Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000009

System Type:	STANDARD
Situs:	15333 PIONEERS BLVD LC
Legal Description:	T09N-R08E-S10-Lot: 25NW
Owner:	BUNZ, BRENT C & TAMARA 9625 S 67 ST LINCOLN NE 68516

Permit Fee:	$290.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$290.00
Issued:	09/12/2007
Expires:	09/11/2008

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

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.

Bruce D. Dart, PhD
Health Director

BUNZ, BRENT C & TAMARA
9625 S 67 ST
LINCOLN NE 68516

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Brent Bunz
Address: 48th & Pioneers Head South Side

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 8-4-07 to 8-5-07. Weather: Precip. Ø Temp. 90's

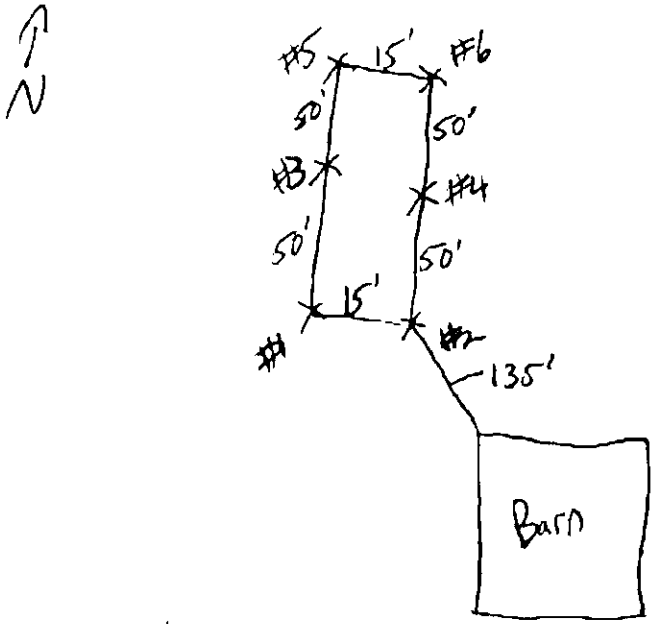
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	31	8-4	3:30pm	8-4	7:30pm	8-5	11:15am	6	11:45am	5 1/4	30	1/4
2	31	8-4	3:30pm	8-4	7:30pm	8-5	11:15am	6	11:45am	5 1/2	30	1/2
3	31	8-4	3:30pm	8-4	7:30pm	8-5	11:15am	6	11:45am	5 1/2	30	1/2
4	31	8-4	3:30pm	8-4	7:30pm	8-5	11:20am	6	11:50am	5 1/2	30	1/2
5	31	8-4	3:30pm	8-4	7:30pm	8-5	11:20am	6	11:50am	5 1/2	30	1/2
6	31	8-4	3:30pm	8-4	7:30pm	8-5	11:20am	6	11:50am	5 1/4	30	3/4

Sum of Water Level Drops (in.) [Column m]: 3
Average of Water Level Drops (in.) [Column m]: .50
Inches per Minute: 60 min/inch

PERSON CONDUCTING TEST:
Name: Justyn Peterson
Address: 742 1st Street
Milford, NE 68405
Phone: 402-761-4414
Signature: [signature]

Square Feet of Lateral per Bedroom: _____

SKETCH SHOWING HOLE LOCATION:



Officials Signature

Sep 04 07 08:45a Earnest well Drilling Inc 4027614281

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

A

Permit Number
HS000009

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 or: ☒ 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 15333 Pioneers BLVD (no rural route) City Walton NE Zip 68461

Legal Description ____ ____ 10 9 8 25 NW
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 Total Acres: 37.76 acres

B. Owner

Name Brent Bianz Signature [signature]

Address 9625 S. 62nd St City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone (402) 421-7663 Work Phone (402) 525-9495

C. Contractor

Name: Schan Construction-TROY SCHAN Company Name Schan Construction

Address Box 216 City/State/Zip Valparaiso, NE 68065

☐ Check if contractor designed system Work Phone 702-580-0404

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

Designer Name JUSTIN PETERSON Firm EARNEST WELL DRILLING Work Phone 402-641-6774

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 450

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☒ Not Applicable

DO NOT WRITE BELOW THIS LINE

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

1. **Health Department**
Site visits ____
Date rec'd 9/7/07
Date fwd 9/7/07
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

2. **Supt. Bldg. Insp. or Village Clerk**
Comments ____
Date rec'd 9/10/07
Date fwd 9/10/07
ACTION ☒ Approved ☐ Disapproved
Signature [signature]

3. **City or County Engineer**
Comments ____
Date rec'd 9-10-07
Date fwd 9-10-07
ACTION ☒ Approved ☐ Disapproved
Signature Jim Ploger

Installation Final Written Approval
By ____
Date ____

Business Office Use Only
Date Received ____ Amount Paid ____
Received By ____ Cash/Check No. ____

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

* installing 450 linear ft of lateral
3 runs of 150 ft
9/10/07

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 Already sent 9/4/07

System Location (Indicate correct number and street)

Address 15333 Pioneers Blvd (no rural route) City Walton NE, Zip 68461

Owner Brent Bird Address 9625 S. 67th St Lincoln, NE 68516

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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 Rate (Min/in)

Person Conducting Percolation Tests

Name. _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

OFM 23-101 10-98

Sep 06 07 08:37a Earnest well Drilling Inc 4027614281

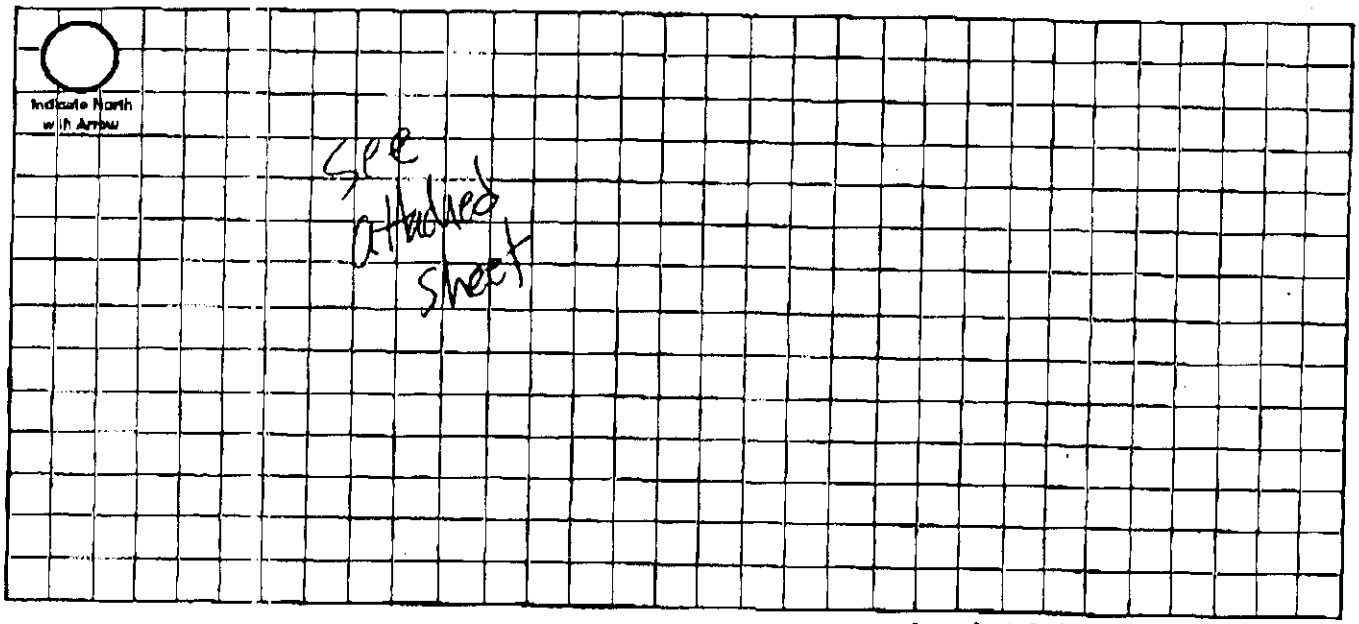
Lincoln-Lancaster County Health Department
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Phone: 402-441-8022

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 lines

A. System Location (Indicate correct number and street)

Address (no rural route) 15333 Pioneers Blvd City Walton NE, Zip 68461

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other ____

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

Percolation Rate 60 (min. per inch) Soil Type: Clay Loam Land Slope: ____ %

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

Total Square Feet of Field Required: 1800 sq. ft.

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

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

Total Length of Laterals 150 ft. Number of Trenches 3 Trench Width 3'

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

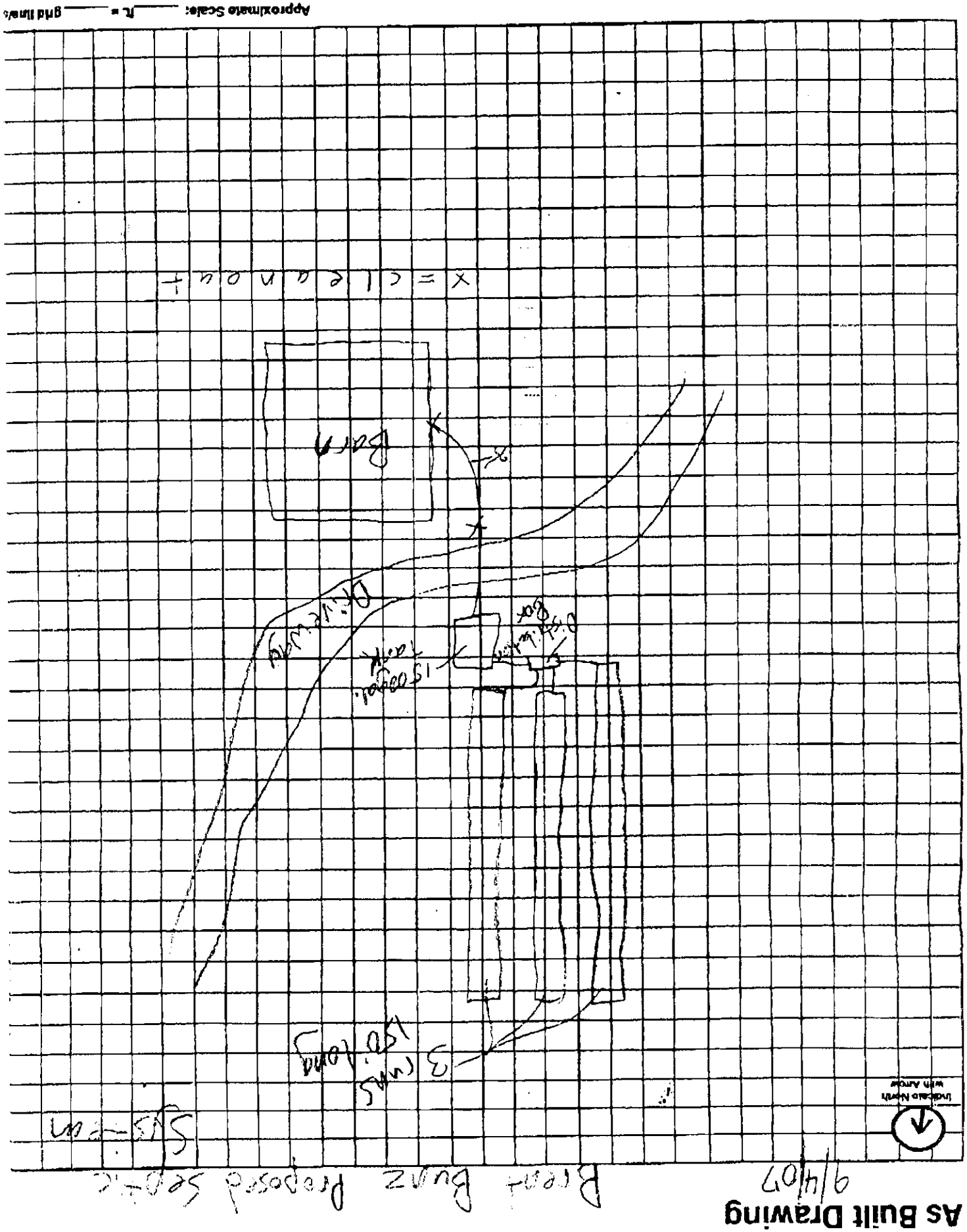
Distance From	Private Well	Public Well	Surface Water	Ground Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☑	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
~~Lagoon (ft)~~	100 ☐	500 ☐	50 ☐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

E. Required Signatures

Home Building Contractor ____ Date 9-1-07

Installer Bew Ernst III Date 9/6/07

FORM 22-102 10-96


Approximate Scale: 1in. = 10ft and 1in/s
As Built Drawing
9/4/07
Barn Burn Proposed septic
septic
3 tanks
1500 gal. tank
Overhead
Barn
Indicate North with Arrow