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

A

Permit Number H5002123

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 2101 N DUNRAVEN LANE City LINCOLN, NE Zip 68523
(no rural route)

Legal Description S21 T9 R6 RIDGEWOOD 6 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-21-301-021-000 *Approx. Address (If to be determined)

B. Owner

Name DIRK LOWREY Signature
Address 2101 N DUNRAVEN LANE City/State/Zip LINCOLN, NE 68523
Home Phone Work Phone 402-610-1268

C. Certified Installer

Name: JAIME KUBIK Signature
Address 105 LOCUST ST P.O. BOX 191 City/State/Zip HICKMAN, NE 68372
Work Phone 402-475-2412

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.02
Garbage Grinder? ☒ 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

1. Health Department
Site visits
Comments
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 10-23-25 Amount Paid $440 W
Received By JAO Cash/Check No CC0214

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

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 2101 W Dunraven (no rural route) City Lincoln NE, Zip 68523

Owner Dirk Lowrey Address

Date of Tests 9/1/2020 to 9/2/2020 Weather: Precipitation none Temperature 80 degrees

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	30 in	9/1	5 pm	9/2	8:00 am	9/2	11:30 am	6	9/2	12:00 pm	30 min	1/2	60
2	30 in	9/1	5 pm	9/2	8:00 am	9/2	11:30 am	6	9/2	12:00 pm	30 min	5/8	48
3	30 in	9/1	5 pm	9/2	8:00 am	9/2	11:30 am	6	9/2	12:00 pm	30 min	5/8	48
4	30 in	9/1	5 pm	9/2	8:00 am	9/2	11:30 am	6	9/2	12:00 pm	30 min	3/4	40
5	30 in	9/1	5 pm	9/2	8:00 am	9/2	11:30 am	6	9/2	12:00 pm	30 min	3/4	40
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-475-2462
Address 105 Locust Street P.O. Box 191
Hickman, NE 68372

Sum of Percolation Rates: 236
Average of Rates: 47.2
Rate Used for Calculation: 59

Soil type (NRCS Maps/Other) 7206 Askarben
Groundwater Depth +12 ft

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

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. HS002123

System Type: Standard

Situs: No Site Address Specified

Issued: 10/26/2020

Expires: 10/26/2021

Description: RIDGEWOOD, BLOCK 6, Lot 2

Owner: LOWREY, DIRK & PAMELA J
2101 W DUNRAVEN LN
LINCOLN, NE 68523

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

JAIME KUBIK
105 LOCUST ST, PO BOX 191
HICKMAN, NE 68372

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

SCANNED

A

Permit Number
HS002123

Onsite Wastewater Treatment System
1. Permit Application

Include Form B and C. Submit correct fee with this Application

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 2101 N DUNRAVEN LANE City LINCOLN, NE Zip 68523
(no rural route)

Legal Description ____ S21 T9 R6 RIDGEWOOD 6 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-21-301-021-000 *Approx. Address (If to be determined)____

B. Owner

Name DIRK LOWREY Signature____
Address 2101 N DUNRAVEN LANE City/State/Zip LINCOLN, NE 68523
Home Phone____ Work Phone 402-610-1268

C. Certified Installer

Name: JAIME KUBIK Signature Jaime Kubik
Address 105 LOCUST ST P.O. Box 191 City/State/Zip HICKMAN, NE 68372
Work Phone 402-475-2412

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3.01
Garbage Grinder? ☒ 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

1. Health Department
Site visits 10/29/20 DV. Date rec'd 10/26/20
Date frwd 10/26/20
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 Doug Lucas
Date 11/4/20

Business Office Use Only
Date Received 10-23-20 Amount Paid $440 W
Received By JAS Cash/Check No CC0214

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

Form A Updated: 4/15

New System Replacement

DEPARTMENT 3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: H5002123

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/4/20

Legal Description S 21; T9 R6 Blk 6, Lot 2
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 201 W Dunraven Lane 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 — Pumped System

Total square feet of drainfield 1,755 Sq. Ft. Tank Size 2,000 gal — 500 gallon pump system gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E2 Flow

No. of Absorption Laterals 3 Width 4.5 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 _____ NA

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DL Date 10/29/20

Follow-Up _____ Date _____

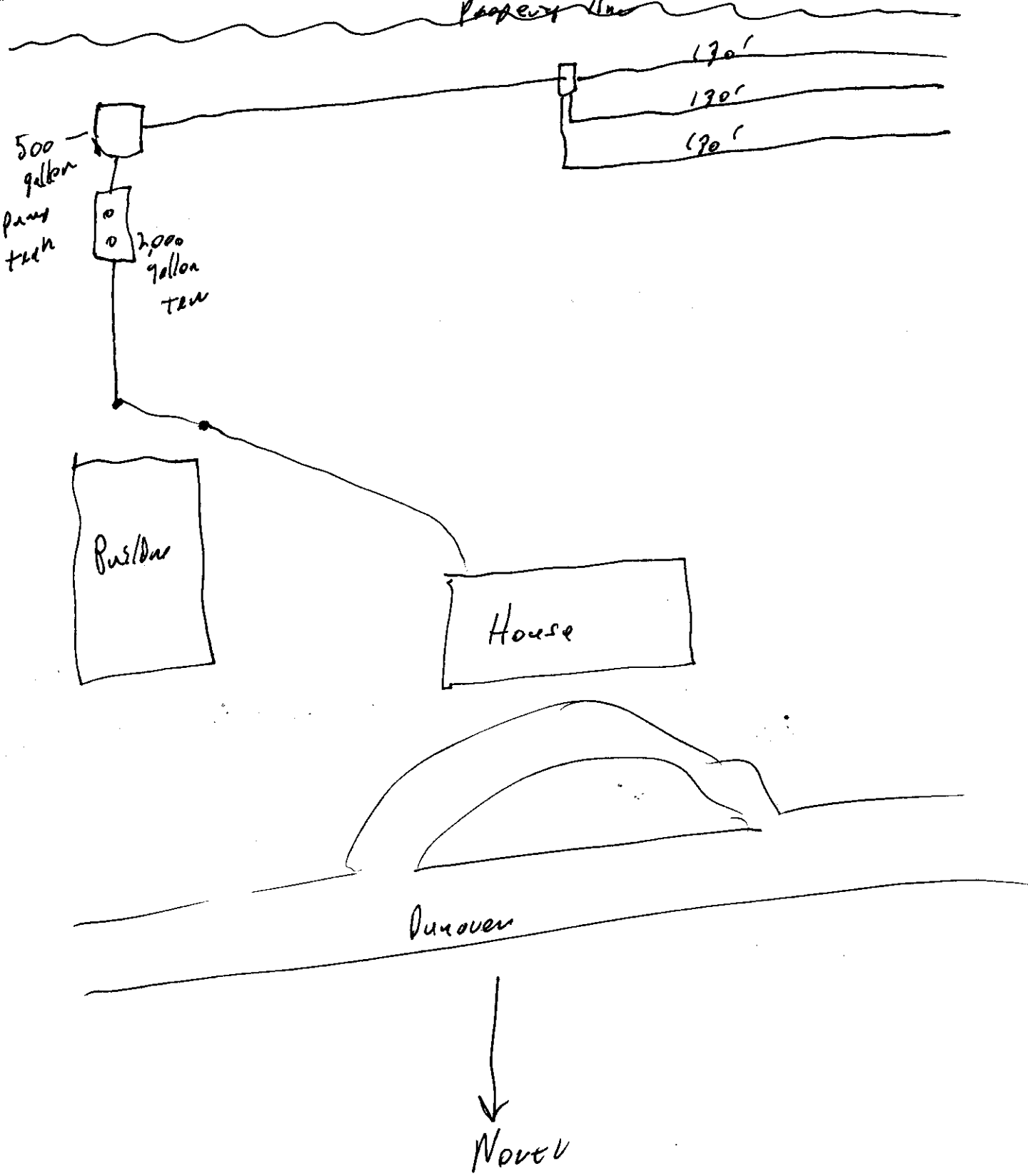
Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Mrsny

Date 11/4/20

Add Note Drawing (See Reverse Side):

Updated 4/15


Property Line
170'
130'
130'
500 gallon pump tank
2,000 gallon tank
Building
House
Dunover
North

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

D

Permit Number:
HS002123

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) 09-21-331-021-000

Owner: DIRK LOWREY Address 2101 W DUNRAVEN LANE LINCOLN, NE 68523

A. Wastewater Piping

1. Material: SCH 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 218 ft.

B. Septic Tank

1. Material CEMENT
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well +150 ft.
   Pressure line +50 ft
   Property Line +50 ft.
   Foundation 218 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 132 ft. S

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ FLOW
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 130 ft. 130 ft. 130 ft. ____
4. Drainfield size: 1755 sq. ft.
5. Distance to:
   Well +150 ft.
   Pressure line +50 ft.
   Property line +50 ft.
   Depth of Groundwater +12

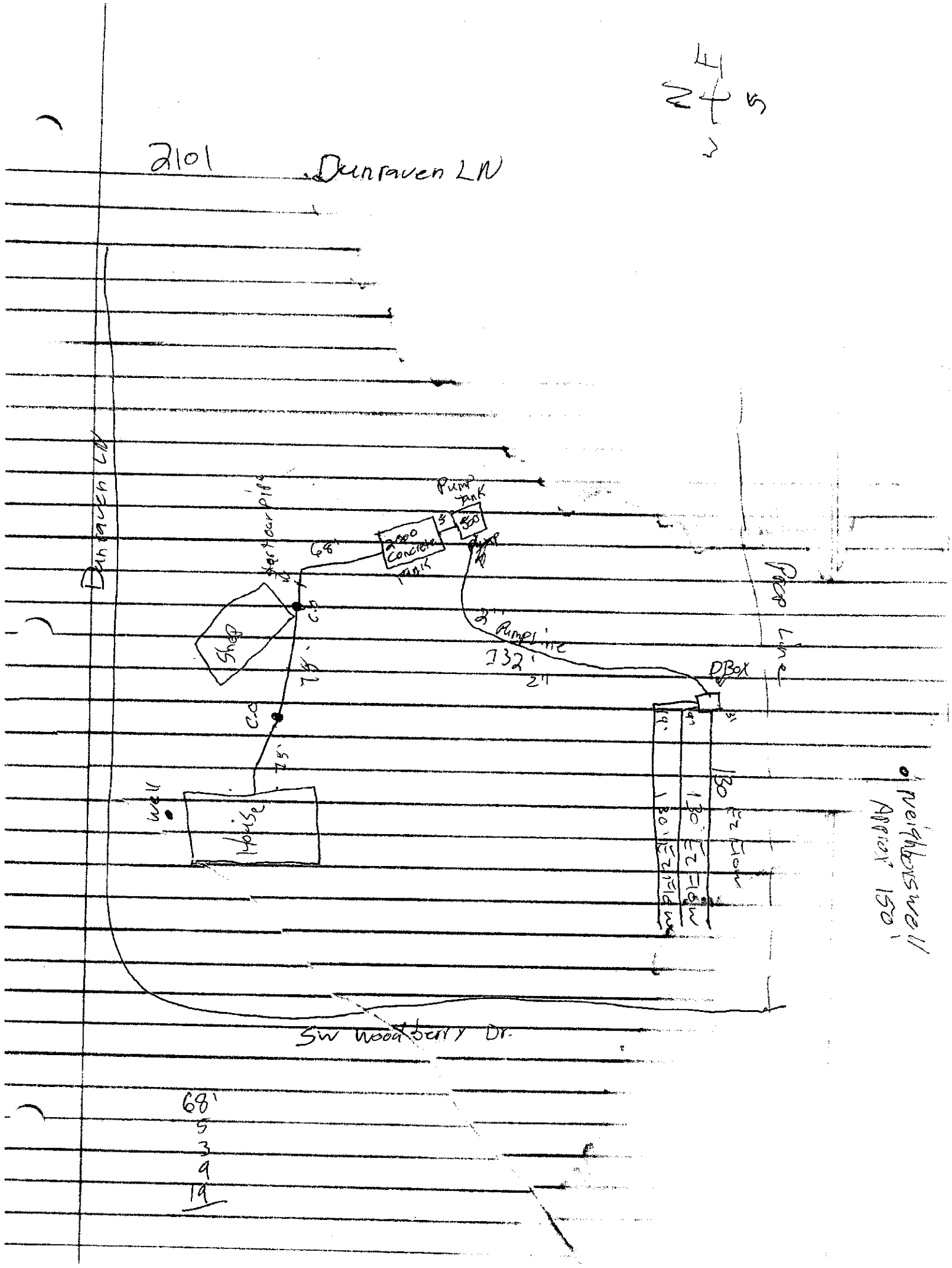
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

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: [signature] Date: 11/16/2020

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


2101 Dunraven LN
N
Dunraven LN
Pump tank
500
3
2000 Concrete tank
68'
4" Sch 40 PVC
Shop
C.O.
78'
2" Pump line
732'
C.O.
75'
well
House
DBox
Drop Line
180 Ft EZ Flow
180' EZ Flow
Pipe
neighbors well
Approx 150'
SW Woodberry Dr.
68'
5
3
9
19