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

A

Permit Number HS002541

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 9311 CAMBRIDGE COURT (no rural route) City DENTON, NE Zip 68339

Legal Description SE SE 9 7N 5E DENTON ESTATES ADDN 3
(1/4 1/4 Section Township Range Subdivison Addition Block Lot)

PID 0315301003000

B. Owner

Name Aspen Home Builders Signature

Address 1640 Normandy Ctr City/State/Zip Lincoln NE 68512

Home Phone Work Phone 402-423-6811

C. Certified Installer

Name: Robert Bayes Signature

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

Work Phone 402-416-9660

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~~ 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
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature
mments

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

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

tallation Final Written Approval

e

Business Office Use Only
Date Received 5-18-23 Amount Paid $460
Received By JAS Cash/Check No 34483

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9311 Cambridge Ct. (no rural route) City Denton NE, Zip 68339

Owner Aspen Address

Soil Type (SCS): Percolation Rate: min./inch

Date of Tests 4-26 to 4-27 Weather: Precipitation DRY Temperature 60

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/In)
1	32	4-26	12:00	4-27	12	4-27	1230	8	4-27	1	30	1	30
2	32							10			1	3/4	40
3	36							8				1	30
4	30							9				7/8	35
5	36							8				7/8	35
6	36							10				1	30

Sum of Percolation Rates: 200
Average of Rates: 33
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Bob Bowles
Phone: 416-9660
Address: 1640 Normandy Ct
Lincoln, NE 68510

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-98

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

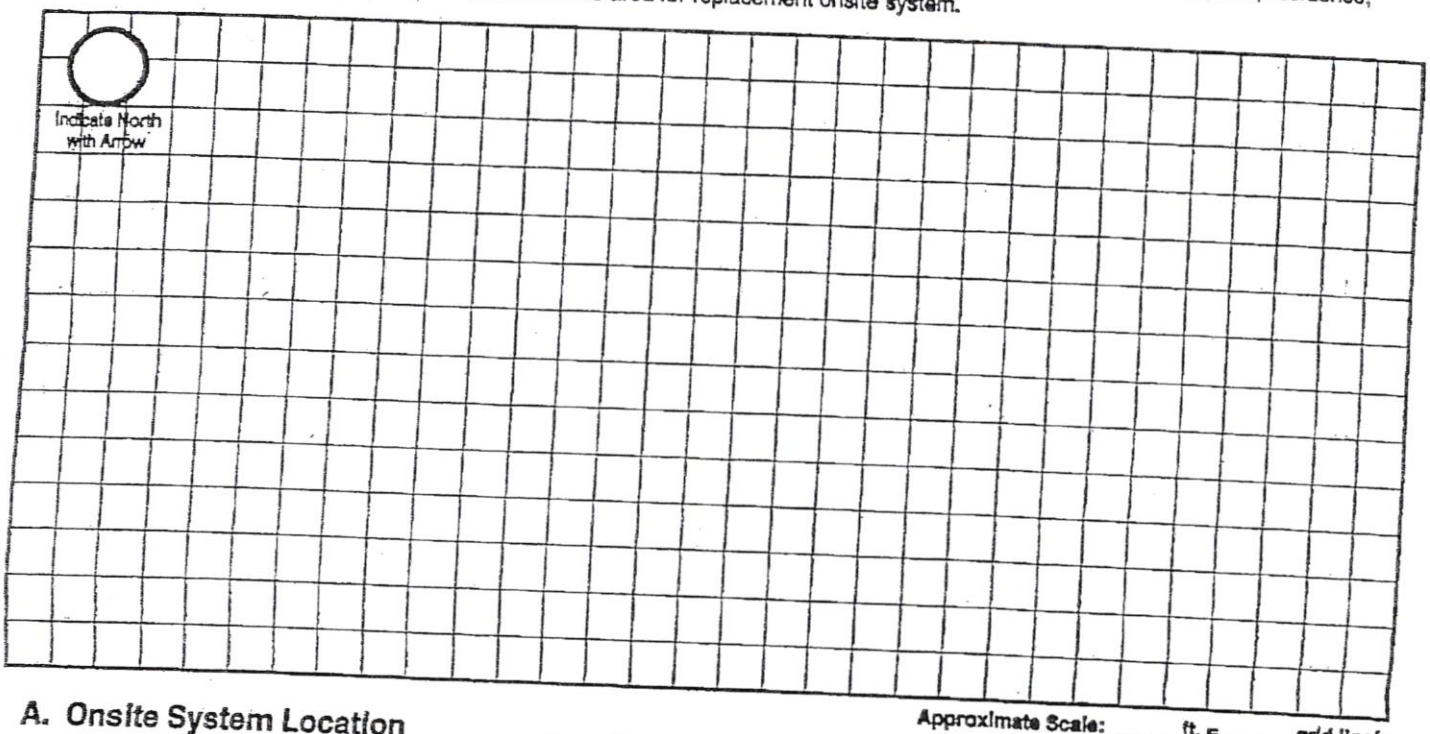
C

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) 931 Cambridge City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 2000 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 40 (min/inch = mpi) No. of Bedrooms 5 Soil Type Wymore Land Slope 1 %

☑ 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 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 5-10-23

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. HS002541

System Type: Standard

Situs: No Site Address Specified

Issued: 5/24/2023

Expires: 5/24/2024

Description: DENTON ESTATES ADDITION, Lot 3

Owner: ASPEN HOME BUILDERS LLC
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

ROBERT BENES
1640 NORMANDY CT, STE A
LINCOLN, NE 68512

9311 Cambridge

C

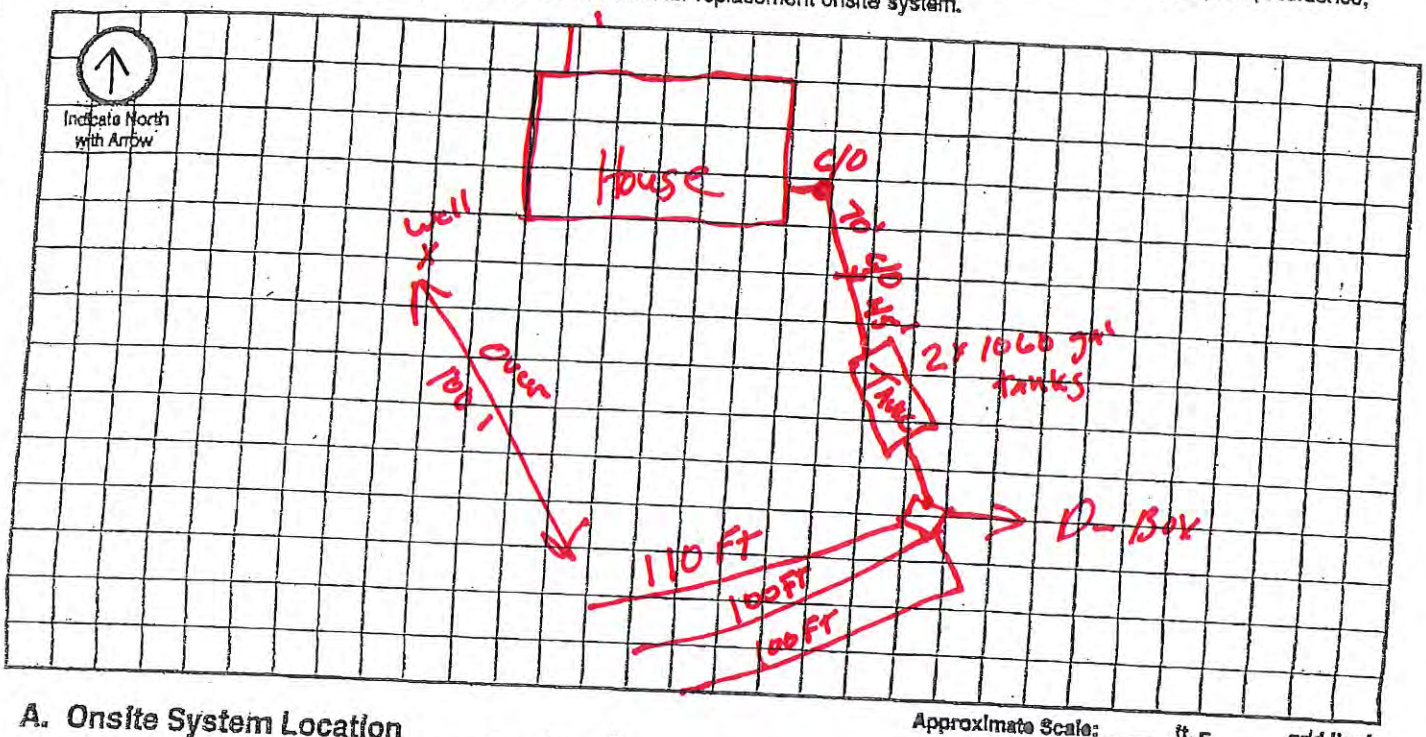
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 9311 Cambridge City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1000 2000 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 40 (min/inch = mpi) No. of Bedrooms 5 Soil Type Wymore Land Slope 1 %

☑ 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 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 5-10-23

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) 0315301003000

Owner: Asbell Address 9311 Cumberland

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 155 ft.

B. Septic Tank

1. Material PVC
2. Capacity: 2 x 1000
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 140 ft.
   Pressure line 180 ft
   Property Line 300 ft.
   Foundation 175 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: SE ft. 10

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless. Poly
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 110 ft. 100 ft. 100 ft. ____
4. Drainfield size: 1375 sq. ft.
5. Distance to:
   Well 125 ft.
   Pressure line 150 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: 7-25-23

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 HS002541

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 9311 CAMBRIDGE COURT (no rural route) City DENTON, NE Zip 68339

Legal Description S15 T9 R5 DENTON ESTATES ADDN 3

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

PID 0315301003000

B. Owner

Name Aspen Home Builders Signature

Address 1640 Normandy Ctr City/State/Zip Lincoln NE 68512

Home Phone Work Phone 402-423-6811

C. Certified Installer

Name: Robert Bogus Signature

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

Work Phone 402-416-9660

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 Covered prior to inspection Date rec'd 5/24/23 Date frwd 5/24/23

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

Date 8/1/23

Business Office Use Only

Date Received 5-18-23 Amount Paid $460

Received By JAD Cash/Check No. 34483

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

Exhibit 5

Permit Number: H5002541

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/1/23 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 9311 Cambridge 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 2000 gals

Total length of laterals 306 Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) Ez flow

No. of Absorption Laterals 3 Width 4.5 factor 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:

Tank _____ NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS Date 7/31/23
Covered prior to Inspection
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Shivers
Date 8/1/23

Field Note Drawing (See Reverse Side):

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