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

DEC 0 2 2020

A

Permit Number
HS002152

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 Dr (no rural route) S4 T9 R5 City ~~Lincoln~~ Denton, NE Zip 68539

Legal Description Lot 1, Bl. 4 W. VanDorn Estates 2nd Addn

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

PID 0304208001000

B. Owner

Name Aspen Home Builders Signature

Address 1640 Normandy Ct. City/State/Zip Lincoln 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 3.1

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

. Health Department
ite visits
omments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

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

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

stallation Final Written Approval
ite

Business Office Use Only
Date Received 12-02-20 Amount Paid $430 CK# 2495 $430 CC 1024
Received By JAO Cash/Check No
$430 Total

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address TBD Apollo (no rural route) City Denton NE, Zip 6855

Owner Pigpen Home Builders Address 1640 Normandy Ct. Lincoln

Date of Tests 10-7 to 10-8 Weather: Precipitation Dry Temperature 65°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	36	10-7	10 AM	10-8	9 AM	10-8	9:05	23	10-8	9:35	30	.75	40
2							:02	19		:36		1.0	30
3							:07	22		:37		.65	46
4							:08	19		:38		.75	40
5							:09	19		:39		1.2	25
6							:10	20		:40		.75	40
								6					
								6					

Person Conducting Percolation Test

Name: Bob [redacted]

Phone: 416 9060

Address 1640 Normandy

Sum of Percolation Rates: 221

Average of Rates: 37

Rate Used for Calculation: 40

Soil type (NRCS Maps/Other)

Groundwater Depth TBD

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

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

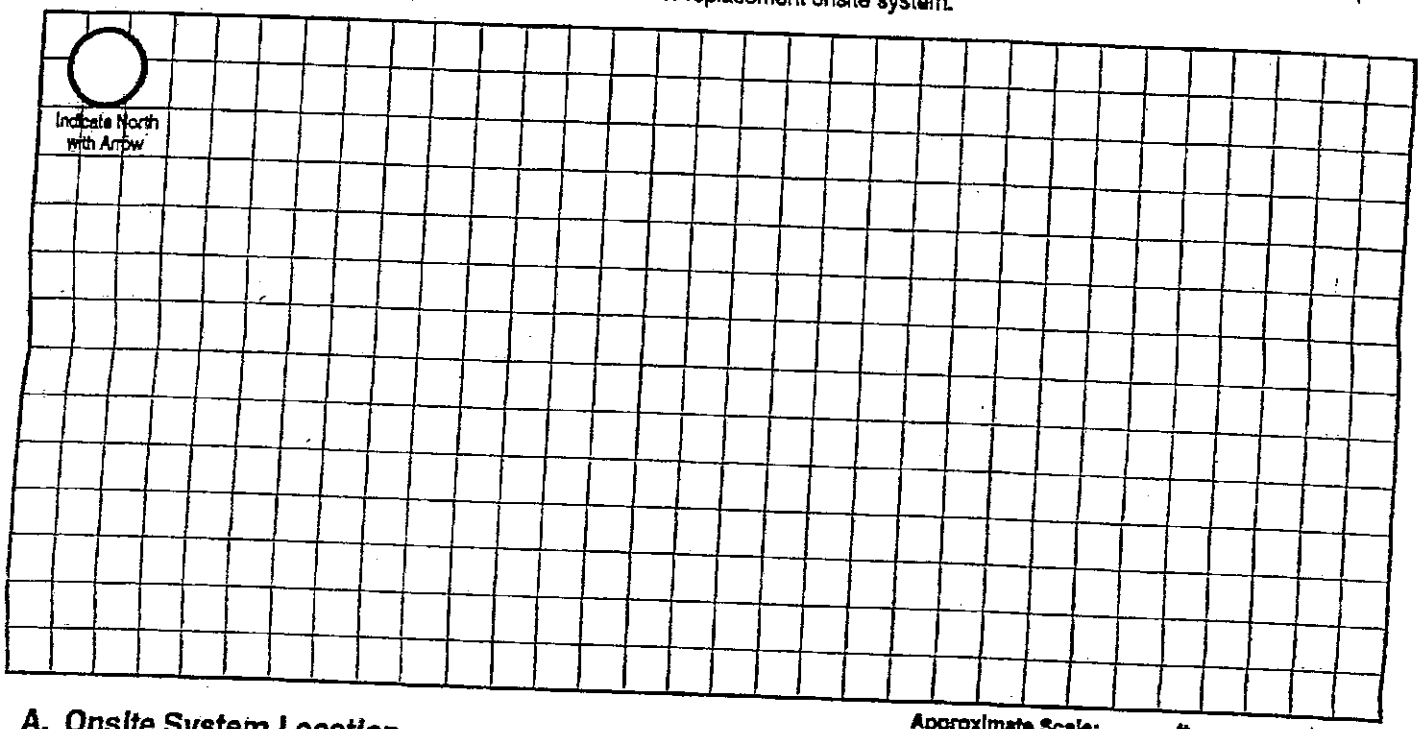
C

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 Apple City Denton NE, Zip NE

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 40 (min/inch = mpi) No. of Bedrooms 4 Soil Type_____ Land Slope 1 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1320 sq.ft.

Total length of laterals 293 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 ☐	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 11-30-20

Installer_____ Date 11-30-20

site 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. HS002152

System Type: Standard

Situs: No Site Address Specified

Issued: 12/3/2020

Expires: 12/3/2021

Description: WEST VAN DORN ESTATES 2ND ADDITION, BLOCK 4, 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
Health Director

ASPEN BUILDERS
1640 NORMANDY CT STE A
LINCOLN, NE 68512