MAY 13 2016

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

A

Permit Number
HS001261

New Construction

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 11577 Aspen Canyon Rd (no rural route) City Lincoln NE Zip 68526

Legal Description S1/2 (1/4) 7 (Section) 9N (Township) 8E (Range) Whispering Creek (Subdivision) 1st (Addition) 4 (Block) 2 (Lot)

PID 22-18-208-002-000

B. Owner

Name Monte & Christine Wilson Signature

Address 1510 SHADE LN City/State/Zip EAGLE, NE 68347

Home Phone 402-840-8528 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature

Address 13800 NW 70th St. City/State/Zip Raymond, NE 68428

Work Phone 402-890-5009 or 402-783-2883

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 3.02
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 — ACTION ☐ Approved ☐ Disapproved
Site visits Date rec'd Signature
Comments Date fwd

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

3. City or County Engineer — ACTION ☐ Approved ☐ Disapproved
Comments Date rec'd Signature
Date fwd

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 5-17-16 Amount Paid SB
Received By SB Cash/Check No. 8901

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: 402-441-8022

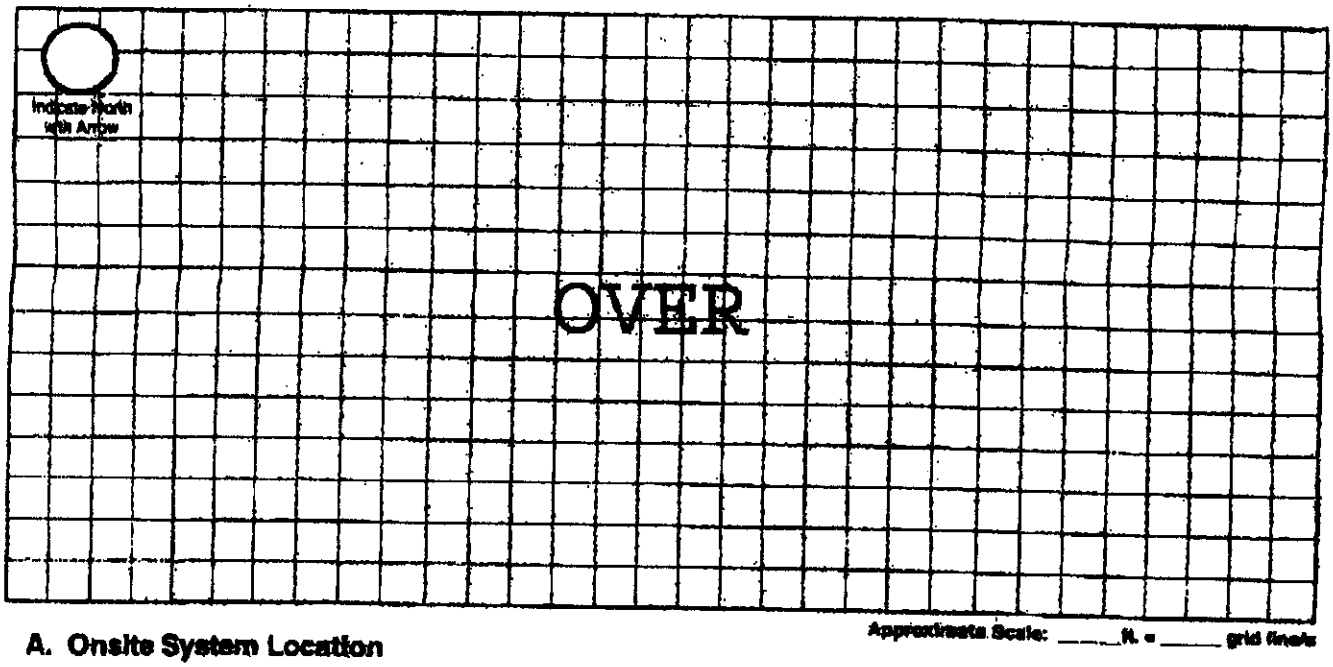
C

Permit Number: HS001261

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) 11577 Aspen Canyon Rd City Lincoln NE Zip 68526

B. Proposed Septic Tank/s

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

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate _____ (min/inch = mpi) No. of Bedrooms _____ Soil Type _____ Land Slope _____ %

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

Total length of laterals _____ Type of distribution: ☑ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches _____ Width _____ No. of drop boxes _____ Distribution 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	Ground 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 ☒	NA ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

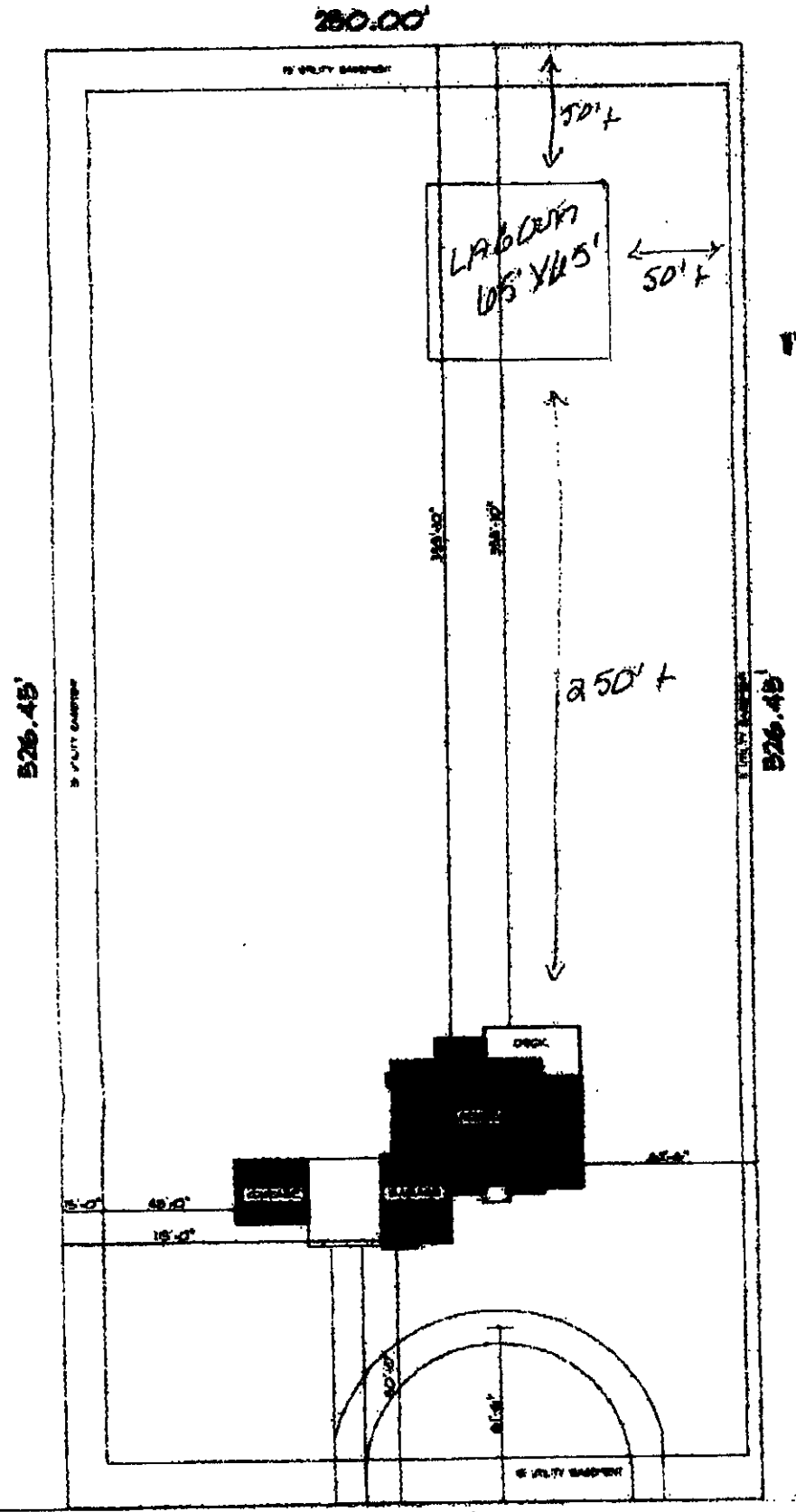
F. Required Signatures

Home Building Contractor [signature] Windward Homes Date 9 may 16

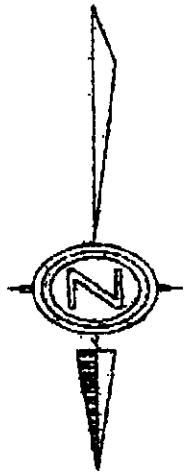
Installer [signature] Date 5/9/16

Onsite Form C 12-05

HS001261



PLOT PLAN
WHISPERING CREEK
1ST ADDITION
BLOCK 4 LOT 2
11533 ASPEN CANYON RD.



MC
MW

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. HS001261

System Type: Lagoon

Situs: 11577 ASPEN CANYON RD, LINCOLN, NE

Issued: 5/19/2016

Expires: 5/19/2017

Description: WHISPERING CREEK 1ST ADDITION, BLOCK 4, Lot 2

Owner: WILSON, MONTE & CHRISTINE
11533 ASPEN CANYON RD
LINCOLN, NE 68526

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

RAYMOND CONTRACTING
13800 NW 70TH ST
RAYMOND, NE 68428

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

9/15/16 OK

Exhibit 5

Permit Number: HS0012 61

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/15/16

Legal Description Whispering Creek 1st. Blk 4, Lot 2 — 7 / 9 / 8 (¼ ¼ Section/Township/Range)

Onsite System Location

Address (no rural route) 11577 Aspen Canyon Rd. City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,413 Sq. Ft. Tank Size 3000 gals

Total length of laterals 390' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 4 Width 3.625 factory No. of Drop Boxes 1 Distribution Box _____

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	10 ☑	5 ☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	25 ☑	5 ☑

Geographical Coordinates to 6 Decimals:

Tank NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 8/3/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Mueller ✓
Date 9/15/16

Field Note Drawing (See Reverse Side):

Lincoln-Lancaster County Health Department
Environmental Public Health Division
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Phone: 402-441-8643

D Exhibit 4

Permit Number: H5001261

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location 22-18-208-002-000

Address or Legal Description or Parcel Identification Number (PID) 11577 Aspen Commons Rd. Lincoln, NE 68526

Owner: Monte Wilson Address 1510 Shire Ln, Eagle, NE 68347

A. Wastewater Piping

1. Material: SDR 26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 281 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2,000
3. Depth to top of tank, below unfinished grade: 10-24 in.
4. Distance to: Nowell
   Well 100+ ft.
   Pressure line 100+ ft
   Property Line 70+ ft.
   Foundation 281 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 9 ft. S

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ADS ARC
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 100 ft. 95 ft. 100 ft. 95
4. Drainfield size: 1,413 sq. ft.
5. Distance to:
   Well Nowell ft.
   Pressure line 100' ft.
   Property line 20'+ ft.
   Depth of Groundwater 5'+

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No (partially) ✓

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Nicole L. Galloway ✓ Date: 8/28/14

Complete As-Built drawing on the back of this form.