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

NOV 0 6 2023

A

Permit Number HS002608

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 9275 (no rural route) Cambridge Ct. City Denton, NE Zip 68339

Legal Description Lot 2 Denton Estates T9 R5 Sec 15 JAO

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

PID 03153010020000

B. Owner

Name Aspen Home Builders Signature

Address 1640 Normandy Ct City/State/Zip Lincoln 68512

Home Phone Work Phone 402 423 6811

C. Certified Installer

Name: Bob Boss Signature

Address 1640 Normandy Ct. City/State/Zip 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

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 11-06-23 Amount Paid $470
Received By JAO Cash/Check No. 353320

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 9275 Cambridge (no rural route) City Denton NE, Zip 68339
Owner Aspen Home Builders Address 1640 Normandy Ct.
Soil Type (SCS): _____ Percolation Rate: _____ min./inch
Date of Tests 8-16 to 8-17-23 Weather: Precipitation — Temperature 90's warm

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	30	[illegible]	10AM	8-17	10AM	8-17	10AM	21"	8-17	10:30	30	2"	15
2		8-16						19"				2"	15
3								15"				1.75"	17.1
4								19"				2.25	13.3
5								22"				1.75	17.1
6								20"				2	15

Sum of Percolation Rates: 92.5
Average of Rates: 15.4
Rate Used for Calculation: 15.4

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 10-96

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

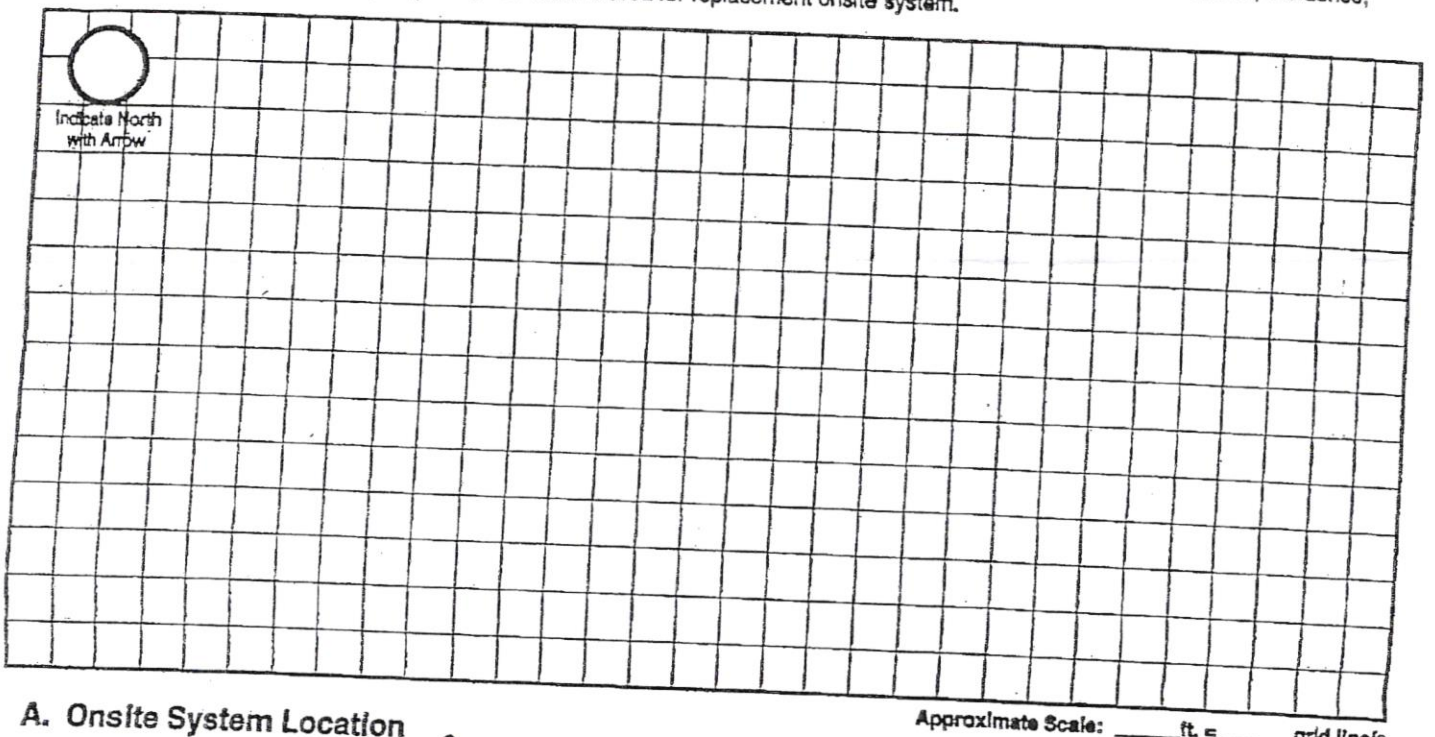
C

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) 9275 Cambridge 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 16 (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 1056 sq.ft.

Total length of laterals 234 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☒ Other POLY

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 10-30-23

Installer_____ Date_____

site Form C 12_06

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. HS002608

System Type: Standard

Situs: No Site Address Specified

Issued: 11/6/2023

Expires: 11/6/2024

Description: DENTON ESTATES ADDITION, Lot 2

Owner: ASPEN HOME BUILDERS LLC
9275 CAMBRIDGE CT
DENTON, NE 68339

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 BUILDERS
1640 NORMANDY CT, STE A
LINCOLN, NE 68512

SCANNED

NOV 0 6 2023

A

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

Permit Number HS002408

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 9275 Cambridge Dr. City Denton, NE Zip 68339
(no rural route)

Legal Description Lot 2 Denton Estates T9 R5 Sec 15
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 03153010020000

B. Owner

Name Aspen Home Builders Signature
Address 1640 Normandy Ct. City/State/Zip Lincoln 68512
Home Phone Work Phone 402 423 6811

C. Certified Installer

Name: Bob Boos Signature
Address 1640 Normandy Ct. City/State/Zip 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

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

Health Department
te visits Not inspected
Date rec'd 11/15/23
Date frwd 11/15/23
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

tallation Final Written Approval
Doug Ruel
te 12/5/23

Business Office Use Only
Date Received 11-06-23 Amount Paid $470
Received By JMO Cash/Check No. 35320

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: H 5002608

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) 0315301002000

Owner: Aspen Address 9275 Cambridge Ct.

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 170 ft.

B. Septic Tank

1. Material F/C
2. Capacity: 2120
3. Depth to top of tank, below unfinished grade: 18 in.
4. Distance to:
   Well 150 ft.
   Pressure line 50 ft
   Property Line 100 ft.
   Foundation 150 ft.

C Distribution Box or Drop Box

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

D. Drainfield/Absorption Field

☑ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ☑ Other
   Material brand and inside width of Chamberless EZ FLOW
2. Number of Laterals: 2
3. Length of each lataral (linear): ft. 120 ft. 120 ft. _____ ft. _____
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well 120 ft.
   Pressure line 200 ft.
   Property line 150 ft.
   Depth of Groundwater 8

Was the Onsite Wastewater System covered prior to LLCHD inspection? ❑ Yes ☑ No

If Yes, the Certified Professional must sign below for final approval

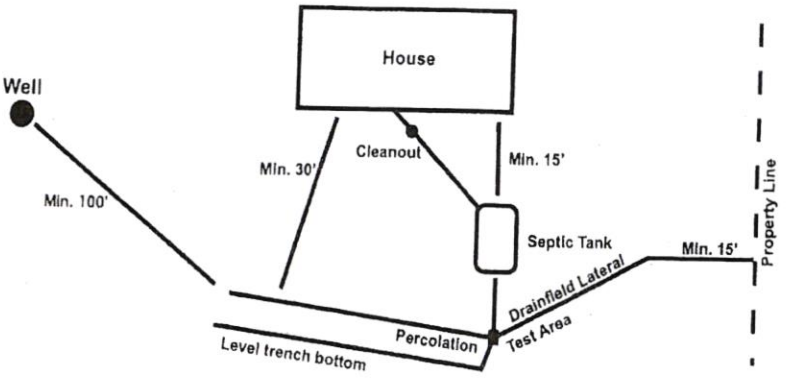
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: 11-25-23

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

Indicate North
w/ Arrow Here:

Onsite Wastewater System Design (Example)



*Note-if Lagoon, show all applicable dimensions

Nov. 6

9275 Cambridge CT

