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

A

Permit Number
HS001300

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 TBD Trails End (no rural route) City Lincoln, NE Zip 68524

Legal Description _____ PARKLAND ESTATES Lot 5, Bl. 5

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

PID 04-05-205-005-000 SS

B. Owner

Name Abza Builders Signature _____

Address 1633 Normandy Ct. City/State/Zip Lincoln, NE 68512

Home Phone _____ Work Phone 402-423-6811

C. Certified Installer

Name: Bob Benes Signature _____

Address 1633 Normandy Ct. City/State/Zip Lincoln, NE 68512

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 6 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3.1

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 6-30-16 Amount Paid $385
Received By DB Cash/Check No. 20479

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

B

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

Permit Number: HS001300

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address TBD Trails End (no rural route) City Lincoln NE, Zip 68524

Owner Aspen Builders Address 1633 Normandy Ct.

Soil Type (SCS): Marshall clay loam Percolation Rate: 30 min./inch

Date of Tests 6-24 to 6-25 Weather: Precipitation Dry Temperature 90

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	6-24	2:00	6-25	11:00	6-25	11:00	16"	6-25	:30	30	1.75	17
2	36						:31	14"		:31		1.50	20
3	36						:02	20"		:32		1.25	25
4	36						:03	22"		:33		1.25	25
5	36						:04	23"		:34		1.0	30
6	36						:05	20"		:35	↓	1.0	30

Sum of Percolation Rates: 147
Average of Rates: 24.5
Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Bob Beneš
Phone: 416-9660
Address: 1633 Normandy Ct. Lincoln, Ne 68512

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-98

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

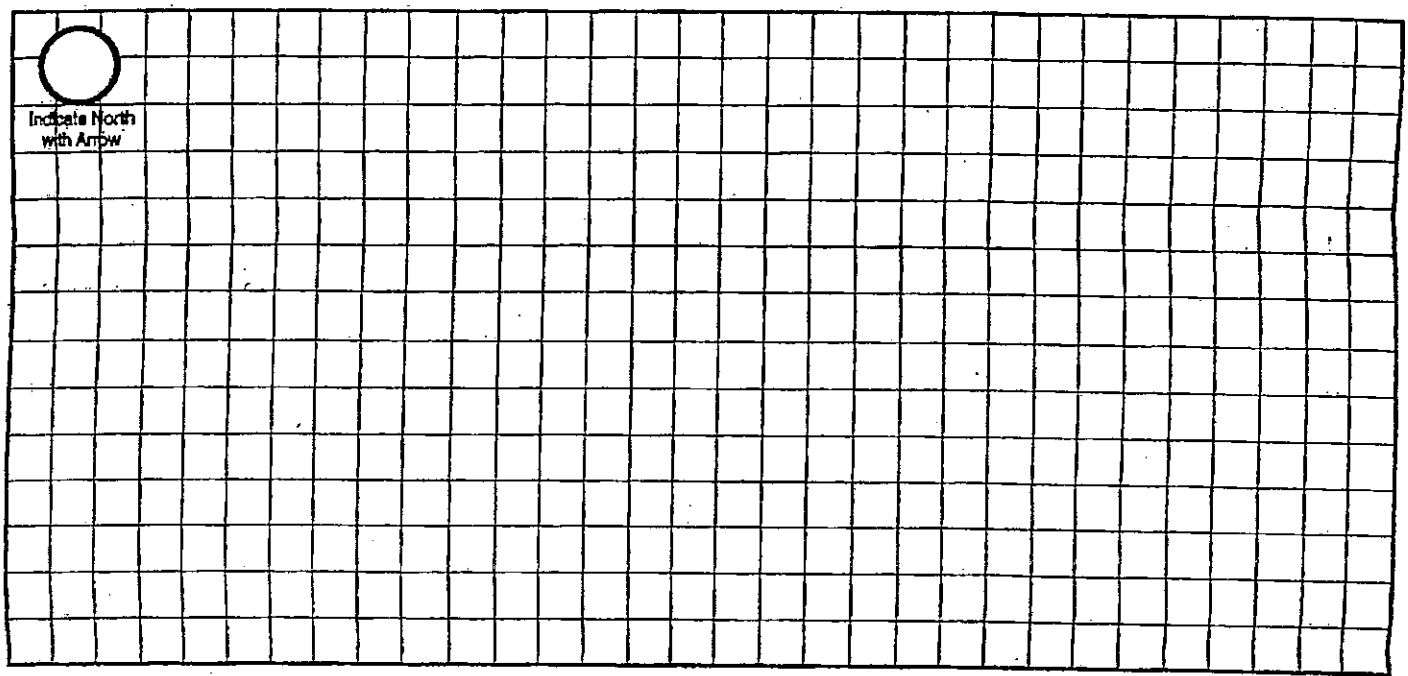
C

Permit Number: HS001300

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) 130 Trails End City Lincoln NE, Zip 68524

B. Proposed Septic Tank/s

Septic Tank Cap. 2250 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 6 Soil Type Marshall Land Slope 1-2 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1500 sq.ft.

Total length of laterals 414 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 3 Width 3 No. of drop boxes 0 Distrubtion Box 1

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

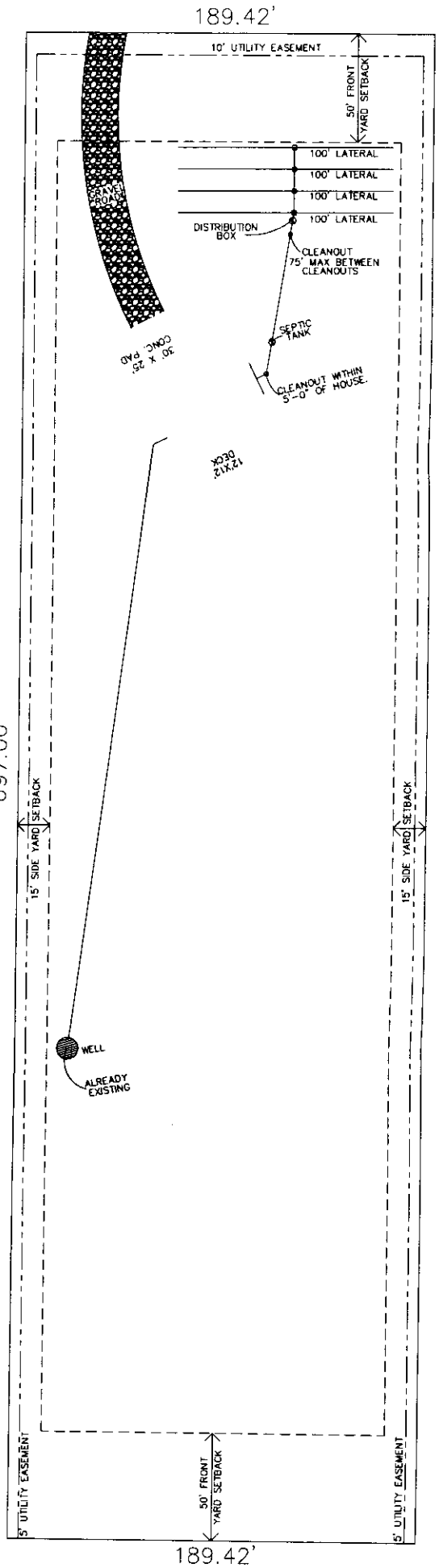
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☑
Field (ft)	100 ☑	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☑	500 ☐	50 ☑	N/A ☑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

F. Required Signatures

Home Building Contractor _____ Date 6-28-16

Installer _____ Date 6-28-16

TRAILS END



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UNAUTHORIZED USE IS STRICTLY PROHIBITED
TBD TRAILS END - JONES

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. HS001300

System Type: Standard

Situs: No Site Address Specified

Issued: 7/11/2016

Expires: 7/11/2017

Description: PARKLAND ESTATES ADDITION, BLOCK 5, Lot 5

Owner: ASPEN HOME BUILDERS LLC
1633 NORMANDY CT STE B
LINCOLN, NE 68512

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 COURT SUITE B
LINCOLN, NE 68512

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

6/28/17

D Exhibit 4

Permit Number HS001300

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

Address or Legal Description or Parcel Identification Number (PID) _____

Owner _____ Address 11711 Trails End

A. Wastewater Piping

1. Material: PVC Diameter: 4" in
2. Distance between dwelling and septic tank: 58 ft

B. Septic Tank

1. Material Fiberglass
2. Capacity: 2250 (2)
3. Depth to top of tank below unfinished grade: 24 in.
4. Distance to:
   Well 300 ft
   Pressure line 100 ft
   Property Line 150 ft
   Foundation 58 ft

C Distribution Box or Drop Box

Distance and Direction from septic tank: NE ft 10

D. Drainfield/Absorption Field

☑ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ☑ Chamberless ❑ Other
   Material brand and inside width of Chamberless.
   _____
2. Number of Laterals 3
3. Length of each lateral (linear) ft 138 ft 138 ft 138 ft _____
4. Drainfield size 1504 sq ft.
5. Distance to:
   Well 250 ft
   Pressure line 150 ft
   Property line 50 ft
   Depth of Groundwater 22'

* File missed covered prior to inspection

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☑ No

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: _____ Date 12-13-16

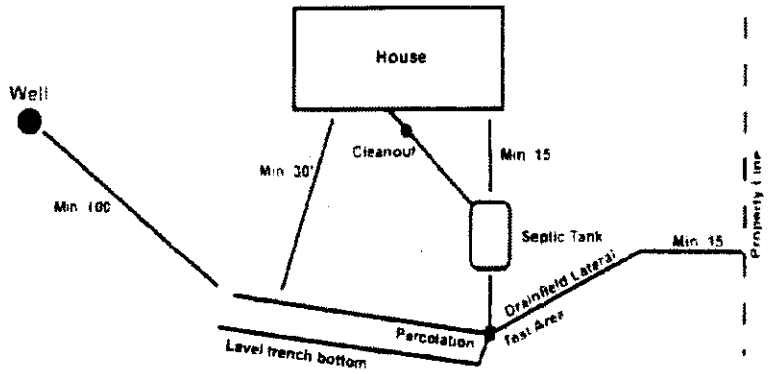
Complete As-Built drawing on the back of this form.

* Covered prior to inspection

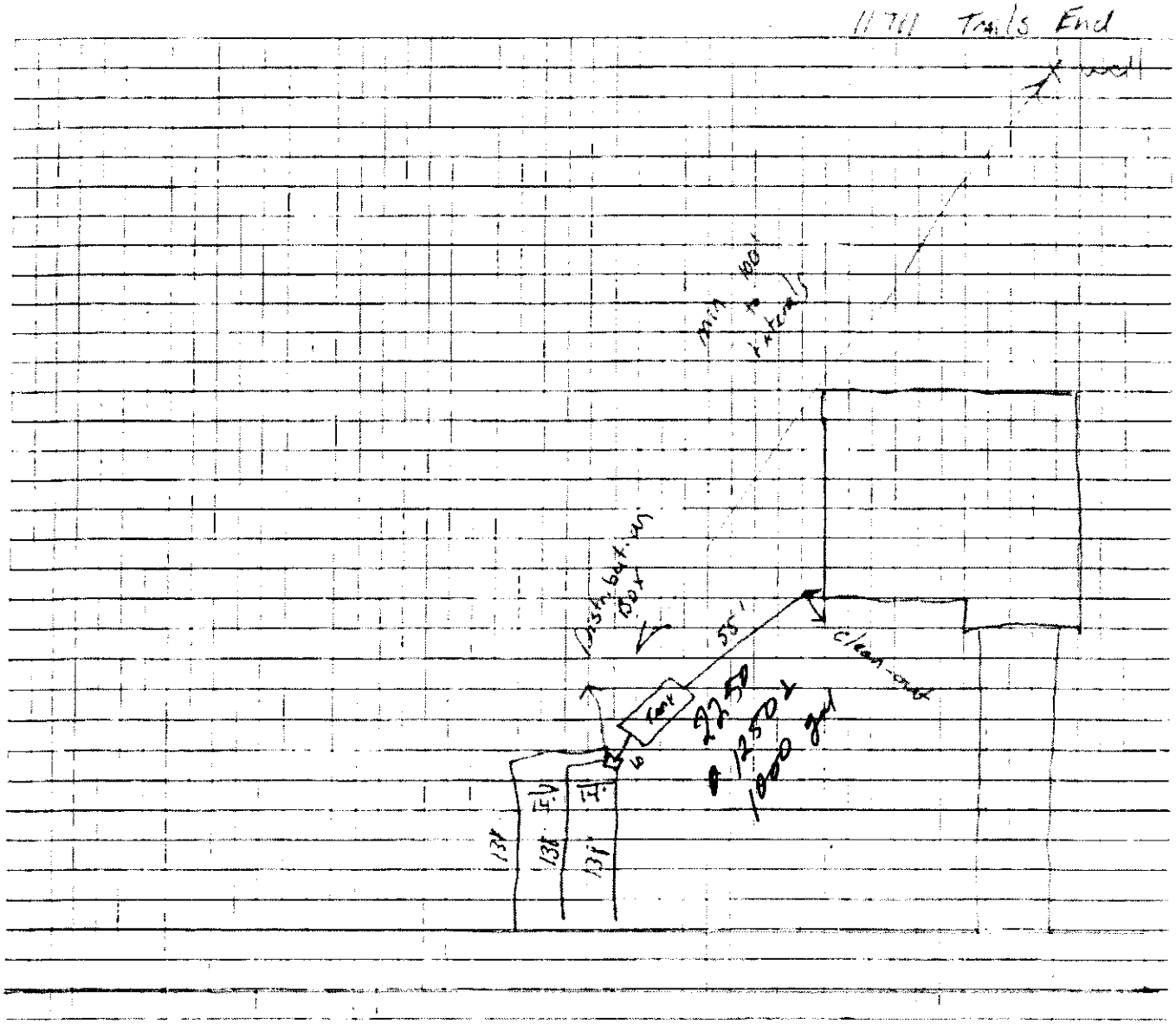
Updated 4/15

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here



*Note-If Lagoon, show all applicable dimensions



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

SCANNED

A

Permit Number
HS001300

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 TBD Trails End (no rural route) City Lincoln, NE Zip 68524

Legal Description 5 10 5 PARKLANDS ESTATES Lot 5, Bl. 5

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

PID 04-05-205-005-000 SB

B. Owner

Name Aspen Builders Signature

Address 1633 Normandy Ct. City/State/Zip Lincoln, NE 68512

Home Phone Work Phone 402-423-6811

C. Certified Installer

Name: Bob Benes Signature

Address 1633 Normandy Ct. City/State/Zip Lincoln, NE 68512

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 6 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 3.1

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 7/11/16
Date frwd 7/14/16

ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk

Comments

Date rec'd
Date frwd

ACTION ☒ Approved ☐ Disapproved
Signature see attached

3. City or County Engineer

Comments

Date rec'd
Date frwd

ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval

By

Date 6/27/17 Covered prior to inspection

Business Office Use Only
Date Received 6-30-16 Amount Paid $385
Received By DB Cash/Check No. 20479

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

SCANNED

B

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

Permit Number: HS001300

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address TBD Trails End (no rural route) City Lincoln NE, Zip 68524

Owner Aspen Builders Address 1633 Normandy Ct.

Soil Type (SCS): Marshall clay loam Percolation Rate: 30 min./inch

Date of Tests 6-24 to 6-25 Weather: Precipitation Dry Temperature 90

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	6-24	2:00	6-25	11:00	6-25	11:00	16"	6-25	:30	30	1.75	17
2	36	"	"	"	"	"	:31	14"	"	:31	"	1.50	20
3	36	"	"	"	"	"	:02	20"	"	:32	"	1.25	25
4	36	"	"	"	"	"	:03	22"	"	:33	"	1.25	25
5	36	"	"	"	"	"	:04	23"	"	:34	"	1.0	30
6	36	"	"	"	"	"	:05	20"	"	:35	↓	1.0	30

Sum of Percolation Rates: 147
Average of Rates: 24.5
Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Bob Benes
Phone: 416-9660
Address: 1633 Normandy Ct. Lincoln, Ne 68512

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-95

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

SCANNED

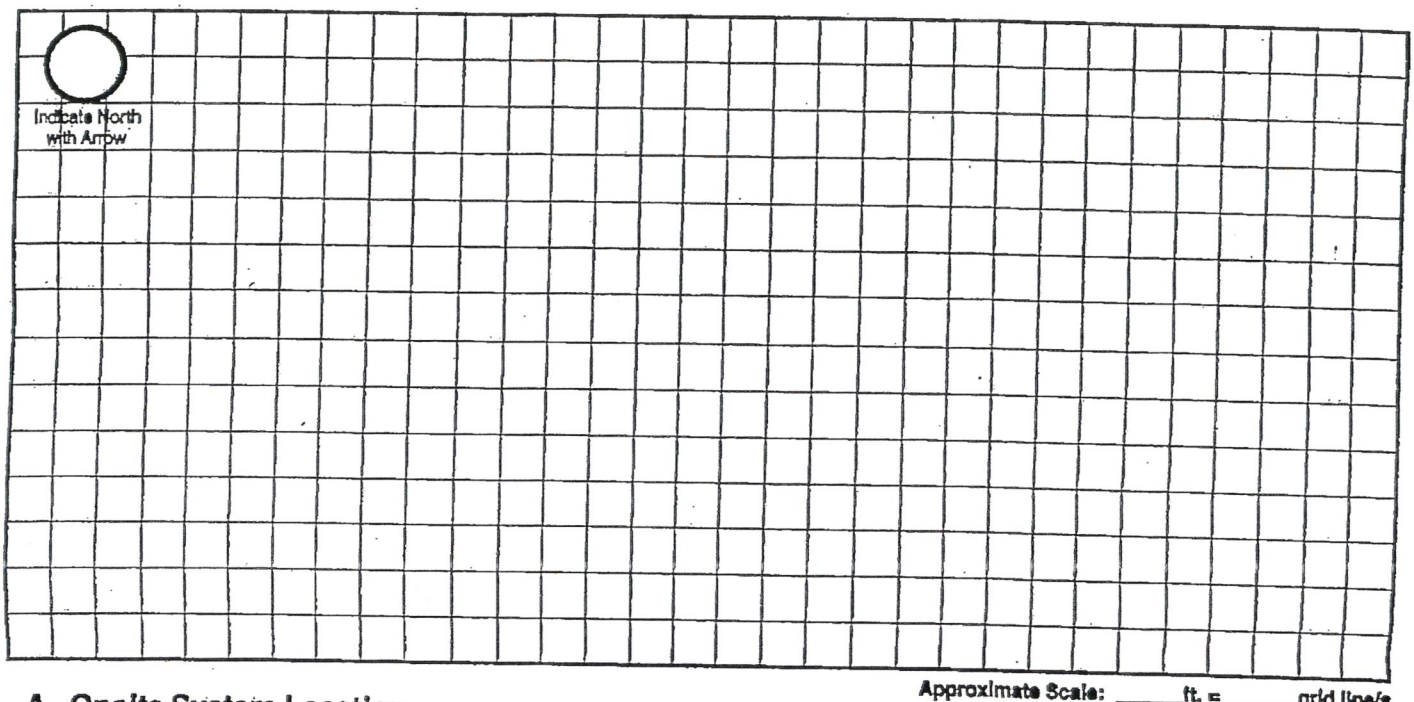
C

Permit Number: HS001300

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. Trails End City Lincoln NE, Zip 68524

B. Proposed Septic Tank/s

Septic Tank Cap. 2250 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 6 Soil Type Marshall Land Slope 1-2 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1500 sq.ft.

Total length of laterals 414 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 3 Width 3 No. of drop boxes 0 Distrubtion Box 1

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 ☑	☑

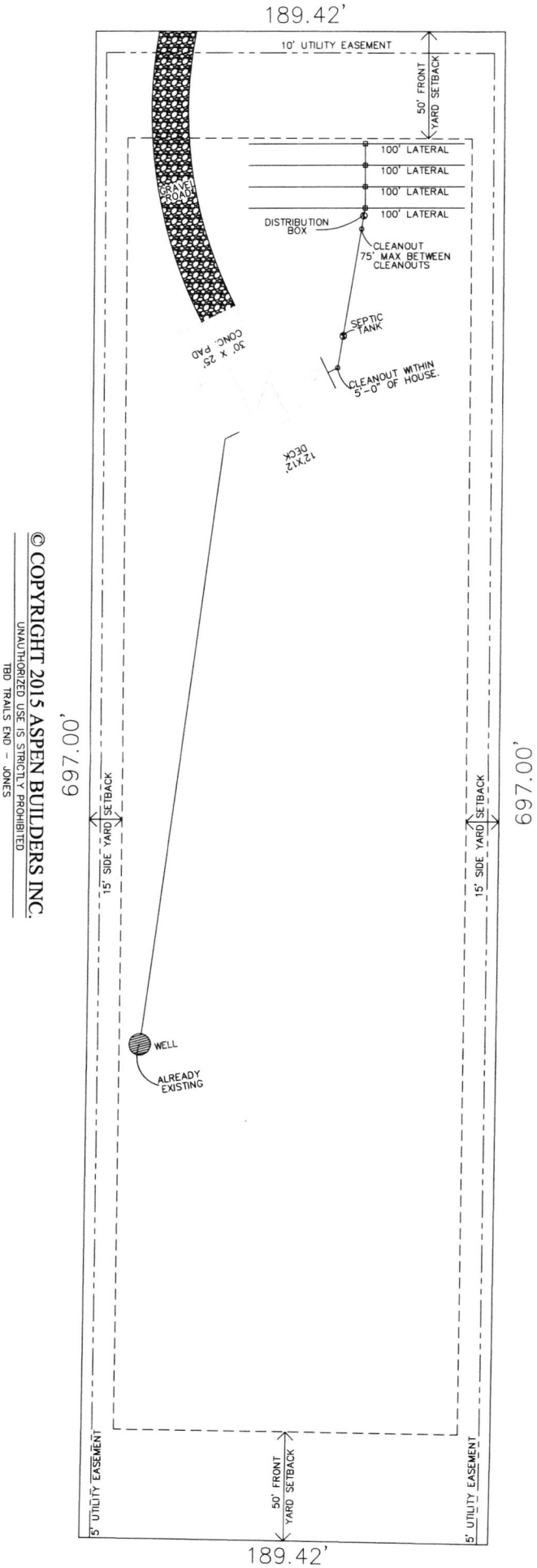
F. Required Signatures

Home Building Contractor_____ Date 6-28-16

Installer_____ Date 6-28-16

SCANNED

TRAILS END



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UNAUTHORIZED USE IS STRICTLY PROHIBITED

TBD TRAILS END - JONES

SCANNED

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

6/28/17

D Exhibit 4

Permit Number AS001300

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

Address or Legal Description or Parcel Identification Number (PID) _____

Owner _____ Address 11711 Trails End

A. Wastewater Piping

1. Material: PVC Diameter: 4" in
2. Distance between dwelling and septic tank: 58 ft

B. Septic Tank

1. Material Fiberglass
2. Capacity: 2250 (2)
3. Depth to top of tank below unfinished grade: 24 in.
4. Distance to:
   Well 300 ft.
   Pressure line 100 ft
   Property Line 150 ft.
   Foundation 58 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: NE ft 10

D. Drainfield/Absorption Field

☑ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ☑ Chamberless ❑ Other

   Material brand and inside width of Chamberless.

   _____

2. Number of Laterals: 3
3. Length of each lateral (linear): ft 138 ft 138 ft 138 ft _____
4. Drainfield size: 1504 sq. ft.
5. Distance to:
   Well 350 ft
   Pressure line 150 ft
   Property line 50 ft
   Depth of Groundwater 22'

File missed covered prior to inspection *

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes ☑ No

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: _____ Date 12-13-16

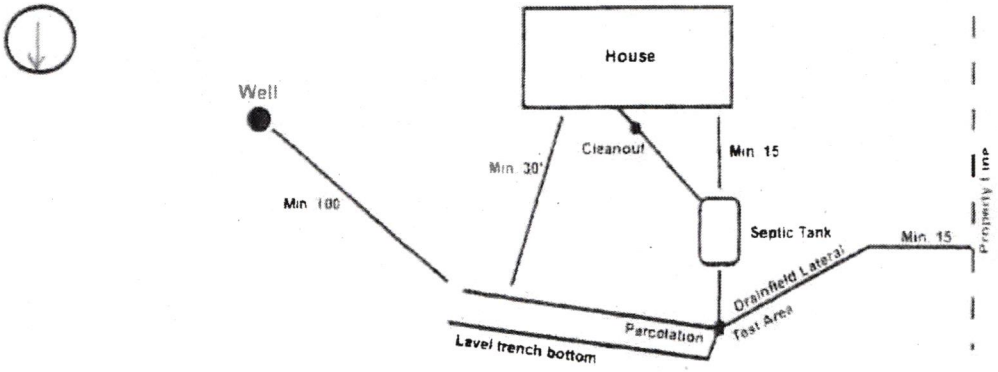
Complete As-Built drawing on the back of this form.

* Covered prior to inspection

SCANNED

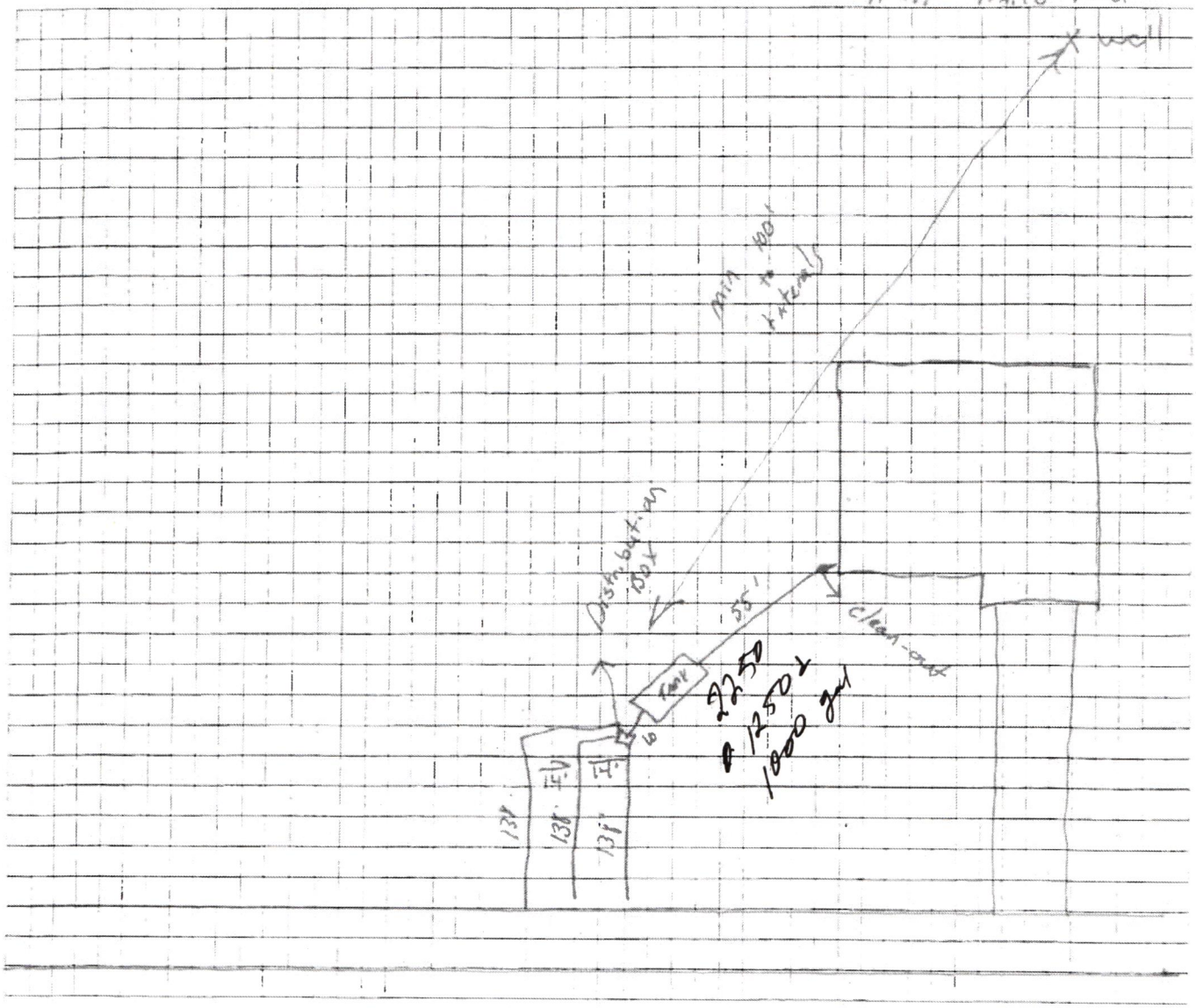
Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here



*Note-If Lagoon, show all applicable dimensions

11711 Trails End



T10, R5, Sec. 5

4.4

D Exhibit 4

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

Permit Number: HS000980

BK 57 Lot 5

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

04-05-205-005-000

Address or Legal Description or Parcel Identification Number (PID): 11731 Trails END

Owner: Aspen Home Builders Address:

A. Wastewater Piping

1. Material: PVC Diameter: 4" in.
2. Distance between dwelling and septic tank: 58 ft.

B. Septic Tank

1. Material: Fiberglass
2. Capacity: 1250 > 1000
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 300 ft.
   Pressure line 100 ft
   Property Line 100 ft.
   Foundation 60 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 12 ft. NE

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ADS ARC 36 29"
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. ~~150~~ 140 ft. ~~150~~ 140 ft. ~~135~~ 139 ft.
4. Drainfield size: 1500 sq. ft.
5. Distance to:
   Well 350' ft.
   Pressure line 90 ft.
   Property line ~~30~~ 60 ft.
   Depth of Groundwater ~~60~~

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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.

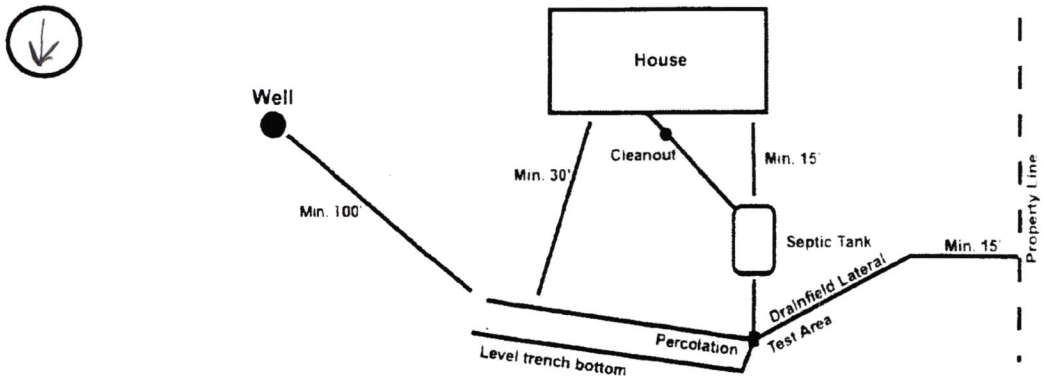
Certified Professional Signature: [signature] Date: 12-1-16

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

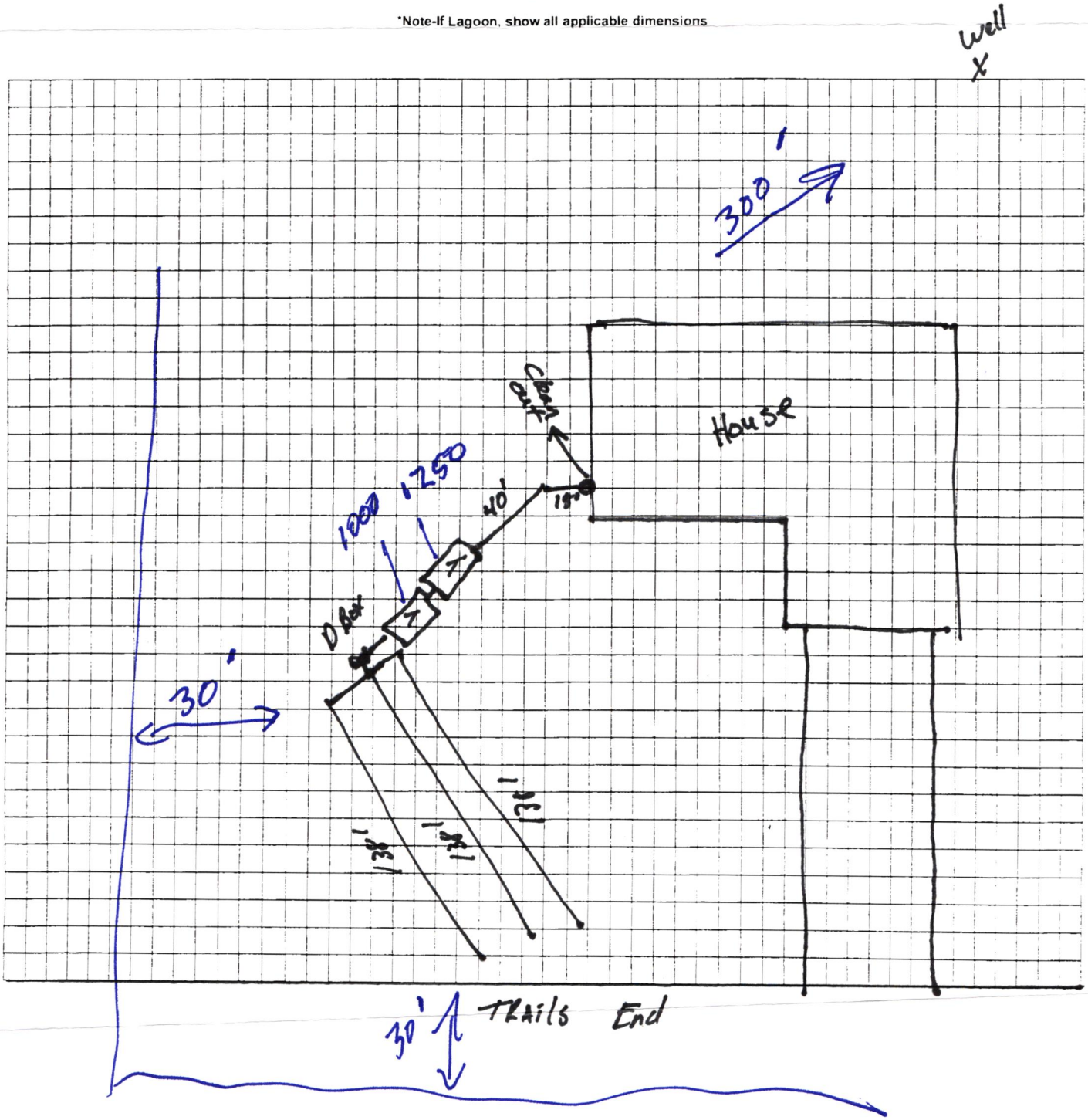
11711 Trails End

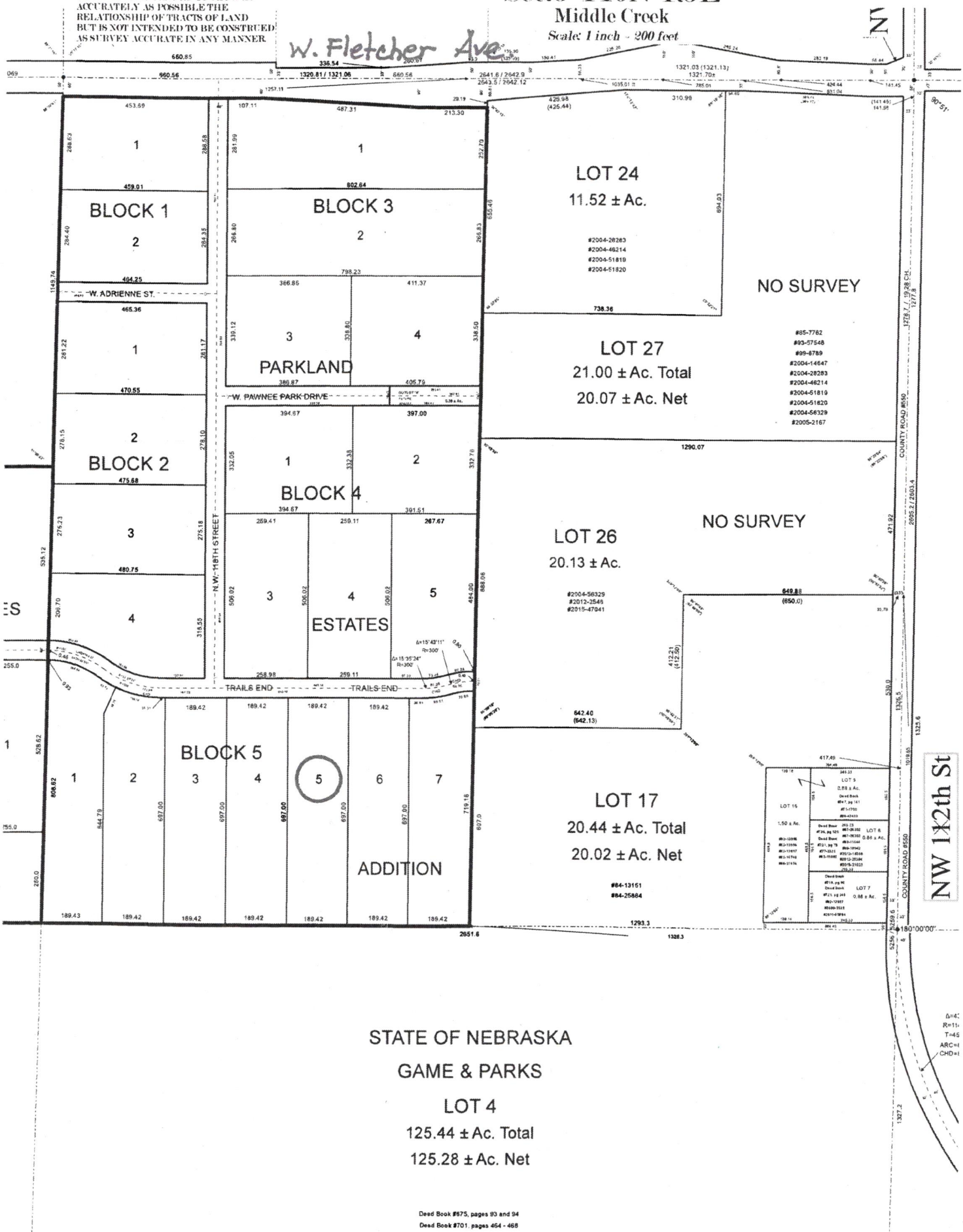
Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions




THIS PLAT IS INTENDED TO SHOW AS ACCURATELY AS POSSIBLE THE RELATIONSHIP OF TRACTS OF LAND BUT IS NOT INTENDED TO BE CONSTRUED AS SURVEY ACCURATE IN ANY MANNER
Sec.5-T10N-R5E
Middle Creek
Scale: 1 inch = 200 feet
W. Fletcher Ave
N
BLOCK 1
BLOCK 2
BLOCK 3
BLOCK 4
BLOCK 5
PARKLAND
ESTATES
ADDITION
W. ADRIENNE ST.
W. PAWNEE PARK DRIVE
NW 118TH STREET
TRAILS END
TRAILS END
LOT 24
11.52 ± Ac.
#2004-28283
#2004-46214
#2004-51819
#2004-51820
NO SURVEY
LOT 27
21.00 ± Ac. Total
20.07 ± Ac. Net
#85-7782
#93-57548
#99-8789
#2004-14647
#2004-28283
#2004-46214
#2004-51819
#2004-51820
#2004-56329
#2005-2167
LOT 26
20.13 ± Ac.
#2004-56329
#2012-2546
#2015-47941
NO SURVEY
LOT 17
20.44 ± Ac. Total
20.02 ± Ac. Net
#84-13151
#84-25884
COUNTY ROAD #550
COUNTY ROAD #550
NW 112th St
STATE OF NEBRASKA
GAME & PARKS
LOT 4
125.44 ± Ac. Total
125.28 ± Ac. Net
Deed Book #675, pages 93 and 94
Deed Book #701, pages 464 - 468