SEP 0 2 2016

A

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

Permit Number HS001335

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 Ct. (no rural route) City Denton, NE Zip 68339

Legal Description West Van Dorn Estates 2 3

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

PID 63-04-202-003-000 SB

B. Owner

Name Aspen Home Builders Signature

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

Home Phone 4236811 Work Phone

C. Certified Installer

Name: Robert Beres Signature

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

Work Phone 416-9660

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 **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 9-2-16 Amount Paid $385.00

Received By SB Cash/Check No. 20991

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: HS001335

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 Ct. (no rural route) City Denton NE, Zip 68379

Owner Aspen Home Builders Address 1633 Normandy Ct.

Soil Type (SCS): Arbor Lan Percolation Rate: 60 min./inch

Date of Tests 4-2 to 4-3 Weather: Precipitation 0 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	10AM	4-3	10AM	4-3	10:20	19	4-3	:50	30	1/2	60
2							:21	26		:51		1/2	60
3							:22	22		:52		1/2	60
4							:23	18		:53		1/2	60
5							:24	20		:54		1/2	60
10							:25	18		:56		1/2	60

Person Conducting Percolation Tests

Name: Bob Banes
Phone: 402-416-9660
Address: 1633 Normandy Ct
Lincoln 68512

Sum of Percolation Rates: 360
Average of Rates: 60
Rate Used for Calculation: 60

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

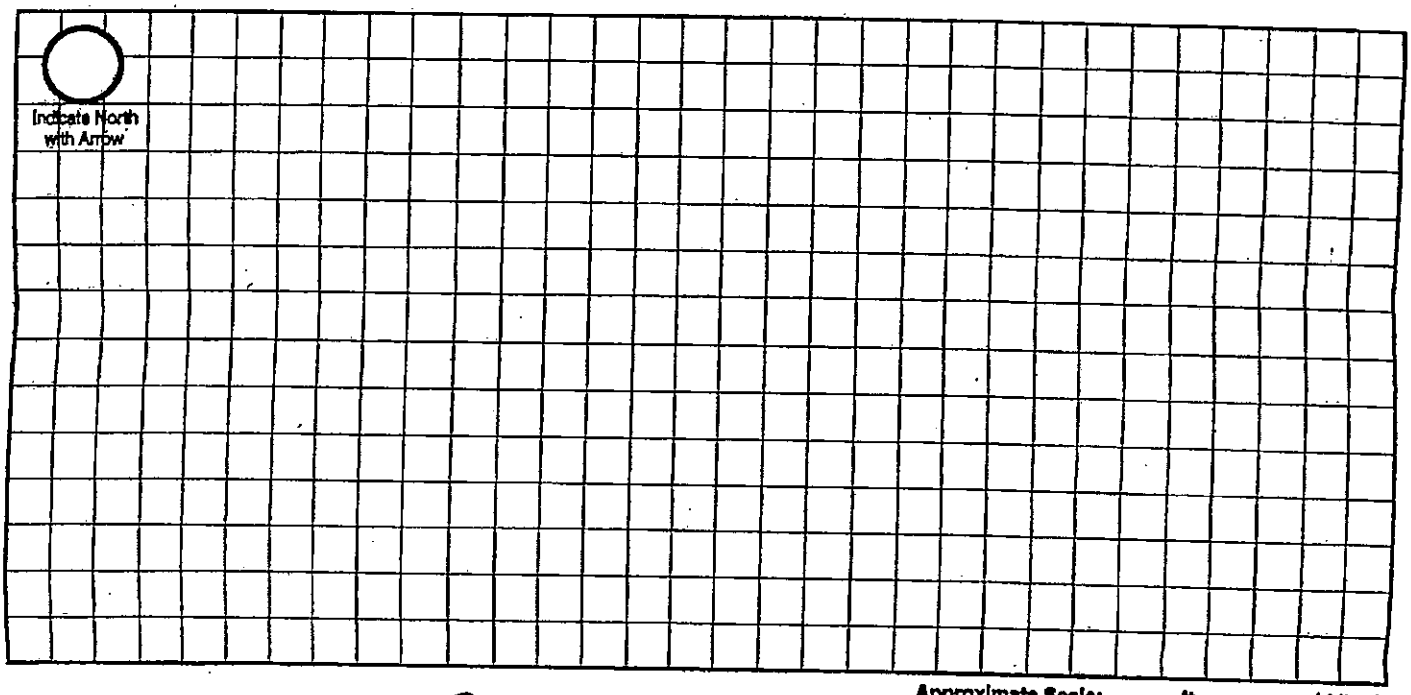
C

Permit Number: HSOO 1335

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 Paris Ct.

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

B. Proposed Septic Tank/s

Septic Tank Cap. 1250 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 3 Soil Type Wyoming Land Slope 2 %

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

Total length of laterals ~~483~~ 483' 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 _____

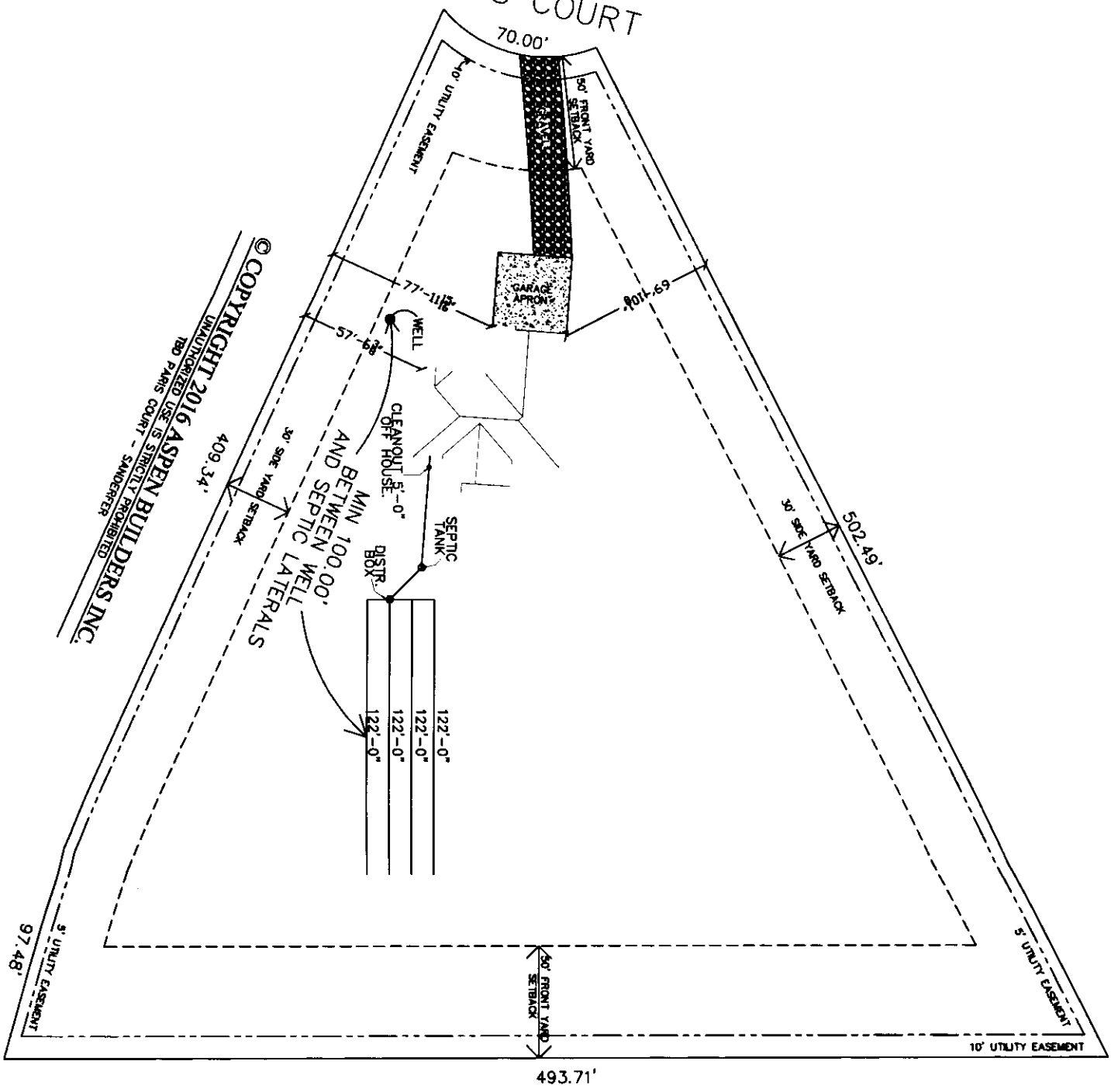
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 ☐	☐

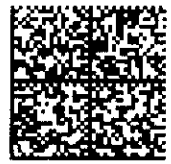
F. Required Signatures

Home Building Contractor _____ Date 8-31-16

Installer _____ Date _____


PARIS COURT
70.00'
10' UTILITY EASEMENT
50' FRONT YARD SETBACK
GARAGE APRON
77'-11 1/2"
101.69'
57'-6 3/8"
WELL
CLEANOUT 5'-0" OFF HOUSE
MIN 100.00' BETWEEN SEPTIC WELL LATERALS AND
SEPTIC TANK
DIST. BOX
122'-0"
122'-0"
122'-0"
122'-0"
409.34'
30' SIDE YARD SETBACK
502.49'
30' SIDE YARD SETBACK
97.48'
5' UTILITY EASEMENT
50' FRONT YARD SETBACK
5' UTILITY EASEMENT
10' UTILITY EASEMENT
493.71'
SW 98TH STREET
© COPYRIGHT 2016 ASPEN BUILDERS INC.
UNAUTHORIZED USE OF THIS PLANS IS STRICTLY PROHIBITED
180 PARIS COURT - SANGER

Aspen Builders
1633 Normandy Court, Suite B
Lincoln, NE 68512



UNITED STATES POSTAGE
PITNEY BOWES
02 1P **$ 000.67⁵**
0000262966 AUG 31 2016
MAILED FROM ZIP CODE 68512

Lincoln-Lancaster County Health Dept.
3140 N Street
Lincoln, NE 68510-1514

68510@1514 C021

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. HS001335

System Type: Standard

Situs: No Site Address Specified

Issued: 9/7/2016

Expires: 9/7/2017

Description: WEST VAN DORN ESTATES ADDITION, BLOCK 2, Lot 3

Owner: ASPEN BUILDERS INC
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, STE B
LINCOLN, NE 68512

SEP 0 2 2016

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

SCANNED

A

Permit Number HS001335

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 Ct. (no rural route) City Denton, NE Zip 68339

Legal Description 4 9 5 West Van Dorn Estates 2 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-04-202-003-000 SB

B. Owner

Name Aspen Home Builders Signature

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

Home Phone 4236811 Work Phone

C. Certified Installer

Name: Robert Benes Signature

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

Work Phone 416-9660

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
Comments
Date rec'd 9/2/16
Date frwd 9/2/16
ACTION ☑ Approved ❑ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 9-2-16
Date frwd 9-2-16
ACTION ☑ Approved ❑ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 9/2/16
Date frwd 9/2/16
ACTION ☑ Approved ❑ Disapproved
Signature Chad Packard

Installation Final Written Approval
By
Date 9/18/17
*System Covered

Business Office Use Only
Date Received 9-2-16 Amount Paid $385.00
Received By SB Cash/Check No. 20991

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

Plan to inspection

SCANNED

B

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

Permit Number: HS001335

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 Ct. (no rural route) City Denton NE, Zip 68379

Owner Aspen Home Build Address 1633 Normandy Ct.

Soil Type (SCS): Arlington Percolation Rate: 60 min./inch

Date of Tests 4-2 to 4-3 Weather: Precipitation 0 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	10AM	4-3	10AM	4-3	10:20	18	4-3	:50	30	1/2	60
2							:21	24		:51		1/2	60
3							:22	22		:52		1/2	60
4							:23	18		:53		1/2	60
5							:24	20		:54		1/2	60
10							:25	18		:56		1/2	60

Sum of Percolation Rates: 360

Average of Rates: 60

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Bob Bones

Phone: 402-416-9660

Address: 1633 Normandy Ct Lincoln 68512

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-98

SCANNED

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

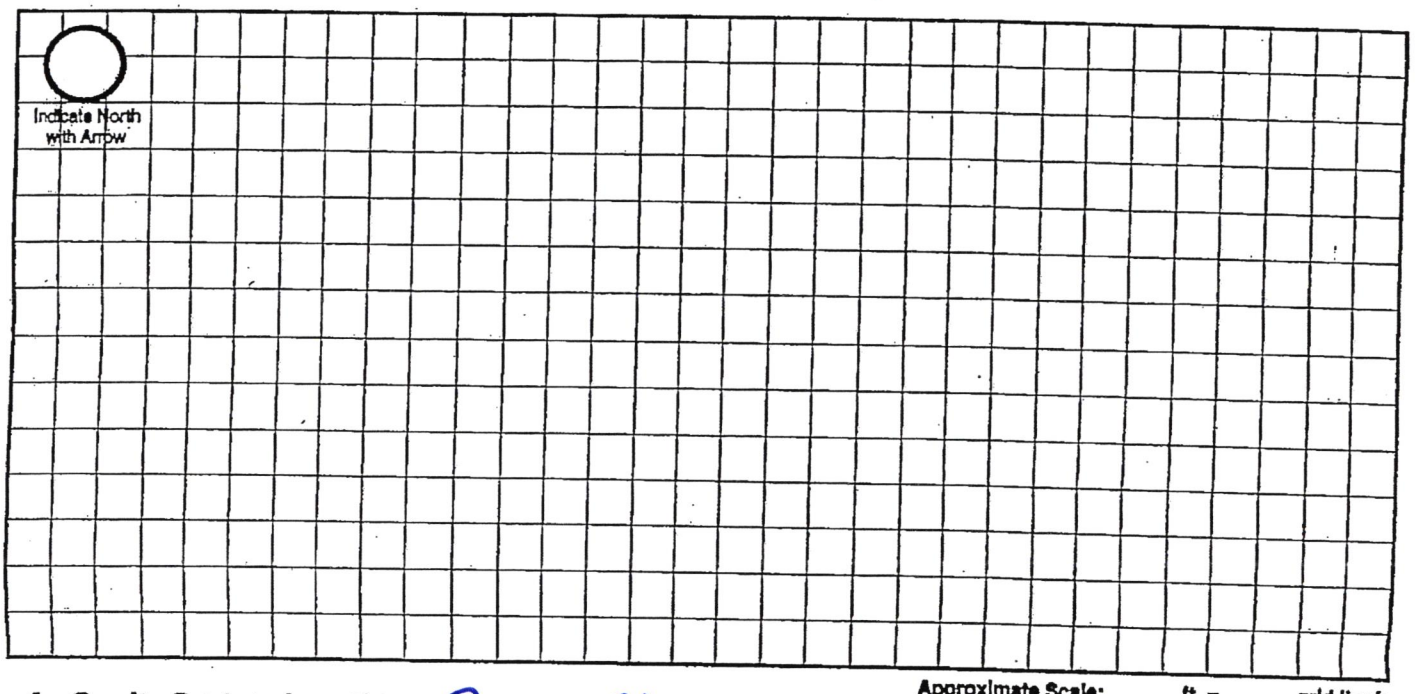
C

Permit Number: HSOO 1335

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

Paris Ct.

Address (no rural route) TBD ~~Denton~~ 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 3 Soil Type Hk Sandy Loam Land Slope 2 %

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

Total length of laterals ~~483'~~ 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

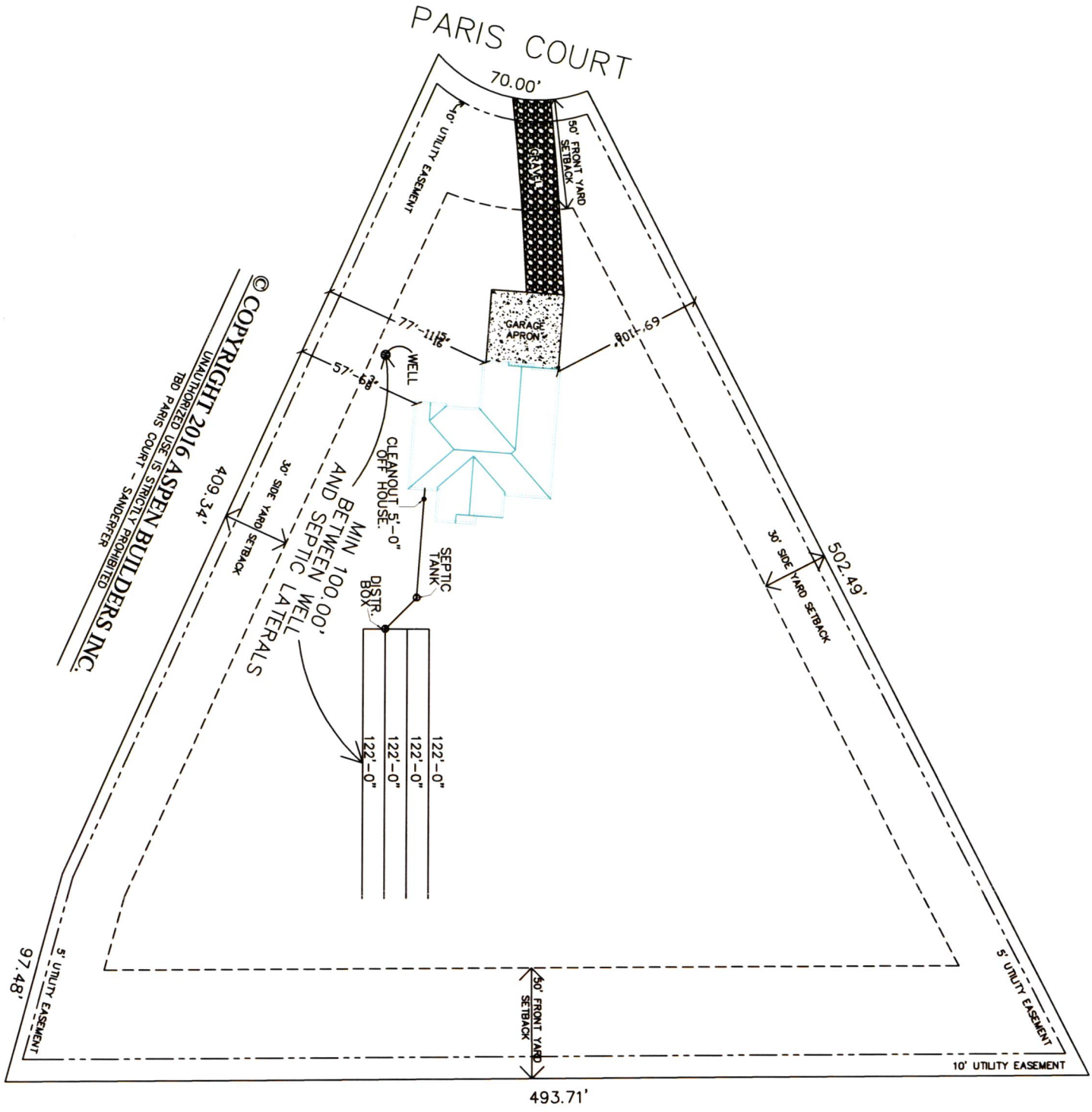
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☑	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☑	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

F. Required Signatures

Home Building Contractor _____ Date 8-31-16

Installer _____ Date _____

SCANNED



SW 98TH STREET

SCANNED

T 8, R8, Sec. 11

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: ~~HS001412~~ HS001335

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) 03-04-202-003-000

Owner: Aspen Address 9900 PARIS CT.

A. Wastewater Piping

1. Material: PVC Diameter: 4" in.
2. Distance between dwelling and septic tank: 50 ft.

B. Septic Tank

1. Material Fiberglass
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 100 ft.
   Pressure line 55 ft
   Property Line 200 ft.
   Foundation 55 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 10 ft. E

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ADS ADC 36 29.0
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 108 ft. 125 ft. 125 ft. 125
4. Drainfield size: 1449 sq. ft.
5. Distance to:
   Well 140 ft.
   Pressure line 100 ft.
   Property line 80 ft.
   Depth of Groundwater 24"

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: 3-17-17

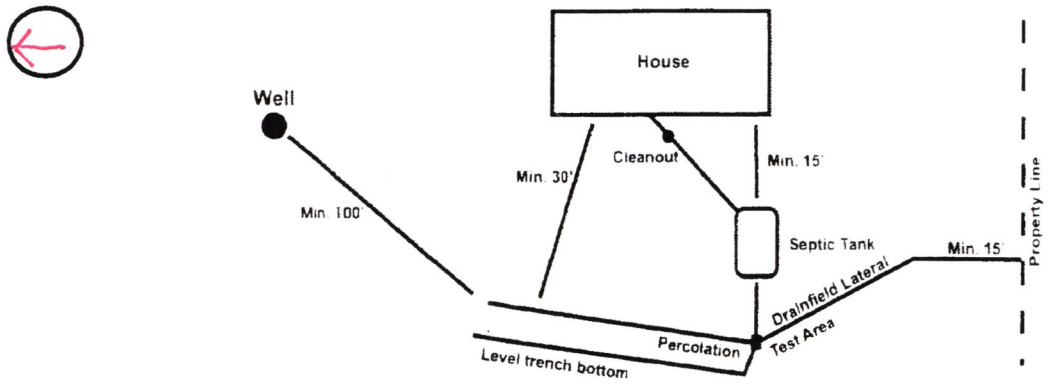
Complete As-Built drawing on the back of this form.

Updated 4/15

SCANNED

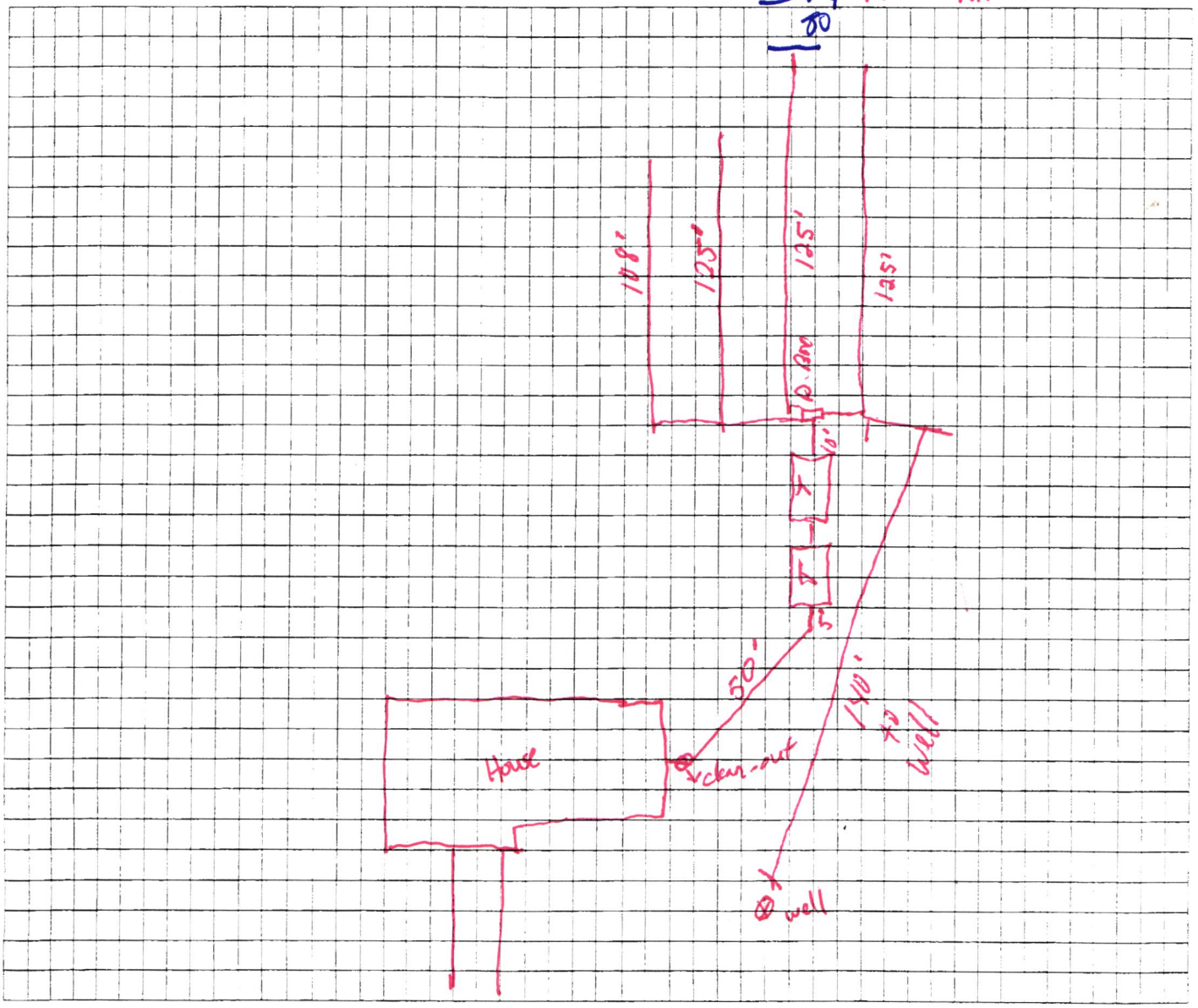
Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions

9900 Paris



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

NLC 1-23-17 QR

D Exhibit 4

Permit Number: HS 001335

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) 9900 Paris Ct.

Owner: Van Scoyoc Ford Address 9900 Paris Ct. Denton

A. Wastewater Piping

1. Material: pvc Diameter: 4 in.
2. Distance between dwelling and septic tank: 50 ft.

B. Septic Tank

1. Material: fiberglass
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 140 ft.
   Pressure line 150 ft
   Property Line 250 ft.
   Foundation 50 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: E ft. 10'

D. Drainfield/Absorption Field

☒ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ☒ Chamberless ❑ Other
   Material brand and inside width of Chamberless 29"
2. Number of Laterals: 4
3. Length of each lateral (linear): ft. 108 ft. 125 ft. 125 ft. 125
4. Drainfield size: 482 sq. ft.
5. Distance to:
   Well 150 ft.
   Pressure line 160 ft.
   Property line 50 ft.
   Depth of Groundwater 28"

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: 9-5-17

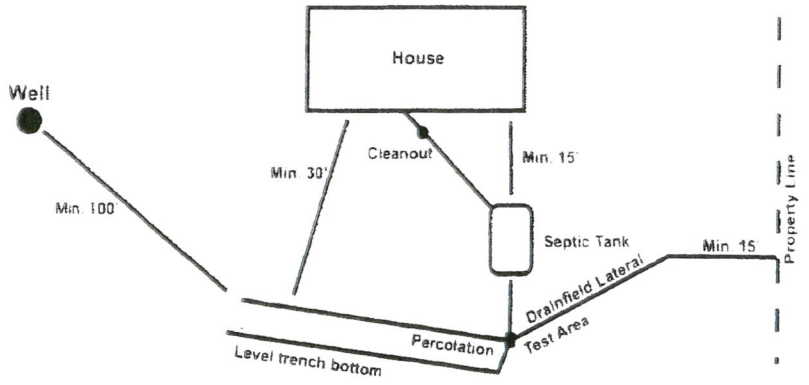
Complete As-Built drawing on the back of this form.

*Rev'd 9/15/17

Updated 4/15

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

9900 Paris

