REC'D SEP 12 2022

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

**A**

Permit Number #S002461

# 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 44TH STREET (no rural route) City MARTELL, NE Zip 68404

Legal Description S19 T8 R6 BLUE RIDGE CROSSING ADDITION, LOT 1, BLOCK 1

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

PID 08-20-301-001-000

## B. Owner

Name Aspen Home Builders Signature

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

Home Phone 4024236811 Work Phone

## C. Certified Installer

Name: Bob Berns Signature

Address 1640 Normandy City/State/Zip LNK 68512

Work Phone

## 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 3.01

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

**stallation Final Written Approval**

e

***Business Office Use Only***

Date Received 9-12-22 Amount Paid $450.00

Received By JDO Cash/Check No 33148

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 44th (no rural route) City Martell NE, Zip 68404

Owner AHB Address 1640 Normandy

Date of Tests 8-29 to 8-30 Weather: Precipitation Dry Temperature 90

### 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 | 8-29 | 9 AM | 8-30 | 9 AM | 8-30 | 9:15 | 6 | 8-30 | 9:45 | 30 | 3/4 | 40 |
| 2 | | | | | | | | 6 | | | | 3/4 | 40 |
| 3 | | | | | | | | 6 | | | | 5/8 | 48 |
| 4 | | | | | | | | 6 | | | | 3/4 | 40 |
| 5 | | | | | | | | 6 | | | | 7/8 | 34 |
| 6 | | | | | | | | 6 | | | | 1/8 | 34 |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | 6 | | | | | |

### Person Conducting Percolation Test

Name: Bob Barnes

Phone: 402 416 9660

Address 1640 Normandy Ct Lincoln

Soil type (NRCS Maps/Other) Tl48

Groundwater Depth 12 ft

Sum of Percolation Rates: 236

Average of Rates: 39

Rate Used for Calculation: 39

**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

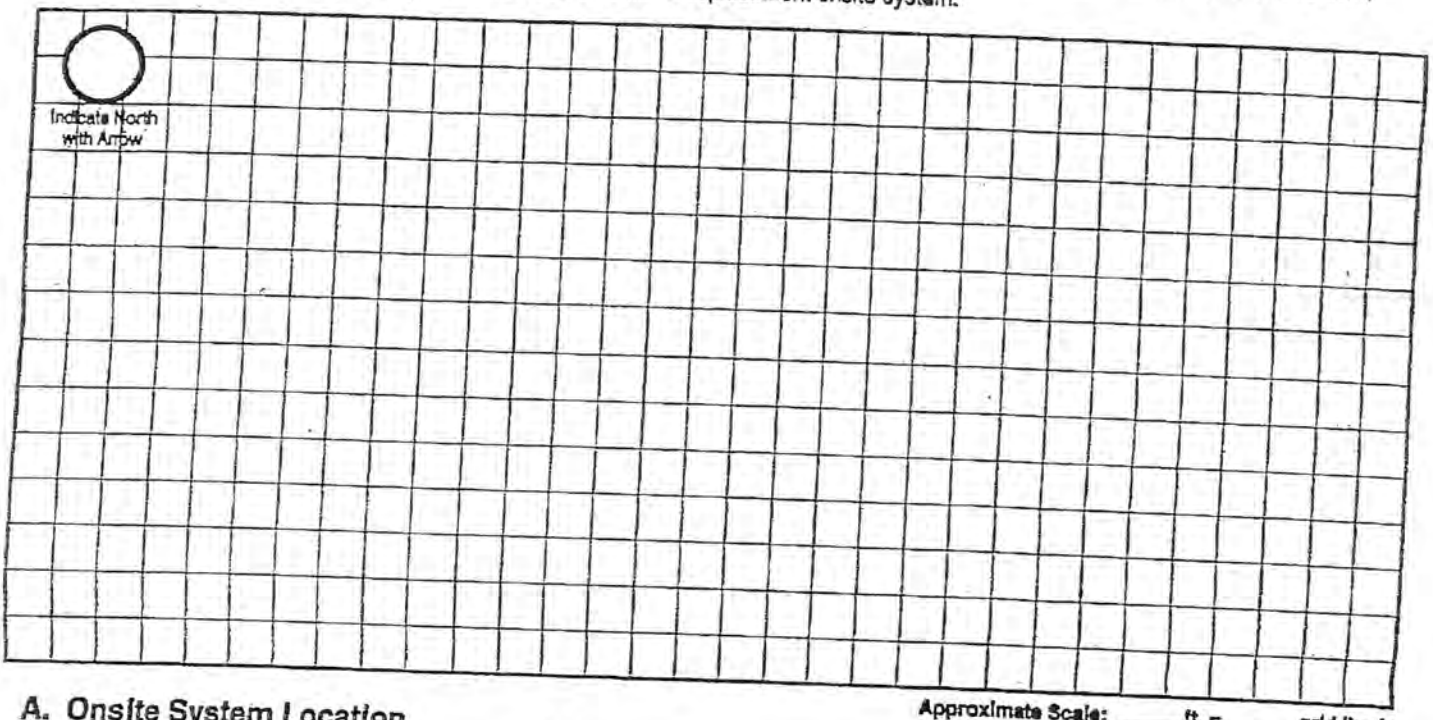
C

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 49th City Martell NE, Zip 68404

### B. Proposed Septic Tank/s

Septic Tank Cap. 1750 gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other Fiberglass ☐ 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 31 (min/inch = mpi) No. of Bedrooms 5 Soil Type 7654 Land Slope ____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1375 sq.ft.

Total length of laterals 306 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other Poly

No. of absorption trenches 3 Width 36 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 [signature] Date 9-7-22

Installer [signature] Date 9-7-22

**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. HS002461**

**System Type:** Standard

**Situs:** No Site Address Specified

Issued: 9/15/2022

Expires: 9/15/2023

**Description:** BLUE RIDGE CROSSING ADDITION, BLOCK 1, Lot 1

**Owner:** HENHOUSE CAPITAL LLC
ATTN: ERIC WENDELIN 16360 S 26
DR
ROCA, NE 68430

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

REC'D SEP 12 2022

SCANNED

A

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

Permit Number #S002461

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**PLEASE PRINT OR TYPE**

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

PID 08-20-301-001-000

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Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

Type of Wastewater ☒ Domestic ☐ Non-Domestic

3.54

***DO NOT WRITE BELOW THIS LINE***

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

**Health Department**

te visits

omments

Date rec'd 9/15/22

Date frwd 9/15/22

**ACTION** ☒ Approved ☐ Disapproved

Signature

**Supt. Bldg. Insp. or Village Clerk**

omments

Date rec'd

Date frwd

**ACTION** ☐ Approved ☐ Disapproved

Signature

**City or County Engineer**

mments

Date rec'd

Date frwd

**ACTION** ☐ Approved ☐ Disapproved

Signature

**stallation Final Written Approval**

Doug

te 12/6/22

***Business Office Use Only***

Date Received 9-12-22 Amount Paid $450.00

Received By JMO Cash/Check No. 33148

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

Exhibit 5

Permit Number: HS00 2461

# Onsite Wastewater Treatment System

## Inspection Sheet

Date 12/6/22 Legal Description _____

¼ ¼ Section/Township/Range

**Onsite System Location**

Address (no rural route) 17373 SW 44th 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 1375' Sq. Ft. Tank Size 1750 gals

Total length of laterals 306' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) E-Z 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: NA

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DL Date 11/30/22

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Thrasher

Date 11/30/22

Field Note Drawing (See Reverse Side):