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

SEP 25 2014

A

Permit Number
HS000975

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 500 MILL RD (no rural route) #2 City RAYMOND #6 SB, NE Zip 68428

Legal Description 12 02 300 015 000 IIN

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

PID 12-02-300-015-000 SB

B. Owner

Name MARVIN BURCHAM Signature

Address City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name JAIME KUBIK Signature Jaime Kubik

Address 105 LOCUST STREET City/State/Zip HICKMAN, NE 68372

Work Phone 402-475-2462

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 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

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 ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department
Site visits Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Date frwd Signature
Comments

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 9-25-14 Amount Paid $375.00
Received By SB Cash/Check No. 2146

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

SEP 2 5 2014

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

B

Permit Number: HS000975

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 500 Mill Rd (no rural route) City Raymond NE, Zip 68428

Owner Marvin Burcham Address 500 Mill Rd

Date of Tests 9/15/14 to 9/16/14 Weather: Precipitation none Temperature 70

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	30	9/15	6p	9/16	4p	9/16	4p	6	9/16	4:30	30	1	30
2	30	"	"	"	"	"	"	6	"	"	30	7/8	34
3	30	"	"	"	"	"	"	6	"	"	30	5/8	48
4	30	"	"	"	"	"	"	6	"	"	30	1	30
5	30	"	"	"	"	"	"	6	"	"	30	1	30
6	30	"	"	"	"	"	"	6	"	"	30	1	30
								6					
								6					

Person Conducting Percolation Test

Name: Jason Kubik
Phone: 402-440-7600
Address

Sum of Percolation Rates: 202
Average of Rates: 34
Rate Used for Calculation: 40

Soil type (NRCS Maps/Other)

Groundwater Depth

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
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000975

System Type: Standard

Situs: 500 MILL RD, RURAL, NE

Issued: 9/30/2014

Expires: 9/30/2015

Description: S2, T11, R6, Acres 6th Principal Meridian, LOT 32 SW

Owner: BURCHAM, MARVIN K & VERNA M
500 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

SOUTHWICK LIQUID WASTE INC
105 LOCUST STREET
HICKMAN, NE 68372