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

REC'D JAN 18 2022

A

Permit Number
HS002353

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 WEST VAN DORN ESTATES 2ND ADDN 3 1

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

PID #0304207001000 4 9 5 LC

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: Robert Benes Signature

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

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

Health Department

te visits Date rec'd ACTION ☐ Approved ☐ Disapproved

Date frwd Signature

omments

Supt. Bldg. Insp. or Village Clerk

omments Date rec'd ACTION ☐ Approved ☐ Disapproved

Date frwd Signature

City or County Engineer

mments Date rec'd ACTION ☐ Approved ☐ Disapproved

Date frwd Signature

tallation Final Written Approval

te

Business Office Use Only
Date Received 1-19-22 Amount Paid 450.00
Received By LC Cash/Check No. 31955

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 SW102 nd (no rural route) City Denton NE, Zip 68339

Owner Aspen Address 1640 Normandy Ct.

Date of Tests 10-7 to 10-8 Weather: Precipitation Hot day 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	11 am	10-8	10 AM	10-8	11:01	6	10-8	:31	30 m.	1 1/2	20
2							:02	6		:32		1.25	24
3							:03	6		:33		1.25	24
4							:04	6		:34		1.50	20
5							:05	6		:35		1.25	24
6							:06	6		:36		1.5	20
								6					
								6					

Person Conducting Percolation Test

Name: Ben Beam

Phone: 402-416-0660

Address 1640 Normandy Ct. Lincoln, NE 68512

Sum of Percolation Rates:	132
Average of Rates:	22
Rate Used for Calculation:	29

Soil type (NRCS Maps/Other)

Groundwater Depth 12'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

Onsite Form B 2/18

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

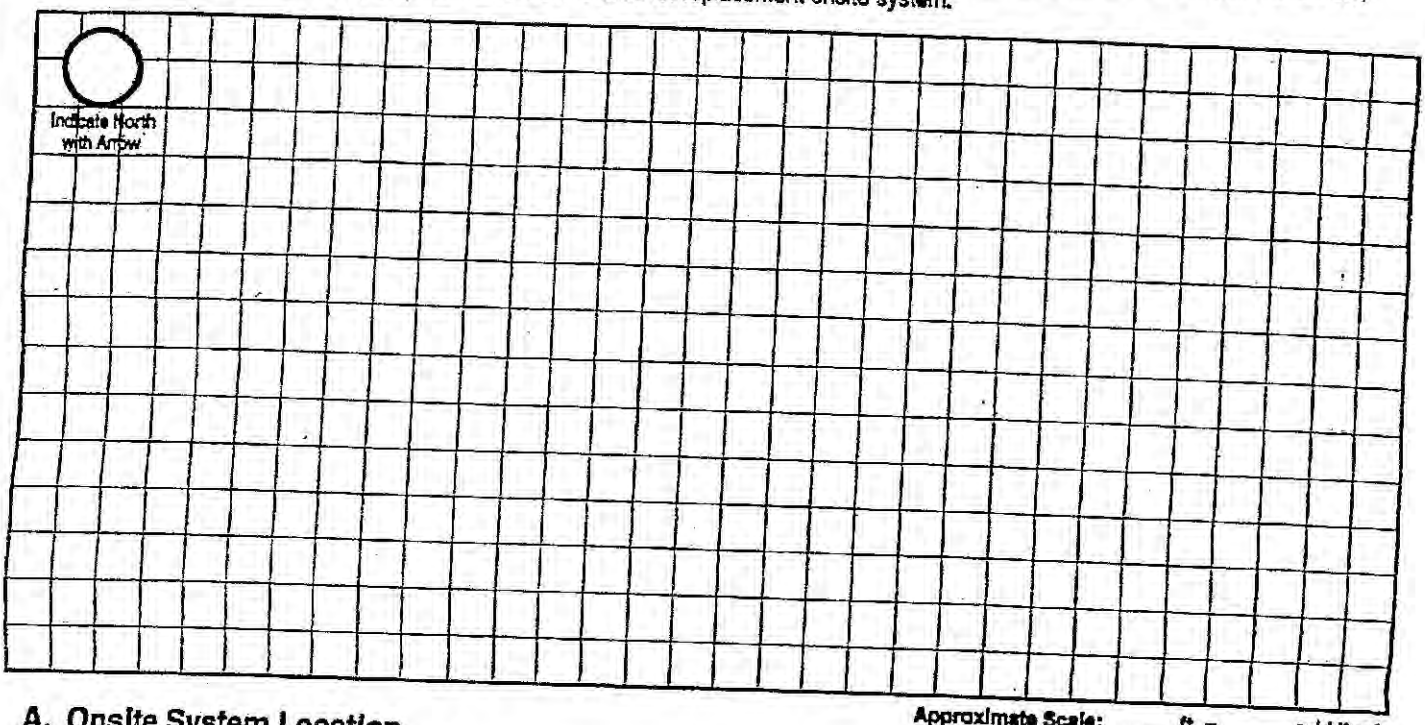
C

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 GW. 101 City Denton 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 29 (min/inch = mpi) No. of Bedrooms 4 Soil Type____ Land Slope 1-2 %

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1000 sq.ft.

Total length of laterals 223 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other Bundled

No. of absorption trenches 2 Width 3 No. of drop boxes____ 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 [signature] Date 1-11-22

Installer [signature] Date 1-11-22

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. HS002353

System Type: Standard

Situs: No Site Address Specified

Issued: 1/24/2022

Expires: 1/24/2023

Description: WEST VAN DORN ESTATES 2ND ADDITION, BLOCK 3, Lot 1

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 HOME 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 JAN 18 2022

SCANNED

A

Permit Number
HS002353

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)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

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

Legal Description WEST VAN DORN ESTATES 2ND ADDN, 3, 1

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

PID #0304207001000 4 9 5 LC

B. Owner

Name Aspen Home Builders Signature

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

Home Phone 402-423-6811 Work Phone

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Name: Robert Benes Signature

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Work Phone 402-423-6811

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☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

1 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

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

Health Department
e visits 9/12/22
Date rec'd 1/24/22
Date frwd 1/24/22
ACTION ☒ Approved ☐ Disapproved
Signature
nments

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

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

allation Final Written Approval
Date 9/13/22

Business Office Use Only
Date Received 1-19-22 Amount Paid 450.00
Received By LC Cash/Check No. 31956

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

Exhibit 5

Permit Number: H 5002353

Onsite Wastewater Treatment System

Inspection Sheet

Date 9/13/22 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 3485 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: Installed & Covered prior to inspection

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,000 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 223 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

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

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: NA

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DI Date 9/12/22

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Anderson

Date 9/13/22

Field Note Drawing (See Reverse Side):

REC'D AUG 15 2022

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

D Exhibit 4

Permit Number

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ❑ Lagoon (Skip to Back Page) ☒ Subsurface Septic ❑ Mound

Onsite Wastewater System Location West Van Dorn Estates

Address or Legal Description or Parcel Identification Number (PID) 0304207001000

Owner Aspen Home Builders Address ~~1440~~ 3485 SW. 102nd Denton

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 87 ft.

B. Septic Tank

1. Material F/C
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to
   Well 100 ft.
   Pressure line ~~85~~ ft
   Property Line 100 ft.
   Foundation 85 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: ____ ft. ____

D. Drainfield/Absorption Field

☒ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ☒ Other Bundles
   Material brand and inside width of Chamberless
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 110 ft. 113 ft. ____ ft. ____
4. Drainfield size: 1000 sq. ft.
5. Distance to:
   Well 150 ft.
   Pressure line 90 ft.
   Property line 100 ft.
   Depth of Groundwater 12

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: _____

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

7-15-22 3485 SW 102nd

C

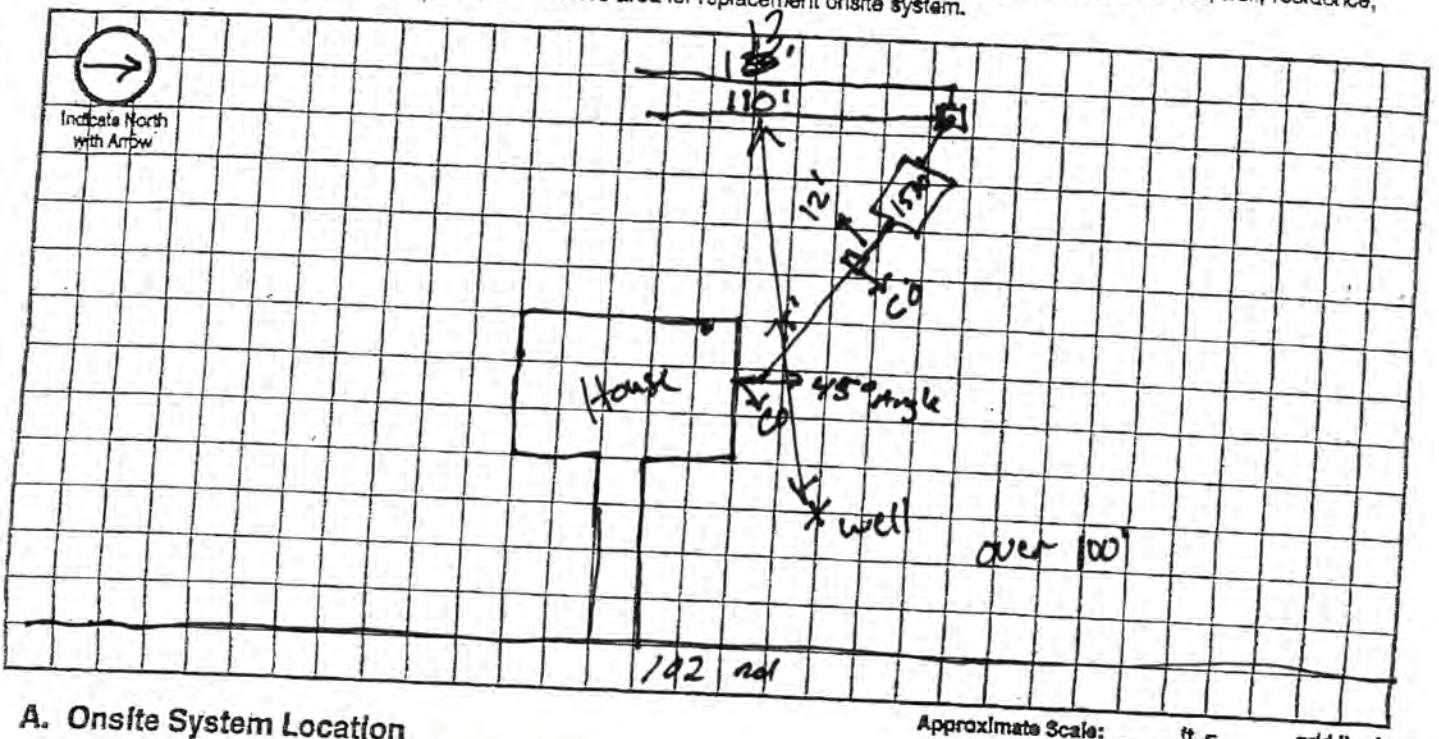
Lincoln-Lancaster County Health Department
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Permit Number:

Onsite Wastewater Treatment System

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Approximate Scale: _____ ft. = _____ grid line/s

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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 29 (min/inch = mpi) No. of Bedrooms 4 Soil Type _____ Land Slope 1-2 %

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F. Required Signatures

Home Building Contractor _____ Date 1-11-22

Installer _____ Date 1-11-22

State Form C 12_06