MAR 24 2021

A

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

Permit Number
HS002189

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) City DENTON, NE Zip 68339

Legal Description BLOCK 1, LOT 2 WEST VAN DORN ESTATES 2ND ADDN DENTON, LCN

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

PID 0304205002000

B. Owner

Name Aspen Home Builders Signature

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

Home Phone 402-423-6811 Work Phone

C. Certified Installer

Name Bob Benes Signature

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

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 5 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 3-25-21 Amount Paid 440.00
Received By LC Cash/Check No. 30409

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 Dr (no rural route) City Denton NE, Zip 68339

Owner Aspen Address 1640 Normandy Ct.

Date of Tests 10-6 to 10-7 Weather: Precipitation Dry Temperature 65°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					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	10-6	11:30	10-7	11:30	10-7	:30	6	10-7	:00	30	.5	60
2	"	"	"	"	"	"	:31	6	"	:01	"	.75	40
3	"	"	"	"	"	"	:32	6	"	:02	"	.75	40
4	"	"	"	"	"	"	:33	6	"	:03	"	.85	35
5	"	"	"	"	"	"	:34	6	"	:04	"	.90	33
6	"	"	"	"	"	"	:35	6	"	:05	"	.75	40
								6					
								6					

Person Conducting Percolation Test

Name: Ben Beers

Phone: 402-416-9660

Address 1640 Normandy Lincoln 68512

Soil type (NRCS Maps/Other) Otoe

Groundwater Depth 12

Sum of Percolation Rates: 248

Average of Rates: 41

Rate Used for Calculation: 50

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

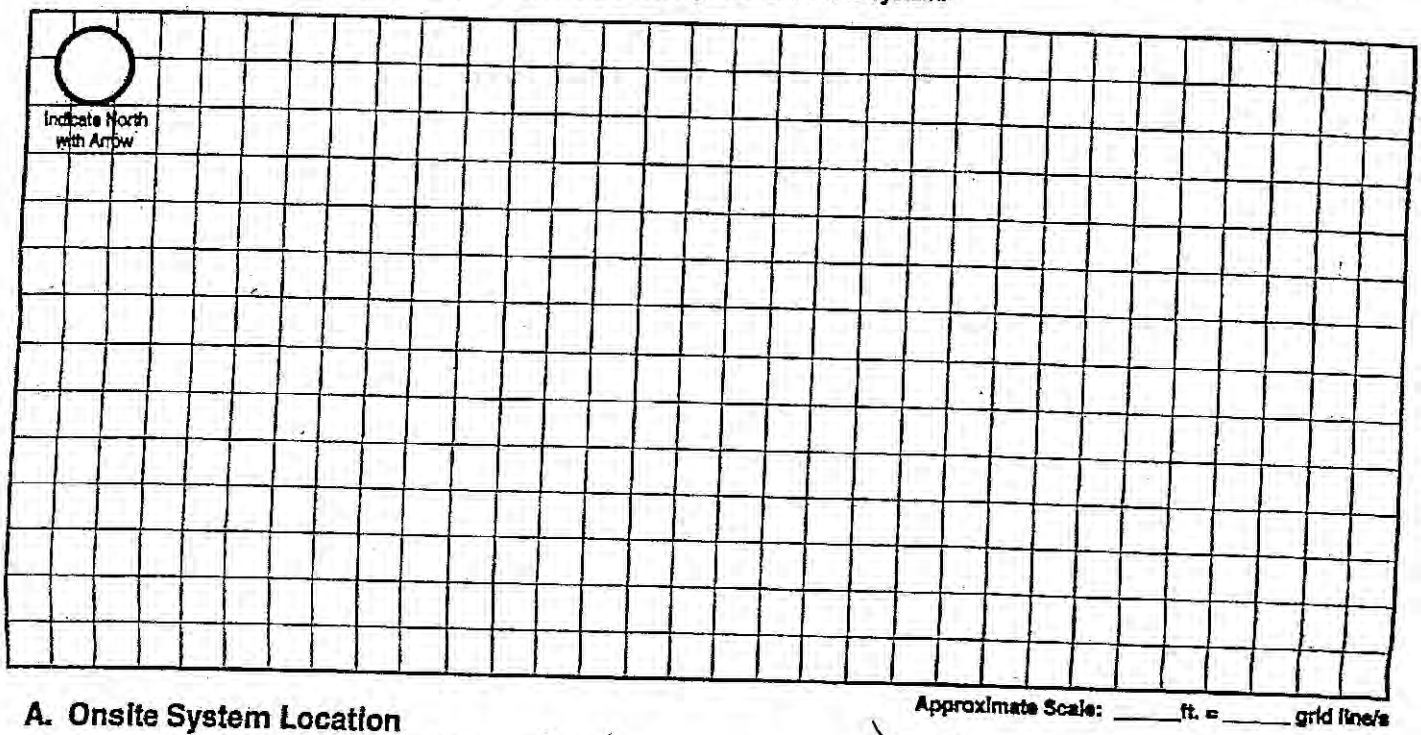
C

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) TBD Apollo City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1750 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_____ (min/inch = mpi) No. of Bedrooms 5 Soil Type Okay Land Slope 1 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1650 sq.ft.

Total length of laterals 367 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☑ Other PolyP

No. of absorption trenches 3 Width_____ No. of drop boxes_____ Distrubtion Box_____

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 3-22-21

Installer_____ Date 3-22-21

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. HS002189

System Type: Standard

Situs: No Site Address Specified

Issued: 3/29/2021

Expires: 3/29/2022

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

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 BURINLDERS
1640 NORMANDY CT STE A
LINCOLN, NE 68512

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

Exhibit 5

Permit Number: HS 002189

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/28/21

Legal Description Weis Van Dorn Estates Blk 1, Lot 2
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9876 Apollo 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 1755 ~~2340~~ Sq. Ft. Tank Size _____ gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☑ Other (describe) E2 flow

No. of Absorption Laterals 3 Width 45 Facte 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 _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 9/27/21

Follow-Up _____ Date _____

Follow-Up [redacted] Date 9/28/21

Installation Final Written Approval
By Doug Thiele

Date 9/28/21

Field Note Drawing (See Reverse Side):

Updated 4/15

MAR 24 2021

SCANNED

A

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

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By Doug Frost
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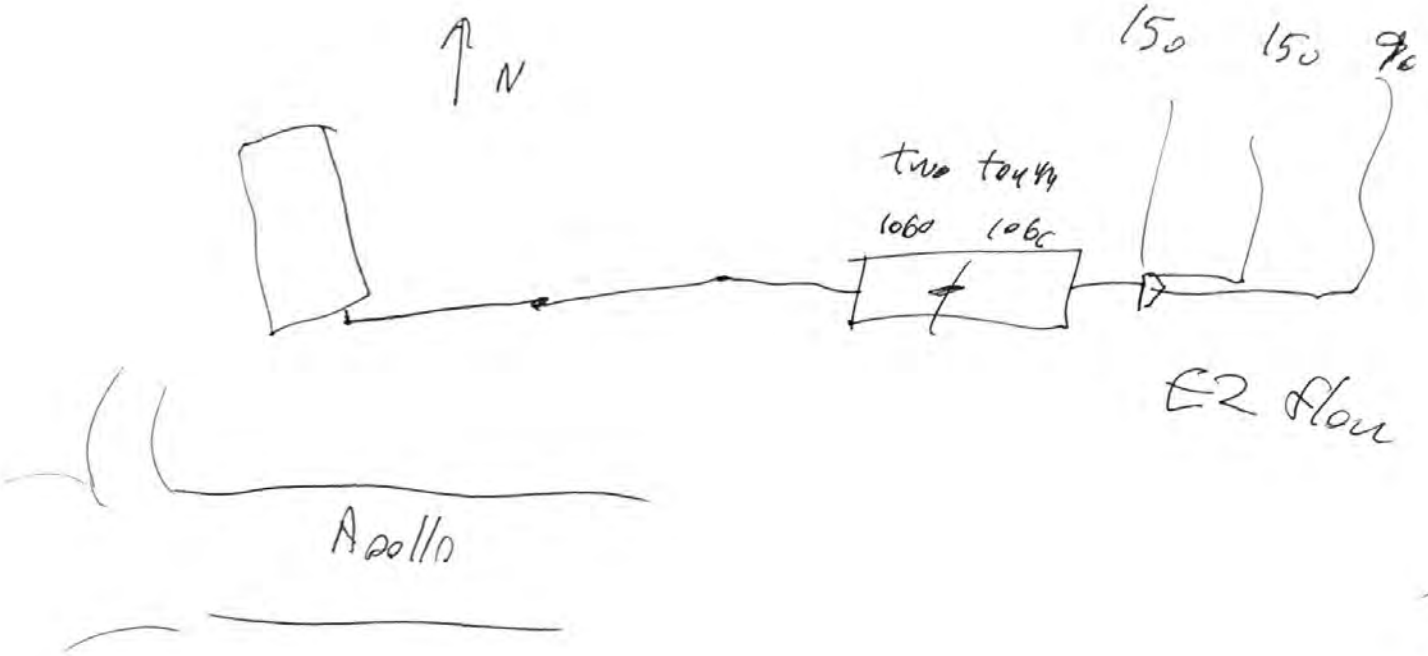
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) * Notified Bob Benes on 3/29/21

Signature of Reviewing Official _____ Date _____

9/22



WEST VAN DORN ESTATES 2ND ADD.
9876 APOLLO DR, DENTON, NE 68339
HS002189