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

REC'D OCT 22 2021

A

Permit Number

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 LINCOLN, NE Zip 68339

Legal Description WEST VAN DORN ESTATES 2ND 2 2

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

PID #0304206002000

B. Owner

Name ASPEN HOME BUILDERS Signature

Address 1640 NORMANDY CT SUITE A 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 68512

Work Phone 402-423-6671

D. Engineer

☐ Check and complete if engineer designed system

Designer Name Firm P.E. License Number: 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

pproval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

Health Department

te visits Date rec'd ACTION ☐ Approved ☐ Disapproved

Date frwd Signature

mments

Supt. Bldg. Insp. or Village Clerk

mments Date rec'd ACTION ☐ Approved ☐ Disapproved

Date frwd Signature

City or County Engineer

nments Date rec'd ACTION ☐ Approved ☐ Disapproved

Date frwd Signature

tallation Final Written Approval

e

Business Office Use Only
Date Received 10-22-21 Amount Paid 450.00
Received By LC Cash/Check No. 31541

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 Lincoln NE, Zip 68339

Owner Aspen Meadows Builders Address 1640 Normandy Ct.

Date of Tests 10-6 to 10-7 Weather: Precipitation DRY Temperature 75

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	9 AM	10-7	10 AM	10-7	8 AM	6	10-7	12 PM	30	2.25	13
2			:01					6		:01		2.0	15
3			:02					6		:02		2.5	12
4			:03					6		:03		2.5	12
5			:04					6		:04		2.25	13
6			:05					6		:05		2.5	12
								6					
								6					

Person Conducting Percolation Test

Name: Bob Burns

Phone: 402-430-9660

Address 1640 Normandy Ct.

Soil type (NRCS Maps/Other)

Groundwater Depth over 12' based on backhoe hole

Sum of Percolation Rates: 77

Average of Rates: 12.8

Rate Used for Calculation: 30

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

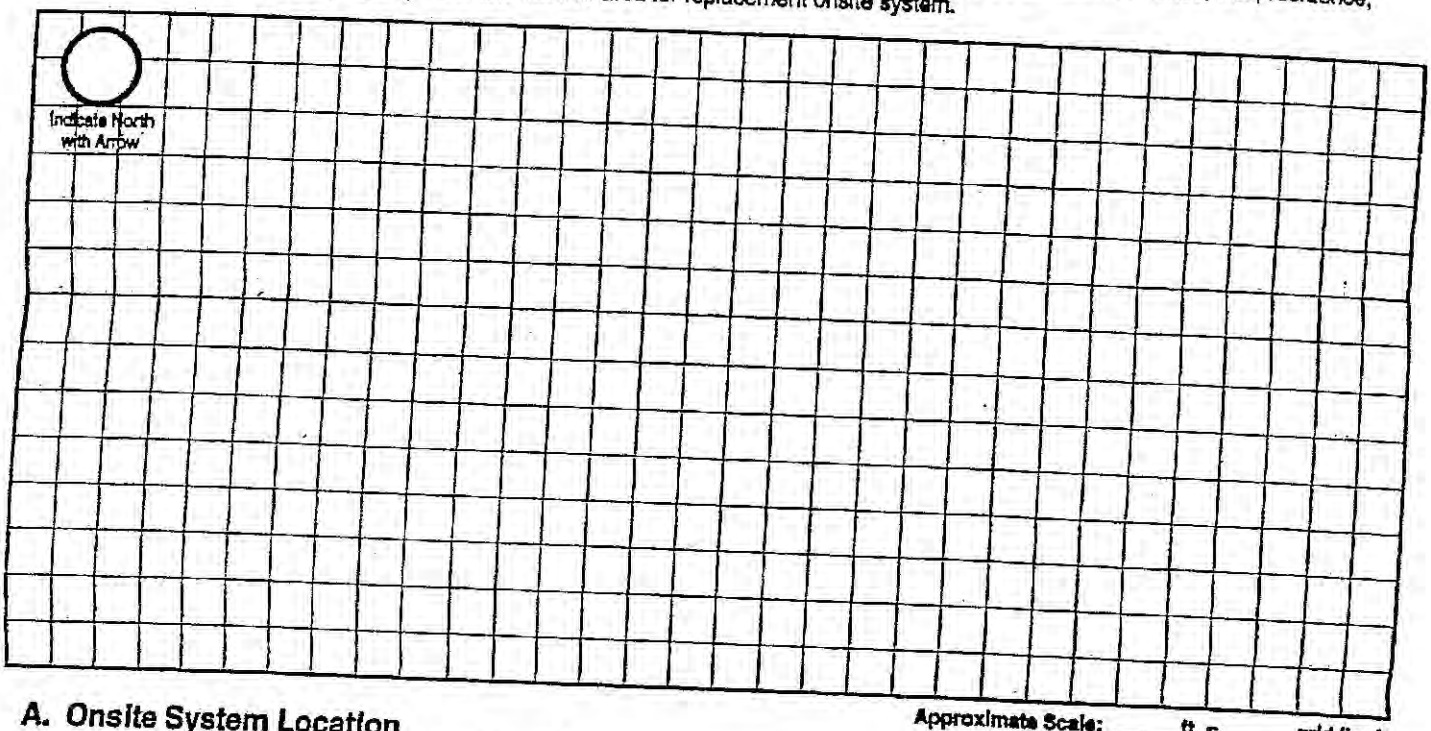
C

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 _____

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 30 (min/inch = mpi) No. of Bedrooms 5 Soil Type 7466 Land Slope 1 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1250 sq.ft.

Total length of laterals 278 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☑ Other Poly

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 10-14-21

Installer _____ Date 10-14-21

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. HS002315

System Type: Standard

Situs: No Site Address Specified

Issued: 10/27/2021

Expires: 10/27/2022

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

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

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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 1
LINCOLN, NE 68512

REC'D OCT 22 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
HS002315

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 9929 Apollo

Address TBD APOLLO DRIVE (no rural route) City LINCOLN, NE Zip 68339

Legal Description 4 9 5 WEST VAN DORN ESTATES 2ND 2 2

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

PID #0304206002000

B. Owner

Name ASPEN HOME BUILDERS Signature

Address 1640 NORMANDY CT SUITE A 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 68512

Work Phone 402-423-6671

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 Garbage Grinder? ☑ Yes ☐ No Total Acres 3.46

☐ 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 6/7/21 Date rec'd 10/27/21 Date frwd 10/27/21

ACTION ☑ Approved ☐ Disapproved Signature

Comments

. 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

y Doug Thiel

ate 6/10/22

Business Office Use Only
Date Received 10-22-21 Amount Paid 450.00
Received By LC Cash/Check No. 31541

DEPARTMENT 3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

EXHIBIT 5

Permit Number: H5002315

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/10/22 Legal Description ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9929 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 1250 Sq. Ft. Tank Size 2000 gals 2 tanks 1,060 each

Total length of laterals 278' 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 Level

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 N/A

Lateral #2 Lateral #4

Comments:

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval

Initial DS Date 6/7/22

Follow-Up Date

Follow-Up Date

Installation Final Written Approval

By Doug Shutt

Date 6/10/22

Updated 4/15

Bank
World