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

JUN 0 6 2014

A

Permit Number
HS 000908

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 SB

Address 370 Mill Rd. (no rural route) City Raymond, NE Zip 68428

Legal Description — 1/4 — 1/4 — Section: 32 — Township: T11 — Range: R6 — Subdivison — Addition — Block — Lot: 31

PID 12-02-300-014-000

B. Owner

Name Jason Burcham — Signature Jason Burcham

Address 5102 Knox St. — City/State/Zip Lincoln, NE 68504

Home Phone (402) 890-5148 — Work Phone

C. Certified Installer

Name: Earnest Well Drilling Inc. Justyn Peterson — Signature

Address P.O. Box H — City/State/Zip Milford, NE 68405

Work Phone 402-641-6174

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 21

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 — ACTION ☐ Approved ☐ Disapproved — Signature
Comments

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 6/9/14 — Amount Paid 365.00
Received By SB — Cash/Check No. 2735

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

Form A Updated: 1/13

JUN 0 6 2014

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

B

Permit Number: HS000908

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1st & Mill Rd, ½ east N side (no rural route) City Raymond NE, Zip 68428

Owner Jason Burcham Address 5102 Knox Lincoln NE 68504

Soil Type (SCS): 7418 Morril Percolation Rate: 36 min./inch

Date of Tests 4/9/14 to 4/10/14 Weather: Precipitation dry Temperature 50's

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"	4/9	12:30	4/10	8:15	4/10	10:15	11	4/10	10:45	30	1¼	24
2	36"	4/9	12:30	4/10	8:15	4/10	10:15	11	4/10	10:45	30	⅞	34
3	36"	4/9	12:30	4/10	8:15	4/10	10:15	11	4/10	10:45	30	¾	40
4	36"	4/9	12:30	4/10	8:15	4/10	10:15	11	4/10	10:45	30	⅞	34
5	36"	4/9	12:30	4/10	8:15	4/10	10:15	11	4/10	10:45	30	¾	40
6	36"	4/9	12:30	4/10	8:15	4/10	10:15	11	4/10	10:45	30	¾	40

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 402-440-7606
Address 105 Laust St
Hickman NE 68372

Sum of Percolation Rates: 218
Average of Rates: 36
Rate Used for Calculation: 40

DO NOT WRITE BELOW THIS LINE

Revlewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

JUN 0 6 2014

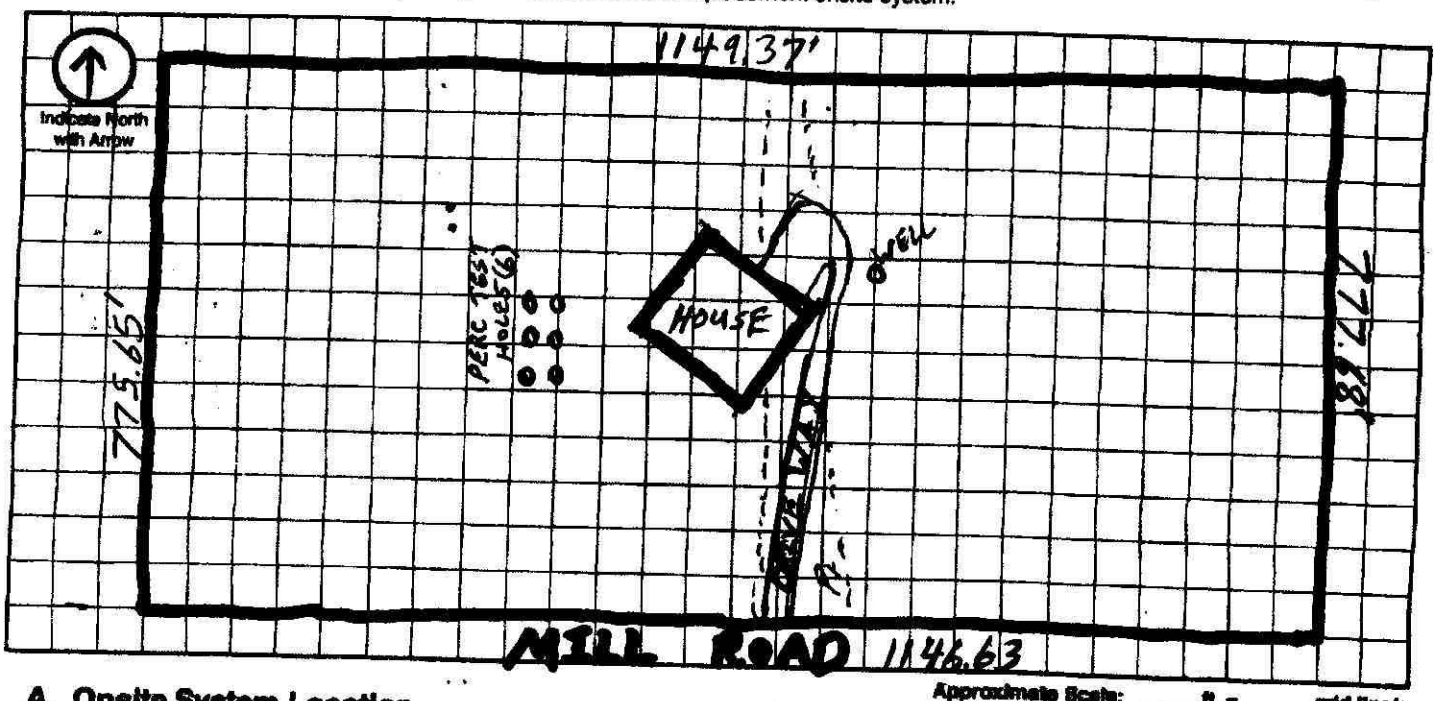
C

Permit Number: HS000908

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) _____ City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 1750 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 40 (min/inch = mpi) No. of Bedrooms 4 Soil Type Clay Loam Land Slope _____ %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1100 sq.ft.

Total length of laterals 314 Type of distribution: ☐ Perforated pipe ☒ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches 3 Width 36" No. of drop boxes 0 Distrubtion Box 0

No. of absorption beds _____ Width _____ No of Distribution lines per bed _____

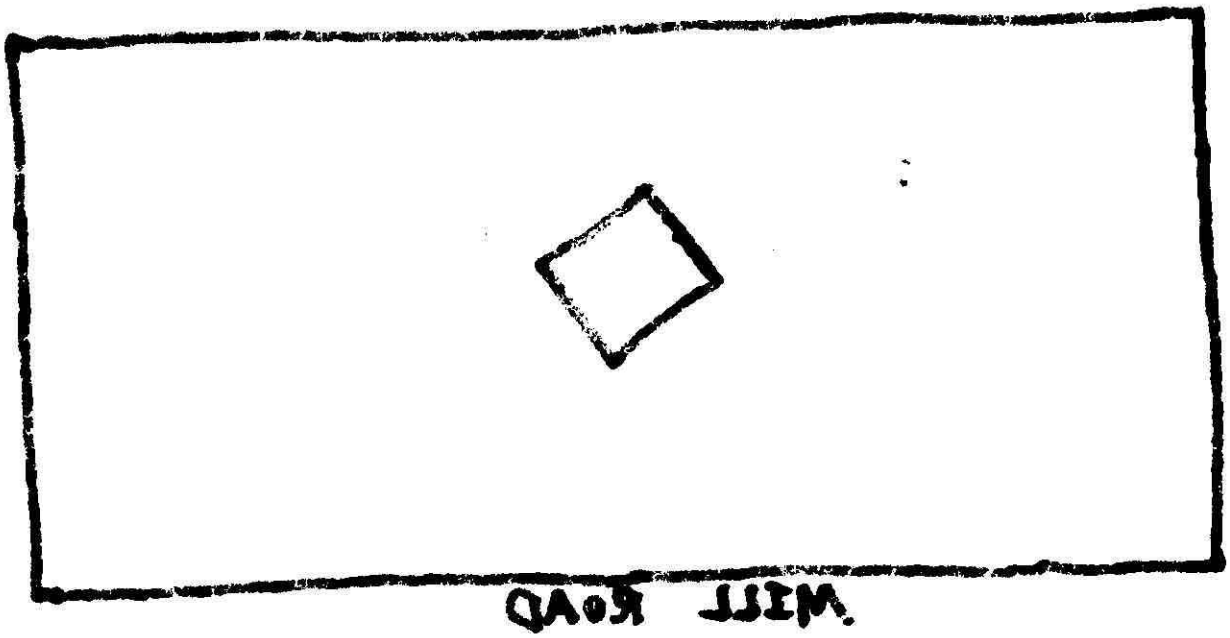
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 5/30/14



(402)

761-4281

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. HS000908

System Type: Standard

Situs: T11, R6E, S2, LOT 31, RURAL, NE

Issued: 6/10/2014

Expires: 6/10/2015

Description: S2, T11, R6, Acres 6th Principal Meridian, LOT 31 SW

Owner: BURCHAM, JASON
224 MILL RD
RAYMOND, NE 68428

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

JASON BURCHAM
5102 KNOX ST
LINCOLN, NE 68504

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

SCANNED

JUN 0 6 2014

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

PID 12-02-300-014-000

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Name Jason Burcham Signature Jason Burcham

Address 5102 Knox St. City/State/Zip Lincoln, NE 68504

Home Phone (402) 890-5148 Work Phone

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Name: Barnett Well Drilling Inc. Signature

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Work Phone 402-641-6174

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ACTION ☒ Approved ☐ Disapproved

Signature

Comments

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 7/23/14

Business Office Use Only

Date Received 6/9/14 Amount Paid 365.00

Received By SB Cash/Check No. 2735

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

Form A Updated: 1/13

7418 7207 7503 7480