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

A

Permit Number HS001715

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 5300 W VanDorn (no rural route) City Lincoln, NE Zip 68523

Legal Description 31 T10N R6E Stewarts 1

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

PID 10-31-300-014-000

B. Owner

Name Gary Busboom Signature

Address 5300 W Vandorn City/State/Zip Lincoln NE 68523

Home Phone Work Phone 402 520 2524

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523

Work Phone 402 310 9160

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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

Type of Wastewater ☐ Domestic ☐ Non-Domestic

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
Comments
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 08-09-18 Amount Paid $405
Received By JAO Cash/Check No. 6865

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

Form A Updated: 1/13

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

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 5300 W Vardon (no rural route) City Lincoln NE, Zip 68528

Owner Gary Bosbaom Address 5300 W Vardon

Date of Tests 8-6-18 to 8-7-18 Weather: Precipitation 0 Temperature 90°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop: Last 30 mins of 4 hr or last 10 mins of 1 hr					Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	8-6	5:30	8-7	9:An	8-7	9:An	6	8-7	9:30	30	½	60
2	"	"	"	"	"	"	"	6	"	"	"	½	60
3	"	"	"	"	"	"	"	6	"	"	"	1	40
4	"	"	"	"	"	"	"	6	"	"	"	½	60
5	"	"	"	"	"	"	"	6	"	"	"	¾	40
6	"	"	"	"	"	"	"	6	"	"	"	1	30
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 W Claire Ave
Lincoln NE 68523

Sum of Percolation Rates: 290
Average of Rates: 48.3
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other) 7206 & 7207 Aksarben silty clay loam 6-12% slope

Groundwater Depth

DO NOT WRITE BELOW THIS LINE

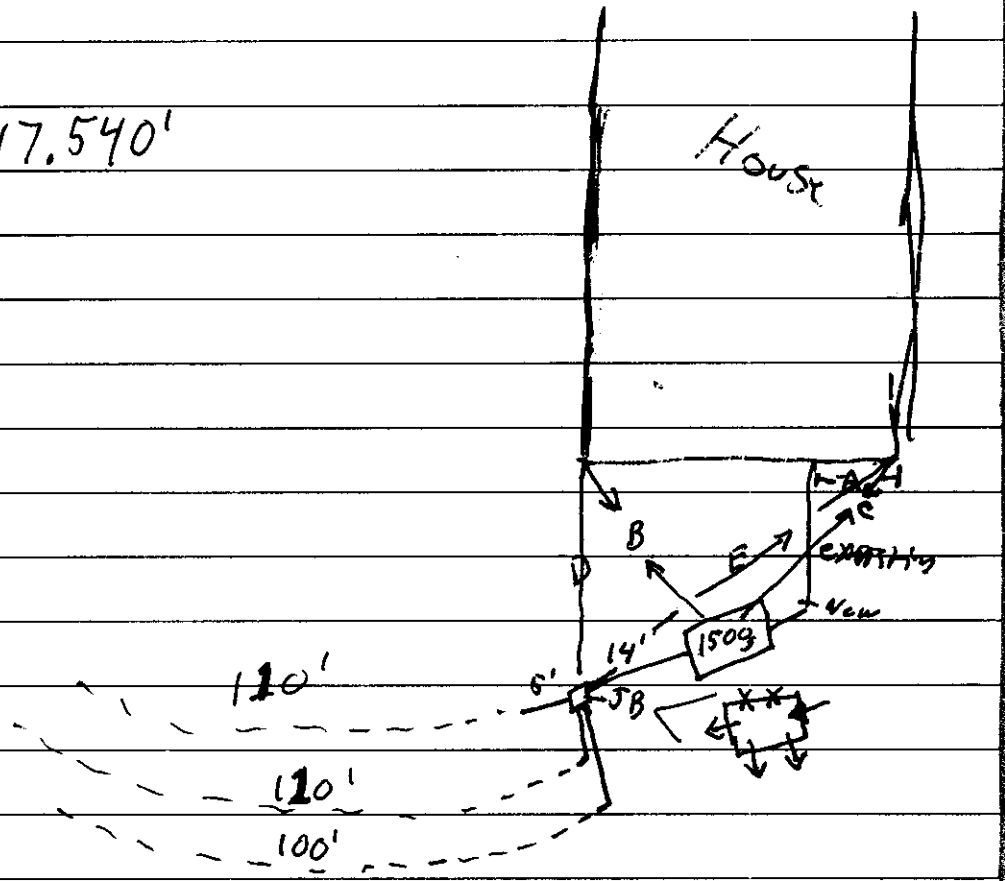
Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

5600 w Vandorn

N 40°. 106' W096° 47.540'



A	3'
B	38'
C	31'
D	48'
E	50'

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001715

System Type: Standard

Situs: 5300 W VAN DORN ST, LINCOLN, NE 68522

Issued: 8/14/2018

Expires: 8/14/2019

Description: STEWARTS SUBDIVISION (W1/2SW 31-10-6), Lot 1, EX .16+- AC IN SW FOR RD (#1982-4861) & LOTS 2-7 EX PT NW OF LINE 200' SE OF & PARALLEL TO CENTERLINE OF MAIN TRACK OF BNSF RR & 2.26+-

Owner: BUSBOOM, GARRY W
562 OVERLOOK LN
BEATRICE, NE 68310

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

GAGNER CONSTRUCTION COMPANY INC
4810 W CLAIRE AVE
LINCOLN, NE 68523

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

SCANNED

A

Permit Number
HS001715

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 5300 W VanDorn (no rural route) City Lincoln, NE Zip 68523

Legal Description 31 T10N R6E Stewarts 1

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

PID 10-31-300-014-000

B. Owner

Name Gary Rusboom Signature

Address 5300 W Vandorn City/State/Zip Lincoln NE 68523

Home Phone Work Phone 402 520 2524

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523

Work Phone 402 310 9160

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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 64.17
Garbage Grinder? ☐ Yes ☒ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

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

1. Health Department
Site visits 05/2019
Comments
Date rec'd 8/14/18
Date frwd 8/14/18
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 7/17/19

Business Office Use Only
Date Received 08-09-18 Amount Paid $405
Received By JAO Cash/Check No. 6865

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

Form A Updated: 1/13

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

Exhibit 5

Permit Number: H5001715

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/17/19

Legal Description ¼ ¼ Section/Township/Range 11

Onsite System Location

Address (no rural route) 5300 W Van Dorn City

Owner Address

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

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

Drainfield Absorption System:

☐ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,440 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 320' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 flow

No. of Absorption Laterals 3 Width 4.5 Factor No. of Drop Boxes Distribution Box 1

Leveling Method Used Laser

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
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☒
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank

Lateral #1 N/A Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial DC Date 7/19 initial / inspection date unknown

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Ahlm
Date 7/17/19

Field Note Drawing (See Reverse Side):

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

Received Time Jul. 16. 2019 3:25PM No. 0991

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) _____

Owner: Gary Busboom Address: 5300 W Vandorn

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 26 ft.

B. Septic Tank

1. Material: Plastic Snyder Tank
2. Capacity: 1500 gal
3. Depth to top of tank, below unfinished grade: 36 in.
4. Distance to:
   Well: over 100 ft.
   Pressure line: NA ft
   Property Line: over 50 ft.
   Foundation: 25 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 14 ft S

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: Infiltrator Polystyrene Bundles (4.5"ft)
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 90 ft. 110 ft. 120 ft. _____
4. Drainfield size: 1462.5 sq. ft.
5. Distance to:
   Well: over 100 ft.
   Pressure line: NA ft.
   Property line: over 25 ft.
   Depth of Groundwater: over 14'

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: _____

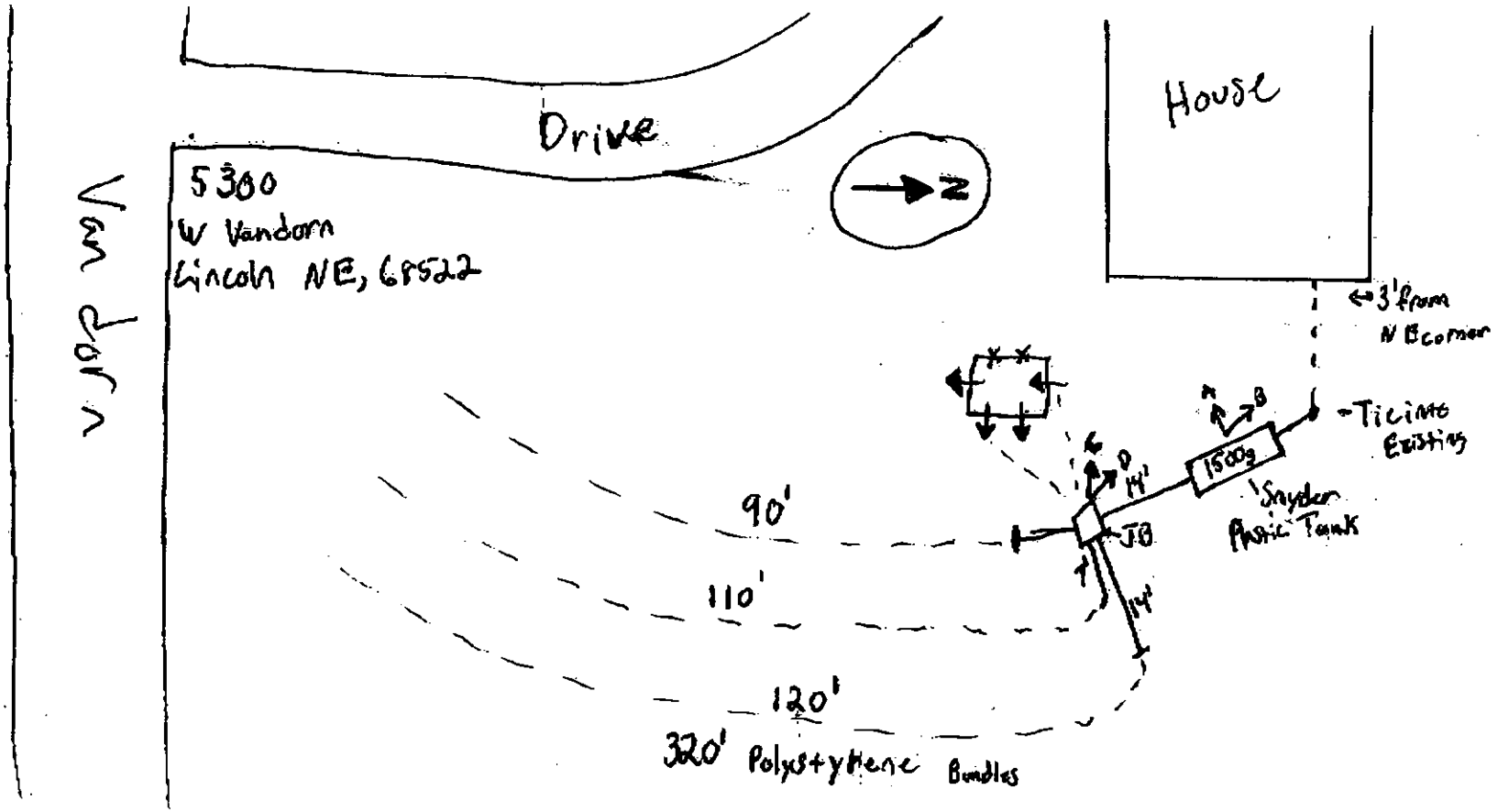
Complete As-Built drawing on the back of this form.

Received Time Jul. 16. 2019 3:25PM No. 0991

GAGNER CONSTRUCTION
4810 W. CLAIRE AVE.
LINCOLN, NE 68523

ATT: Nate

RE 5300 Van dorn



tank	A	38'	to SE	Corner of house
tank	B	31'	to NE	" "
JB	C	48'	to SE	" "
JB	D	50'	to NE	" "

Received Time Jul. 16. 2019 3:25PM No. 0991

FILE #2396

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

MARCH 16, 1987
THIS LICENSE OR PERMIT EXPIRES

RUTH M. BORCHERS 5300 W. VAN DORN, ROUTE #1 PLEASANT DALE, NE 68522
LICENSEE OR PERMITTEE ADDRESS

T10N; R6E; Sec 31 SW¼; 5300 West Van Dorn, Route #1
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH
ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2396

DATE: _____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 10N ; Range 6E ; Section 31 SW¼
   Block _____ : Lot _____ : Addition _____
   Street Address 5300 WEST VAN DORN, Rt. #1, 68522

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒

4. Distance to public sewer: _____ ft.

Ruth M. Borchers
Signature of Applicant (Owner or Lessee)

5300 W. Van Dorn, Rt. #1, 68522
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/16/86. Date Frwd. 9/17/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/16/86. Date Frwd. 9/16/86. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Stevens
3. City or County Engineer: Date Rec'd. 9-17-86. Date Frwd. 9-17-86. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL Farm

Site Visits:
Date: 10-28-86 by: mm need fence & must be sealed.
Date: 3/16/88 by: J.C.H
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/16/88 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. 2396

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 6 ; Section & ¼ Section 31 + S.W ¼.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7-7-86 to 7/8-86. Weather: Precip. 0 Temp. 85°.

OWNER: RUTH M. BORCHERS

Address: 5300 W. VANDORN-RR 1 LINCOLN, NE, 68522

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				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	25½	7/7	4:00 PM	7/8	5:00 PM	7/8	6:16 PM	6"	10:10 PM	16	30 M	15¼	3/4
2	25½	7/7	4:05	7/8	5:00 PM	7/8	6:18	6"	10:12	14 3/4	30	14 ¼	1/2
3	29	7/7	4:10	7/8	5:00	7/8	6:20	6"	10:14	16⅛	30	15 7/8	1/4
4	27½	7/7	4:15	7/8	5:00	7/8	6:22	6"	10:16	18 3/4	30	18 5/8	1/8
5	22	7/7	4:20	7/8	5:00	7/8	6:24	6"	10:18	16¾	30	15 ½	3/4
6	24½	7/7	4:25	7/8	5:00	7/8	6:26	6"	10:20	13½	30	12 7/8	5/8

Roy H Borchers
Signature of Person Conducting Test

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Lagoon must be sealed
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: September 16, 1986

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

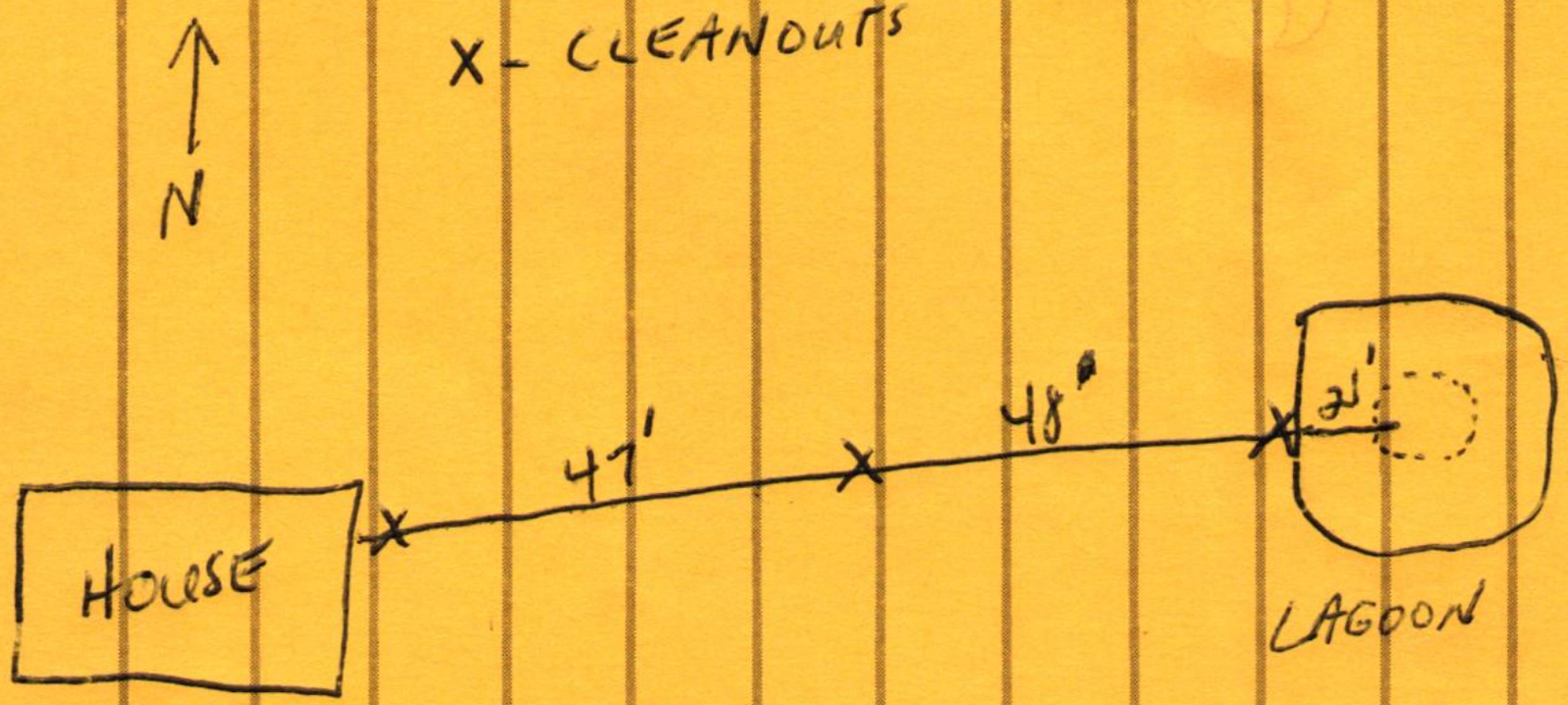
Jerrold C. Hood
Signature of Reviewing Official

2396

471-7800



ROY BORCHERS



Earnest Pump Co.

Ben Earnest III

RECEIVED SEP 0 9 1991

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE: 9-6-91

Legal Description of Property W ½ SW ¼ Section 31-10-6
Directions to Property 2 ¼ miles straight west of Lee's Restaurant on W Van Dorn

Land Owners
Name: Ruth M. Borchers
Address: 5300 W. Van Dorn 68522
Phone: 476-1430

Send Results to:
Name: Same
Address:
Phone:

Land Owners Signature Ruth M. Borchers
I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well	200+ ft.
Casing Material	iron
Casing Diameter	4 in.
Is well located in a pit	No
Type of pump	Submersible

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

HOUSE FOUNDATION	110 (distance)	FEET	U/D
CESSPOOL	—	FEET	U/D
SEPTIC TANK	—	FEET	U/D
SEWAGE DISTRIBUTION FIELD	—	FEET	U/D
WASTE STABILIZATION LAGOON	280	FEET	U/D
BARN YARD	—	FEET	U/D
NEAREST WELL	—	FEET	U/D
NEAREST PASTURELAND	210	FEET	U/D
NEAREST CROPLAND	130	FEET	U/D
SHOP	—	FEET	U/D
GRAINERY	—	FEET	U/D
FUEL TANKS	—	FEET	U/D
OTHER POTENTIAL CONTAMINATION SOURCE		FEET	WHAT?

ADM.0002/34

$15.00

coli 0 NO_3 <0.1 Iron algae No