Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002999

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 03380269701

Issued 08/21/03
Expires 02/21/04
Revenue Code 3157

Establishment: RONALD R HUTCHISON
T10N R5E SEC 34 QTR SE
LOT 6IT

FEES: $200.00

Permittee: RONALD R HUTCHISON % ASPEN BUILDERS INC
6120 VILLAGE DR STE B
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 03380869701

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 2131 S.W. 84th (no rural route) City Lincoln NE, Zip 68532

Legal Description NE (1/4) SE (1/4) 34 (Section) 10N (Township) 5E (Range) _____ (Subdivision) _____ (Addition) _____ (Block) Lot 1 I.T.

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Ron Hutchison c/o Aspen Builders Inc. Signature [signature] Aspen Builders Inc.

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

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

C. Contractor

Name Bob Benes Company Name Aspen Builders Inc.

Address 6120 Village Dr. Ste B 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 Bob Benes Firm Aspen Builders Work Phone 416-9660 423-6811

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 8/21/03, Date frwd 8/22/03 — ACTION ☒ Approved ☐ Disapproved — Signature Jerrold C. Hood
   10-8-03 need drawing + bond
2. **Supt. Bldg. Insp. or Village Clerk** — Date rec'd 8/22/03, Date frwd 8/22/03 — ACTION ☒ Approved ☐ Disapproved — Signature [signature]
3. **City or County Engineer** — Date rec'd 8-22-03, Date frwd 8-22-03 — ACTION ☒ Approved ☐ Disapproved — Signature [signature]

Installation Final Written Approval

By [signature] Doug Ansel

Date 3/31/04

Business Office Use Only

Date Rec'd 08/21/03

Amt Paid 200.00

Rec'd By [signature] Cash/Check No. 5080

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

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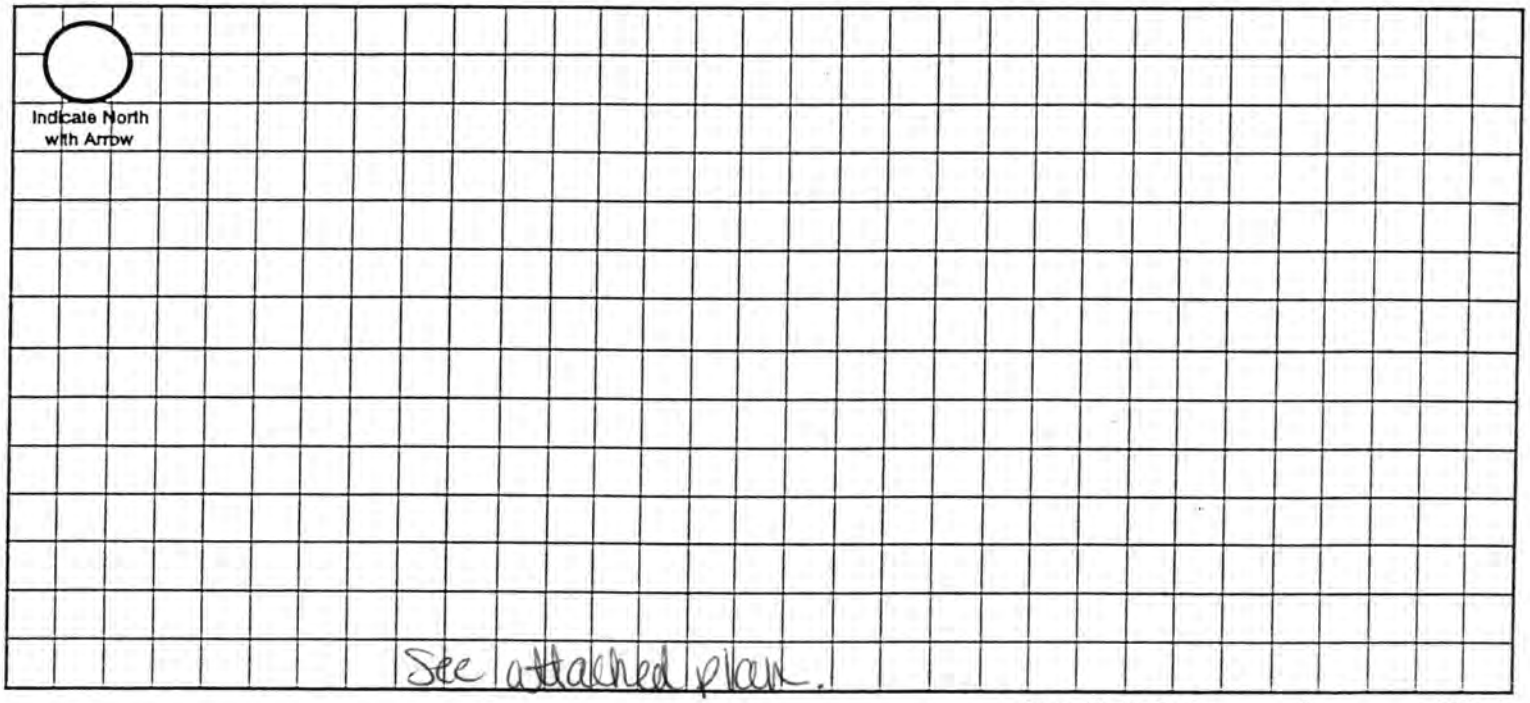
C

Permit Number: 033802697

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) NE SE 34 10N 5E City Lincoln NE, Zip 68532

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other No Tank

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

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

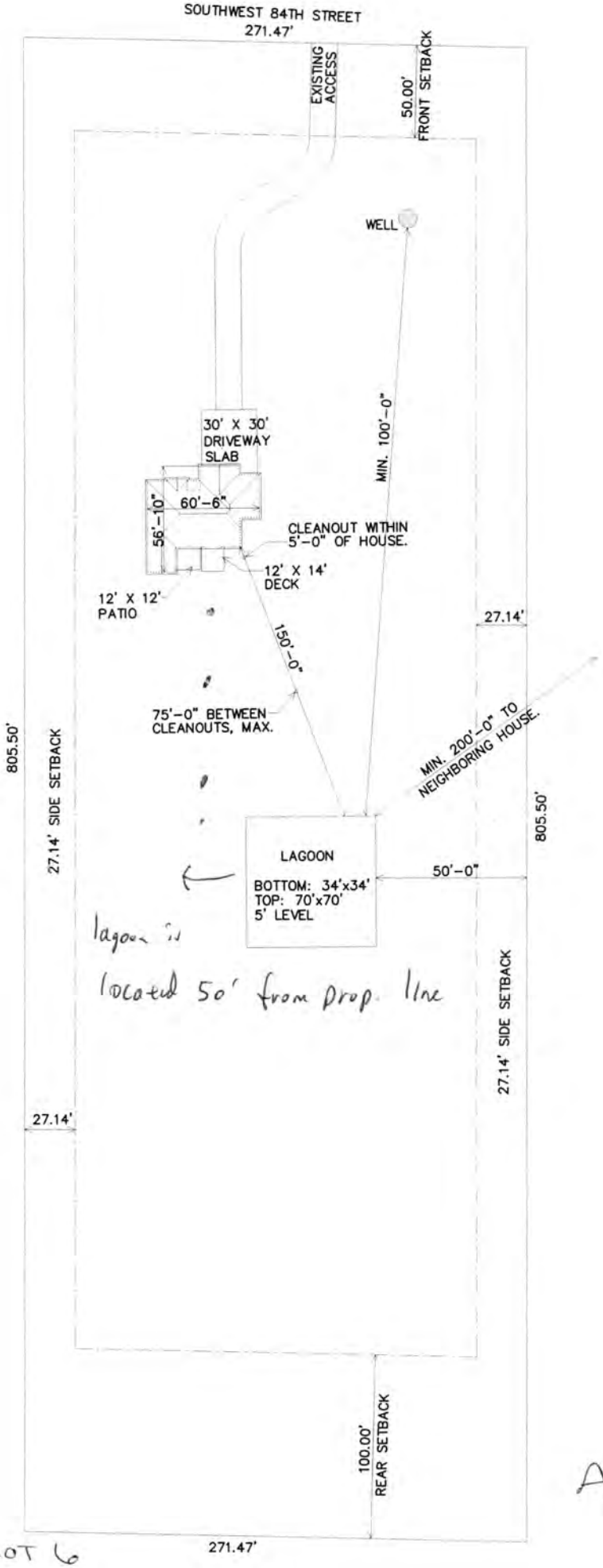
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒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

E. Required Signatures

Home Building Contractor _____ Date 8/21/03

Installer _____ Date 8/21/03

FORM 23-102 10-96



as built field note by D.S

← NORTH

NE 1/4 SE 1/4, S34, T10N, R5E, LOT 6

Aspen Builders Inc.

10-5-34
Lot 6

JUL 9 2004

D

Lincoln-Lancaster County Health Department
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Sewage Disposal System
As Built Plans & Specifications

Date 7-7-04

System Location (Indicate correct number and street)

Address 2131 SW 84th (no rural route) City Lincoln NE, Zip 68532

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: [illegible] in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: - ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 100 ft.
   stream - ft.
   pressure line 100 ft.
   property line 100 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

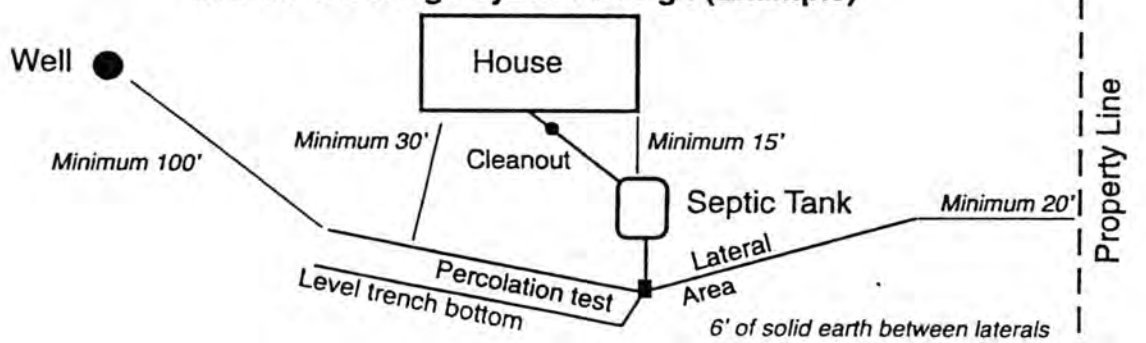
(Provide as-built drawings on back of this form)

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.

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

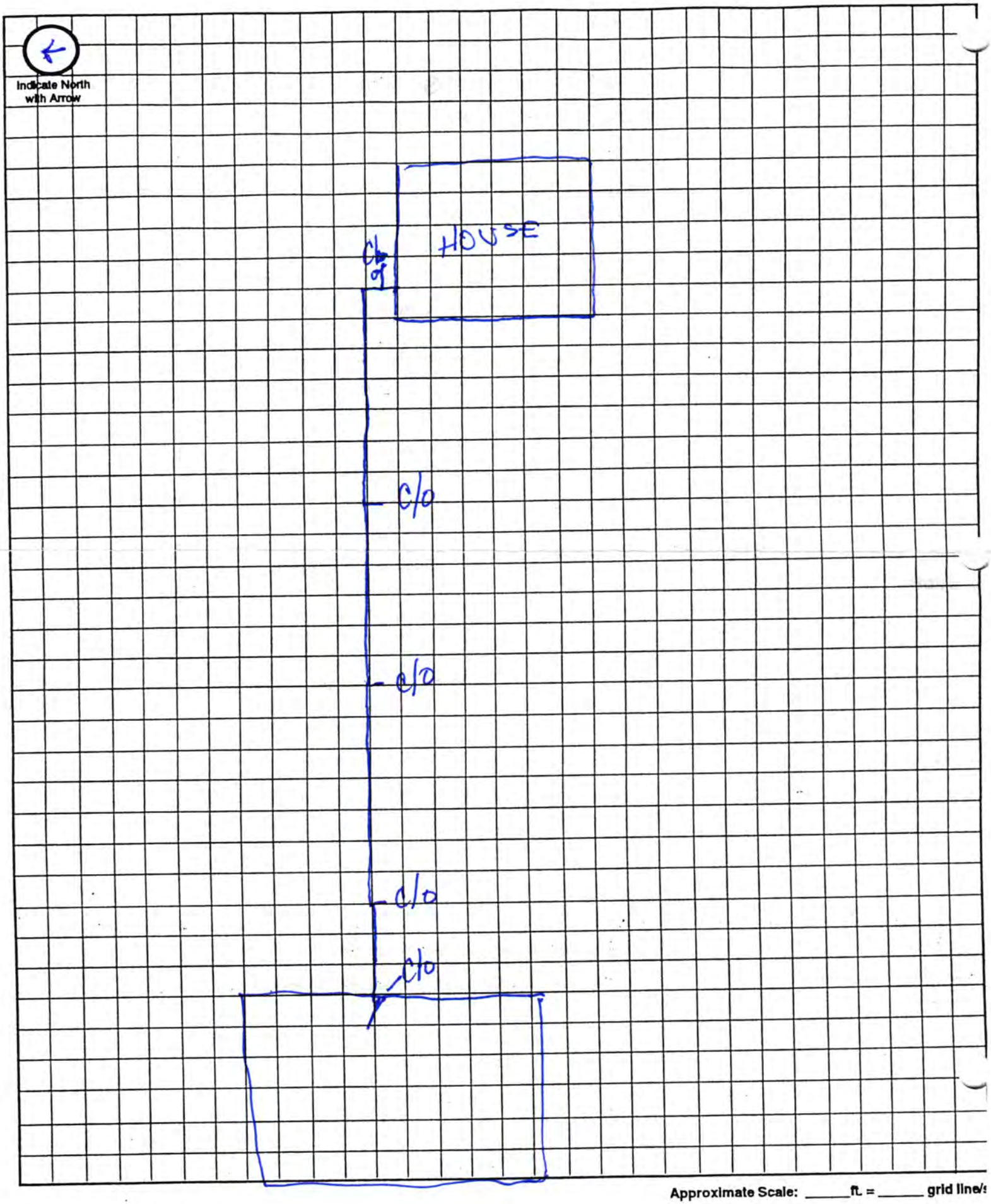
Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing

2131 SW 84th



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