Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008942

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380319601

Issued 05/23/06
Expires 05/23/07
Revenue Code 3157

Establishment:
ASPEN BUILDERS
T12N R6E SEC 16
MUSTANG RIDGE ADDN BLK 1 LOT 1
20901 NW 22 ST-RAYMOND

FEES: $275.00

Permittee:
ASPEN BUILDERS
1640 NORMANDY CT
APT A
LINCOLN NE 68512

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

MAY 2 3 2006

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

A

Permit Number: 063803196 01

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 20901 NW 22ND St (no rural route) City Raymond NE, Zip 68428

Legal Description 1/4 16 1/4 Section 12N Township 6E Range Mustang Ridge Subdivision Addition 1 Block 1 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 Inc. Signature _____

Address 640 Normandy Ct. Ste A City/State/Zip Lincoln, NE 68512

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

C. Contractor

Name Bob Benes Company Name Aspen Builders Inc.

Address 640 Normandy Ct. Ste A City/State/Zip Lincoln NE 68512

☒ 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 4 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 5/23/06 Date frwd 5/24/06 ACTION ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/24/06 Date frwd 5/24/06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 05/24/2006 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Doug Amon

Date 8/23/06

Business Office Use Only
Date Rec'd 05/23/06
Amt Paid 275.00
Rec'd By _____ Cash/Check No. 12855

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

B

Permit Number: 06380319 6

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 20901 NW 22ND St (no rural route) City Raymond NE, Zip 68428

Owner Aspen Builders Inc Addresss 1640 Normandy Ct Ste A Lincoln NE 68512

Soil Type (SCS): ShC MeC2 MrD Percolation Rate: _____ min./inch

Date of Tests 11-3-05 to 11-4-05 Weather: Precipitation Dry Temperature 65°

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	11-3	2:30pm	11-4	2:30	11-4	2:30				30	7/8"	34
2	↓	↓	↓	↓	↓	↓	2:32				↓	1"	30
3							2:34					1 1/4"	24
4							2:36					1"	30
5							2:38					7/8"	34
6	↓	↓	↓	↓	↓	↓	2:40				↓	3/4"	40

Person Conducting Percolation Tests

Name: Bob Bowers

Phone: 416-9660

Address _____

Sum of Percolation Rates: 192

Average of Rates: 32

Rate Used for Calculation: 32

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date MAY 23, 2006

FORM 23-101 10-96

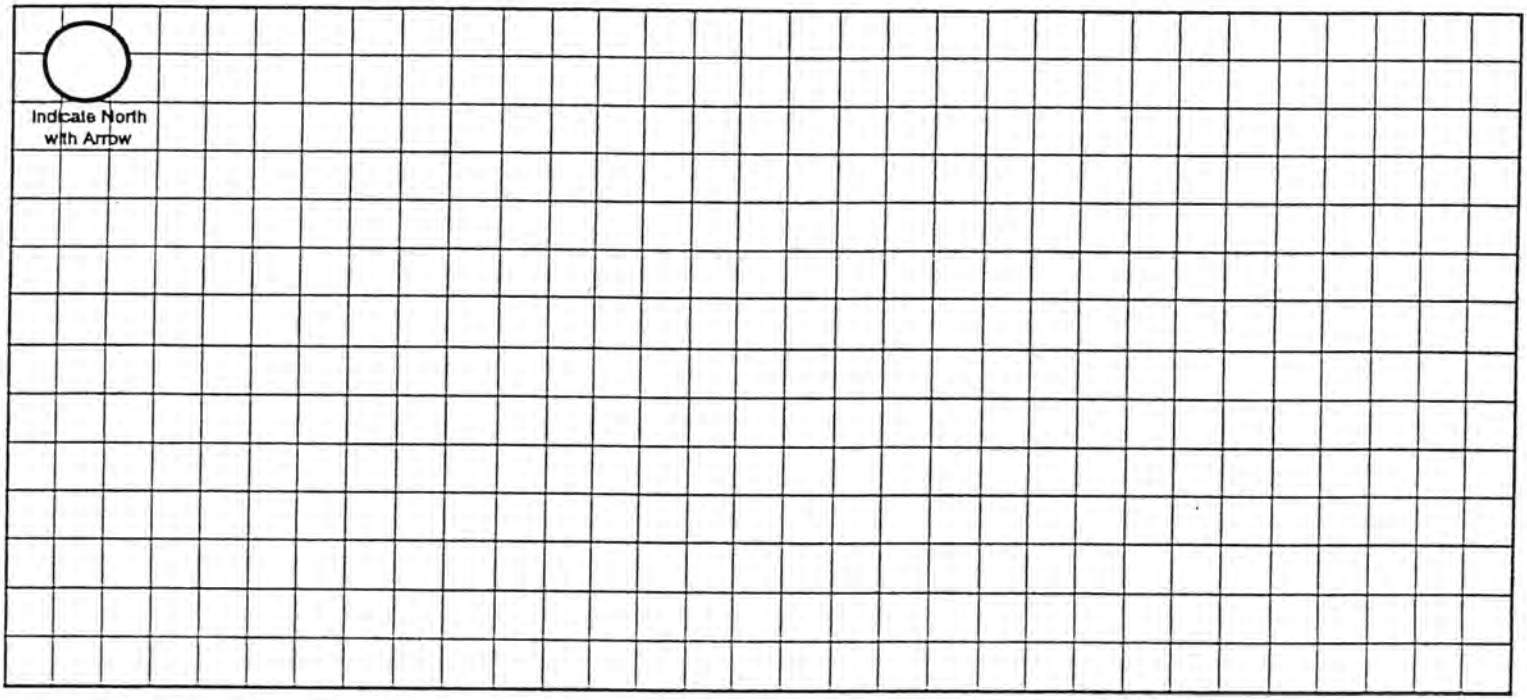
Lincoln-Lancaster County Health Department
Environmental Health Division
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C

Permit Number: 063803196

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) 20901 NW 22nd St City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 32 (min. per inch) Soil Type: ShC MoC2 MuD Land Slope: _____ %

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

Total Square Feet of Field Required: 1100 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 275 ft. Number of Trenches 2 Trench Width 3'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

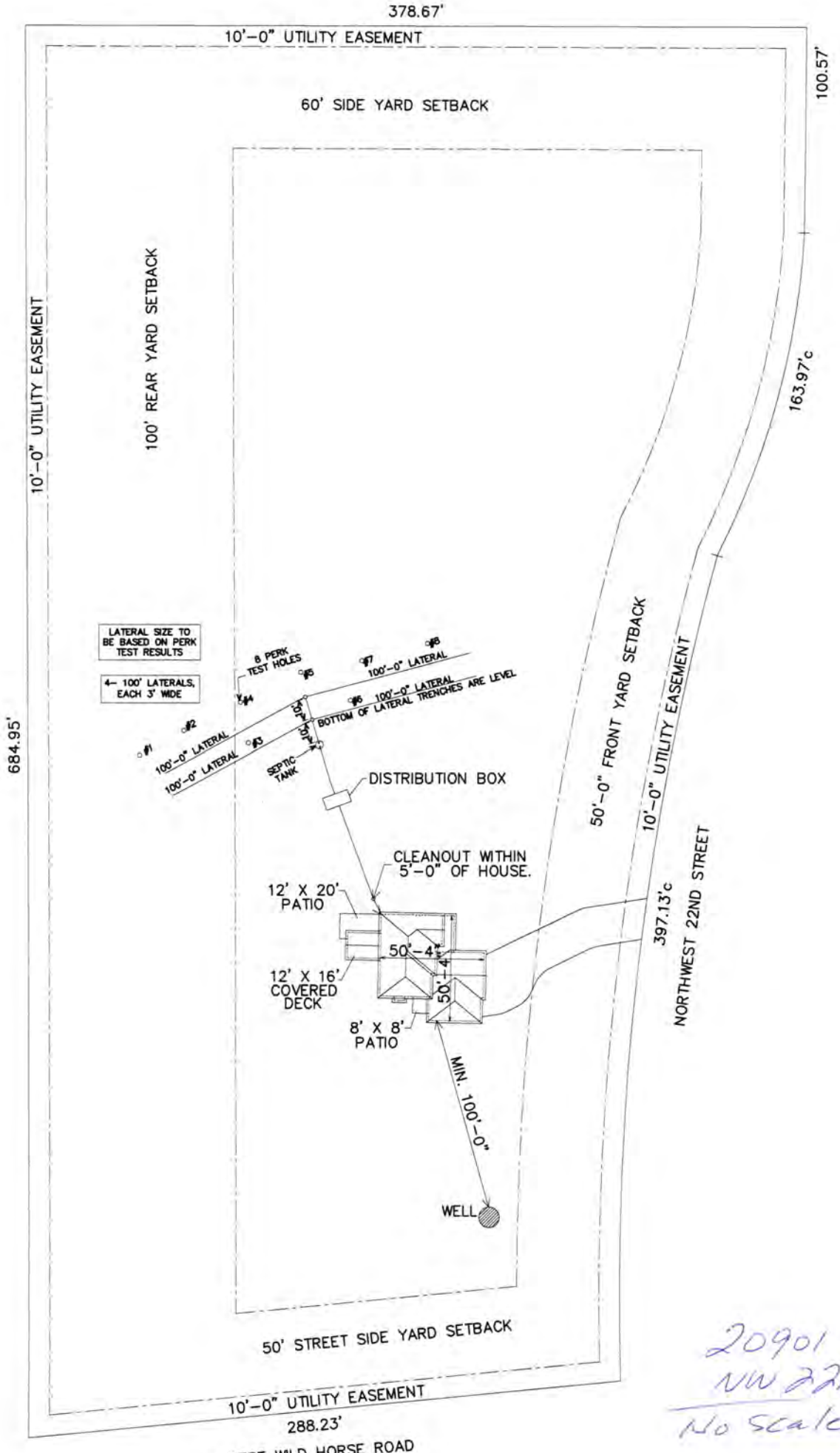
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 5-21-06

Installer _____ Date 5-21-06

FORM 23-102 10-96



20901
NW 22ND
No Scale