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

A

Permit Number HS001570

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 9911 West Athens Ct. (no rural route) City Denton, NE Zip 68339

Legal Description West Van Dorn Estates 1st Addn Lot 2, Bl. 3

1/4 Sec 4 Township T9N Range R5E Subdivison Addition Block Lot

PID 03-04-204-003-000

B. Owner

Name Aspen Home Builders Signature

Address 1640 Normandy Ct. City/State/Zip Lincoln NE 68512

Home Phone Work Phone 423-6811

C. Certified Installer

Name: Bob Bares Signature

Address 1640 Normandy Ct. City/State/Zip Lincoln, NE 68512

Work Phone 4169660

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 3.05

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

Date frwd

Comments

2. Supt. Bldg. Insp. or Village Clerk **ACTION** ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

3. City or County Engineer **ACTION** ☐ Approved ☐ Disapproved

Comments Date rec'd Signature

Date frwd

Installation Final Written Approval

By

Date

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:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner Aspen Home Builders Address 1640 Normandy Ct.

Soil Type (SCS): Arcadia Percolation Rate: _____ min./inch

Date of Tests 11-13 to 11-14 Weather: Precipitation none Temperature 45°

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	11-13	12 PM	11-14	8:40A	11-14	8:45	18	9:45	9:05	30	3	10
2							:46	16		:16		2	15
3							:47	16		:17		1	30
4							:48	18		:18		1	30
5							:49	17		:19		3	10
6							:50	16		:20		2	15

Person Conducting Percolation Tests

Name: Bob Beues

Phone: 402-466-9669

Address 1640 Normandy

Sum of Percolation Rates: 110

Average of Rates: 18

Rate Used for Calculation: 20

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-93

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

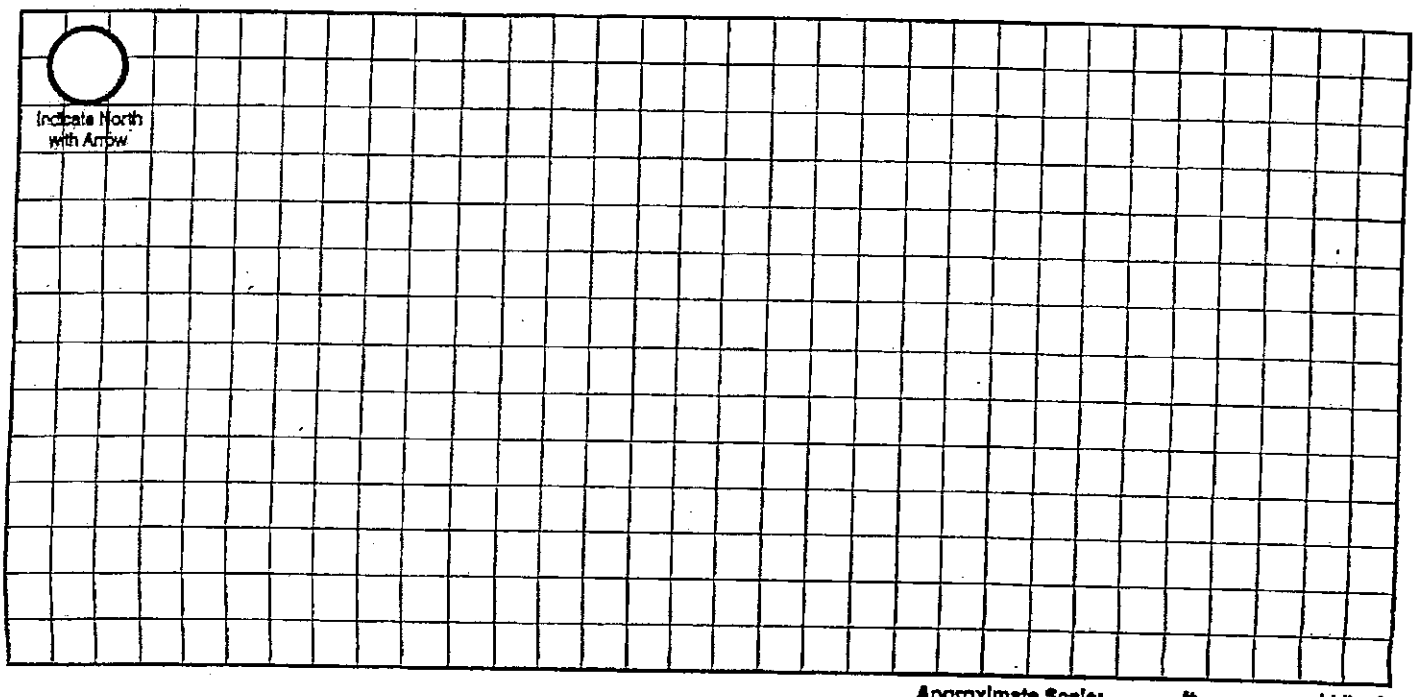
C

Permit Number:

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 West Athens Cir City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 19 (min/inch = mpi) No. of Bedrooms 4 Soil Type Alcester Land Slope 1 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 840 sq.ft.

Total length of laterals 232 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 2 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 11-15-16

Installer _____ Date _____

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. HS001570

System Type: Standard

Situs: 9911 W ATHENS CT, RURAL, NE

Issued: 11/21/2017

Expires: 11/21/2018

Description: WEST VAN DORN ESTATES 1ST ADDITION, BLOCK 2, Lot 3

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

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

ASPEN BUILDERS
1640 NORMANCY CT
LINCOLN, NE 68512

SCANNED

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

A

Permit Number HS001570

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

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Legal Description West Van Dorn Estates 1st Addn Lot 2, Bl. 3

1/4 Sec 4 Township T9N Range R5E Subdivison Addition Block Lot

PID 03-04-204-003-000

B. Owner

Name Aspen Home Builders Signature

Address 1640 Normandy Ct. City/State/Zip Lincoln NE 68512

Home Phone Work Phone 423-6811

C. Certified Installer

Name Bob Bopes Signature

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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 4 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.05

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 11/21/18

Date frwd 11/21/18

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 8/20/18

Business Office Use Only

Date Received Amount Paid

Received By Cash/Check No.

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS001570

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/20/18

Legal Description W. Van Dorn Est 1st add Lot 2 B/L 3

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9911 W Athens 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 1450 Sq. Ft. Tank Size 1500 gals

Total length of laterals 400 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

_____

No. of Absorption Laterals 3 Width 3' No. of Drop Boxes 0 Distribution Box 1

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_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments: see Dsheet

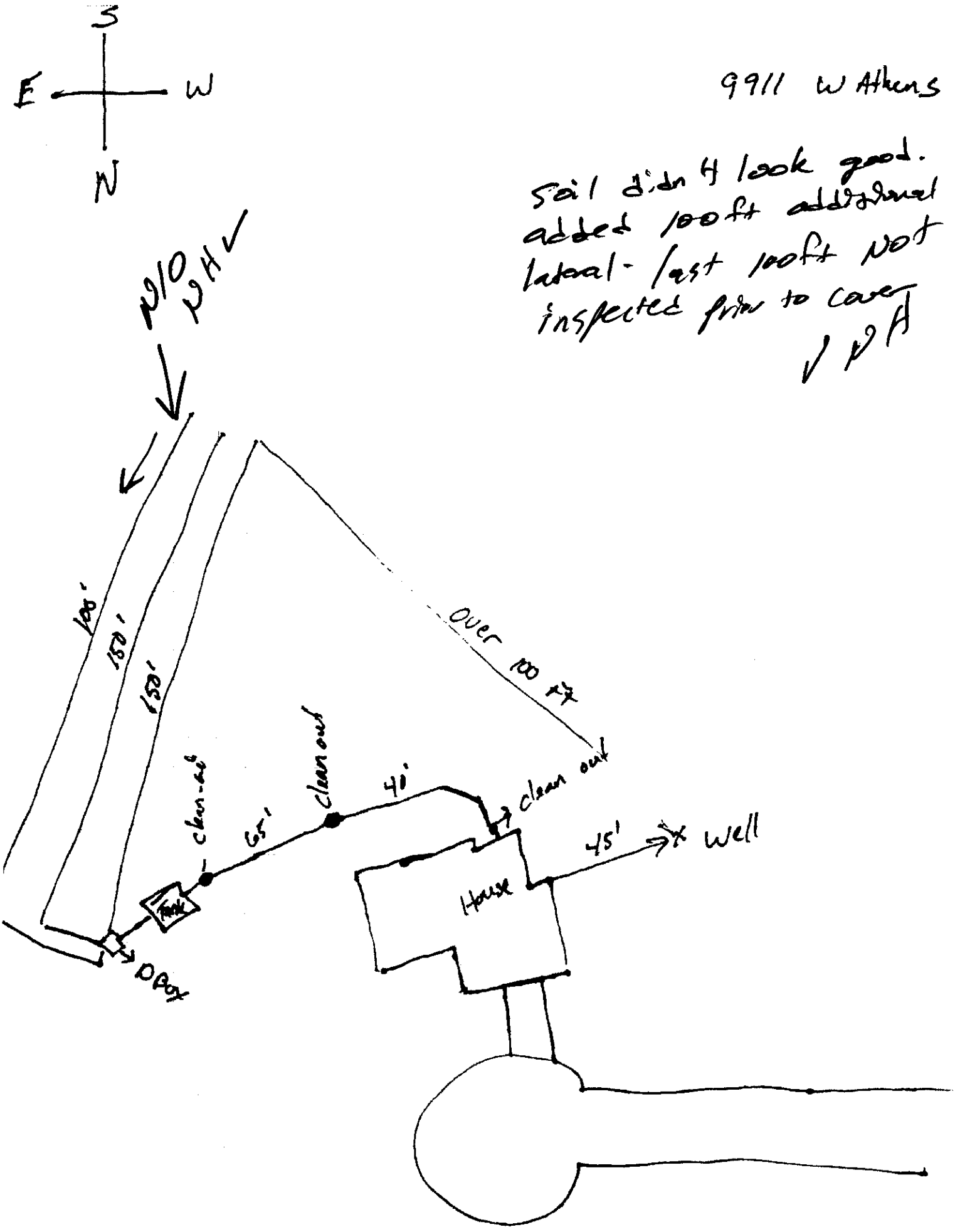
Inspections prior to Final Approval
Initial 5/30/18 Date 4

Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By _____
Date 8/20/18

Field Note Drawing (See Reverse Side):


S
E
W
N
9911 W Athens
Soil didn't look good.
added 100 ft additional
lateral - last 100 ft NOT
inspected prior to cover
✓ VA
N/O
VA ✓
100'
150'
150'
over 100 ft
clean out
clean out
41'
65'
45'
well
House
Tank
D Box

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): 03 04-204-003-000

Owner Aspen H.B. Address 9911 W Athens Cir.

A. Wastewater Piping

1 Material PVC Diameter: 4 in

2 Distance between dwelling and septic tank: ~~150~~ 105 ft

B. Septic Tank

1. Material ~~F~~ F.Conc.

2. Capacity 1500

3 Depth to top of tank, below unfinished grade: 18 in

4. Distance to
Well 200 ft.
Pressure line 120 ft
Property Line 250 ft.
Foundation 120 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 29

2 Number of Laterals 3

3 Length of each lateral (linear) ft 150 ft 150 ft 100 ft

4. Drainfield size ~~1095~~ sq ft 1450 (840 req'd) ✓ DH

5 Distance to:
Well 175 ft
Pressure line 125 ft
Property line 150 ft
Depth of Groundwater 16

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 8-3-18

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

Updated 4-15

9911 West Athens.

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

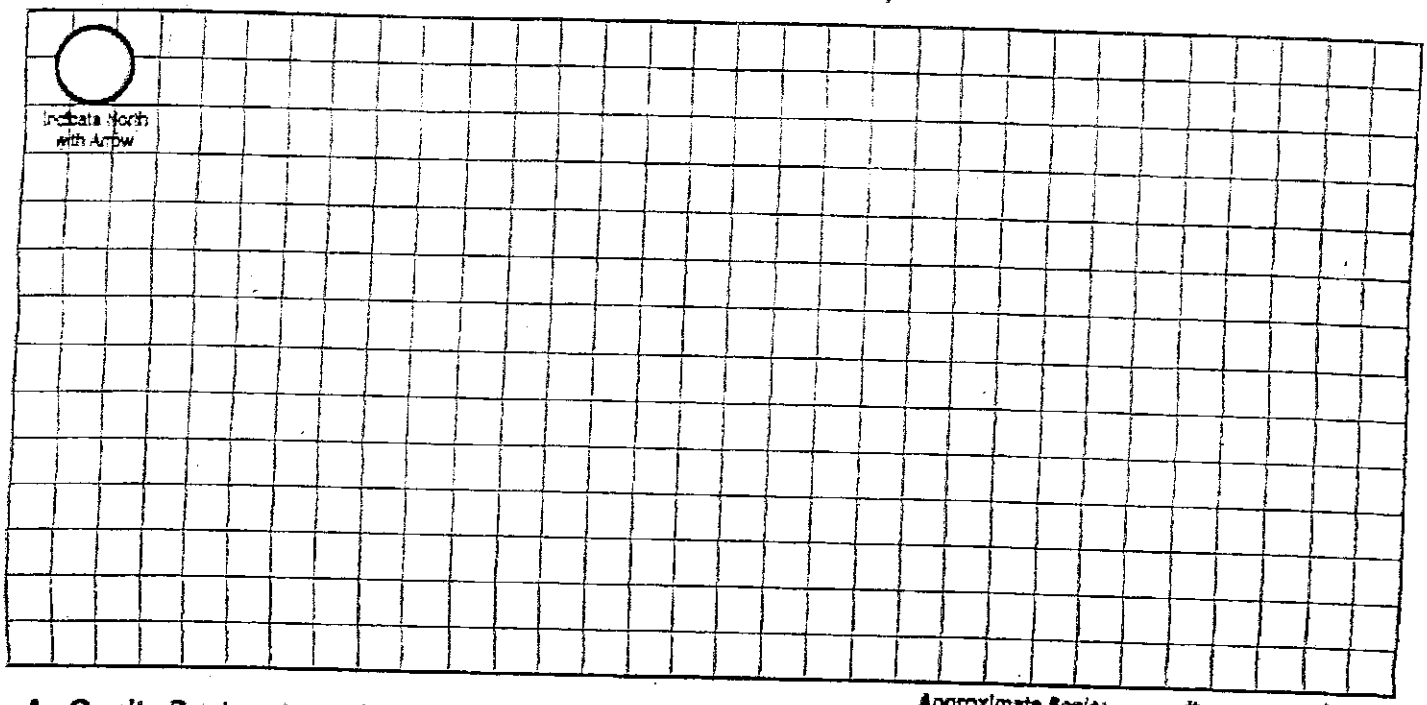
C

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Onsite Wastewater Treatment System

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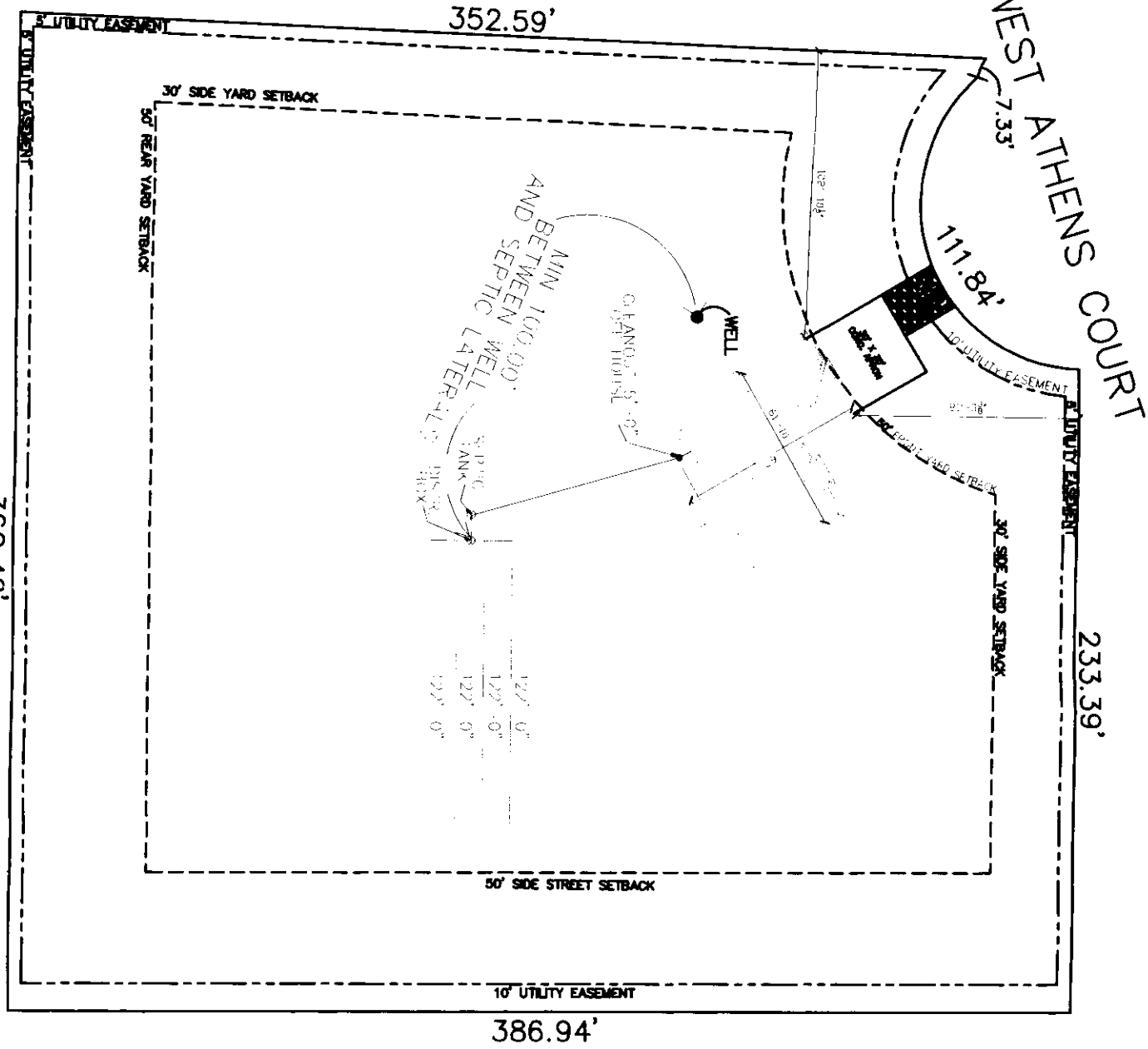
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Lagoon (ft)	100 ☑	500 ☑	50 ☑	N/A ☑	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date 11-15-16

Installer _____ Date _____



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UNAUTHORIZED USE IS STRICTLY PROHIBITED
9911 WEST ATHENS COURT- SPEC HOME