REC'D MAY 24 2021

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

A

Permit Number
HS007223

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 SW 102ND STREET City DENTON, NE Zip 68339
(no rural route)

Legal Description SW 4 T9 R5 WEST VAN DORN ESTATES 2ND ADDN, BLOCK 3, LOT 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID #0304207002000

B. Owner

Name Aspen Home Builders Signature
Address 1640 Normandy Ct. City/State/Zip Lincoln 68512
Home Phone Work Phone 4236811

C. Certified Installer

Name: Bob Banes Signature
Address 1640 Normandy Ct. City/State/Zip Lincoln 68512
Work Phone 416-9660

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 3.1
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 5-25-21 Amount Paid $440.00
Received By JAC Cash/Check No. 30729

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 SW 108 (no rural route) City Denton NE, Zip 68339

Owner _____ Address Lot 2, Bl. 3, West Van Dorn 2nd

Date of Tests 10-6 to 10-7-20 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	10AM	10-7	10AM	10-7	:05	6	10-7	:35	30	1.75	17
2	"	"	"	"	"	"	06	6	"	36	"	2	15
3	"	"	"	"	"	"	07	6	"	37	"	2	15
4	"	"	"	"	"	"	08	6	"	38	"	1.75	17
5	"	"	"	"	"	"	09	6	"	39	"	2	15
6	"	"	"	"	"	"	:10	6	"	:40	"	2	15
								6					
								6					

Person Conducting Percolation Test

Name: Bob Bones

Phone: 402-416-9660

Address 1040 Normandy Ct

Lincoln 68512

Soil type (NRCS Maps/Other) 7555

Groundwater Depth 20'

Sum of Percolation Rates: 94

Average of Rates: 15.6

Rate Used for Calculation: 40

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

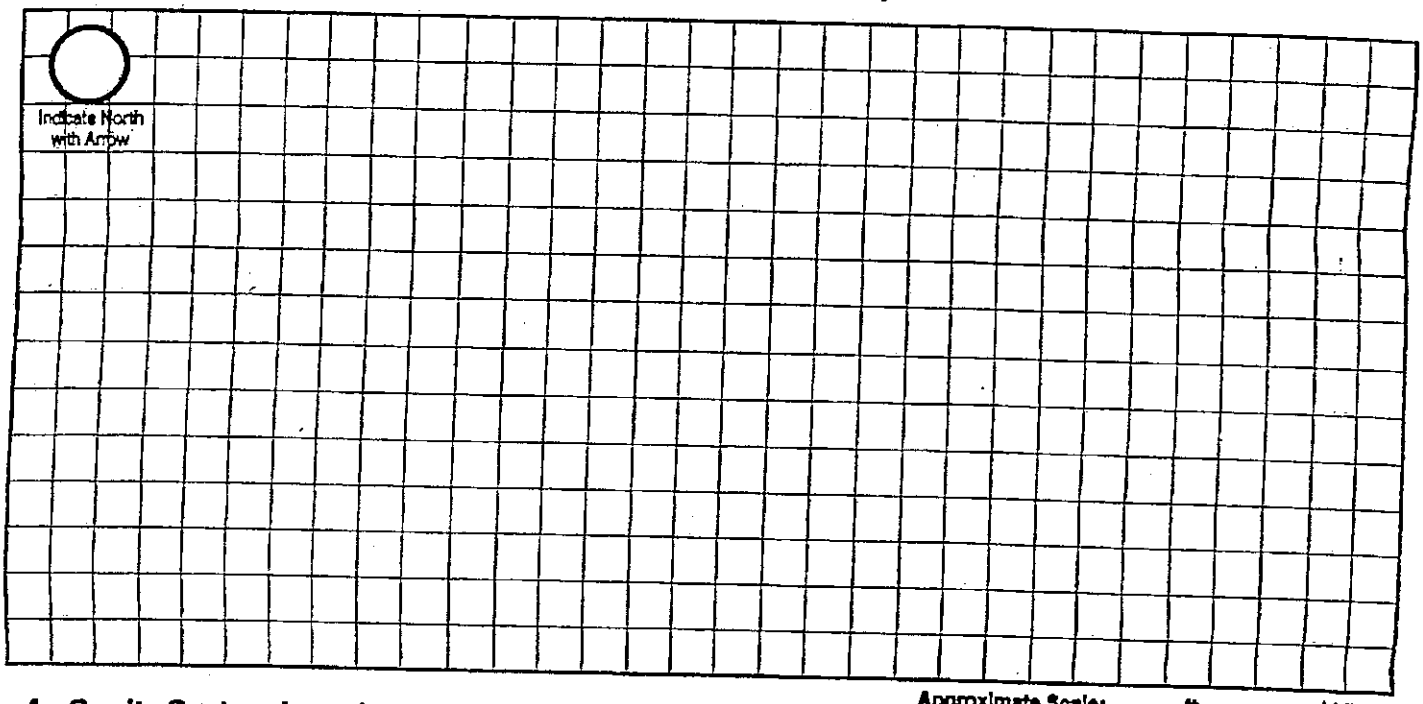
C

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 SW 107 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 (percoloetion test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 40 (min/inch = mpi) No. of Bedrooms 5 Soil Type 7465 Land Slope 2 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1050 sq.ft.

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

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 5-16-21

Installer _____ Date 5-16-21

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. HS002223

System Type: Standard

Situs: No Site Address Specified

Issued: 5/25/2021

Expires: 5/25/2022

Description: WEST VAN DORN ESTATES 2ND ADDITION, BLOCK 3, 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 BUILDERS
1640 NORMANDY CT, STE A
LINCOLN, NE 68512

REC'D MAY 24 2021

SCANNED

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

A

Permit Number
HS007223

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 SW 102ND STREET (no rural route) City DENTON, NE Zip 68339

Legal Description NW 1/4 1/4 Section 5 Township 4 Range R5 WEST VAN DORN ESTATES 2ND ADDN. Subdivision Addition BLOCK 3. Block LOT 2 Lot

PID #0304207002000

B. Owner

Name ASPEN Home Builders Signature

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

Home Phone Work Phone 4236811

C. Certified Installer

Name: Bob Barnes Signature

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

Work Phone 4169660

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 3.12

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

1. Health Department
Site visits 11/23/21
Comments
Date rec'd 5/25/21
Date frwd 5/25/21
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 11/24/21

Business Office Use Only
Date Received 5-25-21 Amount Paid $440.00
Received By JAC Cash/Check No. 30729

SCANNED

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 SW 108 (no rural route) City Denton NE, Zip 68339

Owner _____ Address Lot 2, Bl. 3, West View Dom 2nd

Date of Tests 10-6 to 10-7-20 Weather: Precipitation Dry Temperature 65°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				Water Level Drop G. H. I. J. K. 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	10-6	10AM	10-7	10AM	10-7	:05	6	10-7	:35	30	1.75	17
2							06	6		36		2	15
3							07	6		37		2	15
4							08	6		38		1.75	17
5							09	6		39		2	15
6							:10	6		:40		2	15
								6					
								6					

Person Conducting Percolation Test

Name: Bob Bowes
Phone: 402-416-9660
Address 1640 Normandy Ct.
Lincoln 68512
Soil type (NRCS Maps/Other) 7585
Groundwater Depth 20'

Sum of Percolation Rates: 94
Average of Rates: 15.6
Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

SCANNED

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

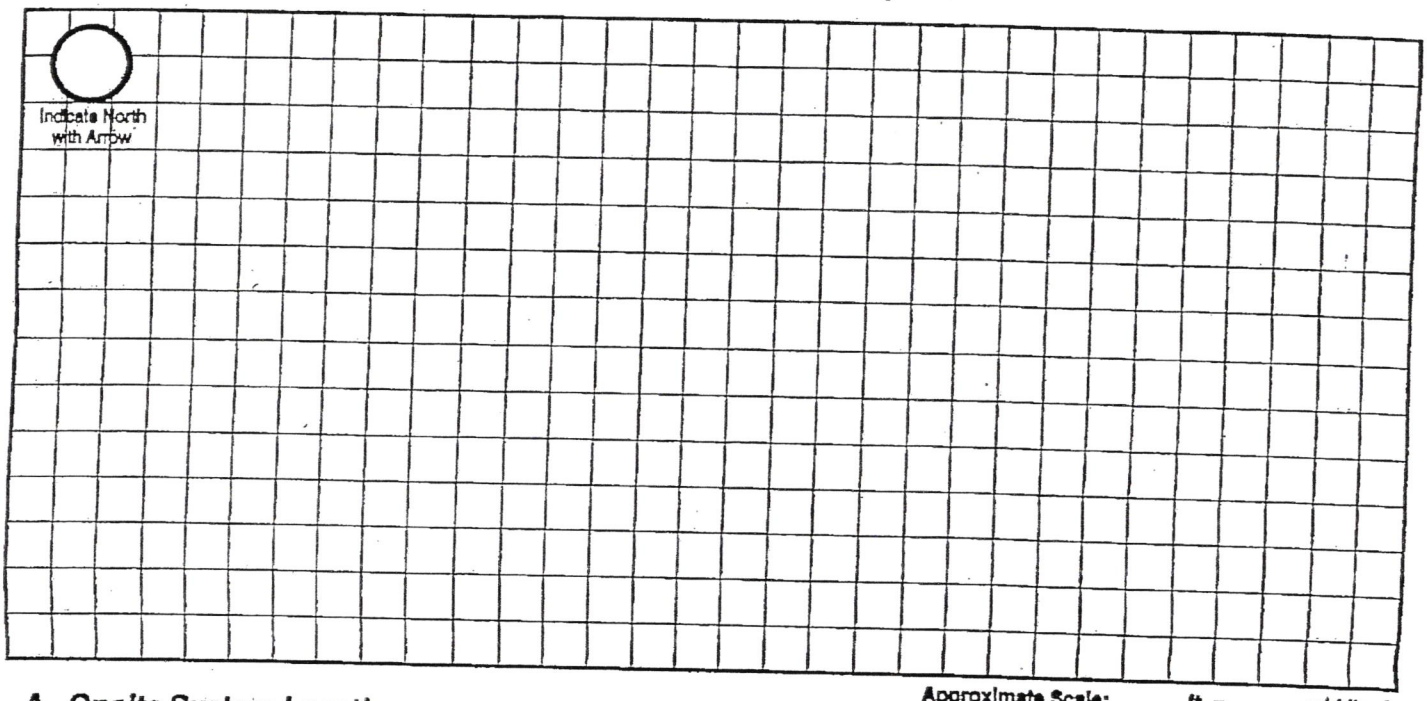
C

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 SW 102 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 40 (min/inch = mpi) No. of Bedrooms 5 Soil Type 7485 Land Slope 2 %

☑ 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 EZ

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 5-16-21

Installer _____ Date 5-16-21

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

SCANNED

Exhibit 5

Permit Number: HS002335

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/24/21 Legal Description ¼ ¼ Section/Township/Range Block 43 Lot 2

Onsite System Location

Address (no rural route) 3535 SW 102nd 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 1665 ~~3330~~ Sq. Ft. Tank Size 2,120 gals 2 tanks- 1,060 each

Total length of laterals 370' 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 ☐

Geographical Coordinates to 6 Decimals:

Tank NA

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial DC Date 11/23/21

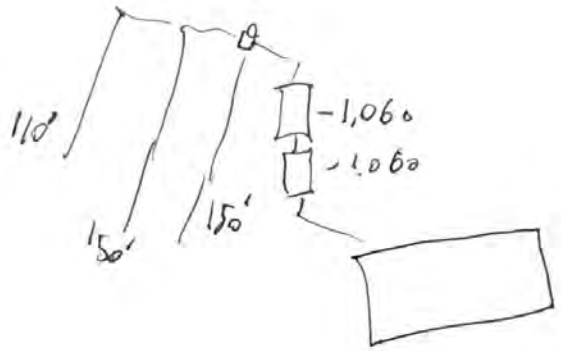
Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Ahrens
Date 11/24/21

Updated 4/15

HS002335



- well not 175 to bel

320' - 4.5 GR flow
1375

Perc. 40

5 bd = 1.37 r