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

A

Permit Number
HS001462

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 SW 100 (no rural route) City Denton, NE Zip 68339

Legal Description West View Dorn Estates Lot 1 Bl. 1

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

PID 03-04-201-001-000

B. Owner

Name Aspen Builders Signature

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

Home Phone Work Phone 423-6801

C. Certified Installer

Name: Robert Beres Signature

Address 1633 Normandy Ct. City/State/Zip LNK 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 5-30-17 Amount Paid $395
Received By AB Cash/Check No. 22486

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: 402-441-8022

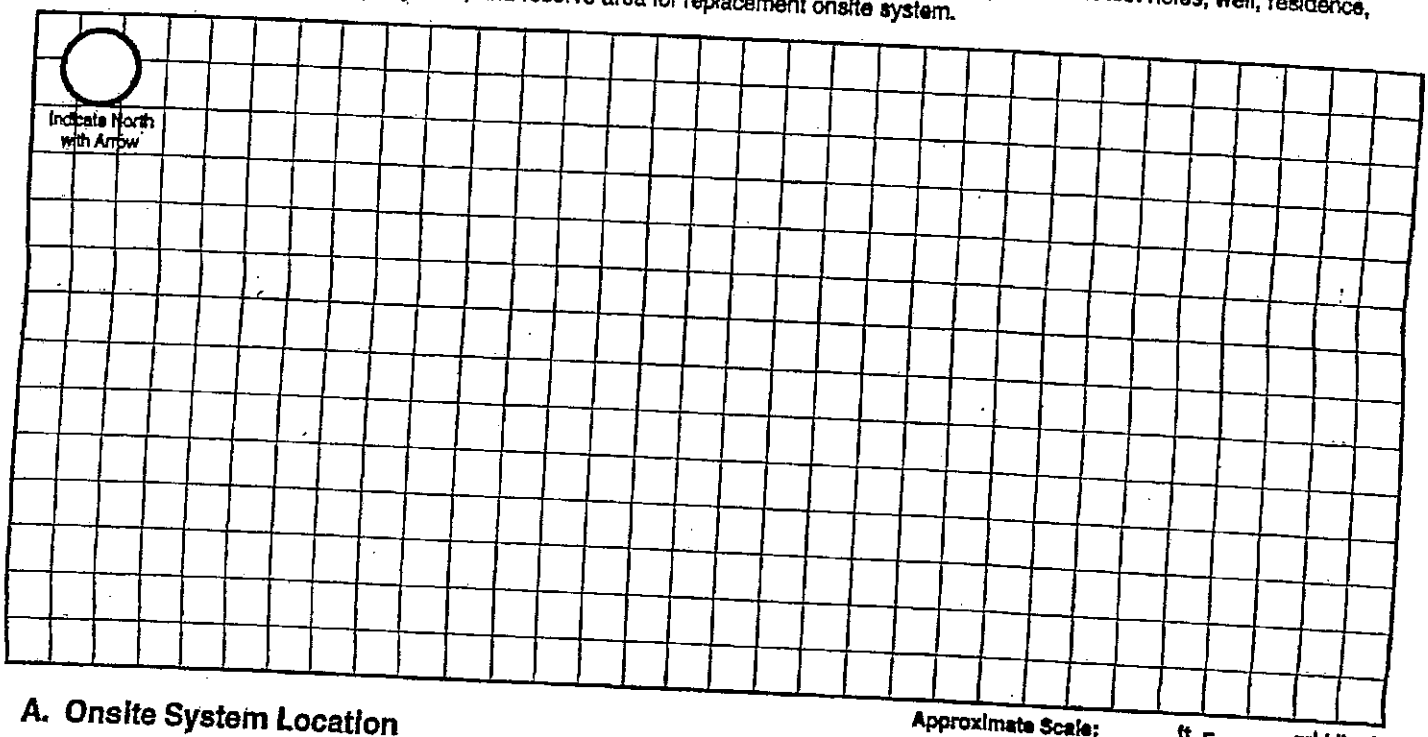
C

Permit Number: HS001462

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 SW 100th City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap._____ 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_____ (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_____ 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 5-26-17

Installer_____ Date 5-26-17

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. HS001462

System Type: Lagoon

Situs: No Site Address Specified

Issued: 5/31/2017

Expires: 5/31/2018

Description: WEST VAN DORN ESTATES ADDITION, BLOCK 1, Lot 1

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

Charlotte Burke, MS, RD, Interim 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.

Charlotte Burke, MS, RD
Interim Health Director

ASPEN BUILDERS
1633 NORMANDY CT
LINCOLN, NE 68512

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

SCANNED

A

Permit Number
HS001462

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 SW 100 (no rural route) City Denton, NE Zip 68339

Legal Description T9N, R5E sec. 4 West View Dorn Estates Lot 1 Bl. 1

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

PID 03-04-201-001-000

B. Owner

Name Aspen Builders Signature

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

Home Phone Work Phone 423-6891

C. Certified Installer

Name: Robert Beves Signature

Address 1633 Normandy Ct. City/State/Zip LNK 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 3.107

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 5/31/17
Date frwd 5/31/17

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 10/2/17

Business Office Use Only
Date Received 5-30-17 Amount Paid $395
Received By JB Cash/Check No. 22486

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

ok 11-1-17 to p
Changed septic to perk

A

Permit Number
HS 001462

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C.
Submit correct fee
with this Application

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 3677 ~~Bluff~~ ~~Rd~~ SW 100 City Denton NE Zip 68339
(No rural route)

Legal Description West View Dorn Estates Lot 1 Bl. 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03-04-201-001-000

B. Owner

Name Aspen Builders Signature
Address 1633 Normandy Ct. City/State/Zip Lincoln NE 68512
Home Phone Work Phone 423-6801

C. Certified Installer

Name Robert Benes Signature
Address 1633 Normandy Ct. City/State/Zip LNK 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

pproval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

Health Department
ite visits Date rec'd ACTION ☐ Approved ☐ Disapproved
Date frwd Signature
omments

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

City or County Engineer
omments Date rec'd ACTION ☐ Approved ☐ Disapproved
Date frwd Signature

stallation Final Written Approval
/
ate

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

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

B

Permit Number: 1462

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3077 ~~Rose~~ SW 100 (no rural route) City Denton NE, Zip 68339

Owner Aspen Builders Address ~~8[illegible]~~ 1640 Normandy Ct.

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

Date of Tests 8-24 to 8-25 Weather: Precipitation dry Temperature 78

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	8-24	1 pm	8-25	3 pm	8-25	3:05	18	8-25	:35	30	.5	60
2							:06	22		:36		.9/16	60
3							:08	20		38		1/2	60
4							:10	21		40		9/16	60
5							:12	19		42		9/16	60
6							:14	20		44		1/2	60

Person Conducting Percolation Tests

Name: Bob Benes
Phone: 4169660
Address: 1640 Normandy Ct
Lincoln, NE 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 _____

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

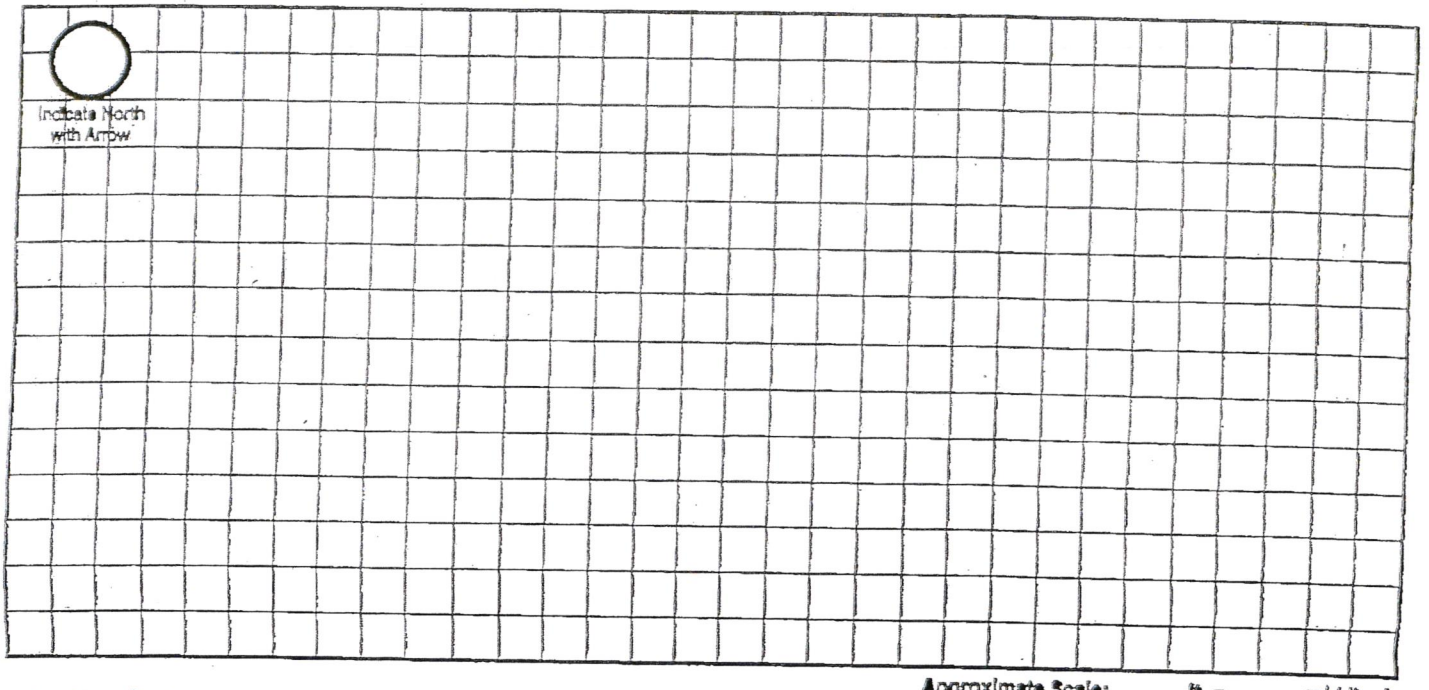
C

Permit Number: 14462

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) 3077 ~~Burton~~ SW100 City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other F/c ☐ 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

SIZED for (4)

Percolation Rate 60 (min/inch = mpi) No. of Bedrooms 3 Soil Type Pamona Land Slope 1 %

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

Total length of laterals 385' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 3 Width 36" 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 9-6-17

Installer _____ Date 9-6-17

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 1462

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): 03-04-201-001-000

Owner: Aspen Address: 3677 [illegible] SW 100th

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 80 ft.

B. Septic Tank

1. Material F/G
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 20 in.
4. Distance to:
   Well 100 ft.
   Pressure line 75 ft
   Property Line 125 ft.
   Foundation 80 ft.

C Distribution Box or Drop Box

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

D. Drainfield/Absorption Field

☒ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ☒ Chamberless ❑ Other
   Material brand and inside width of Chamberless: ADS 29"
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 130 ft. 130 ft. 130 ft. [illegible] ft.
4. Drainfield size: 1400 sq. ft.
5. Distance to:
   Well 125 ft.
   Pressure line 120 ft.
   Property line 100 ft.
   Depth of Groundwater 45

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.

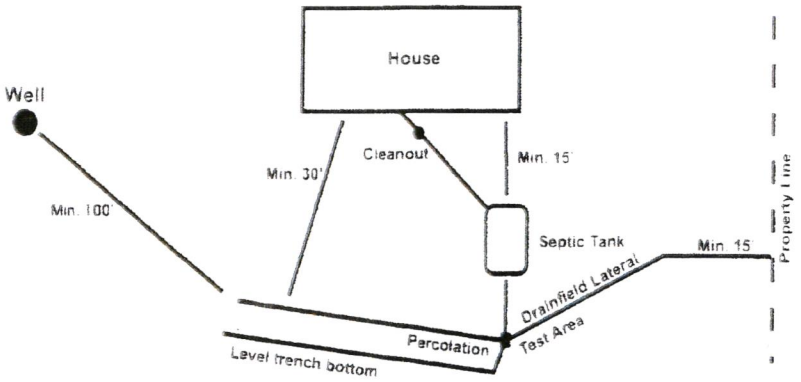
Certified Professional Signature: [signature] Date: 9-10-17

pre-approved per Dale - Holiday weekend -NH

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

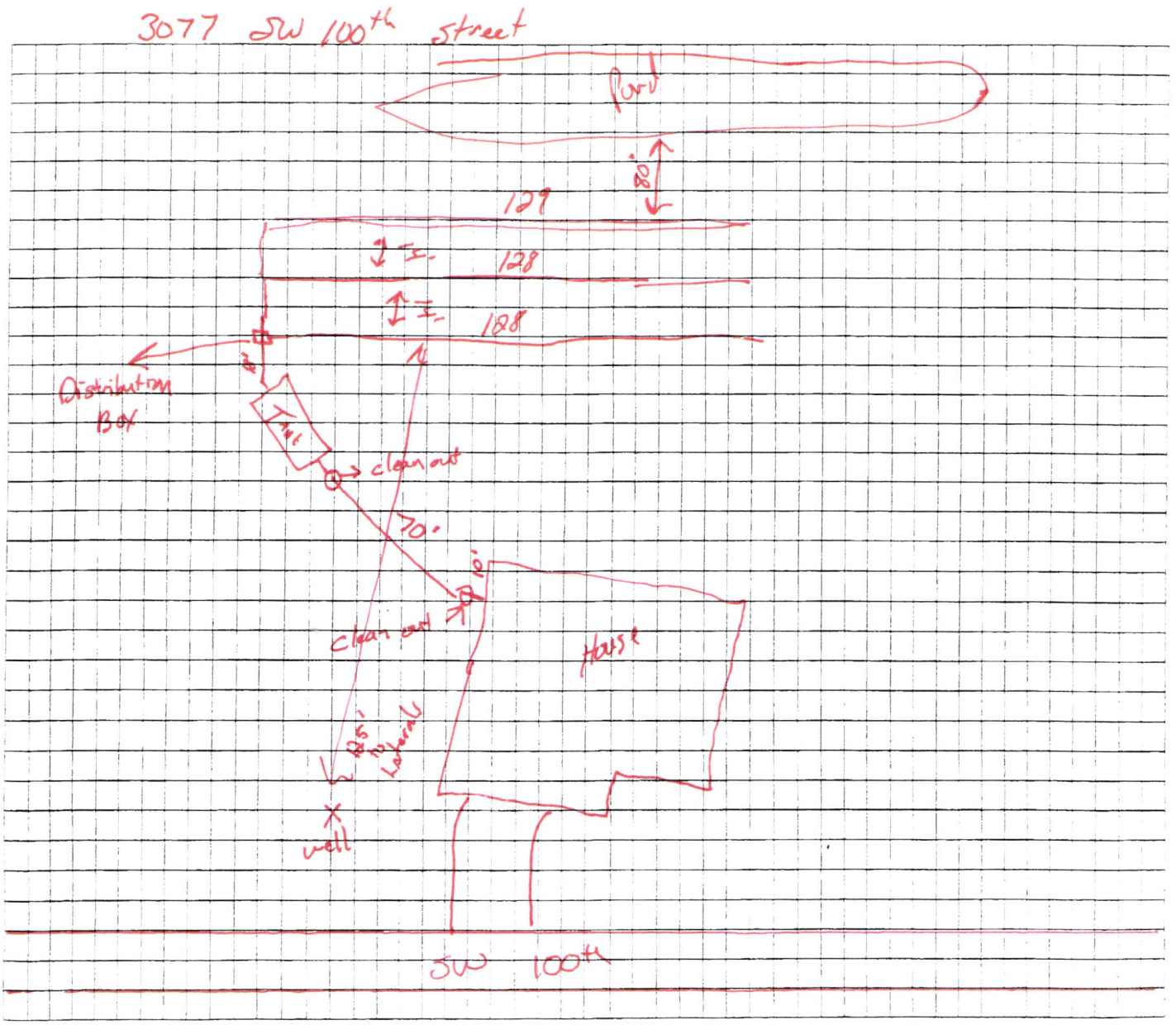
Indicate North
w/ Arrow Here

Onsite Wastewater System Design (Example)



*Note-If Lagoon, show all applicable dimensions

3077 SW 100th Street



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

Exhibit 5

Permit Number: HS001462

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/2/17

Legal Description W. Van Dorn Est Lot 1 Blk 1
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) _____

No. of Absorption Laterals _____ Width _____ No. of Drop Boxes N/A 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 covered prior to inspection
System created based on submitted
D-Sheet.

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up N/A Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 10/2/17

Updated 4/15