MAR 15 2018

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

A

Permit Number #5001625

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

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

1/4 1/4 Section SE 4 Township T9N Range R5E Subdivison Addition Block Lot

JAO

PID 03-04-204-001-000

B. Owner

Name Aspen Home Builders Signature

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

Home Phone Work Phone 402-423-6811

C. Certified Installer

Name: Bob Bener Signature

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

Work Phone 4236811

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 3-15-18 Amount Paid $405.00
Received By JAO Cash/Check No. 24190

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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

Owner Aspen Home Builders Addresss 1640 Normandy Ct.

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

Date of Tests 4-2-17 to 4-3-17 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	10:01	30	4-3	:31	30	.5	60
2	"	"	"	"	"	"	:02	26	"	:32	"	.75	40
3	"	"	"	"	"	"	:03	29	"	:33	"	.5	60
4	"	"	"	"	"	"	:04	28	"	:34	"	.5	60
5	"	"	"	"	"	"	:05	29	"	:35	"	.625	48
6	"	"	"	"	"	"	:06	30	"	:36	"	.5	60

Person Conducting Percolation Tests

Name: Bob Benes

Phone: 402-416-9660

Address 1640 Normandy Ct.
Lincoln, NE 68512

Sum of Percolation Rates: 328

Average of Rates: 54

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

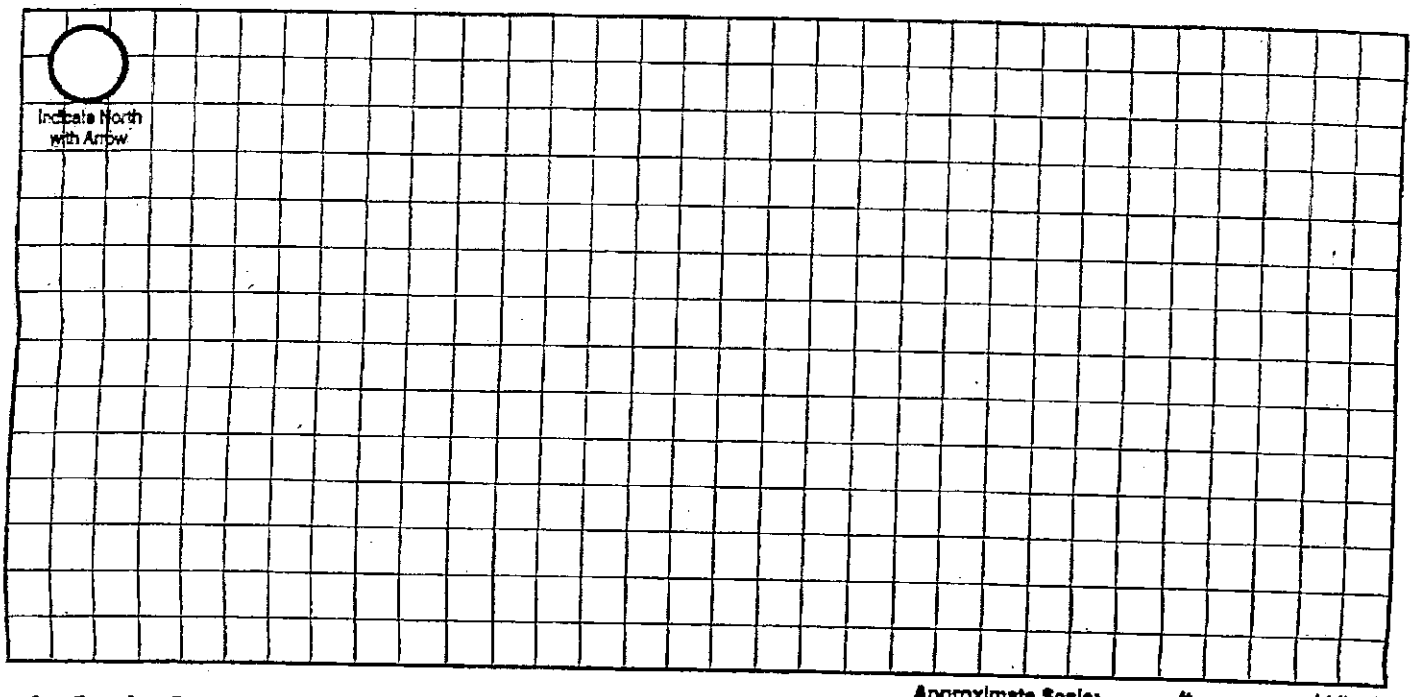
C

Permit Number:

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 Athens Cir 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 AK • Pawnee Land Slope 1 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1050 sq.ft.

Total length of laterals 290 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_____

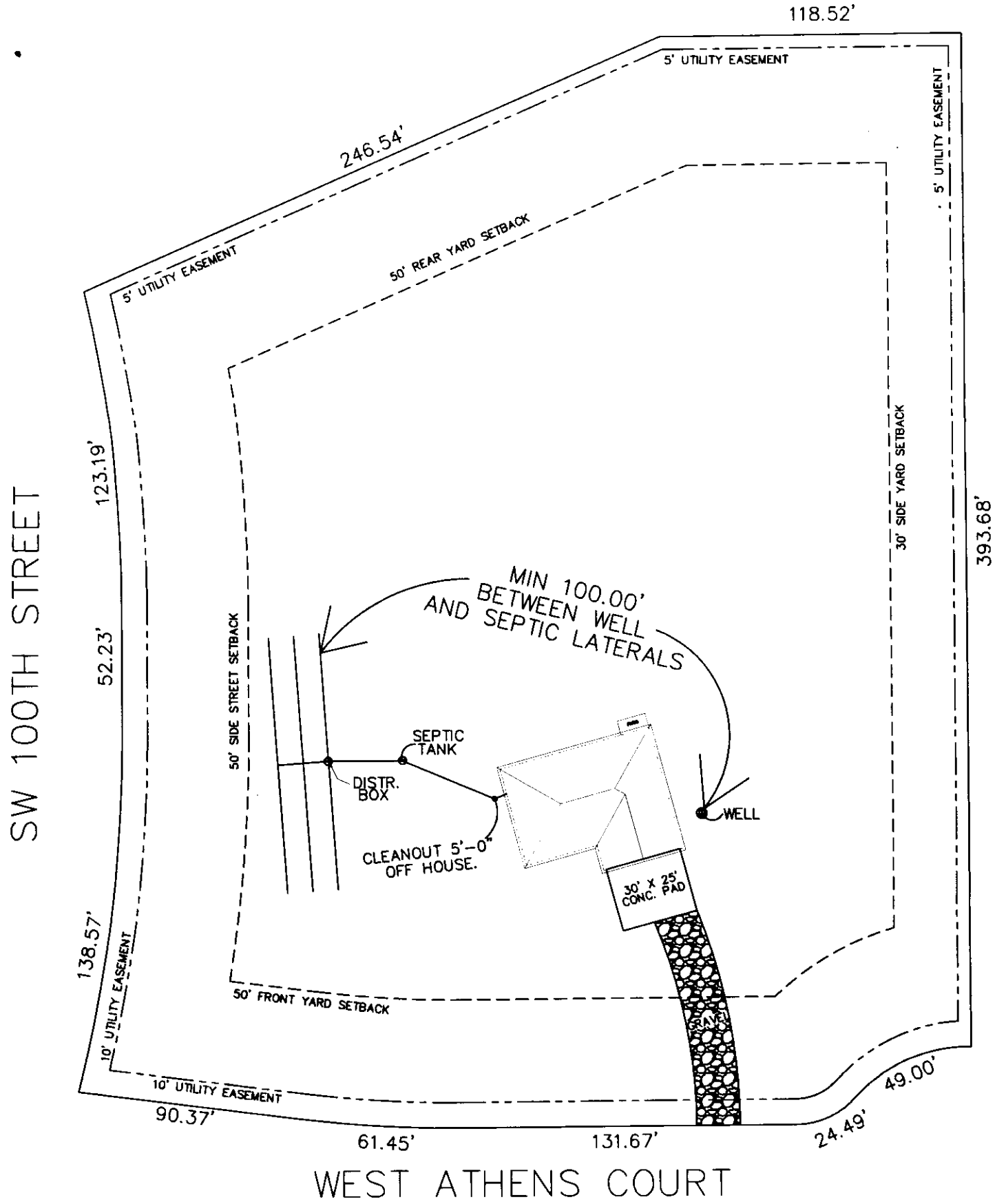
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 3-12-18

Installer _____ Date 3-12-18



© COPYRIGHT 2018 ASPEN BUILDERS INC.
UNAUTHORIZED USE IS STRICTLY PROHIBITED
TBD WEST ATHENS COURT – WALKER

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001625

System Type: Standard

Situs: No Site Address Specified

Issued: 3/21/2018

Expires: 3/21/2019

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

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 NORMANDY CT
LINCOLN, NE 68512

MAR 15 2018

SCANNED

A

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

Permit Number #5001625

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 9916 W. Athens Ct. (no rural route) City Denton, NE Zip 68339

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

1/4 1/4 Section 04 Township 9N Range 5E Subdivison Addition Block Lot

PID 03-04-204-001-000

B. Owner

Name Aspen Home Builders Signature

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

Home Phone Work Phone 402-423-6811

C. Certified Installer

Name: Bob Benes Signature

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

Work Phone 4236811

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 8/2/18 Date rec'd 3/21/18 Date frwd 3/21/18

Comments

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 8/2/18

Business Office Use Only

Date Received 3-15-18 Amount Paid $405.00

Received By AO Cash/Check No. 24190

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

Exhibit 5

Permit Number: HS001625

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/2/18 Legal Description ¼ ¼ 4/9/5 Lot 1 Section/Township/Range

Onsite System Location

Address (no rural route) 9916 West Arbor 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 1,087 Sq. Ft. Tank Size 1,250 gals

Total length of laterals 300' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width 3.625 No. of Drop Boxes _____ 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 _____ NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial _____ Date 8/2/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Thun

Date 8/2/18

Field Note Drawing (See Reverse Side):

Nate C. Hartman

From: Ken D. Schroeder
Sent: Tuesday, March 20, 2018 4:32 PM
To: Nate C. Hartman
Cc: Pamela L. Dingman
Subject: Sewage Disposal Systems for PID #03 04 204 001 000 & #03 11 302 002 000
Attachments: part of sec 4-9-5.pdf; part of sec 11-9-5.tif

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for lot 1, Block 2,"WEST VAN DORN ESTATES 1ST ADDITION" located in the NE ¼ of Section 4, T9N, R5E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of sec 4-9-5.pdf)*
(AND) approval for a sewage disposal system for Lot 2, "FOUR WINDS ESTATES 1ST ADDITION" located in the SW ¼ of Section 11, T9N, R5E of the 6th P.M., Lancaster County, Nebraska. (see attached part of sec 11-9-5)
As always, subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692

Nate C. Hartman

From: Mike J. Petersen
Sent: Tuesday, March 20, 2018 3:09 PM
To: Nate C. Hartman
Cc: RJ Hamilton; Todd A. Stutzman; Shawn M. Johnson
Subject: RE: Permit Reviews

Nate- The lot listed as item #1 below is a legal buildable lot not in the flood plain. The lot listed as item #2 is also a legal buildable lot not in the flood plain. -Mp

From: Nate C. Hartman
Sent: Tuesday, March 20, 2018 2:30 PM
To: Mike J. Petersen <mjpetersen@lincoln.ne.gov>
Cc: RJ Hamilton <rjhamilton@fowlercustomhomes.com>; Todd A. Stutzman <tstutzman@lincoln.ne.gov>; Shawn M. Johnson <sjohnson@lincoln.ne.gov>
Subject: Permit Reviews

Mike (or anyone else with knowledge of these locations):

I have two permit applications that need reviewed:

1. Four Winds Estates 1st Addition, Lot 2 (PID-0311302002000 for reference)
2. W. Van Dorn Estates 1st Addition, Lot 1, Block 2 (PID-0304204001000 for reference)

Let me know if you have any questions.

Thanks!

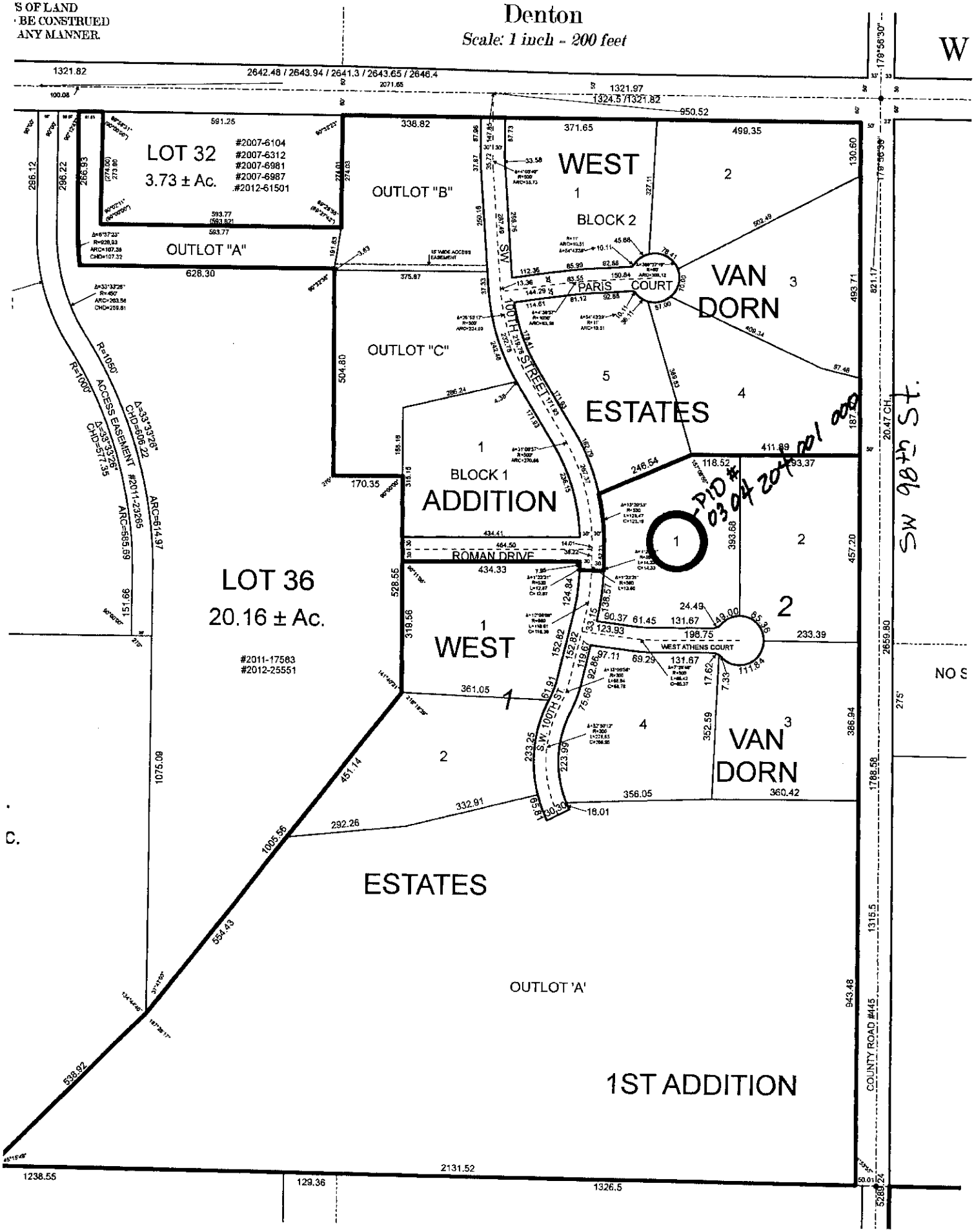
Nate Hartman REHS, QCIS, QPSWPPP
Senior Environmental Health Specialist
3131 'O' Street, Lincoln, NE 68510
O: 402-441-8643 F: 402-441-3890

TO SHOW AS
E THE
S OF LAND
BE CONSTRUED
ANY MANNER.

Sec. 4-T9N-R5E

Denton

Scale: 1 inch - 200 feet



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 03-04-204-001-000

Address or Legal Description or Parcel Identification Number (PID) 9916 W Athens

Owner: Aspen HG Address 9916 W. Athens

A. Wastewater Piping

1. Material: PVC Diameter: 4 in
2. Distance between dwelling and septic tank: 120 ft

B. Septic Tank

1. Material: Fiberglass
2. Capacity: 1250
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 200 ft.
   Pressure line 120 ft
   Property Line 100 ft.
   Foundation 120 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: SW ft. 10

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☑ Chamberless ☐ Other
   Material brand and inside width of Chamberless: ARC 36 29"
2. Number of Laterals: 2
3. Length of each lataral (linear): ft 145 ft 145 ft ____ ft ____
4. Drainfield size: 1051 sq. ft.
5. Distance to:
   Well 250 ft.
   Pressure line 200 ft.
   Property line 40 ft.
   Depth of Groundwater 25

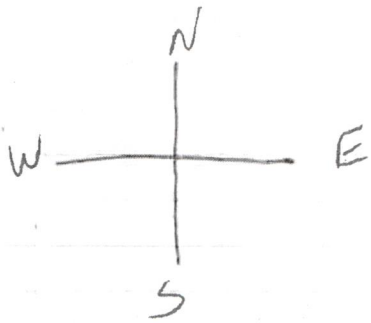
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☑ No

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 8-5-18

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



9916 W Athens

