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

REC'D SEP 12 2022

A

Permit Number #5002467

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 9321 CAMBRIDGE COURT (no rural route) City DENTON, NE Zip 68339

Legal Description S15 T9 R5 DENTON ESTATES ADDITION, BLOCK 1, LOT 4

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

PID 03-15-301-004-000

B. Owner

Name Aspen Home Builders Signature

Address 1640 Normandy City/State/Zip Lincoln 68512

Home Phone 423-6811 Work Phone

C. Certified Installer

Name: Bob Benes Signature

Address 1640 Normandy Ct. City/State/Zip LNK 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 5

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

e

Business Office Use Only
Date Received 9-12-22 Amount Paid $450
Received By JAV Cash/Check No. 331749

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 9321 Cambridge Ct. (no rural route) City Denton NE, Zip 68339

Owner Aspen Address

Date of Tests 9-6 to 9-7 Weather: Precipitation Dry Temperature 90

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	9-6	9 AM	9-7	9 AM	9-7	9:15	6	9-7	9:45	30	1.25	24
2		"	"	"	"	"	"	6	"	"	"	1	30
3	"	"	"	"	"	"	"	6	"	"	"	1.25	24
4	"	"	"	"	"	"	"	6	"	"	"	1	30
5	"	"	"	"	"	"	"	6	"	"	"	1.25	24
6	"	"	"	"	"	"	"	6	"	"	"	1.25	24
								6					
								6					

Person Conducting Percolation Test

Name: Bob Bones
Phone: HAD Normandy
Address Lincoln, NE

Sum of Percolation Rates: 156
Average of Rates: 26
Rate Used for Calculation: 26

Soil type (NRCS Maps/Other) 7168
Groundwater Depth >2

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

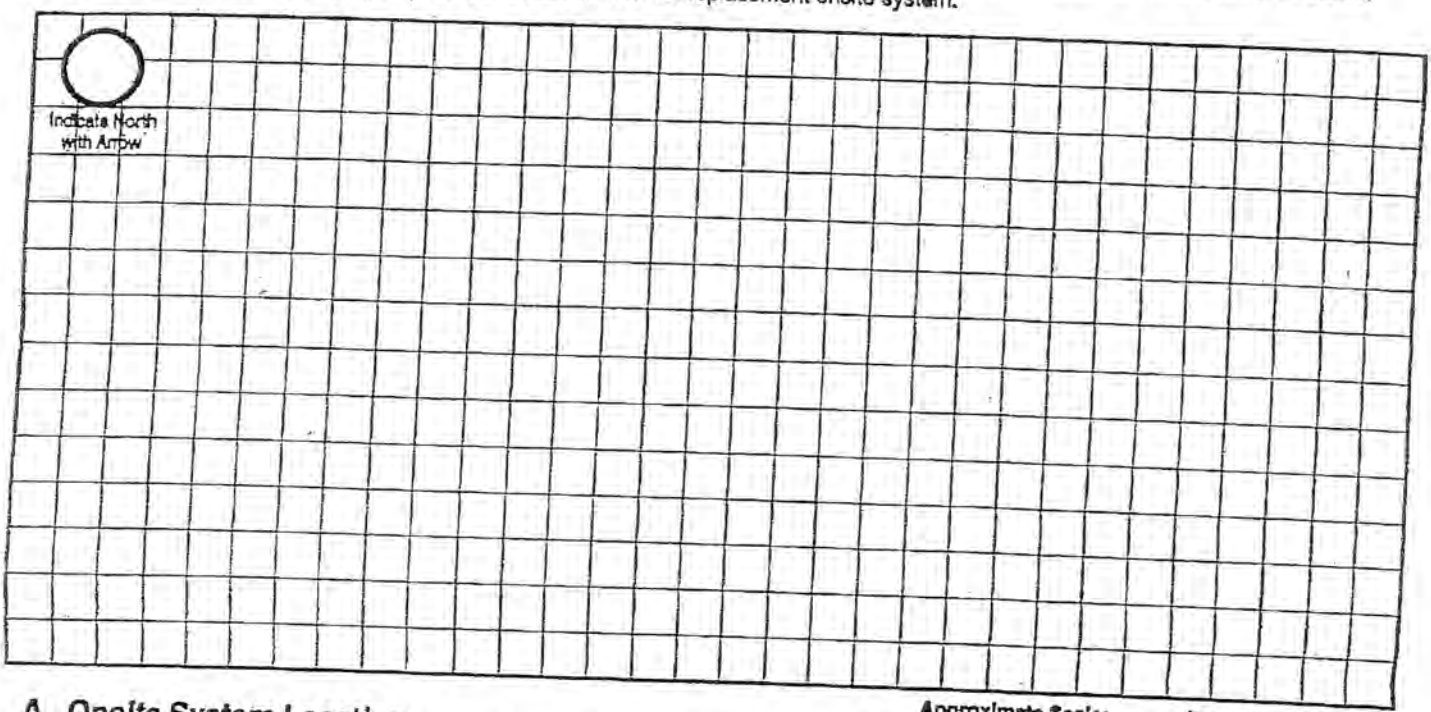
C

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) 9321 Cambridge Ct. 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 26 (min/inch = mpi) No. of Bedrooms 5 Soil Type 7681 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 PolyLok

No. of absorption trenches 2 Width_____ 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 ☐	80 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor_____ Date 9-8-22

Installer_____ Date 9-8-22

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. HS002462

System Type: Standard

Situs: No Site Address Specified

Issued: 9/19/2022

Expires: 9/19/2023

Description:

Owner: ASPEN BUILDERS INC
1640 NORMANDY CT
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

SCANNED

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

REC'D SEP 12 2022

A

Permit Number #5002462

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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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

DO NOT WRITE BELOW THIS LINE

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

Health Department

te visits 11/30/22 1-C

Date rec'd 9/15/22
Date frwd 9/15/22

ACTION ☒ Approved ☐ Disapproved
Signature

omments

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

te 12/6/22

Business Office Use Only
Date Received 9-12-22 Amount Paid $450
Received By JAV Cash/Check No. 331491

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

Exhibit 5

Permit Number: HS002462

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/6/22 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9321 Cambridge Court 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 1,250 Sq. Ft. Tank Size 1,750 gals

Total length of laterals 270' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) F2 flow

No. of Absorption Laterals 2 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:

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

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Ahlschwede

Date 11/30/22

Field Note Drawing (See Reverse Side):

Updated 4/15