Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

ASPEN BUILDERS
T9N R5E SEC 24 QTR NE
JR TRACT LOT 19
~~6300~~ W DENTON RD--DENTON

Permittee

6255 W. Denton
ASPEN BUILDERS
6120 VILLAGE DR
APT B
LINCOLN NE 68516

Permit # 01380232801

Issued 06/08/01
Expires 12/08/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted], Acting Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015876

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

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 6255 W Denton Rd (~~6300 → W Denton Rd.~~) (no rural route) City Denton NE, Zip 68339

Legal Description NE 1/4 1/4 24 Section 9 Township 5 Range JR. TRACT Subdivision Addition 19 Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name ASPEN BUILDERS SUB Signature _____

Address 6120 Village Dr. City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone _____ Work Phone 423-6811

C. Contractor

Name Aspen Builders Company Name Bob Benes

Address 6120 Village Dr. City/State/Zip Lincoln NE 68516

☒ Check if contractor designed system Work Phone 423-6811

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 7 Is there a Whirlpool Bathtub 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. 2832

1. **Health Department** Date rec'd 6/7/01 Date frwd 6/8/01 ACTION ☒ Approved ☐ Disapproved Signature Jerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/8/01 Date frwd 6/8/01 ACTION ☒ Approved ☐ Disapproved Signature TK (BLDG PERMIT READY)
3. **City or County Engineer** Date rec'd 6/8/01 Date frwd 6/8/01 ACTION ☒ Approved ☐ Disapproved Signature _____

10/24/01 Need ~~Permit~~, fence, signs, etc.

Installation Final Written Approval

By Doug Amack

Date 1/16/02

Business Office Use Only

Date Rec'd 06/08/01

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 0419

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

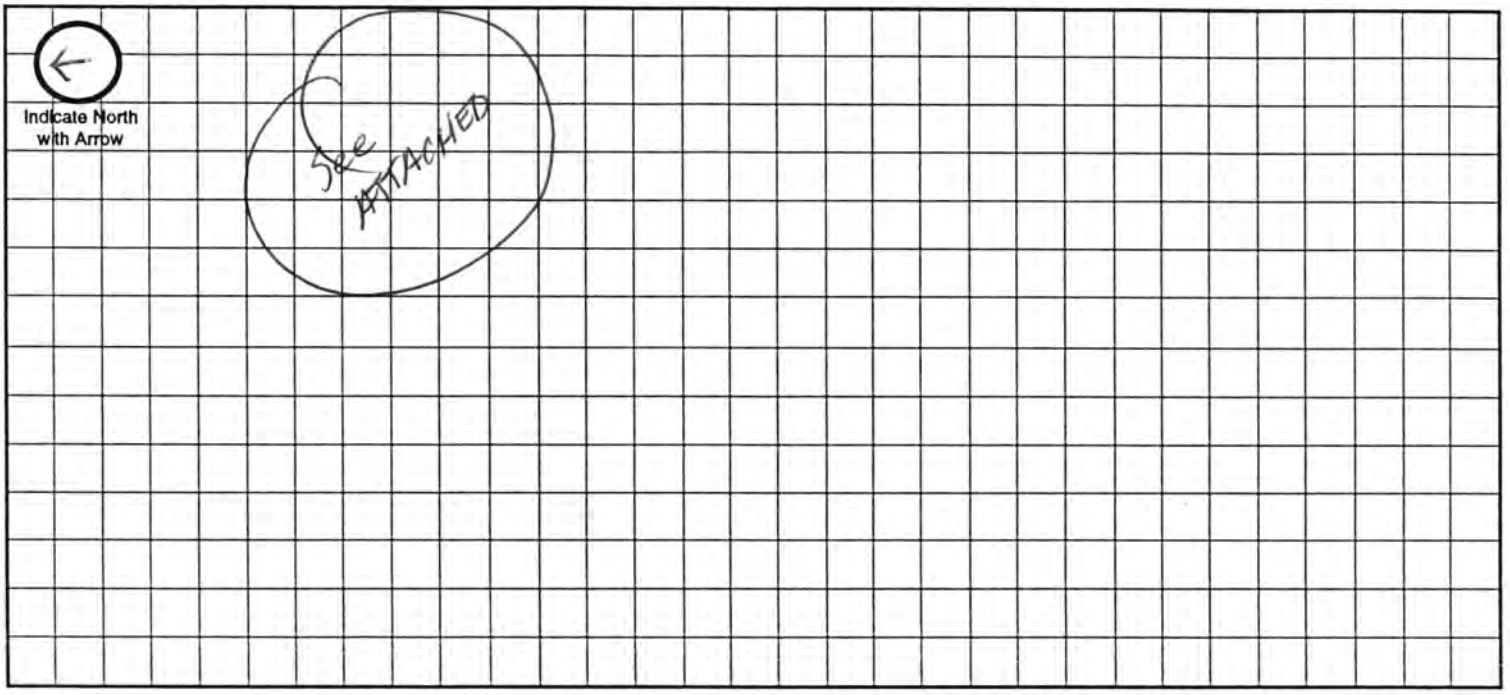
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6302 W. Denton City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other NONE

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. 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 ☒	☒

E. Required Signatures

Home Building Contractor _____ Date 6-6-01

Installer _____ Date 6-6-01

FORM 23-102 10-96

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

NOV 5 2001

D

Permit Number: 013802328 01

Sewage Disposal System

As Built Plans & Specifications

Date 10-31-01

System Location (Indicate correct number and street)

Address 6255 W. Denton Rd. (no rural route) City Lincoln NE, Zip 685

A. Building Sewer

1. Material: 4" PVC Sch. 40
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

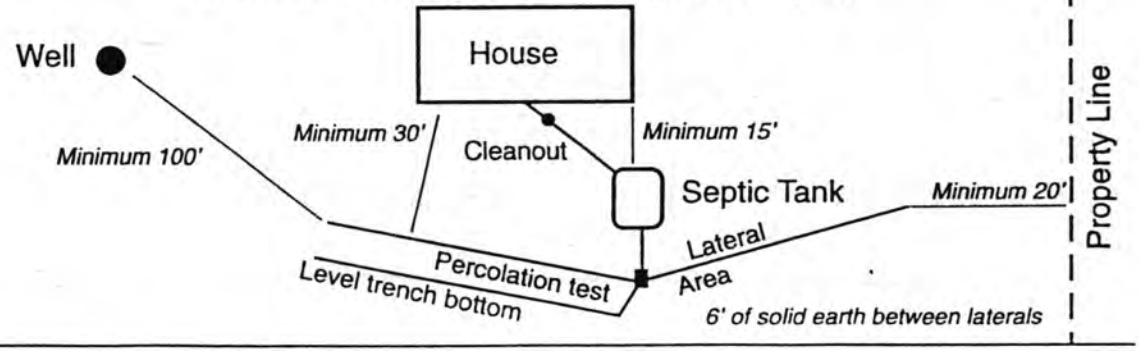
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)

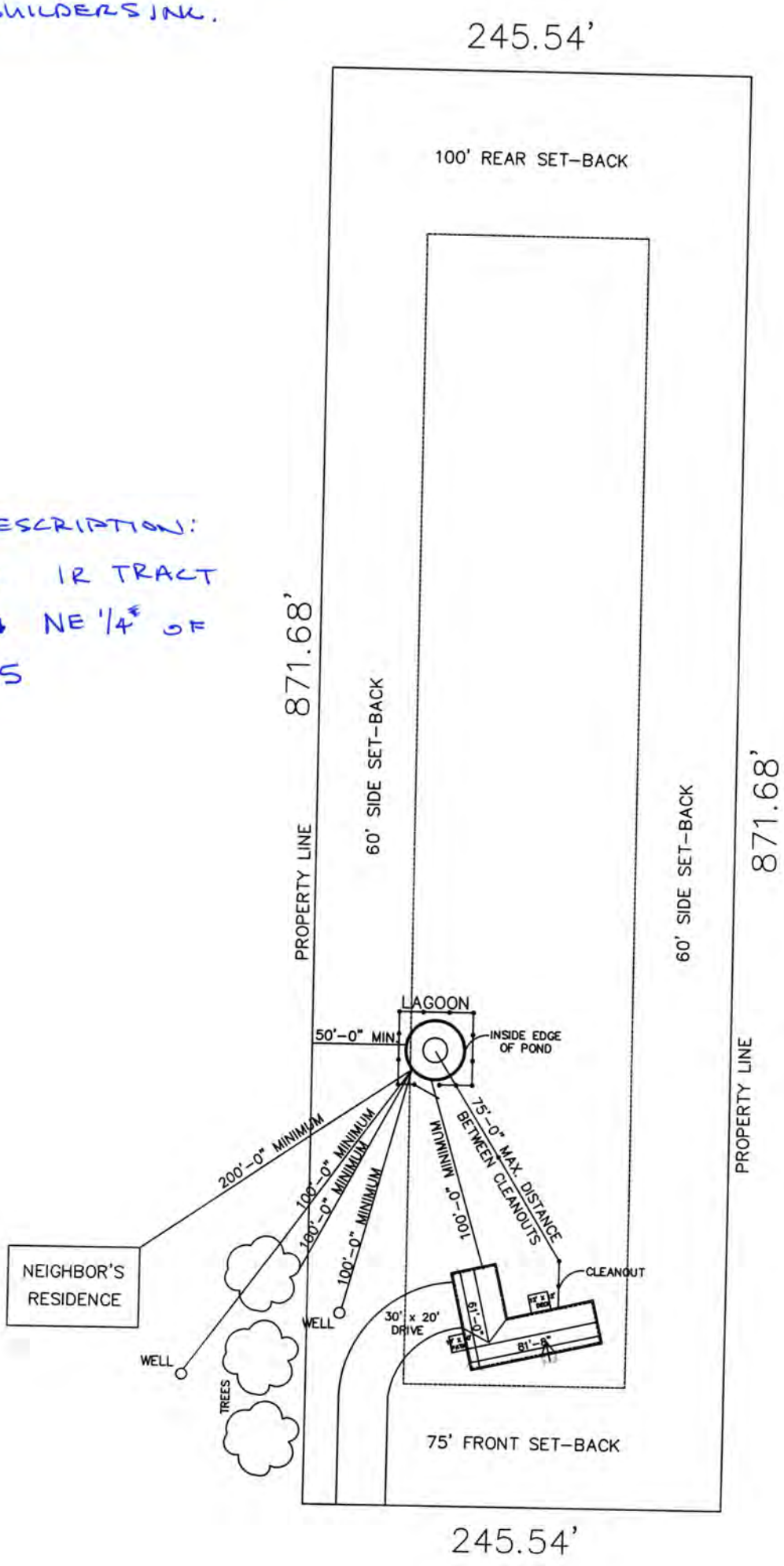


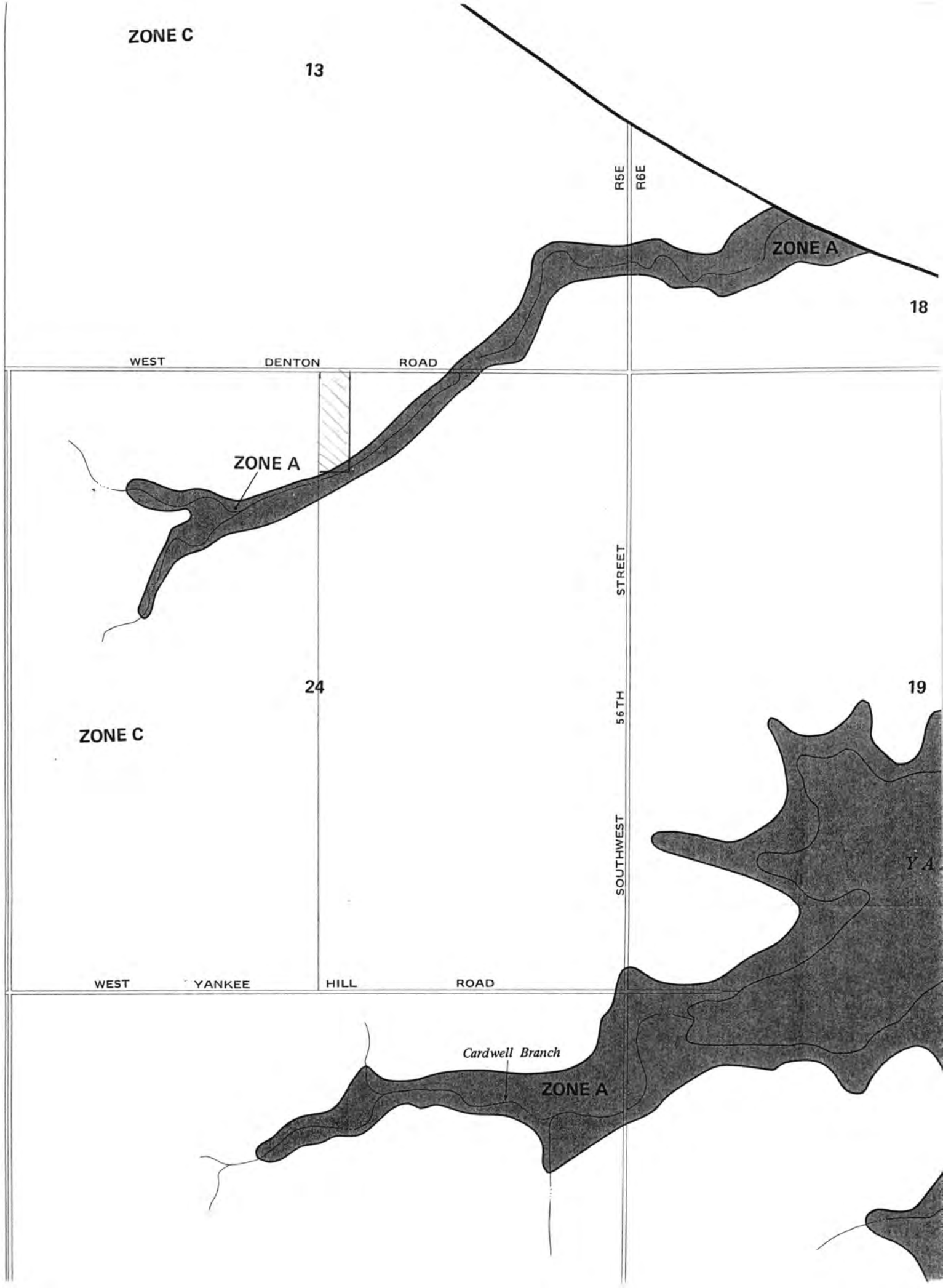
FORM 23-103 10-96

ASPEN BUILDERS INC.

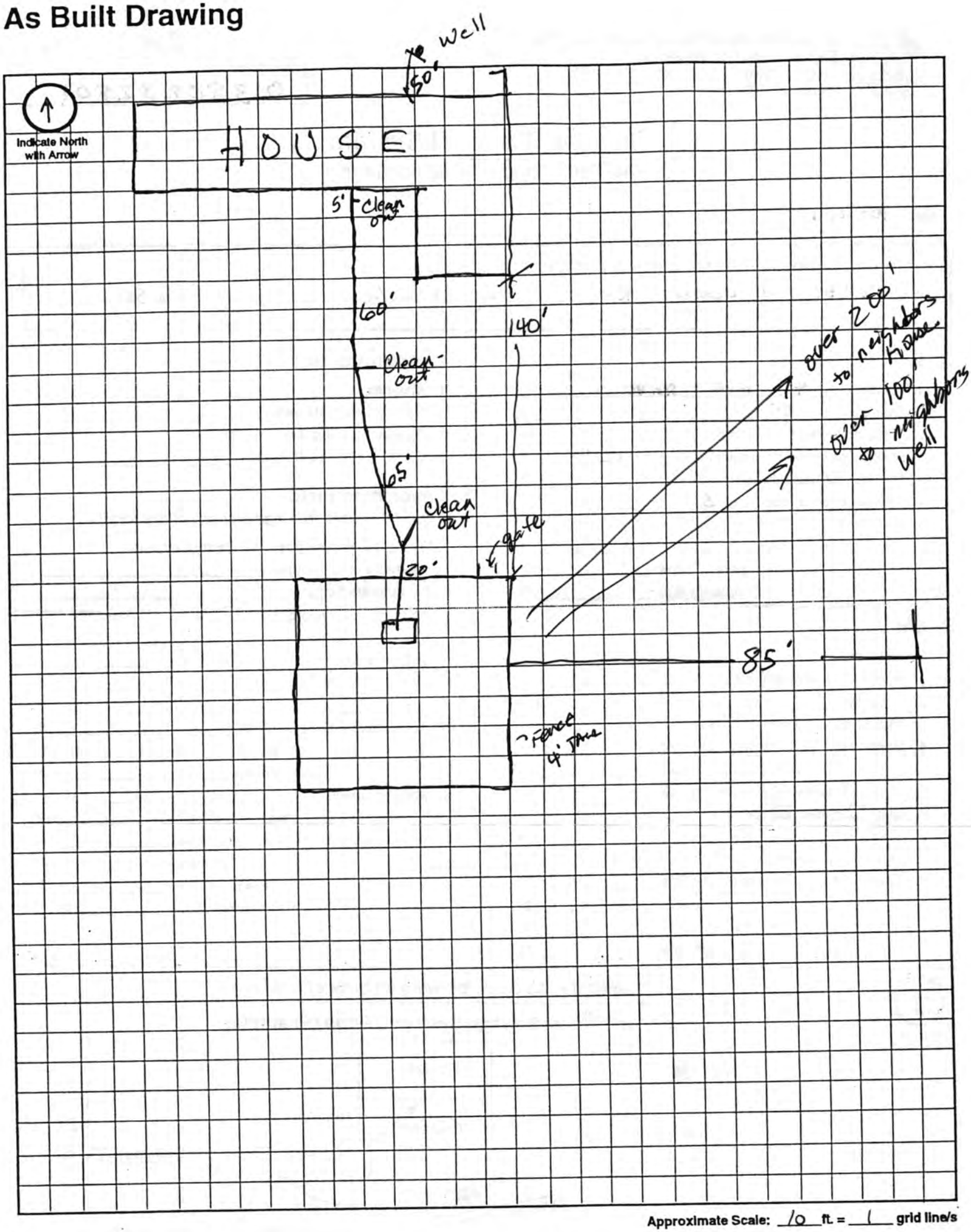
LEGAL DESCRIPTION:

LOT 19 IR TRACT IN ~~Wetaskiwin~~ NE 1/4 OF 24-9-5




ZONE C
13
R5E
R6E
ZONE A
18
WEST DENTON ROAD
ZONE A
24
19
ZONE C
56TH STREET
SOUTHWEST
Y A
WEST YANKEE HILL ROAD
Cardwell Branch
ZONE A

As Built Drawing



Approximate Scale: 10 ft. = 1 grid line/s