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

REC'D JUL 24 2020

A

Permit Number
#5002059

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 Apollo Drive (no rural route) 3400 SW 100th St City Lincoln, NE Zip 68339

Legal Description S.4 T9 R5 West Van Dorn Estates 2nd Addn 1 1
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID N/A 03-04-205-001-000

B. Owner

Name Aspen Builders Inc Signature

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

Home Phone 402 423 6811 Work Phone

C. Certified Installer

Name: Bob Beres Signature

Address 1640 Normandy Ct. City/State/Zip Lincoln 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
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

Health Department
Site visits Date rec'd
Date frwd
Comments
ACTION ☐ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval

Date

Business Office Use Only
Date Received 7-24-20 Amount Paid $430 ck
Received By JAO Cash/Check No 29124

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 Apollo Drive (no rural route) City Lincoln NE, Zip 68339

Owner Aspen Builders Inc Address 1640 Normandy Cent Suite A

Soil Type (SCS): _____ Percolation Rate: 30 min./inch

Date of Tests 7-16 to 7-17 Weather: Precipitation 0 Temperature 90

Percolation Test Data Table

A. Hole No.	B. Hole Depth (in)	C. Pre-Saturation Period Start Date (Mo/Da)	D. Pre-Saturation Period Start Time (Hr/Min)	E. Pre-Saturation Period End Date (Mo/Da)	F. Pre-Saturation Period End Time (Hr/Min)	G. Percolation Readings Start Date (Mo/Da)	H. Percolation Readings Start Time (Hr/Min)	I. Water Lev (in.)	J. Percolation Readings End Date (Mo/Da)	K. Percolation Readings End Time (Hr/Min)	L. Results Elapsed Time (Min)	M. Results Water Level Drop (in)	N. Results Percolation Rates (Min/In)
1	36	7-16	9:00	7-17	10:00	7-17	10:00	18	:30	7-17	30	1.25	24
2							:01	11	:31			1.10	27
3							:02	17	32			1.40	21
4							:03	19	33			1.25	24
5							:04	12	34			1.00	30
6							:05	14	:35			1.10	27

Person Conducting Percolation Tests

Name: Bob Bowes

Phone: 416-9660

Address 1640 Normandy Ct
Lincoln, NE 68512

Sum of Percolation Rates: 153

Average of Rates: 25.5

Rate Used for Calculation: 30

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

3-101 10-96

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

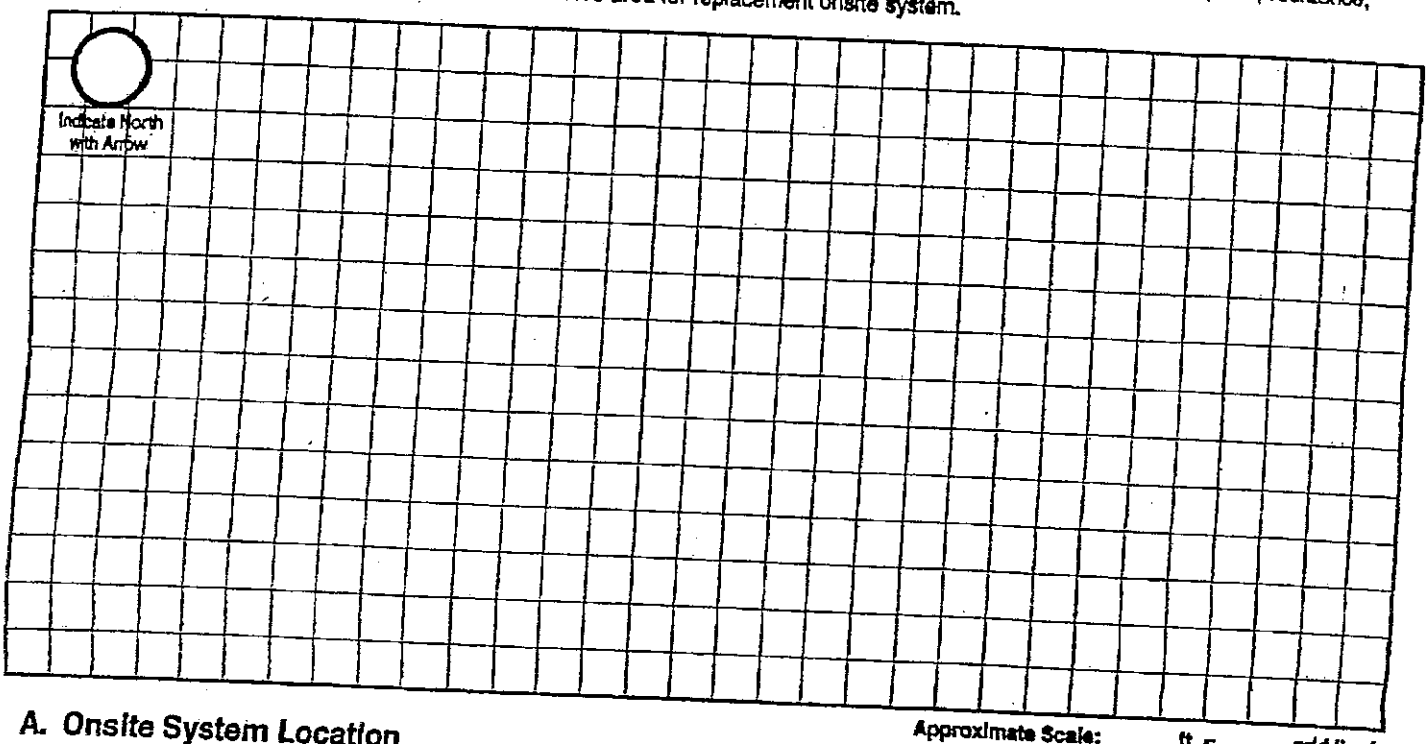
C

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) 180 Apollo Drive City Lincoln 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 30 (min/inch = mpi) No. of Bedrooms 4 Soil Type 7205 Land Slope 1 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1160 sq.ft.

Total length of laterals 245 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☑ Other EZ Flow

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 ☐	N/A ☐	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 7-20-2020

Installer _____ Date _____

Rev. Form C 12_06

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. HS002059

System Type: Standard

Situs: No Site Address Specified

Issued: 7/24/2020

Expires: 7/24/2021

Description: WEST VAN DORN ESTATES 2ND 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
1640 NORMANDY CT STE A
LINCOLN, NE 68512

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

REC'D JUL 24 2020
SCANNED

A

Permit Number
#5002059

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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Submit correct fee
with this Application

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

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Legal Description S.4 T9 R5 West Van Dorn Estates 2nd Addn 1 1
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PID N/A 03-04-205-001-000

B. Owner

Name Aspen Builders Inc Signature

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

Home Phone 402 423 6811 Work Phone

C. Certified Installer

Name: Bob Beaes Signature

Address 1640 Normandy Ct. City/State/Zip Lincoln, 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 3.12
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

Health Department
Site visits 9/29/20 DL Date rec'd 7/24/20 ACTION ☒ Approved ☐ Disapproved
Date frwd 7/24/20 Signature
Comments

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

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

Installation Final Written Approval
Date 9/30/20

Business Office Use Only
Date Received 7-24-20 Amount Paid $430
Received By JAO Cash/Check No. 29124

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

Exhibit 5

Permit Number: HS002059

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/29/20

Legal Description West View Down Estates BLK 1, Lot 1
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3400 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 1,125 Sq. Ft. Tank Size 1,530 gals

Total length of laterals 250' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 2 Width 4.5 Feet No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser

Perc - 30
4 bd

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 9/29/20

Follow-Up _____ Date _____

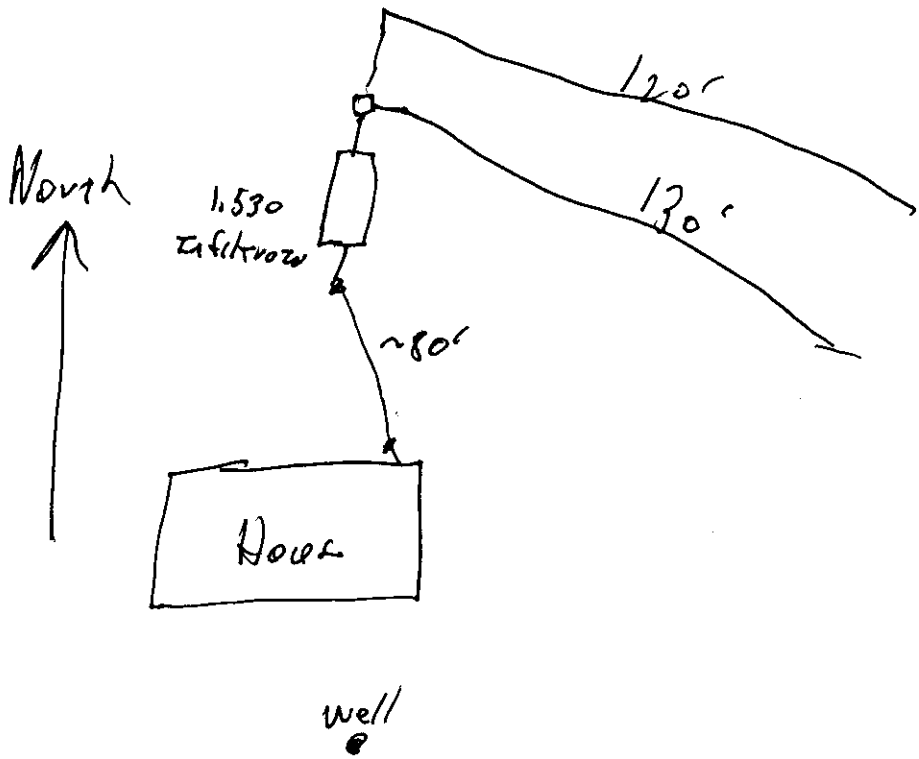
Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Rauch

Date 9/30/20

Field Note Drawing (See Reverse Side):

Updated 4/15


North
1.530 Tafelrozen
120'
130'
~80'
House
well

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

OCT 19 2020

D Exhibit 4

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

~~10-5~~ 36
9-5-4

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) 0304205001000

Owner: Aspen Home Builders Address 1640 Normandy Ct. AKA – 3400 SW 100th

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 60 ft.

B. Septic Tank

1. Material F/G Plastic
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 200 ft.
   Pressure line 70 ft
   Property Line 100 ft.
   Foundation 60 ft.

C Distribution Box or Drop Box

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

D. Drainfield/Absorption Field

☒ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ FLOW 1203
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 130 ft. 120 ft. ____ ft. ____
4. Drainfield size: 1125 sq. ft.
5. Distance to:
   Well 175 ft.
   Pressure line 85 ft.
   Property line 100 ft.
   Depth of Groundwater 15'

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: 10-13-2020

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