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

A

Permit Number HS0022766

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* 900 N 162 St (no rural route) City Lincoln, NE Zip 68527

Legal Description S23, T10, R8, 6th Principal Meridian, LOT 12 NW

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

PID 23-23-100-002-000 *Approx. Address (If to be determined)

B. Owner

Name Brunow, Brian William & Jody Kay Signature

Address 900 N 162 St City/State/Zip Lincoln, NE 68527

Home Phone 402-297-6007 Work Phone

C. Certified Installer

Name: Matt Johnson Signature Matt Johnson

Address 2949 Cornhusker Hwy City/State/Zip Lincoln, NE 68504

Work Phone 402-802-5440

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 2 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 5.93

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 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 1-30-21 Amount Paid $440.00
Received By SHO Cash/Check No. cc 3798

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

Form A Updated: 4/15

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

System Location (Indicate correct number and street)

Address 900 N. 162nd (no rural route) City Lincoln NE, Zip 68527

Owner Kay Bowmaster Addresss 900 N. 162nd

Soil Type (SCS): D2 Percolation Rate: 1¼" hr. min./inch

Date of Tests 9/10/97 to 9/11/97 Weather: Precipitation NO Temperature 85

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. 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 Rates (Min/in)
1	36	9/10	4:30	9/10	8:30	9/11	4:30	6"	9/11	5:30	60	1¼	48/in
2												1¼	"
3												1¼	"
4												1⅜	44/in
5												1¼	48/in
6												1⅛	53/in.

Sum of Percolation Rates: 289

Average of Rates: 48/in

Rate Used for Calculation: 48/in

Person Conducting Percolation Tests

Name: Michael Allen Trammell

Phone: 484-8399

Address 900 N. 162nd Lincoln, NE 68527

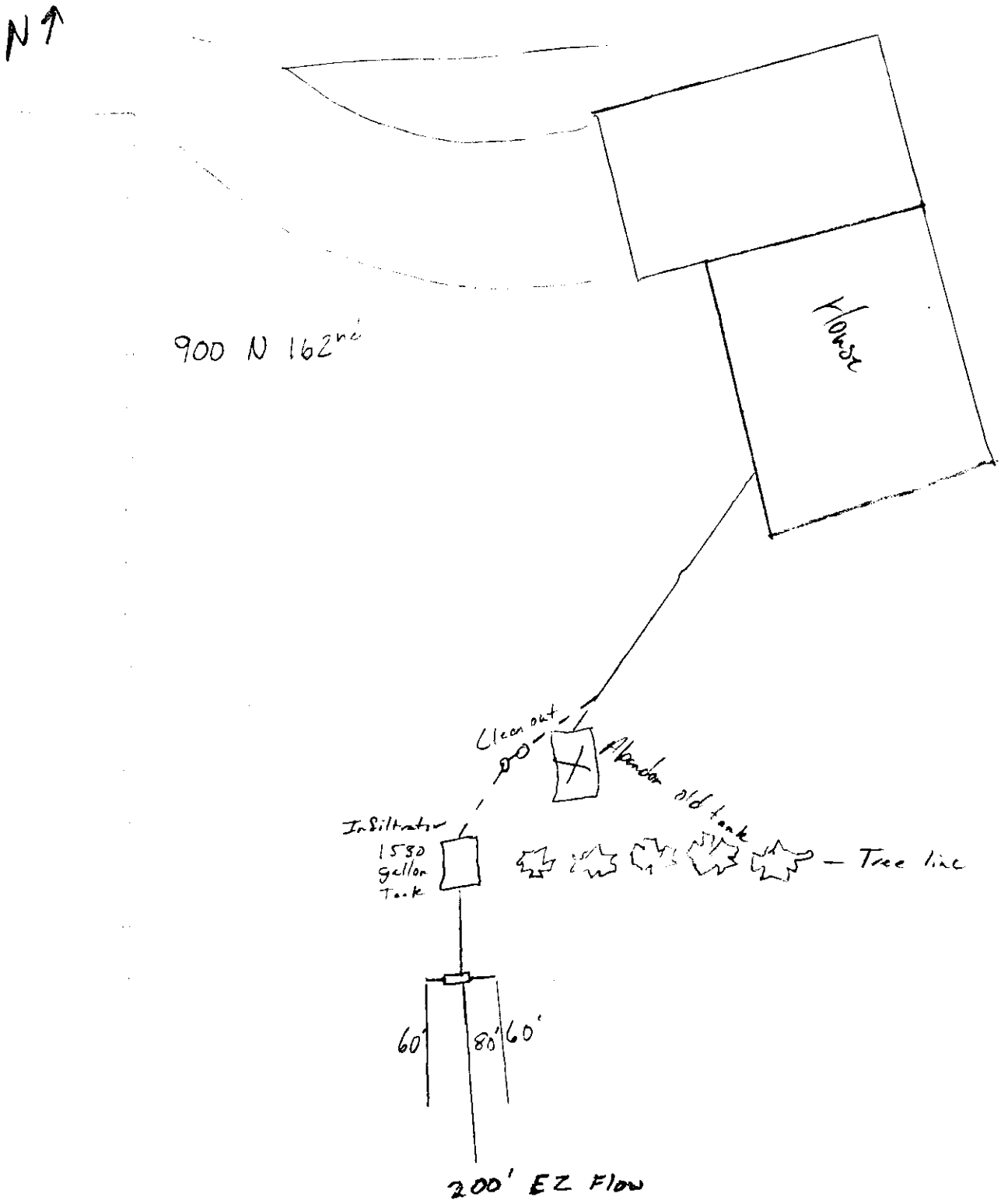
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96


N
900 N 162nd
House
Clean out
Blanchard
Tank
Tree line
Infiltrator
1500
gallon
Tank
60'
80'
60'
200' EZ Flow

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. HS002266

System Type: Standard

Situs: No Site Address Specified

Issued: 8/10/2021

Expires: 8/10/2022

Description: S23, T10, R8, 6th Principal Meridian, LOT 12 NW

Owner: BRUNOW, BRIAN WILLIAM & JODY
KAY
900 N 162 ST
LINCOLN, NE 68527

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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
Health Director

JOHN HENRY'S
2949 CORNHUSKER HWY
LINCOLN, NE 68504

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

A

Permit Number
HS0022266

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* 900 N 162 St (no rural route) City Lincoln, NE Zip 68527

Legal Description S23, T10, R8, 6th Principal Meridian, LOT 12 NW

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

PID 23-23-100-002-000 *Approx. Address (If to be determined)

B. Owner

Name Brunow, Brian William & Jody Kay Signature

Address 900 N 162 St City/State/Zip Lincoln, NE 68527

Home Phone 402-297-6007 Work Phone

C. Certified Installer

Name: Matt Johnson Signature Matt Johnson

Address 2949 Cornhusker Hwy City/State/Zip Lincoln, NE 68504

Work Phone 402-802-5440

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 2 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 5.93

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 8/13/21
Comments
Date rec'd 8/16/21
Date frwd 8/16/21
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 Mrsny
Date 8/16/21

Business Office Use Only
Date Received 1-30-21 Amount Paid $440.00
Received By JMO Cash/Check No. 3798

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

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

Exhibit 5

Permit Number: HS002266

Onsite Wastewater Treatment System

Inspection Sheet

Date 8/16/21 Legal Description ___ ¼ ___ ¼ ___ Section/Township/Range

Onsite System Location

Address (no rural route) 900 N 162nd 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): ___

2 bd. Perc. 4B

Drainfield Absorption System:

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

Total square feet of drainfield 1,050 Sq. Ft. Tank Size 1,530 gals

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z Flow

No. of Absorption Laterals 2 Width 45 Gal 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 ___ Lateral #3 N/A

Lateral #2 ___ Lateral #4 ___

Comments:

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial DJ Date 8/13/21

Follow-Up ___ Date ___

Follow-Up ___ Date ___

Installation Final Written Approval
By Doug Mueck

Date 8/16/21

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380166001

SEWAGE INSTALLATION

Issued 09/17/97
Expires 03/17/98
Revenue Code 18754

Establishment

RAY BOWMASTER
T10N R8E SEC 23
900 N 162 STREET

FEES: $150.00

Permittee

RAY BOWMASTER
900 N 162 ST
LINCOLN NE 68527

TOTAL $150.00

Issued By M. Jane Ford
Health Director

5252

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

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 900 N. 162nd (no rural route) City LINCOLN NE, Zip 68527

Legal Description 23 10N 8E None None NO NO
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude NO Latitude NO

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

B. Owner

Name Ray Bowmaster Signature Ray Bowmaster

Address 900 N. 162nd City/State/Zip Lincoln, NE 68527

☐ Check if owner designed system Home Phone 489-7354 Work Phone NO

C. Contractor

Name SINTEK Sanco Company Name Same

Address 6710 NO 70 RDS City/State/Zip Same

☐ Check if contractor designed system Work Phone 435-8868

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

Designer Name old Repair Firm SINTEK Work Phone 435-8868

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify NO

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 9-12-97 Date frwd 9-12-97 **ACTION** ☒ Approved ☐ Disapproved Signature Ron Magnuson
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Ron Magnuson

Date 5-12-98

Business Office Use Only

Date Rec'd 9/17/97

Amt Paid #150.00

Rec'd By MF Cash/Check No. 2049

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

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

System Location (Indicate correct number and street)

Address 900 N. 162nd (no rural route) City Lincoln NE, Zip 68527

Owner Ray Borgmaster Addresss 900 N. 162nd

Soil Type (SCS): D2 Percolation Rate: 1¼" hr. min./inch

Date of Tests 9/10/97 to 9/11/97 Weather: Precipitation NO Temperature 85

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 Rates (Min/in)
1	36	9/10	4:30	9/10	8:30	9/11	4:30	6"	9/11	5:30	60	1¼	48/in
2												1¼	"
3												1¼	"
4												1⅜	44/in
5												1¼	48/in
6												1⅛	53/in.

Person Conducting Percolation Tests

Name: Michael Allen Trammell

Phone: 484-8399

Address 900 N. 162nd Lincoln, NE 68527

Sum of Percolation Rates: 289

Average of Rates: 48/in

Rate Used for Calculation: 48/in

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

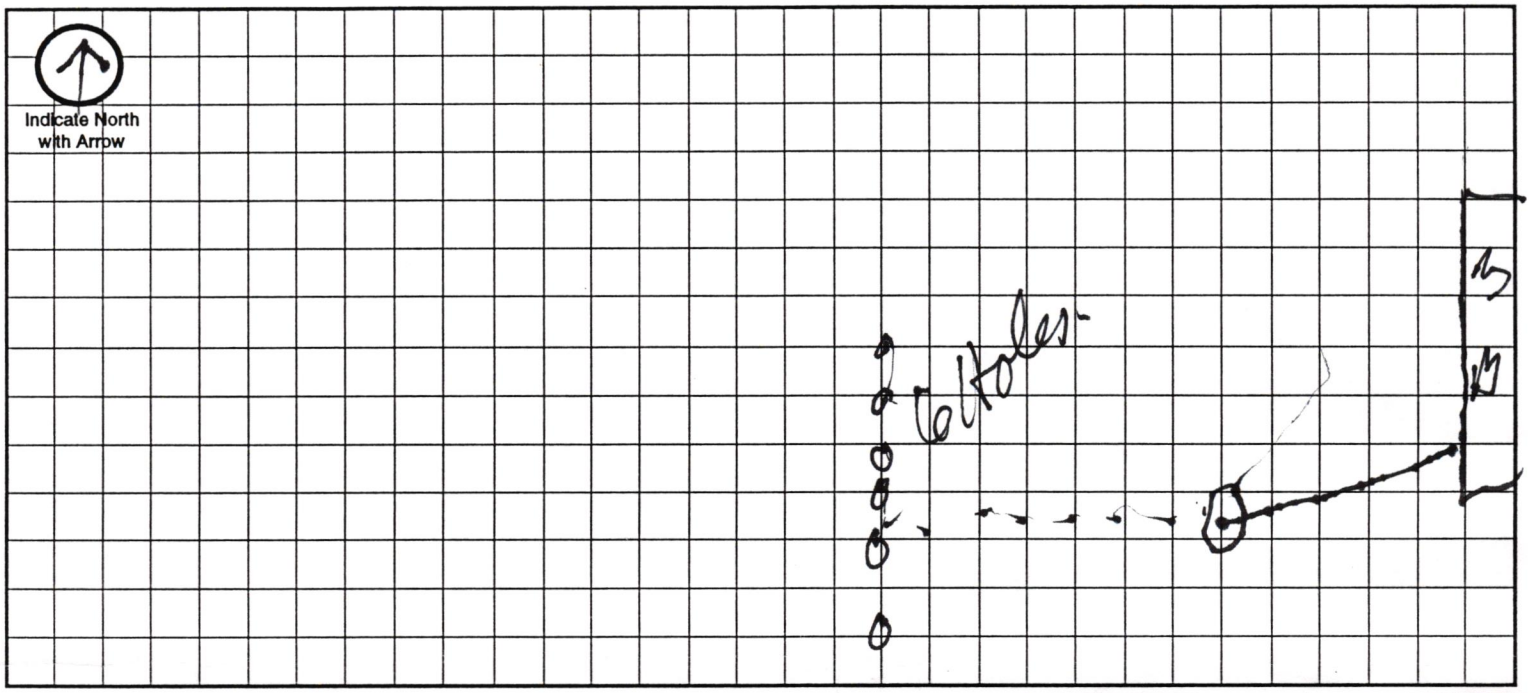
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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.



A. System Location (Indicate correct number and street)

Address (no rural route) 900 N. 162nd City Lincoln NE, Zip 68527

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other 1000 gal. tank 20 years old

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

Percolation Rate 1¼ 1hr. (min. per inch) Soil Type: D2 Shelby Silty Clay Loam Land Slope: 0-2 %

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

Total Square Feet of Field Required: ~916 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: ~3 Number of Distribution Laterals per Bed 1

Total Length of Laterals ~305 ft. Number of Trenches ~3 Trench Width 36"

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 ~~50~~ ☐	20 ~~200~~ ☐	15 ~~50~~ ☐	25 ~~NO~~ ☐	☒
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 Ray Bowmaster Date 9/14/97

Installer Little Bear Co. Date 9/15-97

FORM 23-102 (10-96)

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 9/10/97

System Location (Indicate correct number and street)

Address 900 N. 162nd (no rural route) City Lincoln NE, Zip 68527

A. Building Sewer

1. Material: UNKNOWN
   Diameter: 4" in.
2. Distance above basement floor: 18" in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 50+ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line rural ft.
   stream NO ft.
   pressure line 50+ ft.
   property line ON Line ft.

B. Septic Tank

1. Material: cement
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18 in.
   Over outlet, diameter 6 in.
   Riser: ☒ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 36 in.
8. Distances to: Well or suction line 50+ ft.
   Stream NO ft.
   Pressure line 50+ ft.
   Property line 100 ft.

C. Distribution Box

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

D. Absorption Field

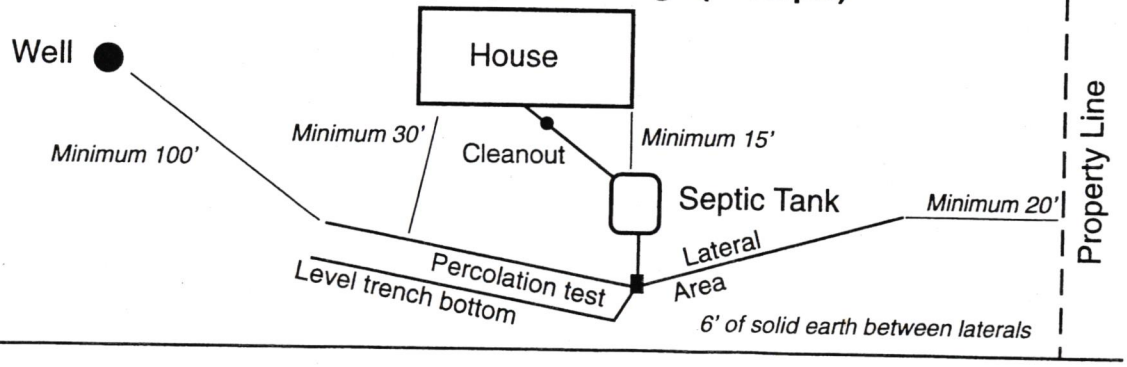
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe UNKNOWN
   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.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 9/10/97

System Location (Indicate correct number and street)

Address 900 N. 162ND (no rural route) City LINCOLN NE, Zip 68527

A. Building Sewer

1. Material: UNKNOWN
   Diameter: 4" in.
2. Distance above basement floor: 18" in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 50+ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line RURAL ft.
   stream NO ft.
   pressure line 50+ ft.
   property line ON LINE ft.

B. Septic Tank

1. Material: CEMENT
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18 in.
   Over outlet, diameter 6 in.
   Riser: ☒ above ☐ below grade _____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 36 in.
8. Distances to: Well or suction line 50+ ft.
   Stream NO ft.
   Pressure line 50+ ft.
   Property line 100 ft.

C. Distribution Box

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

D. Absorption Field

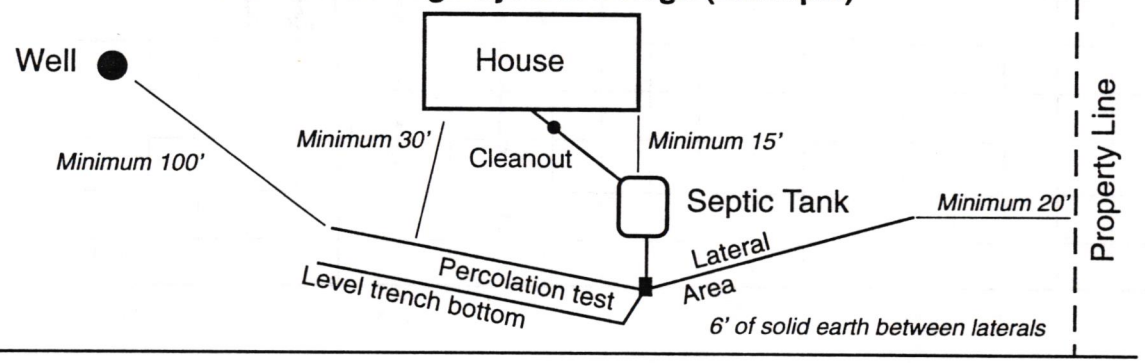
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe UNKNOWN
   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.

Indicate North with Arrow

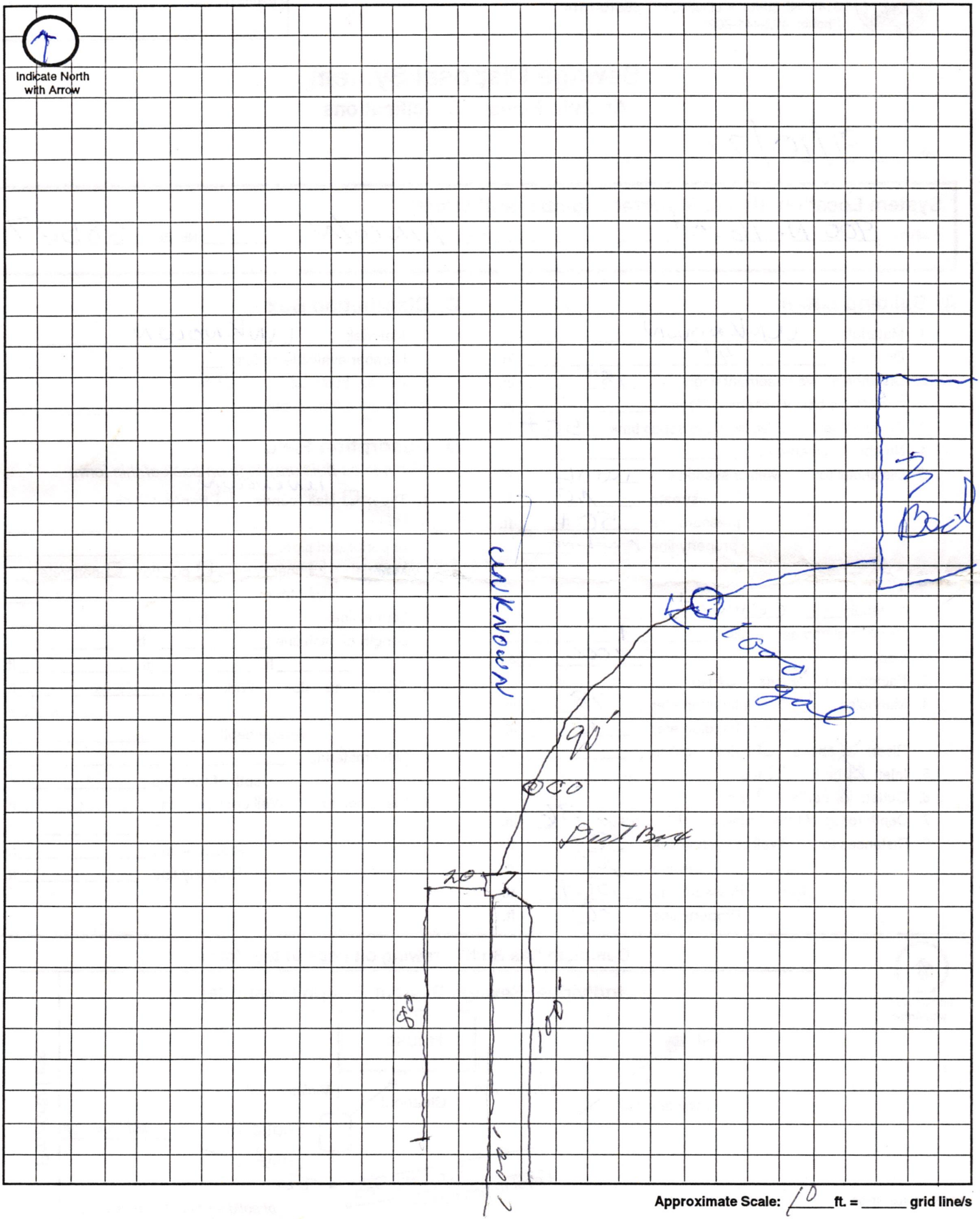
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 10 ft. = _____ grid line/s

NEBRASKA — SHEET NUMBER 32

