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

REC'D OCT 15 2019

A

Permit Number HS001914

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 SW 100th Street (no rural route) City Lincoln, NE Zip 68339

Legal Description West Van Dorn Estates 1st 1 1

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

PID 0304203001000

B. Owner

Name Aspen Builders INC. Signature

Address 1640 Normandy Court Suite A City/State/Zip Lincoln, NE 68512

Home Phone Work Phone 402.423.6811

C. Certified Installer

Name: Bob Beres Signature

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

Work Phone 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 3 size for 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 10-15-19 Amount Paid $430.00

Received By JAC 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 SW 100th St. (no rural route) City Lincoln NE, Zip 68339

Owner Aspen Builders Inc. Addresss 1640 Normandy Court Suite A

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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	10-7	10AM	10-8	10AM	10-8	10:15	9	10-8	:45	30	.6	50
2							:16	6		:46		.5	60
3							:17	8		:47		.75	45
4							:18	11		:48		.6	50
5							:19	7		:49		.5	60
6							:20	9		:50		.6	50

Person Conducting Percolation Tests

Name: Bob Barnes
Phone: 416-9660
Address 1640 Normandy Ct
Lincoln, NE 68510

Sum of Percolation Rates: 315
Average of Rates: 52.5
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

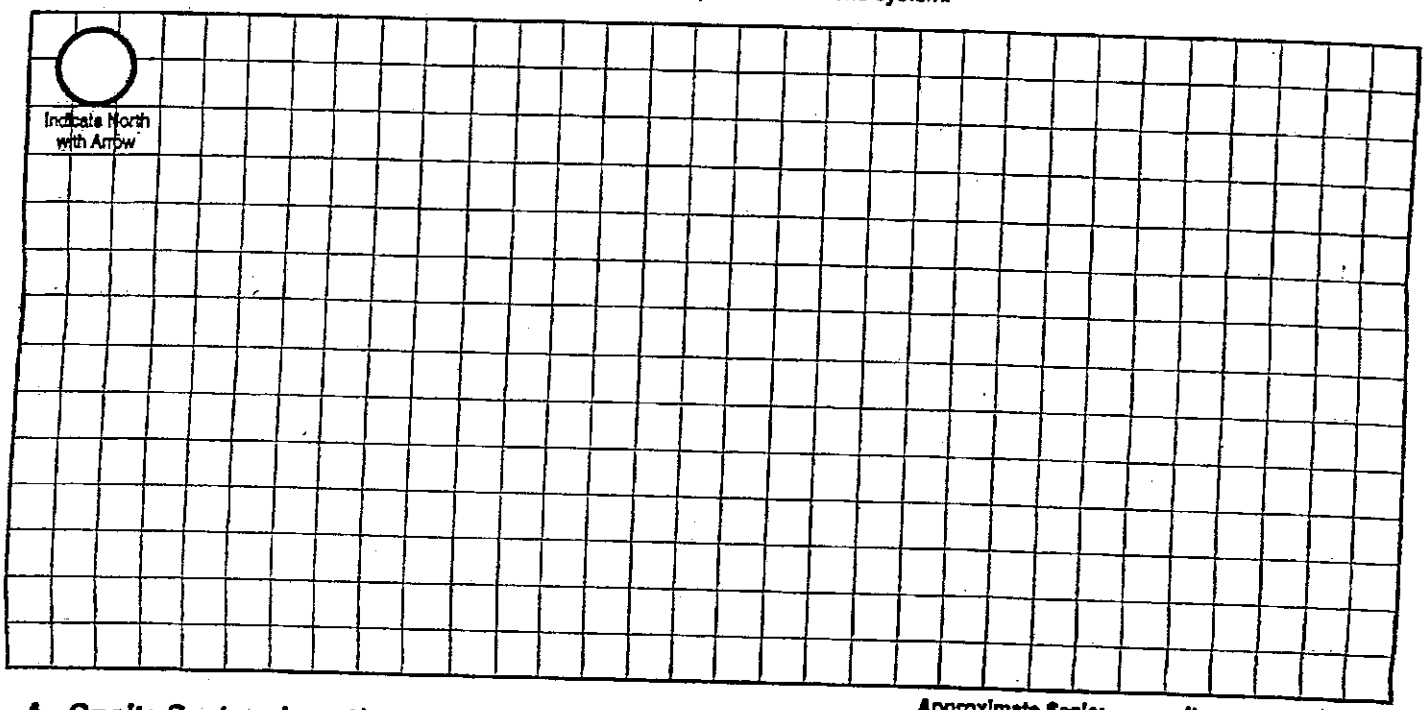
C

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) 780 SW. 100 City Lincoln NE, Zip 68512

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 60 (min/inch = mpi) No. of Bedrooms 3-4 Soil Type 9501 Land Slope 1 %

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

Total length of laterals 386 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☑ Chamber ☐ Other

No. of absorption trenches 3 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 10-7-19

Installer _____ Date 10-9-19

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. HS001914

System Type: Standard

Situs: No Site Address Specified

Issued: 10/16/2019

Expires: 10/16/2020

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

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

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 OCT 15 2019

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

A

Permit Number HS001914

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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PID 0304203001000

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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 12/19/19 DS Date rec'd 10/16/19 ACTION ☑ Approved ☐ Disapproved

Date frwd 10/16/19 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 Doug Ahlm

Date 12/20/19

Business Office Use Only

Date Received 10-15-19 Amount Paid $430.00

Received By JAC Cash/Check No. #27446

CC 1024

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

Exhibit 5

Permit Number: HS001914

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/20/19 Legal Description West Van Dorn Estate Blk 1 Lot 1

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3211 SW 100th 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 1,440 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 320' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 3 Width 4.5 Factor 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 ☐

- Well not installed at time of septic install

Geographical Coordinates to 6 Decimals:

Tank N/A

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DS Date 12/19/19

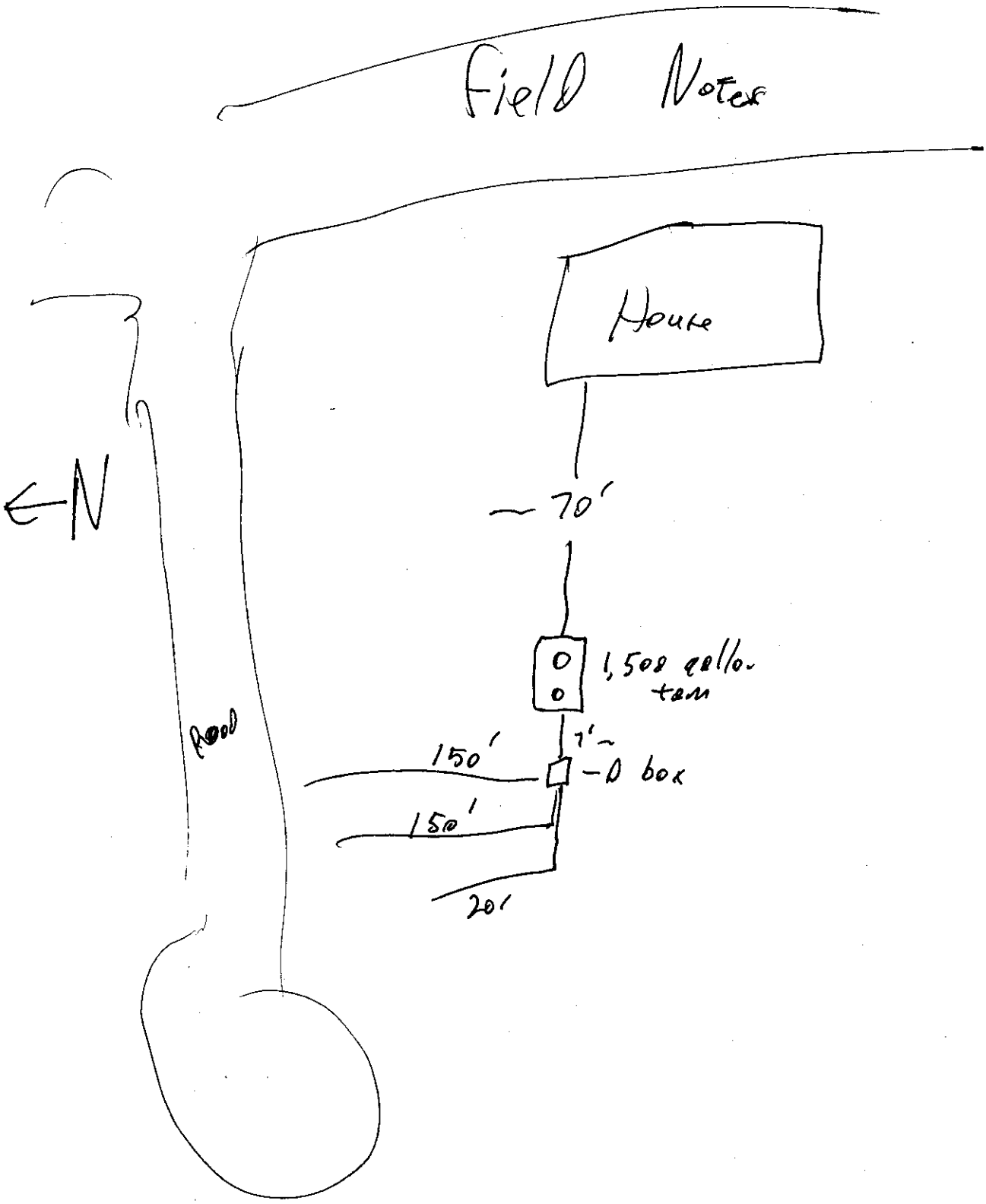
Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By
Date 12/20/19

Field Note Drawing (See Reverse Side):

Field Notes



RECD FEB 12 2020

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

9-5-4

Type of Onsite Wastewater System: ❑ Lagoon (Skip to Back Page) ☒ Subsurface Septic ❑ Mound

Onsite Wastewater System Location

Blk 1, Lot 1

Address or Legal Description or Parcel Identification Number (PID) 0304203001000

Owner: Aspen Address 3211 SW 100

A. Wastewater Piping

1. Material: PVC Diameter: 4" in.
2. Distance between dwelling and septic tank: 75 ft.

B. Septic Tank

1. Material PVC
2. Capacity: 1530
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 160 ft.
   Pressure line 75 ft
   Property Line 100 ft.
   Foundation 70 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 5 ft. W

D. Drainfield/Absorption Field

☒ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ☒ Other
   Material brand and inside width of Chamberless.
   1203 EZ FLOW
2. Number of Laterals: 3
3. Length of each lateral (linear): ft 130 ft. 130 ft. 60 ft.
4. Drainfield size: 1400 sq. ft.
5. Distance to:
   Well 180 ft.
   Pressure line 100 ft.
   Property line 60 ft.
   Depth of Groundwater 10

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: 2-5-20

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

Sioux Falls. Corp./OEM 605.338.9982 | Minot, ND 701.852.0494 | West Fargo, ND 701.281.7852 | La Crosse, WI 608.781.6500

Aberdeen, SD 605.225.8165 | Rapid City, SD 605.716.4750 | Lincoln, NE 402.465.0290 | Mandan, ND 701.663.9878 | Grand Rapids, MN 218.326.8910

3211 S.W. 4th 100 4th

