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

A

Permit Number #8002493

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 9340 CAMBRIDGE COURT City DENTON, NE Zip 68339
(no rural route) S15 T9 R5

Legal Description LOT 5, DENTON ESTATES ADDITION, DENTON, LCN 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03153010005000

B. Owner

Name Aspen Home Builders Signature [signature]
Address 1640 Normandy Ct. City/State/Zip LNK 68512
Home Phone Work Phone

C. Certified Installer

Name: Bob Benes Signature [signature]
Address 1640 Normandy Ct. City/State/Zip LNK 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 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

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

. Health Department
Site visits
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature
Comments

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 11-29-22 Amount Paid $460.00
Received By JMO Cash/Check No. 33632

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 9340 Cambridge Ct. (no rural route) City Denton NE, Zip 68739

Owner Aspen Builders Address

Date of Tests 11-8 to 11-9 Weather: Precipitation - Temperature 50

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	34	11-8	10AM	11-9	10AM	11-9	1030	6	11/9	:00	30	1"	30
2							31	6		:01		1"	30
3							32	6		:02		1 1/4"	24
4							33	6		:03		1 1/4"	24
5							34	6		:04		1 1/2"	20
6							35	6		:05		1"	30
								6					
								6					

Person Conducting Percolation Test

Name: Bob Barnes

Phone: 402-416-9660

Address 1640 Normandy Ct. Lincoln

Soil type (NRCS Maps/Other)

Groundwater Depth over 8'

Sum of Percolation Rates: 158

Average of Rates: 26

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

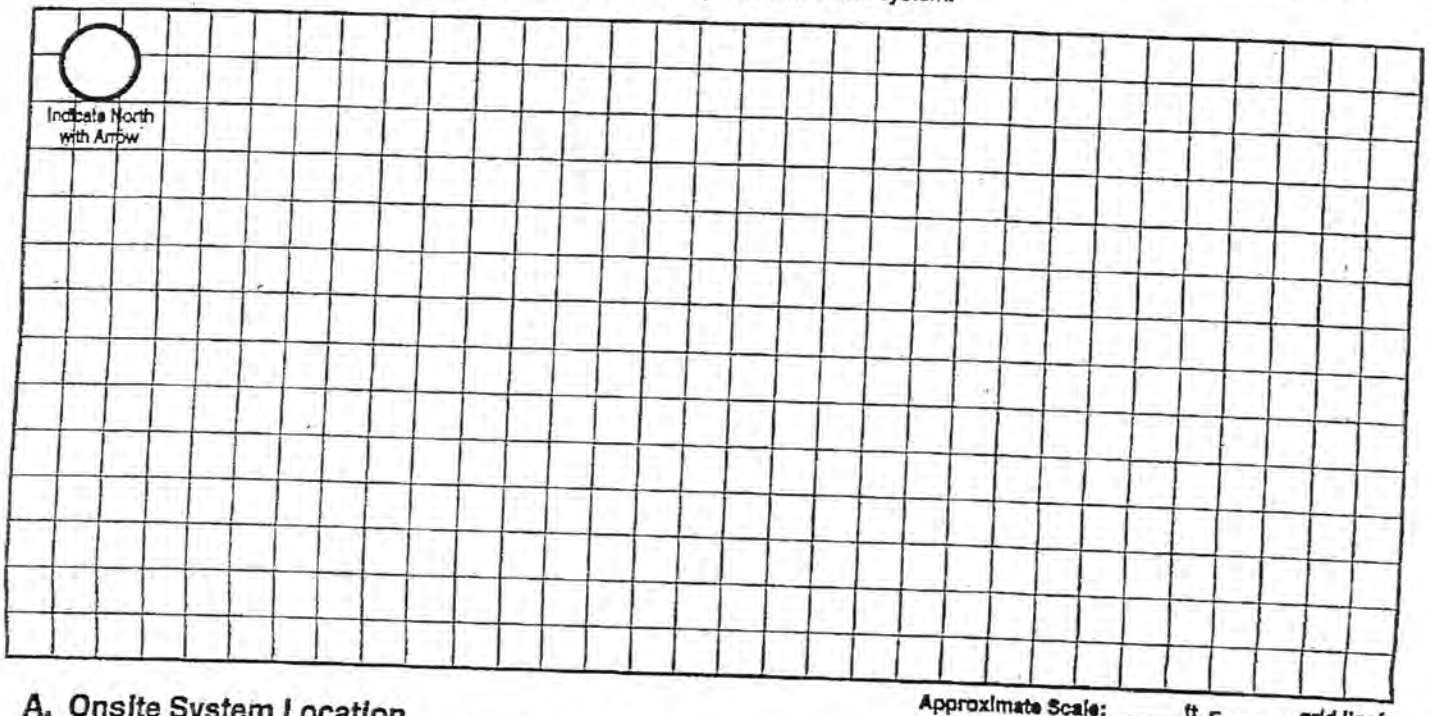
C

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) 9340 Cambridge Ct City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 gals Tank Material: ☐ Concrete ☑ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☑ Drainfield Absorption Area (percolcetion test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 30 (min/inch = mpi) No. of Bedrooms 5 Soil Type_____ 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 Bundles

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 11-22-22

Installer_____ Date_____

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. HS002493

System Type: Standard

Situs: No Site Address Specified

Issued: 11/30/2022

Expires: 11/30/2023

Description: DENTON ESTATES ADDITION, Lot 5

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

REC'D JUL 27 2023 9340 Cambridge

C

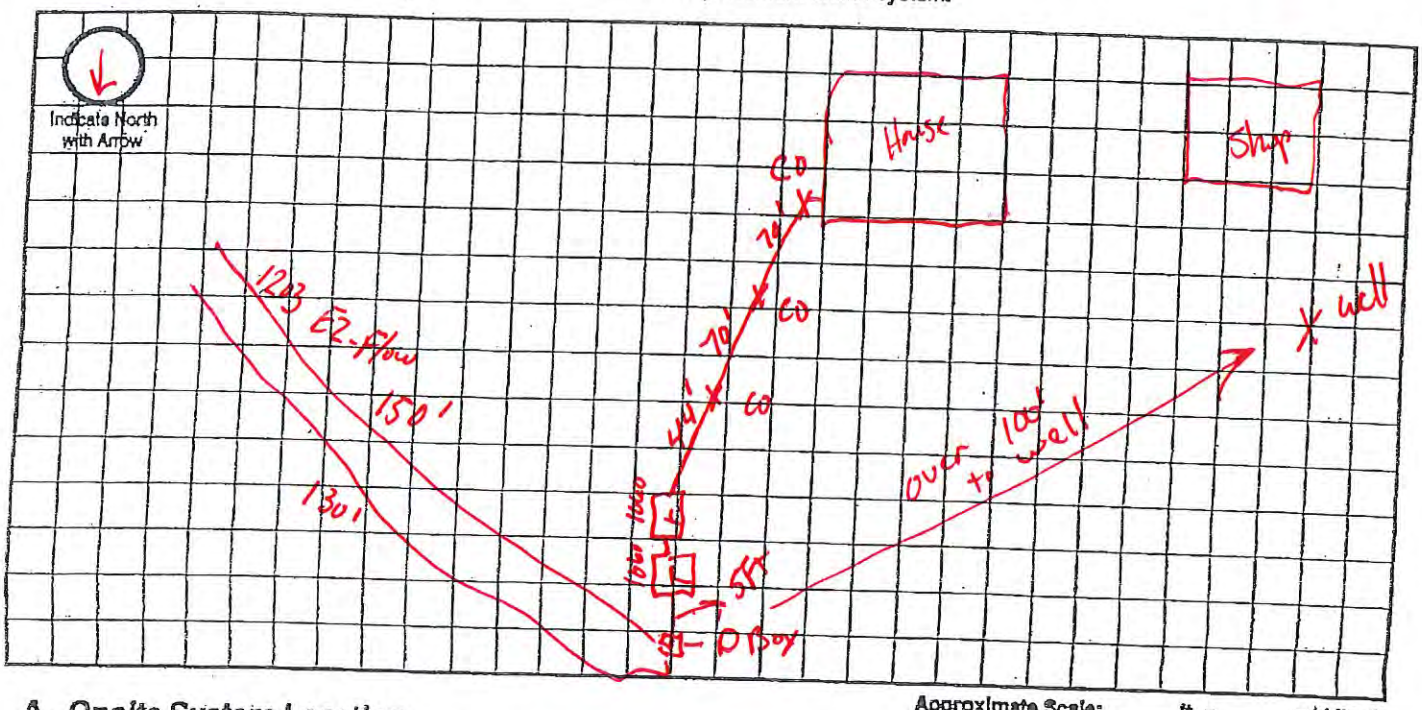
Permit Number:

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

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) 9340 Cambridge Ct. City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 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 _____ 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 Bundles

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 11-22-22

Installer _____ Date _____

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

Address or Legal Description or Parcel Identification Number (PID) 0315301005000

Owner: Aspen Address 9340 Cambridge

A. Wastewater Piping

1. Material: PVC 4" Diameter: 4 in.
2. Distance between dwelling and septic tank: 185 ft.

B. Septic Tank

1. Material PVC
2. Capacity: 2 * 1000
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 200 ft.
   Pressure line 190 ft
   Property Line 200 ft.
   Foundation 185 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 5 ft. S

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: Poly
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 150 ft. 130 ft. ____ ft. ____
4. Drainfield size: 1250 sq. ft.
5. Distance to:
   Well 300 ft.
   Pressure line 100 ft.
   Property line 300 ft.
   Depth of Groundwater 10

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: 8-24-23

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

SCANNED

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

A

Permit Number #8002493

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 9340 CAMBRIDGE COURT City DENTON, NE Zip 68339
(no rural route) S15 T9 R5

Legal Description LOT 5, DENTON ESTATES ADDITION, DENTON, LCN 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03153010050 00

B. Owner

Name Aspen Home Builders Signature

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

Home Phone Work Phone

C. Certified Installer

Name: Josh Benes Signature

Address 1640 Normandy Ct. City/State/Zip LNK 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 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

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

. Health Department
Site visits 7/31/23 Date rec'd 11/30/22
Covered w/o inspect'n Date frwd 11/30/22
Comments

ACTION ☒ Approved ☐ Disapproved
Signature

. Supt. Bldg. Insp. or Village Clerk
Comments Date rec'd
Date frwd

ACTION ☒ Approved ☐ Disapproved
Signature

. City or County Engineer
Comments Date rec'd
Date frwd

ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 8/1/23

Business Office Use Only
Date Received 11-29-22 Amount Paid $460 ck
Received By JAO Cash/Check No. 33632

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

Exhibit 5

Permit Number: HS002493

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/1/23 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9340 Cambridge Ct 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

Total length of laterals 278 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) E-Z Flow

_____

No. of Absorption Laterals 3 Width 4.5 facts 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 _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DE Date 8/31/23
Covered w/o inspection
Follow-Up _____ Date _____
Follow-Up _____ Date _____
Installation Final Written Approval
By Doug Ambler
Date 8/1/23

Field Note Drawing (See Reverse Side):

Updated 4/15

Nate C. Hartman

From: Charlotte TeBrink <dentonclerk@gmail.com>
Sent: Friday, October 7, 2022 10:49 AM
To: Nate C. Hartman
Subject: Denton Estates

The Village of Denton issues a blanket approval of wastewater systems in the Denton Estates Subdivision.

The Village of Denton approves the wastewater system for 8255 West Denton Road.

Charlotte Te Brink, Clerk
Village of Denton
dentonclerk@gmail.com
402-797-2020