Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

ASPEN BUILDERS
T9N R6E SEC 9 QTR NE
E 1/2 OF NE 1/4 LOT 46IT
4501 SW 12 ST

Permittee

ASPEN BUILDERS
6120 VILLAGE DR
APT B
LINCOLN NE 68516

Permit # 01380239001

Issued 10/22/01
Expires 04/22/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000193

~~416-9660~~

OCT 1 9 2001

A

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

Permit Number: 013802390

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 4501 SW 12 (no rural route) City Lincoln NE, Zip 68502

Legal Description ~~Block 1~~ of E ½ NE 1/4 of 9-9-6 Lot H&I.T.
(1/4 1/4 Section Township Range Subdivision Addition 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 Dirk Johnson/Aspen Builders Signature _____

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

☐ Check if owner designed system Home Phone 416-9660 Work Phone 423-6811

C. Contractor

Name Aspen Builders Company Name Bob Beres

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 3 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 10/22/01 Date frwd 10/22/01	ACTION ☒ Approved ☐ Disapproved Signature Jerald C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10/22/01 Date frwd 10/22/01	ACTION ☒ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 10-22-01 Date frwd 10-22-01	ACTION ☒ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By _____

Date 11/8/01

Business Office Use Only

Date Rec'd 10/22/01

Amt Paid 200.00

Rec'd By CW Cash/Check No. 1167

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

OCT 19 2001

B

Permit Number: 0138 02390

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

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 4501 SW 12 (no rural route) City Lincoln NE, Zip 68502

c/o ASPEN BUILDERS

Owner Dirk Johnson Addresss 6120 VILLAGE DR Suite B Lincoln, 68516

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

Date of Tests 7/21 to 7/22 Weather: Precipitation DRY Temperature ~~60~~ 90°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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"	7/21	5:00 pm	7/22	10 AM	7/22	6:15	26"	7/22	6:45	30	5/8	48.38
2	36"	〃	〃	〃	〃	〃	6:18	21"	〃	6:48	30	5/8	48.38
3	36"	〃	〃	〃	〃	〃	6:20	23"	〃	6:50	30	1/2	60.-
4	36"	〃	〃	〃	〃	〃	6:25	28"	〃	6:55	30	1/2	60.-
5	36"	〃	〃	〃	〃	〃	6:27	20"	〃	6:57	30	5/8	48.38
6	36"	〃	〃	〃	〃	〃	6:30	21"	〃	7:00	30	3/4	40.-
~~7~~													
~~8~~													

Sum of Percolation Rates: 305.14

Average of Rates: 50.85

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Bob Benes

Phone: ~~555~~ 423-6811

Address 6120 Village Dr
Lincoln, NE 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

OCT 1 9 2001

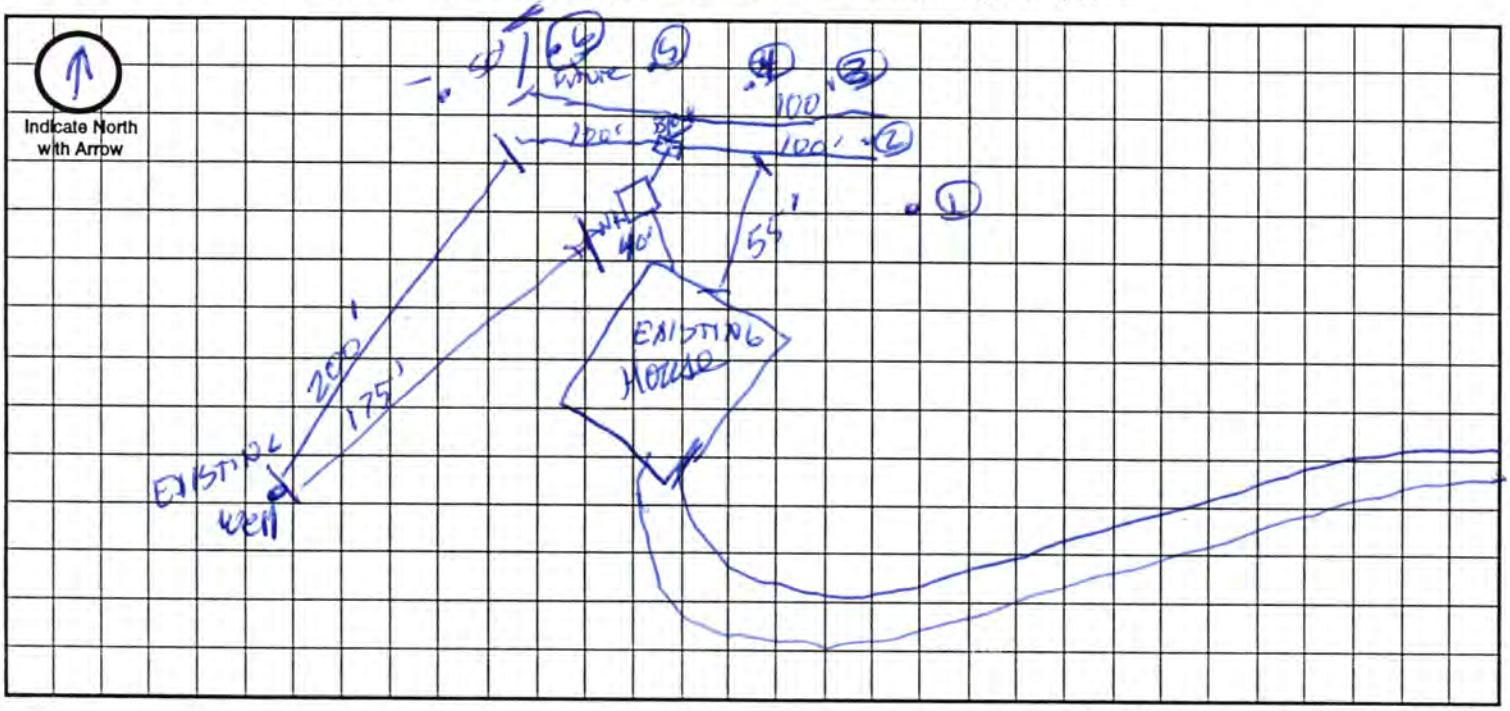
C

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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) 4501 SW 12 City Lincoln NE, Zip 68[illegible]

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: 20 %

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

Total Square Feet of Field Required: 900 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 3

Total Length of Laterals 300 ft. TBD. Number of Trenches 3 Trench Width 3'

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 [signature] Date 10-15-01

Installer Bob Ben Date 10-15-01

FORM 23-102 10-96

As Built Drawing

