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. HS002657

System Type: Standard

Situs: No Site Address Specified

Issued: 5/15/2024

Expires: 5/15/2025

Description: DENTON ESTATES ADDITION, Lot 1

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

ASPEN HOME BUILDERS
BOB BENES
1640 NORMANDY CT STE A
LINCOLN, NE 68512

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

MAY 09 2024

A

Permit Number
HSOD2657

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 9221 CAMBRIDGE COURT (no rural route) City DENTON, NE Zip 68339

Legal Description 15 9 5 DENTON ESTATES ADDITION 1

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

PID 03153010001000

B. Owner

Name Aspen Home Builders Signature

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

Home Phone Work Phone 402-423-6811

C. Certified Installer

Name: Bob Benes Signature

Address 1640 Normandy Ct. Ste A City/State/Zip Lincoln, NE 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 5.01

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

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

. Health Department ACTION ☐ Approved ☐ Disapproved

Site visits Date rec'd Signature

Date frwd

Comments

. Supt. Bldg. Insp. or Village Clerk ACTION ☐ Approved ☐ Disapproved

omments Date rec'd Signature

Date frwd

. City or County Engineer ACTION ☐ Approved ☐ Disapproved

omments Date rec'd Signature

Date frwd

Installation Final Written Approval

y

ate

Business Office Use Only
Date Received 5-9-24 Amount Paid 417.00
Received By LC Cash/Check No. 36205

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 9221 Cambridge Court (no rural route) City Denton NE, Zip 68339

Owner Aspen Home Builders Addresss 1640 Normandy Ct. Ste A

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

Date of Tests 8-16-23 to 8-17-23 Weather: Precipitation — Temperature 90s

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	36	8/16	11 AM	8/17	11 AM			19"			30	1.75"	17.1
2								22"				2"	15
3								21"				1.75"	17.1
4								23"				2.25"	13.3
5								17"				2"	15
6								20"				2.25"	13.3

Person Conducting Percolation Tests

Name: Bob Bowes
Phone: 416-9660
Address: 1640 Normandy Ct
Lincoln, NE 68512

Sum of Percolation Rates: 90.8
Average of Rates: 15.1
Rate Used for Calculation: 15.1

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks: Seems fast for ~~city~~ anymore 531, recommend sizing up. - NA

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

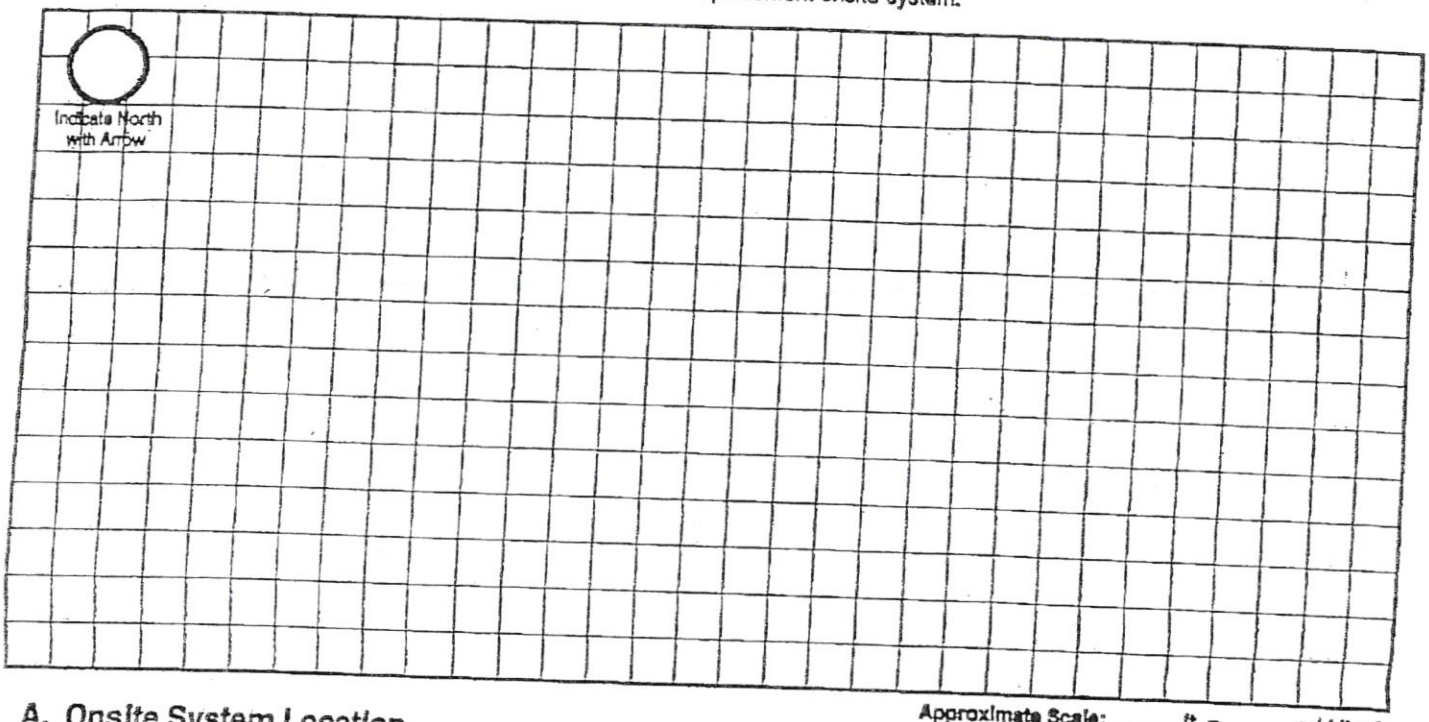
C

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) 9221 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 (percolaetion test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 15 (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 1050 sq.ft.

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

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 5-3-24

Installer_____ Date 5-3-24

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Environmental Public Health Division
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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) 0315301001000

Owner Aspen Address 9221 Cambridge Ct.

A. Wastewater Piping

1. Material: _____ Diameter: _____ in.
2. Distance between dwelling and septic tank: _____ ft.

B. Septic Tank

1. Material _____
2. Capacity: _____
3. Depth to top of tank, below unfinished grade: ____ in.
4. Distance to:
   Well _____ ft.
   Pressure line _____ ft
   Property Line _____ ft.
   Foundation _____ ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

❑ Trench ❑ Bed

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

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

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

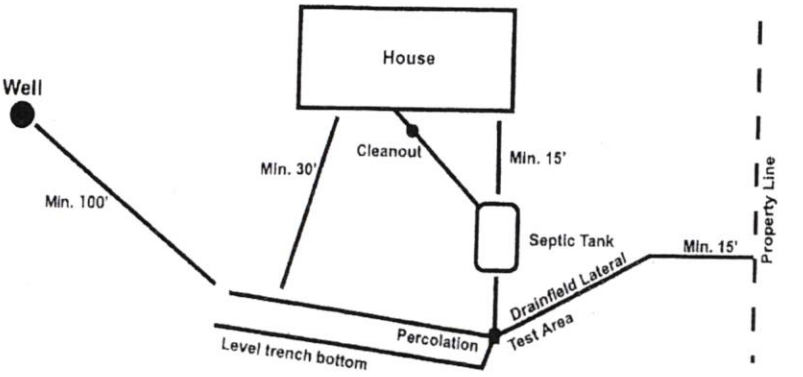
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: _____

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