:		
IN	OUT	NA	NO	Non-Community System	50 ft. (15.2 m)	100 ft. (30.5 m)
IN	OUT	NA	NO	Community System	500 ft. (152.4 m)	500 ft. (152. 4 m)
IN	OUT	NA	NO	Community System when a septic system or soil absorption system of > 1000 gpd is proposed	500 ft. (152.4 m)	Evaluated by professional engineer for potential impact on the well and submitted to the Depart. for approval if less than 1000 ft.
IN	OUT	NA	NO	All Other Water Wells	50 ft. (15.2 m)	100 ft. (30.5 m)
IN	OUT	NA	NO	Water Lines:		
IN	OUT	NA	NO	Pressure-Main	10 ft. (3.1 m)	25 ft. (7.6 m)
IN	OUT	NA	NO	Pressure-Service – Connection	10 ft. (3.1 m)	25 ft. (7.6 m)
IN	OUT	NA	NO	Suction Lines	50 ft. (15.2 m)	100 ft. (30.5 m)
IN	OUT	NA	NO	Property Lines	5 ft. (1.5 m)	5 ft. (1.5 m)
IN	OUT	NA	NO	Parking area, driveway, sidewalk or other impermeable surface or cover	5 ft. (1.5 m)	5 ft. (1.5 m)
IN	OUT	NA	NO	Foundations: (see definitions above)		
IN	OUT	NA	NO	Except Neighbor's Foundation:		
IN	OUT	NA	NO	Class 1	15 ft. (4.6 m)	30 ft. (9.1 m)
IN	OUT	NA	NO	Class 2	10 ft. (3.1 m)	20 ft. (6.1 m)
IN	OUT	NA	NO	Class 3	7 ft. (2.1 m)	10 ft. (3.1 m)
IN	OUT	NA	NO	Neighbor's Foundation:		
IN	OUT	NA	NO	Class 1	25 ft. (7.6 m)	40 ft. (12.2 m)
IN	OUT	NA	NO	Class 2	20 ft. (6.1 m)	30 ft. (9.1 m)
IN	OUT	NA	NO	Class 3	15 ft. (4.6 m)	20 ft. (6.1 m)

COMMENTS

Septic Tank Size: 1500

Lateral Sq. Footage: ~350' lateral

Inspected By: Doug Amen **Date:** 6/25/14

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

A

Permit Number
HS000871

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 11133 W Haines Cr. (no rural route) City Denton, NE Zip

Legal Description 28 9 5 West Yankee Hill Acres 8
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03281010008000

B. Owner

Name Bugbee Homes Signature

Address 5901 N 27th City/State/Zip Lincoln, NE 68521

Home Phone 580-7339 Work Phone 580-7339

C. Certified Installer

Name: Greg Bowers Signature

Address 5901 Fletcher City/State/Zip Lincoln, Ne 68507

Work Phone 402-406-1744

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 4 Whirlpool Bathtub? ☐ Yes ☑ No Total Acres 3.72
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
Comments
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 6/25/14

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

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

Form A Updated: 1/12

HS000871
D 9-5-28

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 June 25, 2014

System Location (Indicate correct number and street)

Address 11133 West HAINES (no rural route) City Denton NE, Zip 68339

A. Building Sewer

1. Material: PVC Sdr 26
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 134 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 105 ft.
   stream None ft.
   pressure line 105 ft.
   property line _____ ft.

B. Septic Tank

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18 in.
   Over outlet, diameter 18 in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 120 ft.
   Stream None ft.
   Pressure line 120 ft.
   Property line _____ ft.

C. Distribution Box

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

D. Absorption Field

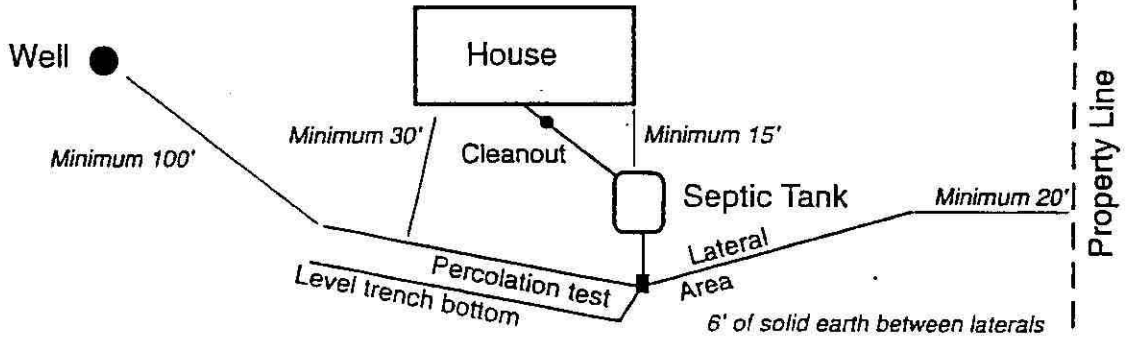
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 125 ft. 125 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 26 in
4. Filter material: dirt
   Depth of material _____ in.
5. Distances to: Well or suction line 140 ft.
   Stream None ft.
   Pressure line 140 ft.
   Property line _____ ft.

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

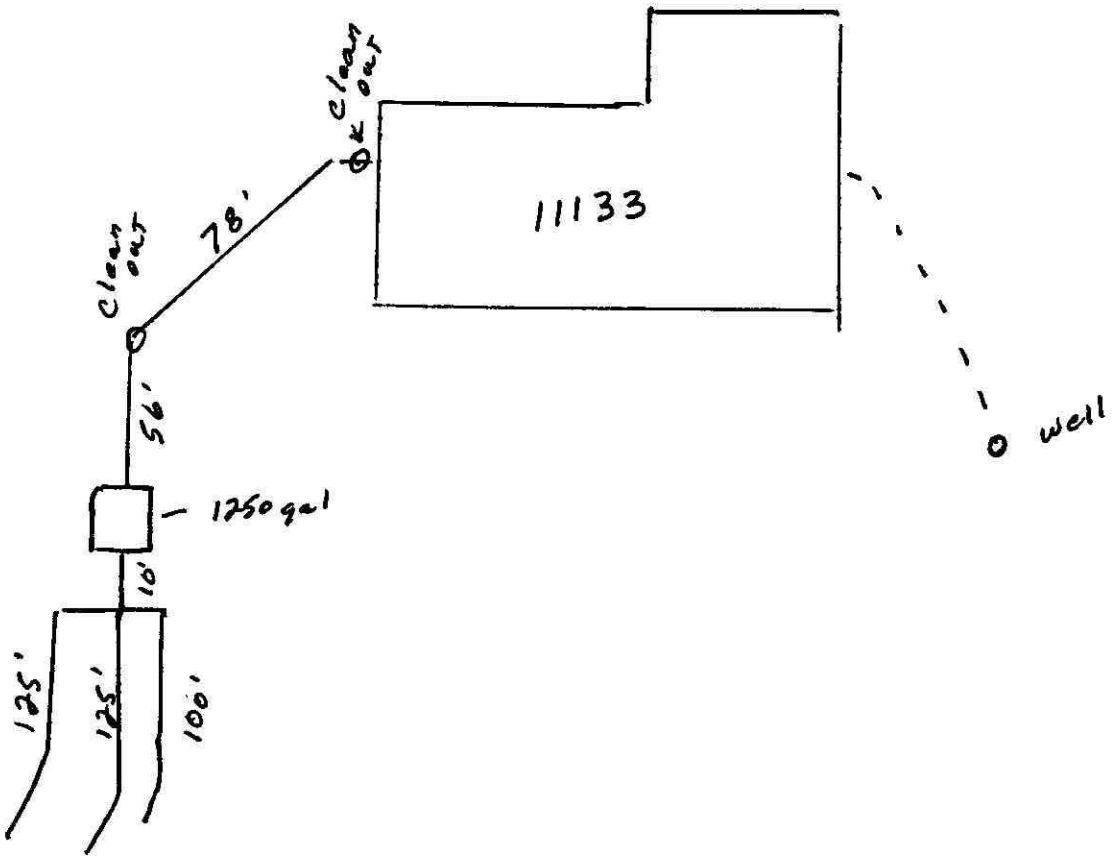
Indicate North with Arrow

Individual Sewage System Design (Example)



NT

West Hanies



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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Property ID 03-28-107-008-000

Address 11133 West Haines Cir (no rural route) City Denton NE, Zip

Owner Troy Bugbee Address 5901 N 27th

Date of Tests 6-22-14 to 6-23-14 Weather: Precipitation 0 Temperature 84

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	29"	6-23	7:30	6-23	12:30	6-23	1:00	6	6-23	5:00	30	5/8	48
2	31"	1	AM		PM	11	PM	6	11	PM	30	1/2	60
3	30"	1				11		6	11		30	5/8	48
4	30"	1				11		6	11		30	5/8	48
5	28"	1				11		6	11		30	1/2	60
6	30"	1				11		6	11		30	1/2	60
						11		6	1				
								6					

Person Conducting Percolation Test

Name: Gregory Bowers
Phone: 402 466-1944
Address 5901 Fletcher Av.
Lincoln NE 68507

Soil type (NRCS Maps/Other)

Groundwater Depth

Sum of Percolation Rates: 324
Average of Rates: 54
Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

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

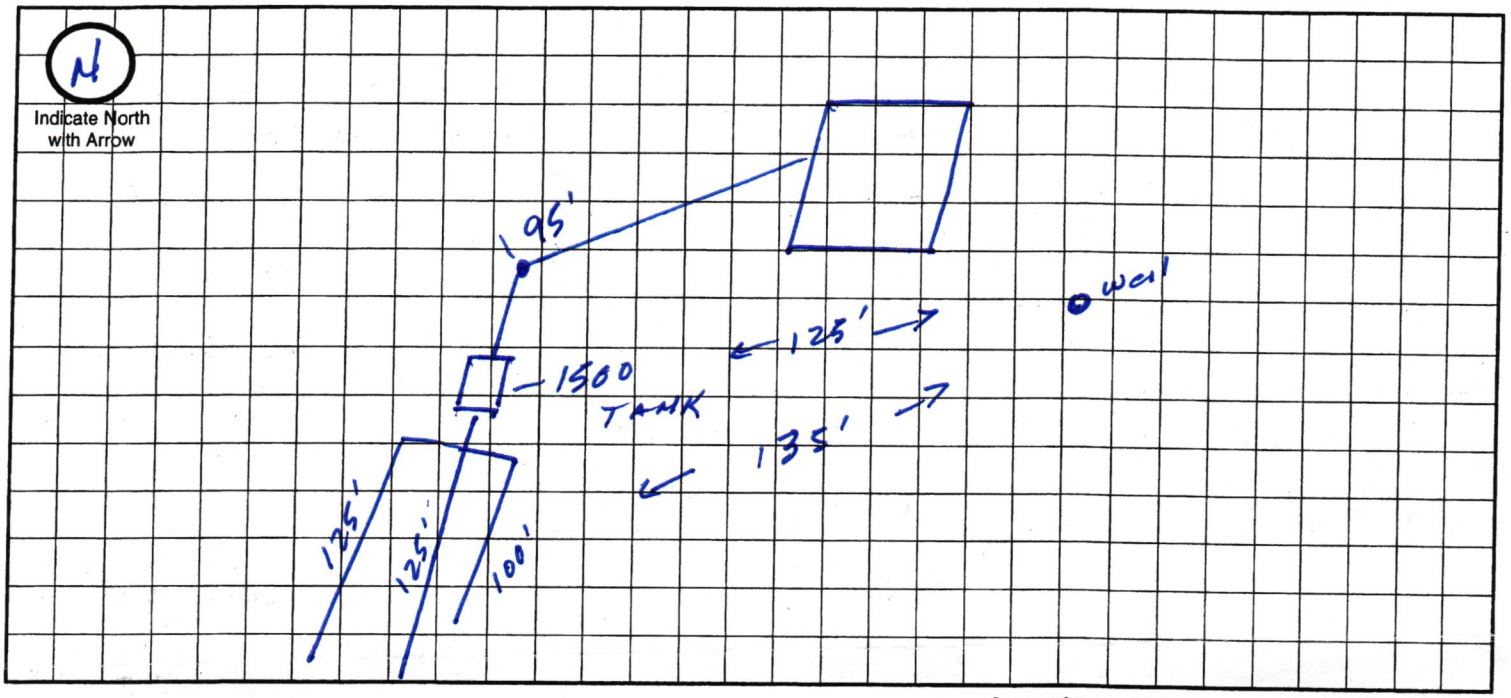
C

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) 11133 West Haines Cir 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 54 (min/inch = mpi) No. of Bedrooms 4 Soil Type _____ Land Slope _____ %

☒ Trench ❑ Bed ❑ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1400 sq.ft.

Total length of laterals 350 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 _____