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

A

Permit Number HS001307

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 Paris Court (no rural route) City Denton, NE Zip NE 68339

Legal Description 4 9 5 SB West Van Dorn Estates 2 4

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

PID 03-04-202-004-000 SB

B. Owner

Name Aspen Builders Signature

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

Home Phone Work Phone 402-423-6811

C. Certified Installer

Name: Bob Benes Signature

Address 1633 Normandy Ct #B 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 Whirlpool Bathtub? ❑ Yes ❑ No Total Acres

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 7-14-16 Amount Paid $385
Received By SB Cash/Check No. 20576

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

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

B

Permit Number: HS001307

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address TBD Paris Court (no rural route) City Denton NE, Zip 68339

Owner Aspen Builders Addresss 11633 Normandy Ct #B

Soil Type (SCS): Aksarben Silty Clay Percolation Rate: 60 min./inch

Date of Tests Apr. 2 to Apr. 3 Weather: Precipitation Dry Temperature 70

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	4-2	10:00	4-3	10 AM	4-3	10:00	18	4-3	:30	30	.5	60
2	"	"	:01	"	"	"	:01	22	"	31	"	.5	60
3	"	"	"	"	"	"	:02	29	"	32	"	.5	60
4	"	"	"	"	"	"	:03	26	"	33	"	.5	60
5	"	"	"	"	"	"	:09	28	"	34	"	.75	60
6	"	"	"	"	"	"	:05	27	"	35	"	.5	60

Person Conducting Percolation Tests

Name: Bob Benes
Phone: 416-9660
Address 11633 Normandy Ct #B
Lincoln, NE 68512

Sum of Percolation Rates:
Average of Rates:
Rate Used for Calculation: 60

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

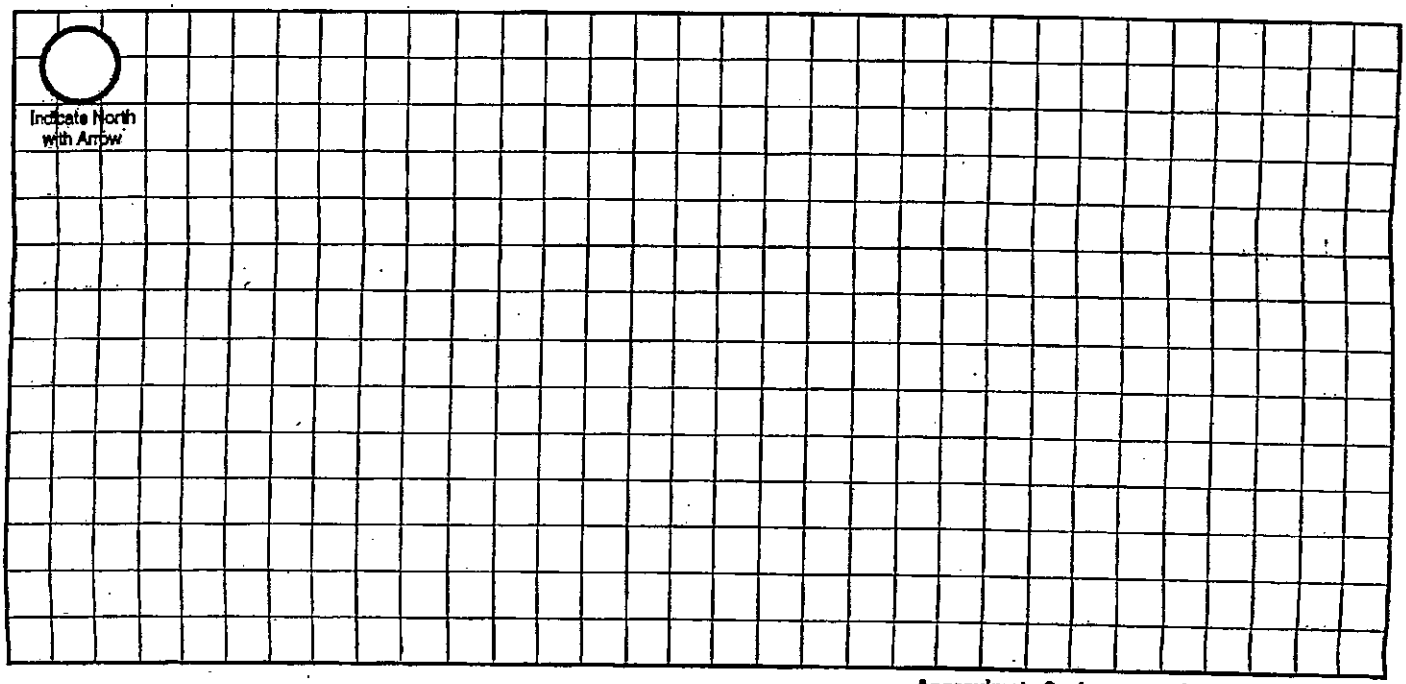
C

Permit Number: HSO01307

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 Paris Ct City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1750 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 60 (min/inch = mpi) No. of Bedrooms 5 Soil Type Kennebec Land Slope 1-3 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1750 sq.ft.

Total length of laterals 493 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 4 Width 3' No. of drop boxes 0 Distrubtion Box 1

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

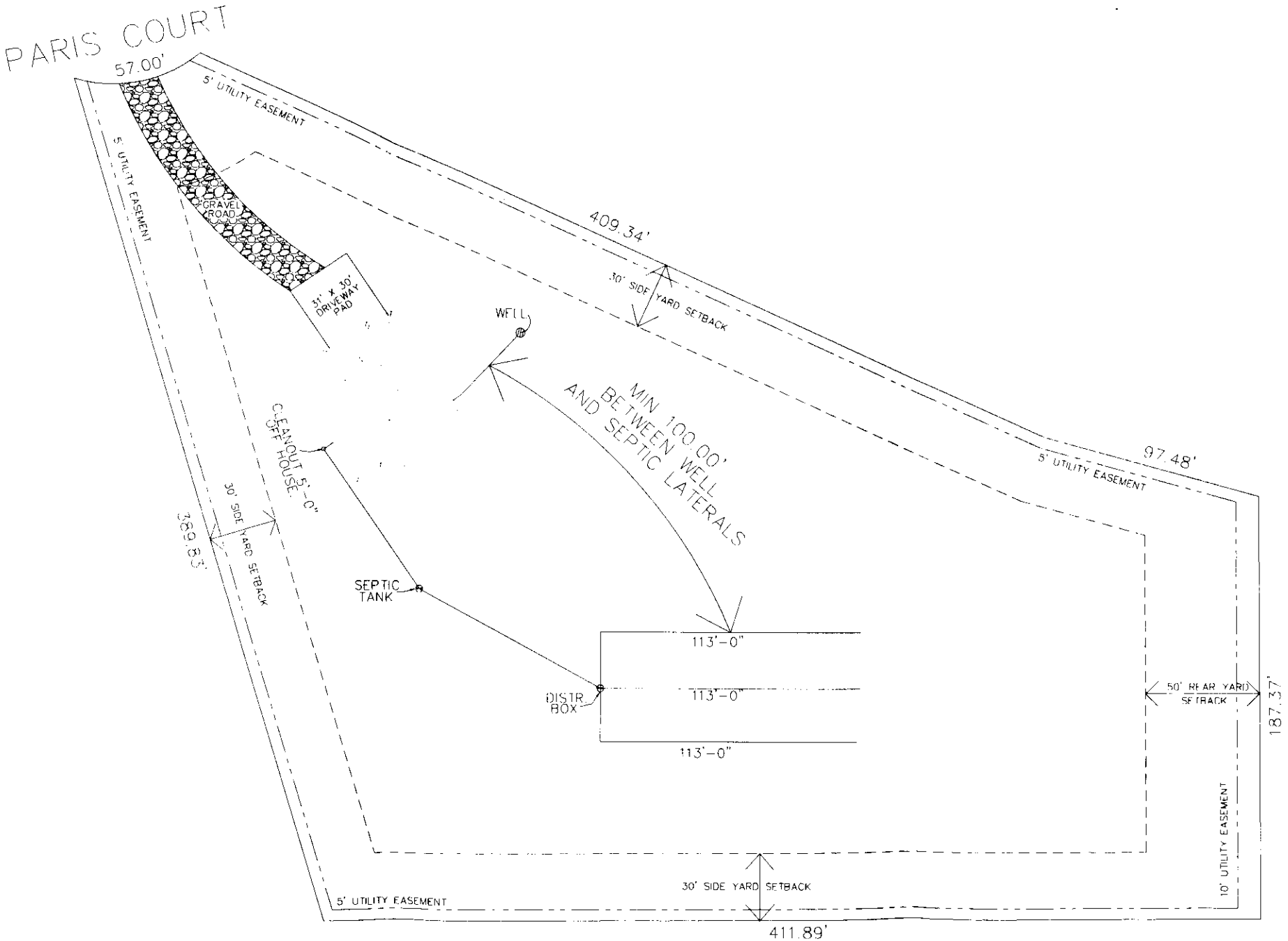
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 [signature] Date 6-28-16

Installer [signature] Date 6-28-16



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UNAUTHORIZED USE IS STRICTLY PROHIBITED
TBD PARIS COURT – SPEC HOME

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. HS001307

System Type: Standard

Situs: No Site Address Specified

Issued: 7/26/2016

Expires: 7/26/2017

Description: undefined

Owner:

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

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

Exhibit 5

Permit Number: H5001307

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/27/16

Legal Description NW Van Dorn Estates Lot 2 Lot 4
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) _____ 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 _____ Sq. Ft. Tank Size _____ gals

Total length of laterals _____ Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) N/A

No. of Absorption Laterals _____ Width _____ No. Of Drop Boxes _____ Distribution Box _____

Leveling Method Used _____

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 _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments: System card given to inspector

Inspections prior to Final Approval
Initial RH Date 9/27/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 9/27/16

Field Note Drawing (See Reverse Side):

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

SCANNED

A

Permit Number HS001307

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 Paris Court 992 1/2 Cr. (no rural route) City Denton, NE Zip NE 68339

Legal Description 4 (1/4) 9 (1/4) 5 (Section) SB (Township) (Range) West Van Dorn Estates (Subdivison) 2 (Addition) 4 (Block) (Lot)

PID 03-04-202-004-000 SB

B. Owner

Name Aspen Builders Signature

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

Home Phone Work Phone 402-423-6811

C. Certified Installer

Name: Bob Benes Signature

Address 1633 Normandy Ct #B 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 4 Whirlpool Bathtub? ❑ Yes ☒ No Total Acres

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 7/26/16

Date frwd 7/26/16

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 9/27/16

Business Office Use Only

Date Received 7-14-16 Amount Paid $385

Received By SB Cash/Check No. 20576

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

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

D Exhibit 4

Permit Number

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): 9921 Paris 0304202004000

Owner: Aspen Home Builders Address: 9921 PARIS Ct.

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 60 ft.

B. Septic Tank

1. Material: PVC
2. Capacity: 2 x 1000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well N/A ft.
   Pressure line N/A ft.
   Property Line 100 ft.
   Foundation 60 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 15 ft. S

D. Drainfield/Absorption Field

☑ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ☑ Chamberless ❑ Other
   Material brand and inside width of Chamberless: ADS-36 29"
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 120 ft. 125 ft. 120 ft. 120
4. Drainfield size: 1750 sq. ft.
5. Distance to:
   Well N/A ft.
   Pressure line N/A ft.
   Property line 30 ft.
   Depth of Groundwater 90' → Nearby well

OK 9/29/14

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

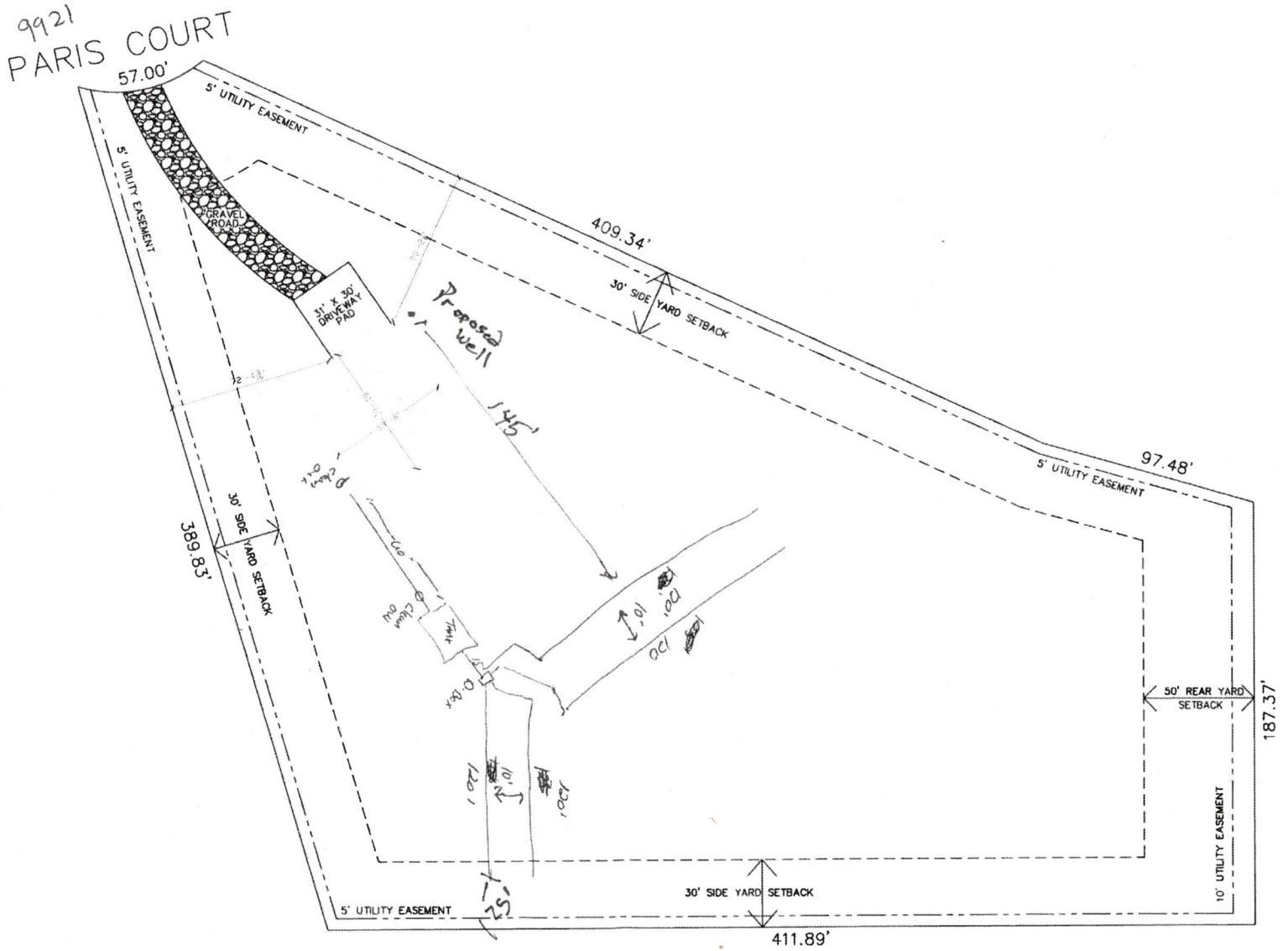
If Yes, the Certified Professional must sign below for final approval.

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: 9-15-16

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

Updated 4/15



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9921 PARIS COURT – SPEC HOME