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

REC'D JUL 0 1 2019

A

Permit Number HS001853

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 Equestrian Drive (no rural route) City Lincoln, NE Zip 68523

Legal Description ____ ____ S16 T9 R6 Pleasant Hill Acres 1st Addn. Block 2 Lot 1

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

PID 0916306001000

B. Owner

Name Adam + Brooke Dillon Signature Adam Dillon by

Address 6135 S 34th St. Apt. 128 City/State/Zip Lincoln, NE 68516

Home Phone 402- Work Phone

C. Certified Installer

Name: Bob Benes Signature

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

Work Phone 402-423-6811

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 3.1

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 7-02-19 Amount Paid $420.00

Received By JAC Cash/Check No. 26926

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 Equestrian Drive (no rural route) City Lincoln NE, Zip 68523

Owner Adam + Brooke Dillon Addresss 6135 S 34th St. Apt 128 Lincoln NE 68516

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

Date of Tests 6-25 to 6-26 Weather: Precipitation DRY + RAIN Temperature 82

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)
	36	6-25	10AM	6-26	8 AM	6-26	8:30	29	6-26	9:00	30	2.2	14
1							:31	24		:01		2.6	12
2							:32	27		:02		1.8	17
3							:33	26		:3		1.8	17
4							:34	28		:4		2.0	15
5							:35	30		:5		1.9	16
6							:36	26		:6			

Sum of Percolation Rates: 91
Average of Rates: 15
Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Bob Benes
Phone: 402-423-6811
Address 1640 Normandy Court Suite A
Lincoln, NE 68512

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

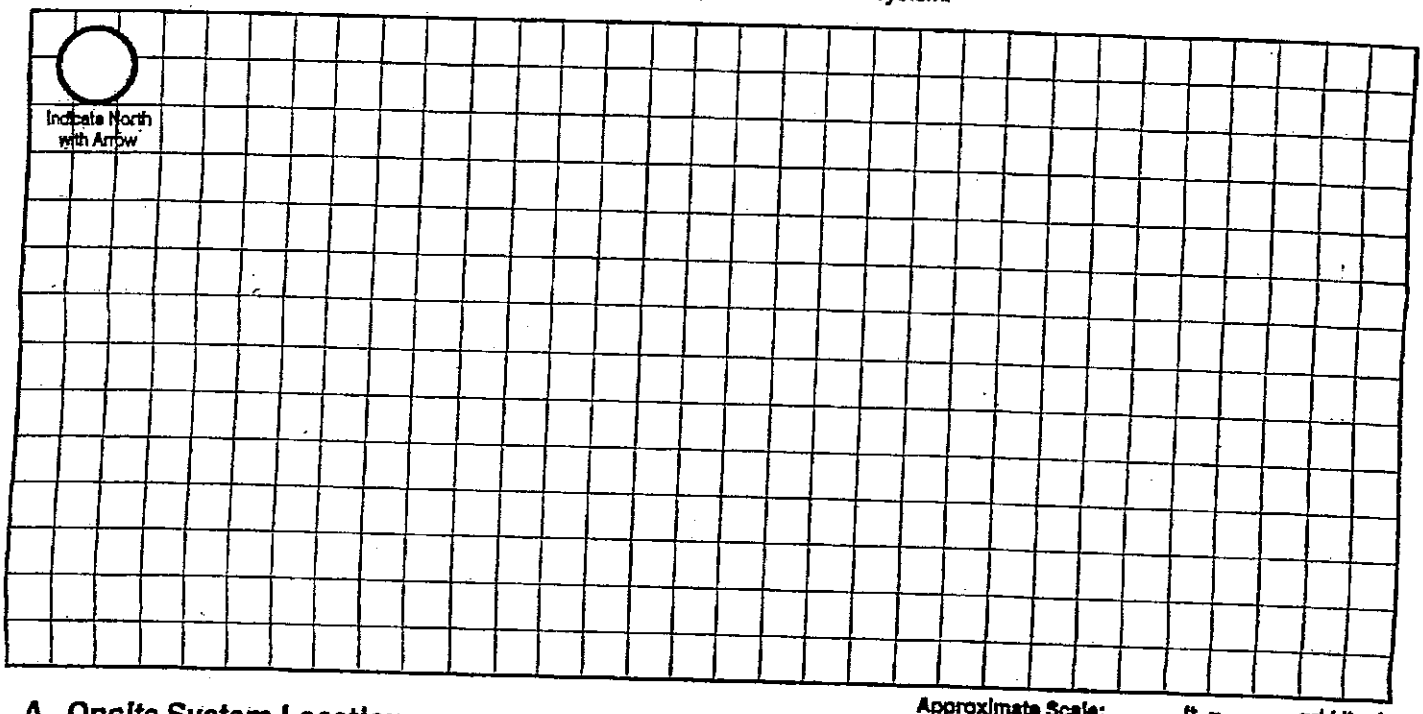
C

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 lines

A. Onsite System Location

Address (no rural route) TBD Equestrian Dr City Lincoln NE, Zip 68523

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 30 (min/inch = mpi) No. of Bedrooms 4 Soil Type Nolaway Land Slope 1-2 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1000 sq.ft.

Total length of laterals 276 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_____

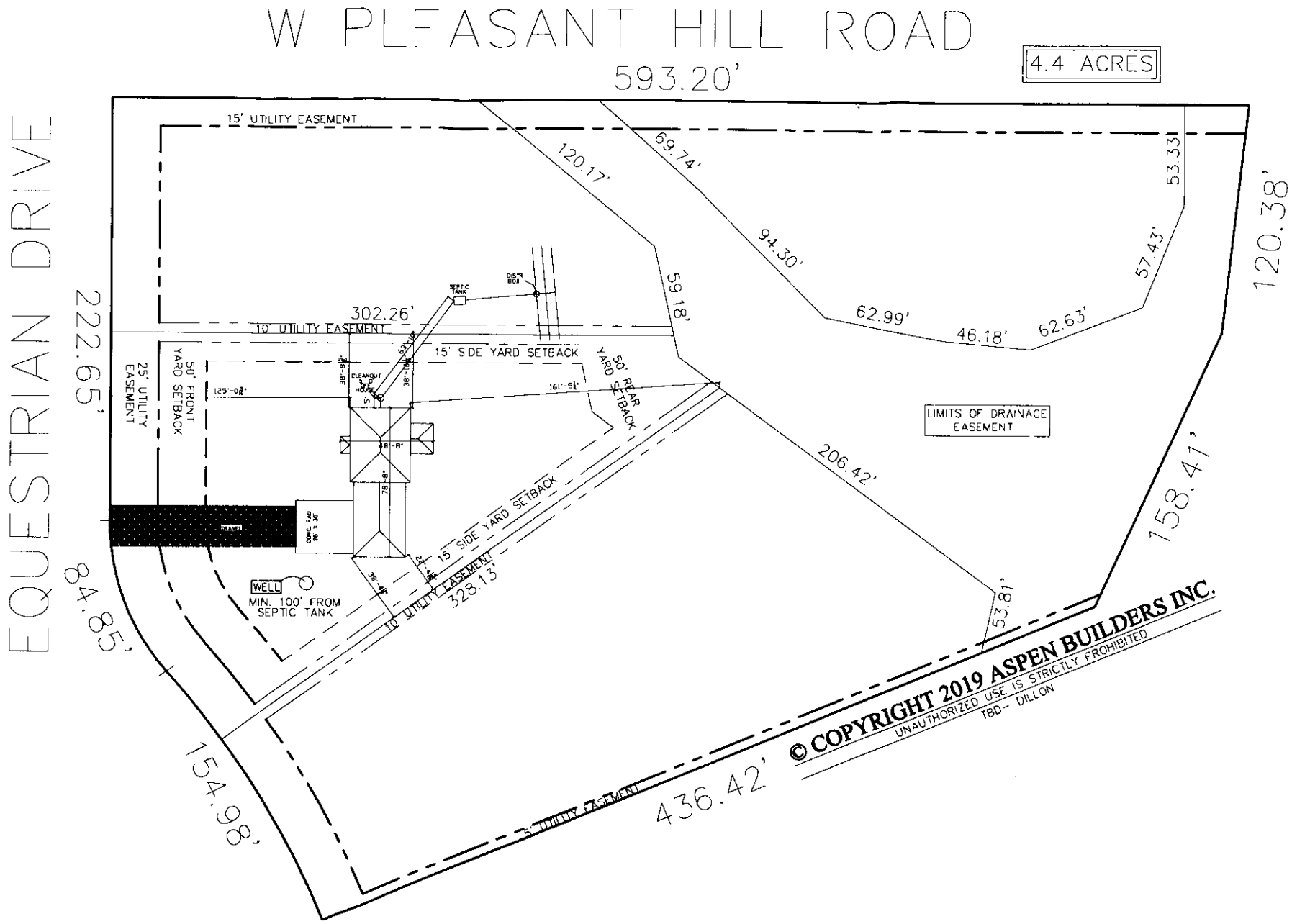
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Kelly Hatt Date 6-28-19

Installer [signature] Date 6-28-19


W PLEASANT HILL ROAD
593.20'
4.4 ACRES
EQUESTRIAN DRIVE
222.65'
84.85'
154.98'
436.42'
158.41'
120.38'
53.33'
57.43'
62.63'
46.18'
62.99'
94.30'
69.74'
120.17'
59.18'
206.42'
53.81'
328.13'
302.26'
15' UTILITY EASEMENT
10' UTILITY EASEMENT
15' SIDE YARD SETBACK
50' REAR YARD SETBACK
50' FRONT YARD SETBACK
25' UTILITY EASEMENT
LIMITS OF DRAINAGE EASEMENT
SEPTIC TANK
DISTR BOX
WELL
MIN. 100' FROM SEPTIC TANK
CONC. PAD 26' X 30'
© COPYRIGHT 2019 ASPEN BUILDERS INC.
UNAUTHORIZED USE IS STRICTLY PROHIBITED
TBD- DILLON

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. HS001853

System Type: Standard

Situs: 6440 EQUESTRIAN DR, LINCOLN, NE 68523

Issued: 7/3/2019

Expires: 7/3/2020

Description: PLEASANT HILL ACRES FIRST ADDITION, BLOCK 2, Lot 1

Owner: DILLON, ADAM J & BROOKE M
6135 S 34 ST APT 128
LINCOLN, NE 68516

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

ASPEN BUILDERS INC
1640 NORMANDY CT, STE A
LINCOLN, NE 68512

SCANNED

REC'D JUL 0 1 2019

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

Trevor McDonald

A

Permit Number 1800853

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 Equestrian Drive (no rural route) City Lincoln, NE Zip 68523

Legal Description SW 1/4 SW 1/4 Section 16 Township 9 Range 6 Subdivison Pleasant Hill Acres 1st Addn. Addition Block 2 Lot 1

PID 0916306001000

B. Owner

Name Adam + Brooke Dillon Signature Adam Dillon by

Address 6135 S 34th St. Apt. 128 City/State/Zip Lincoln, NE 68516

Home Phone 402- Work Phone

C. Certified Installer

Name: Bob Benes Signature

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

Work Phone 402-423-6811

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 Garbage Grinder? ☑ Yes ☐ No Total Acres 3.4

☐ 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. 02/38

1. Health Department

Site visits

Comments

Date rec'd 7/3/19
Date frwd 7/3/19

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 12/4/19 see - attached

Business Office Use Only
Date Received 7-02-19 Amount Paid $420.00
Received By JAC Cash/Check No. 26928

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

D Exhibit 4

SCANNED

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) 6440 EQUESTRIAN DRIVE

Owner: ADAM DILLON Address 6135 S 34TH STREET

A. Wastewater Piping

1. Material: SVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 105 ft.

B. Septic Tank

1. Material PVC
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 120 ft.
   Pressure line 60 ft
   Property Line 200 ft.
   Foundation 100 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: NE ft. 8'

D. Drainfield/Absorption Field

☒ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ☒ Other
   Material brand and inside width of Chamberless
   Poly 1203 EZ FLOW
2. Number of Laterals: 2
3. Length of each lateral (linear): ft 120 ft 110
   ft ____ ft ____
4. Drainfield size: 1035 sq. ft. (835 req'd)
5. Distance to:
   Well 200 ft.
   Pressure line 150 ft.
   Property line 75 ft.
   Depth of Groundwater 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 11-25-19

Trevor Mcdonald Installer

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

Updated 4/18

SCANNED

SCANNED REC'D JUL 0 1 2019

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

Trevor McDonald

A

Permit Number 18001853

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 Equestrian Drive (no rural route) City Lincoln, NE Zip 68523

Legal Description ____ ____ S16 T9 R6 Pleasant Hill Acres 1st Addn. Block 2 Lot 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 0916306001000

B. Owner

Name Adam + Brooke Dillon Signature Adam Dillon by

Address 6135 S 34th St. Apt. 128 City/State/Zip Lincoln, NE 68516

Home Phone 402- Work Phone

C. Certified Installer

Name: Bob Benes Signature

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

Work Phone 402-423-6811

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 3.4

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. 02-130

1. Health Department
Site visits
Comments
Date rec'd 7/3/19
Date frwd 7/3/19
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 12/4/19 see - attached

Business Office Use Only
Date Received 7-02-19 Amount Paid $420.00
Received By JAC Cash/Check No 26928

SCANNED

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 Equestrian Drive (no rural route) City Lincoln NE, Zip 68523

Owner Adam + Brooke Dillon Addresss 6135 S 34th St. Apt 128 Lincoln NE 68516

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

Date of Tests 6-25 to 6-26 Weather: Precipitation DRY + RAIN Temperature 82

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)
	36	6-25	10AM	6-26	8 AM	6-26	8:30	28	6-26	9:00	30	2.2	14
1							:31	24		:01		2.6	12
2							:32	27		:02		1.8	17
3							:33	26		:3		1.8	17
4							:34	28		:4		2.0	15
5							:35	30		:5		1.9	16
6							:36	26		:6			

Sum of Percolation Rates: 91

Average of Rates: 15

Rate Used for Calculation: 30

Person Conducting Percolation Tests

Name: Bob Benes

Phone: 402-423-6811

Address 1640 Normandy Court Suite A Lincoln, NE 68512

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

SCANNED

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

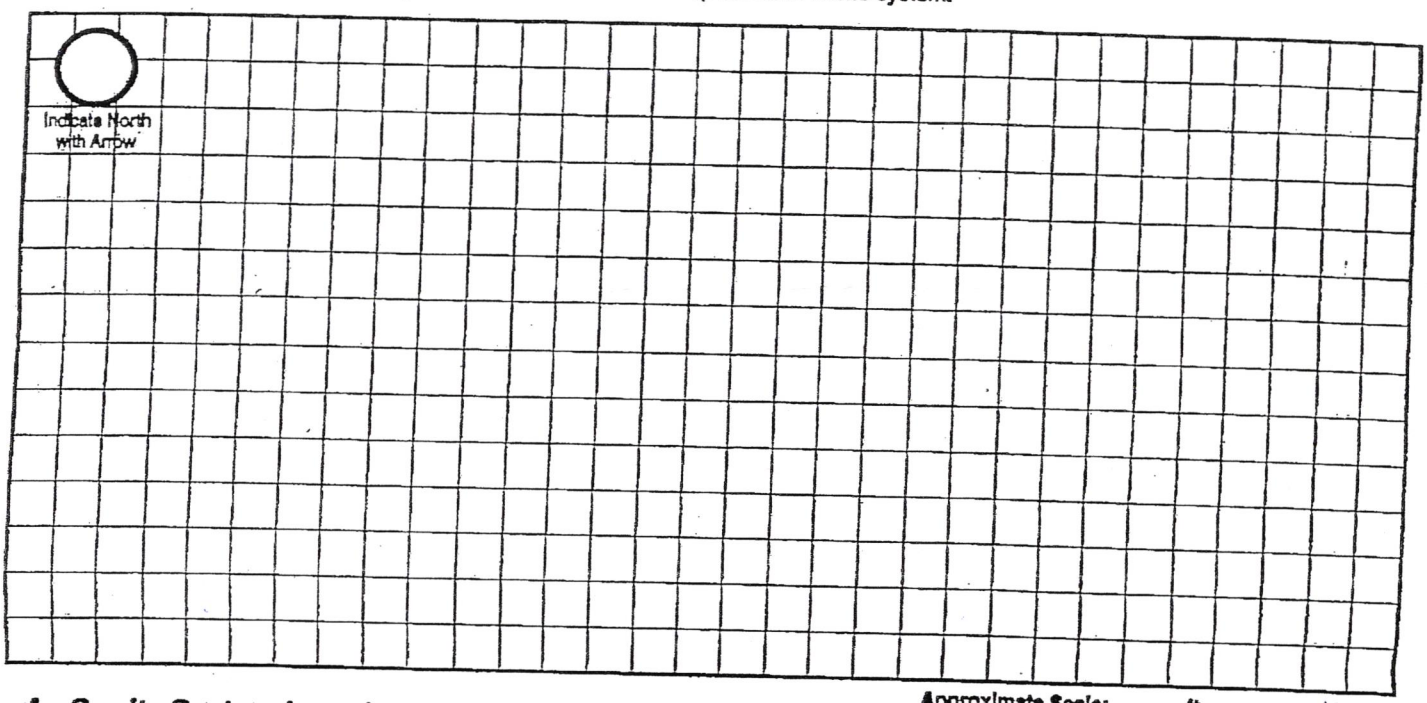
C

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 Equestrian Dr City Lincoln NE, Zip 68523

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 30 (min/inch = mpi) No. of Bedrooms 4 Soil Type Nodaway Land Slope 1-2 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1000 sq.ft.

Total length of laterals 276 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_____

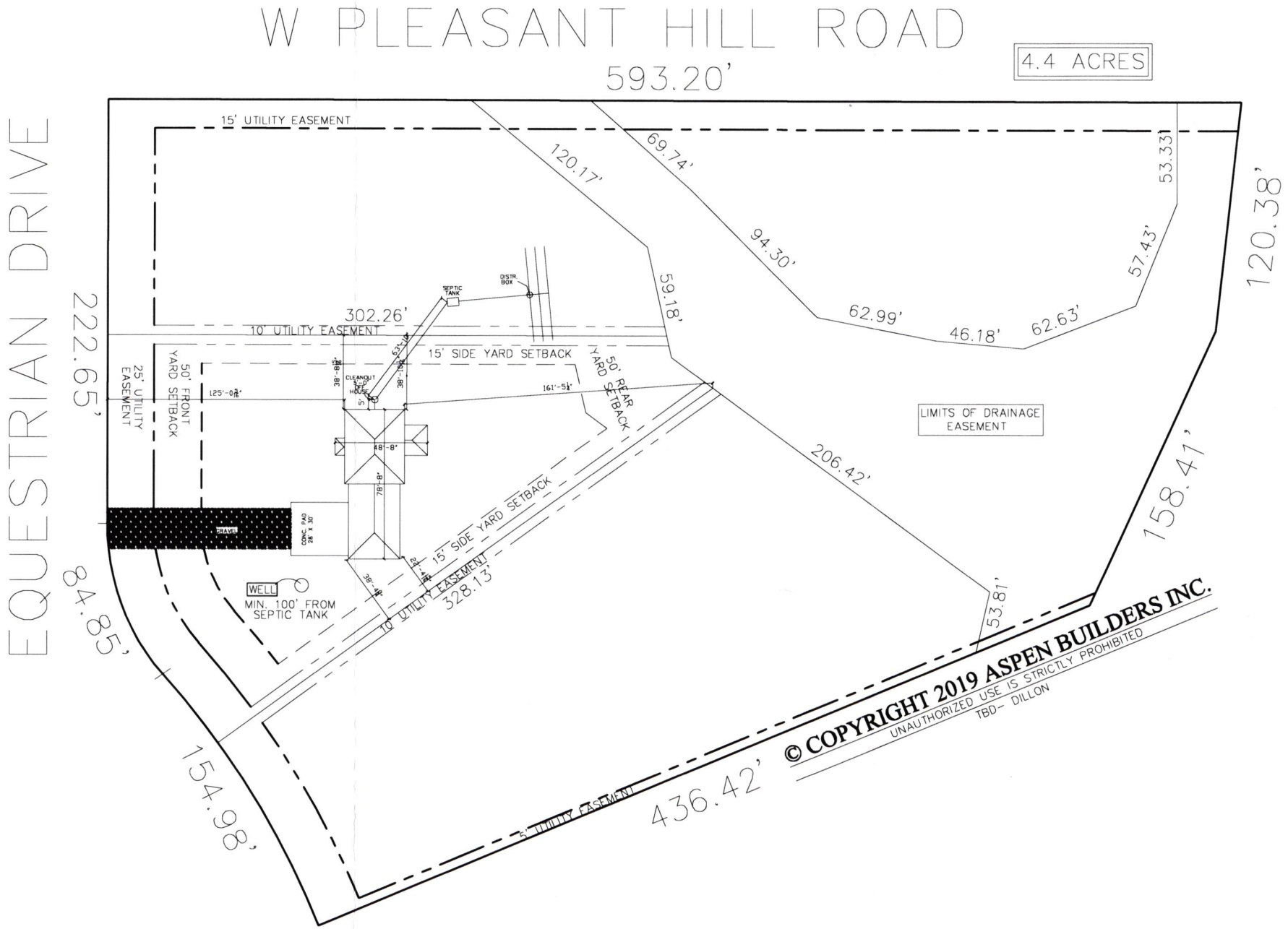
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Ryan Hatch Date 6-28-19

Installer Ryan Hatch Date 6-28-19


W PLEASANT HILL ROAD
593.20'
4.4 ACRES
EQUESTRIAN DRIVE
222.65'
84.85'
154.98'
436.42'
158.41'
120.38'
15' UTILITY EASEMENT
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94.30'
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59.18'
62.99'
46.18'
62.63'
302.26'
10' UTILITY EASEMENT
15' SIDE YARD SETBACK
50' REAR YARD SETBACK
25' UTILITY EASEMENT
50' FRONT YARD SETBACK
SEPTIC TANK
DISTR BOX
CLEANOUT
HOUSE
125'-0"
161'-5"
48'-8"
78'-8"
CONC. PAD 30' X 38'
PLANT
WELL
MIN. 100' FROM SEPTIC TANK
15' SIDE YARD SETBACK
10' UTILITY EASEMENT
328.13'
206.42'
53.81'
LIMITS OF DRAINAGE EASEMENT
5' UTILITY EASEMENT
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TBD- DILLON

SCANNED

SCANNED

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

SCANNED

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) 6440 EQUESTRIAN DRIVE

Owner: ADAM DILLON Address 6135 S 34TH STREET

A. Wastewater Piping

1. Material: SVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 105 ft.

B. Septic Tank

1. Material PVC
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 120 ft.
   Pressure line 60 ft
   Property Line 200 ft.
   Foundation 100 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: NE ft. 8'

D. Drainfield/Absorption Field

☒ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ☒ Other
   Material brand and inside width of Chamberless.
   Poly 1203 EZ FLOW
2. Number of Laterals: 2
3. Length of each lateral (linear): ft 120 ft. 110 ft. ft. ft.
4. Drainfield size 1035 sq ft (835 Req'd)
5. Distance to:
   Well 200 ft.
   Pressure line 150 ft.
   Property line 75 ft.
   Depth of Groundwater 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: [signature] Date: 11-25-19

Trevor Mcdonald Installer

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

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

SCANNED

C

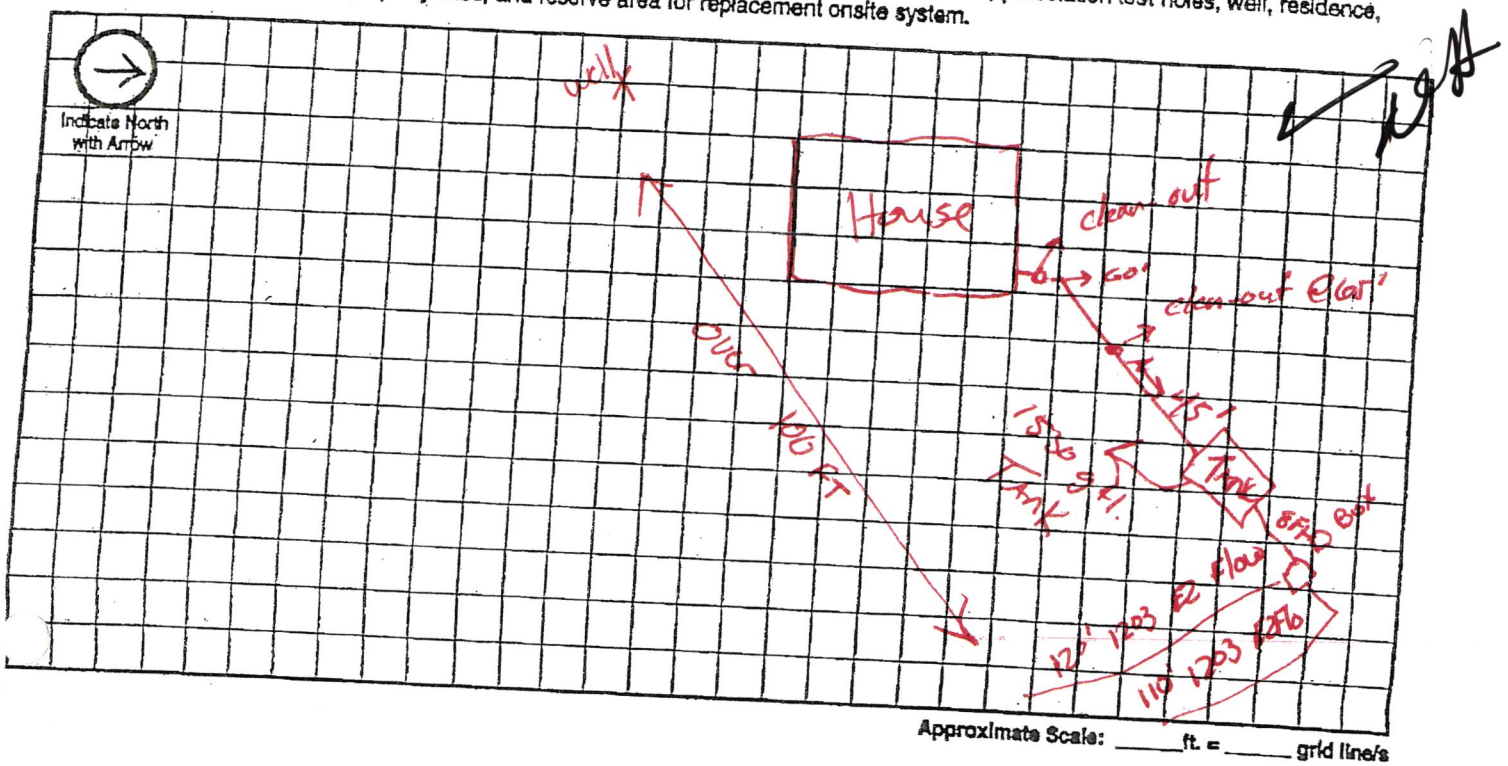
Permit Number:

Onsite Wastew Treatment System

Preliminary Plan Specifications

6440 Equestrian Dr.

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