Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

APR 27 2016

A

Permit Number HS001239

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 for: ☐ 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 24301 S 44 St (no rural route) City Firth, NE Zip 68358

Legal Description 17 7 7 Lot 16 SW

1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 14-17-300-011-000

B. Owner

Name Keith & Becky Brunkow Signature

Address Same City/State/Zip

Home Phone Builder (Mike McGill) 402-450-1448 Work Phone

C. Certified Installer

Name: Kurt Virgil Signature

Address Lincoln Ne 68528 City/State/Zip 4620 W Mary Louise Ln

Work Phone 402-525-6601

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 5.77

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day

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
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 4-27-16 Amount Paid $385.00
Received By AB Cash/Check No. 1216

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

Form A Updated: 5/10

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

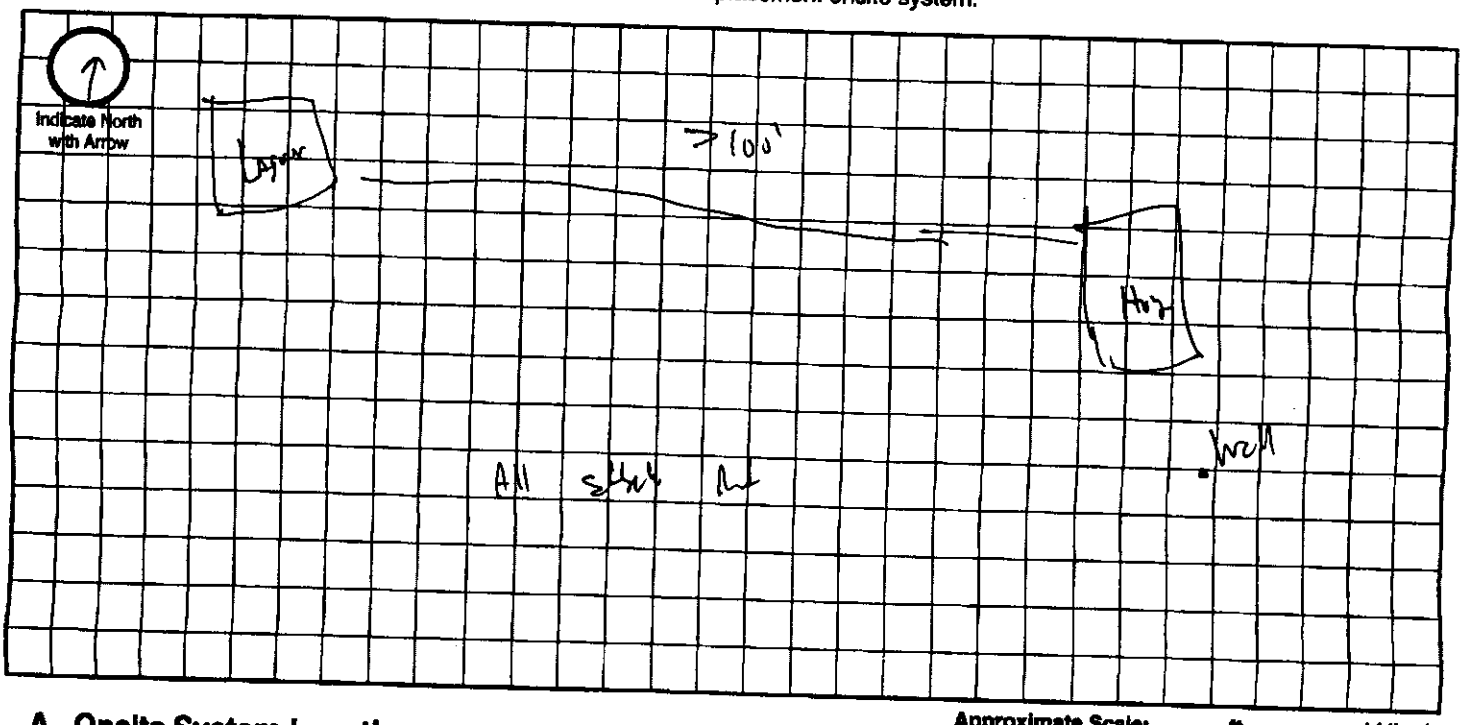
C

Permit Number: HS001239

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 24301 S 44 City Firth NE, Zip 68358

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☒	☒

F. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date 4-24-16

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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001239

System Type: Lagoon

Situs: 24301 S 44 ST, RURAL, NE

Issued: 5/2/2016

Expires: 5/2/2017

Description: S17, T7, R7, 6th Principal Meridian, LOT 16 SW

Owner: BRUNKOW, KEITH L & BECKY E
24301 S 44 ST
FIRTH, NE 68358

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

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.

Judith A Halstead
Judith A. Halstead, MS
Health Director

KURT VIRGIL EXCAVATING INC
46 W MARY LOUISE LN
LINCOLN, NE 68528

7-7-17

DEC 6 2016

D

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

Permit Number: HS001239

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 11-28-16 Legal Description Lot 16 SW 1/4 1/4 17-7-7 Section Township Range

Onsite System Location

Address (no rural route) 24301 S 44 St City Firth NE, Zip 68358

Owner Keith & Becky Bauwkow Address

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: — in.
   or distance below basement floor: 28 in.
3. Distance between dwelling and ~~septic tank~~: 222 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 7100 ft.
   stream 750 ft.
   pressure line 7 ft.
   property line 750 ft.

Lagoon

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

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" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
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 ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

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

D. Drainfield Absorption

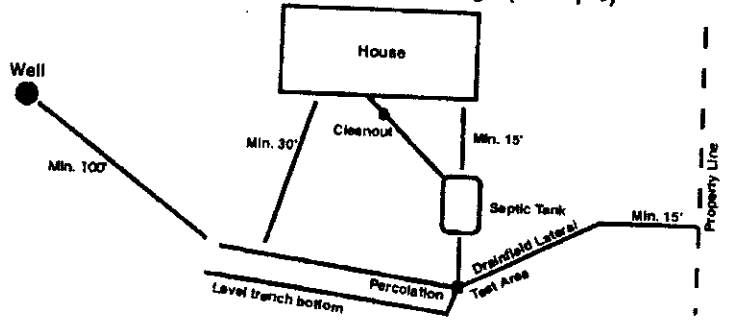
☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width:
   Number of distribution lines in bed
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other
2. Drainfield Laterals: Number
   Length of each line: ft. ft.
   ft. ft., ft.
3. Drainfield dimensions: Width ft.
   Distribution Pipe Slope in/100 ft.
   Average depth in
4. Filter material:
   Depth of material in.
5. Distances to: Well or suction line ft.
   Pressure line ft.
   Property line ft.
   House or building ft.
   Lake or Stream ft.

Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)

Indicate North with Arrow

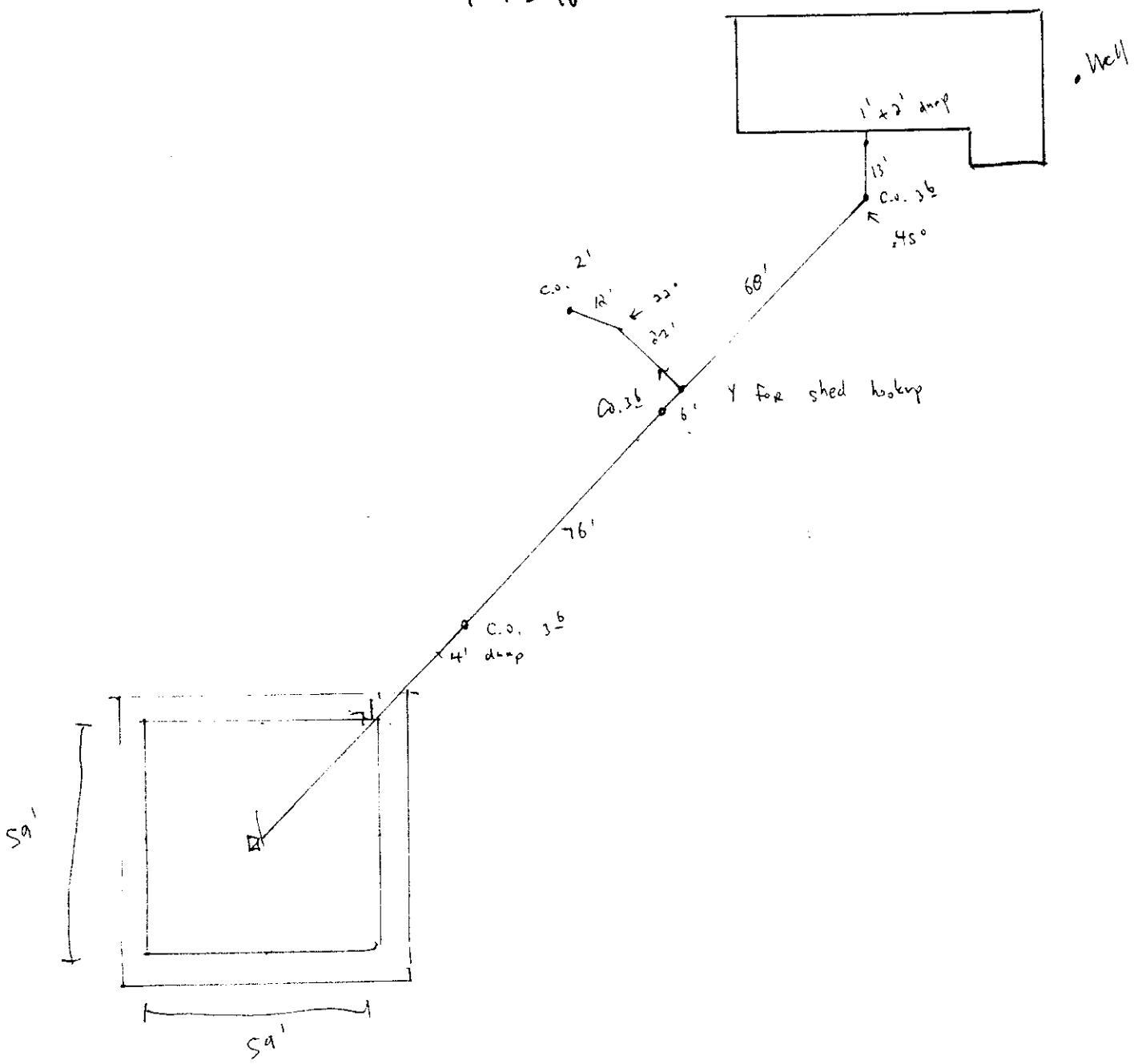


Keith & Becky Brunkow
24301 S 44 St
Firth, Ne 68358

Lagoon data
Completed 11-28-16

⟷ = 10'

← N



About a year and half ago a new house was built at 24301 South 44th St.

A lagoon was put in and the septic abandoned without a permit because it has never been fenced or inspected. Statement was made what the Health Dept. doesn't know won't hurt them.

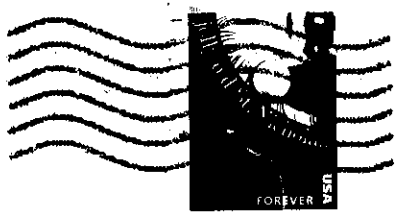
Also the property is littered with junk and junk cars and trucks, a perfect place for rodents and raccoons, opossum etc.

I thought ever lagoon had to be fenced just for safety concerns?

APR 18 2018

OMAHA NE 680

16 APR 2018 PM 3 L



County Health Dept.
Chris Schroeder MCRP
2121 "O" St.
Lincoln NE 68510

68510-153431

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 6

Permit Number: 4500123 9

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 12/16/16 Legal Description 17-7-7 Lot 16

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 24301 S. 44th City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Lagoon constructed so not to receive surface water	Yes ✓ No ___
Lagoon floor is level	Yes ✓ No ___
Lagoon is equipped with a depth gage/concrete slab	Yes ✓ No ___
Influent line is at least 4 inches and slopes no less than 1/8 inch	Yes ✓ No ___
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes ✓ No ___
Inside slope not steeper than three horizontal to one vertical	Yes ✓ No ___
Minimum width of the top of the dike shall be 4 feet	Yes ✓ No ___
Fence installed	Yes ✓ No ___

Top of the Dike 6 Bottom of Lagoon 29 Design Flow _____

5/30/18

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☒	100 ft ☒	Non-Community	100ft ☒	100ft ☒	50ft ☒	50ft ☒	Class 1	200ft ☐	☐
		Community	* ☐				Class 2	200ft ☐	
							Class 3	100ft ☐	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: _____

Dike North side

Comments:

Inspections prior to Final Approval
Initial _____ Date 12/16/16

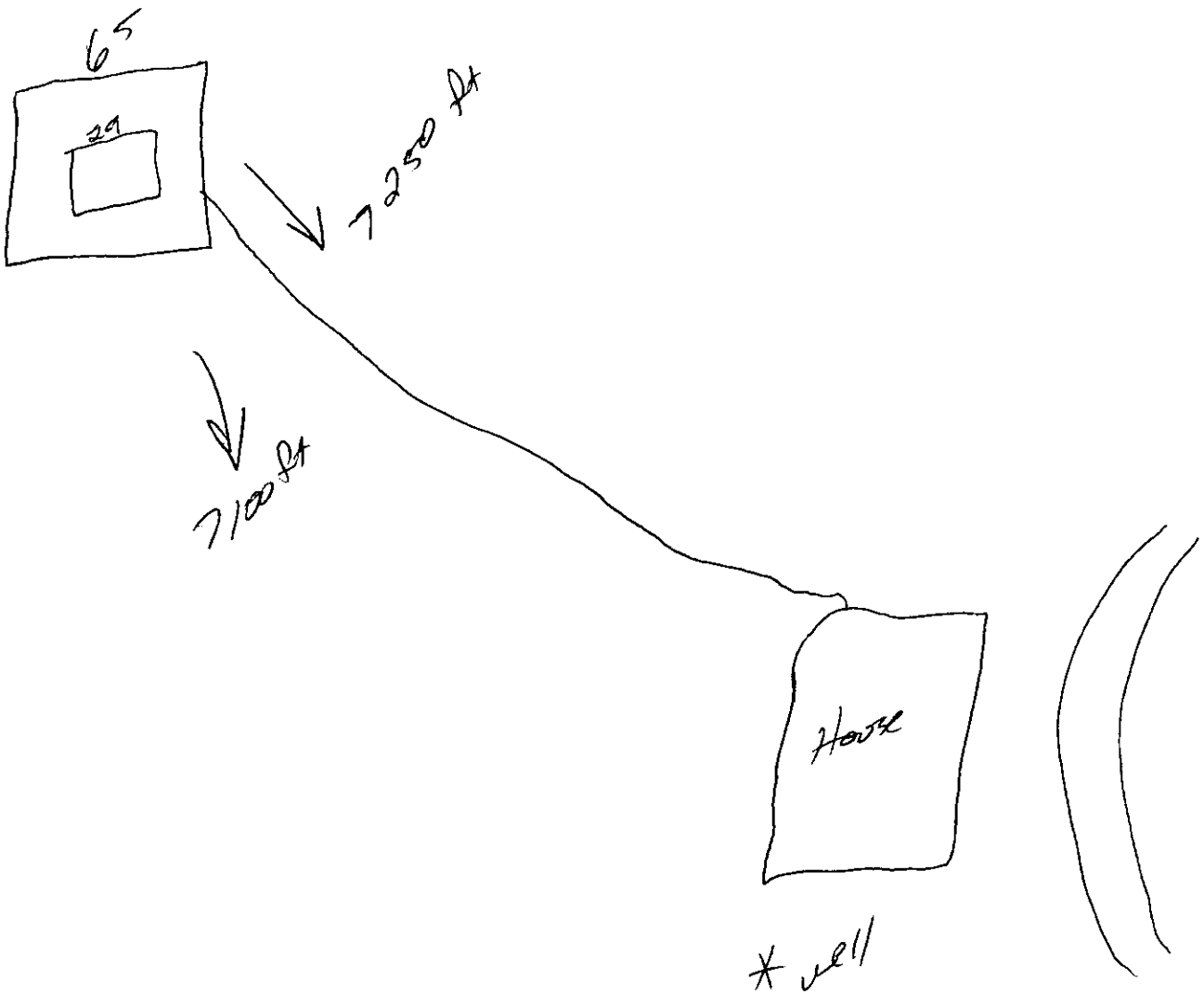
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Verified By _____

Date 5/30/18

have not


65
29
1250 ft
700 ft
House
well

APR 27 2016

SCANNED

A

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Name: Kurt Virgil Signature

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Work Phone 402-525-6681

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☐ Check and complete if engineer designed system P.E. License Number:

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Site visits
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Date frwd 5/2/16
ACTION ☒ Approved ☐ Disapproved
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Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 5/30/18

(+ no Fence 4/4/17 PH)

Business Office Use Only
Date Received 4-27-16 Amount Paid $385.00
Received By AB Cash/Check No 1216

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

Form A Updated: 5/10