Attention Nate

A

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

Permit Number HS 002591

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 224 Mill Road (no rural route) City Raymond, NE Zip 68428

Legal Description 2 11 6E Merwin and Verna Add. 2

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

Geographical Location (if known): Lat/Long: _____ PID 12-02-302-002000

B. Owner

Name Randy Burcham Signature _____

Address 224 Mill Road City/State/Zip Raymond NE

Home Phone 402-450-7256 Work Phone _____

C. Certified Installer

Name: Scott Subbert Signature _____

Address 1012 CO RD M City/State/Zip Mead NE 68041

Work Phone 402-443-6549

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 Is there a Whirlpool Bathtub? ❑ Yes ☒ No Total Acres _____

❑ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____

Type of Wastewater ❑ Domestic ❑ Non-Domestic Well Permit Applied for ❑ Yes ☒ No ❑ Not Applicable

DO NOT WRITE BELOW THIS LINE

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

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

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

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

Installation Final Written Approval
By _____

Date _____

Business Office Use Only
Date Received 9-21-23 Amount Paid $470.00
Received By JAD Cash/Check No. 20303

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

Form A Updated: 5/10

Received Time Sep. 21. 2023 8:15AM No. 2546

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 224 Mill Road (no rural route) City Raymond NE, Zip 68428

Owner Randy Burcham Addresss 224 Mill Road

Soil Type (SCS): _____ Percolation Rate: 35 min./inch

Date of Tests 7-15-23 to 7-16-23 Weather: Precipitation 0 Temperature 90

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	32	7/15	1:00	7/16	1:30	7/16	3:00	12	7/16	3:30	30	.75	40
2	36	"	"	"	"	"	"	10	"	"	"	.75	40
3	34	"	"	"	"	"	"	16	"	"	"	1	30
4	32	"	"	"	"	"	"	8	"	"	"	1	30

Person Conducting Percolation Tests

Name: Scott Subcat

Phone: 402-443-6549

Address 1012 G 12 M Mead Ne

Sum of Percolation Rates: 140

Average of Rates: 35

Rate Used for Calculation: 35

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Reviewing Action

Remarks _____

Signature of Reviewing Official _____

Received Time Sep. 21. 2023 8:15AM No. 2546 Date _____

3-101 10-96

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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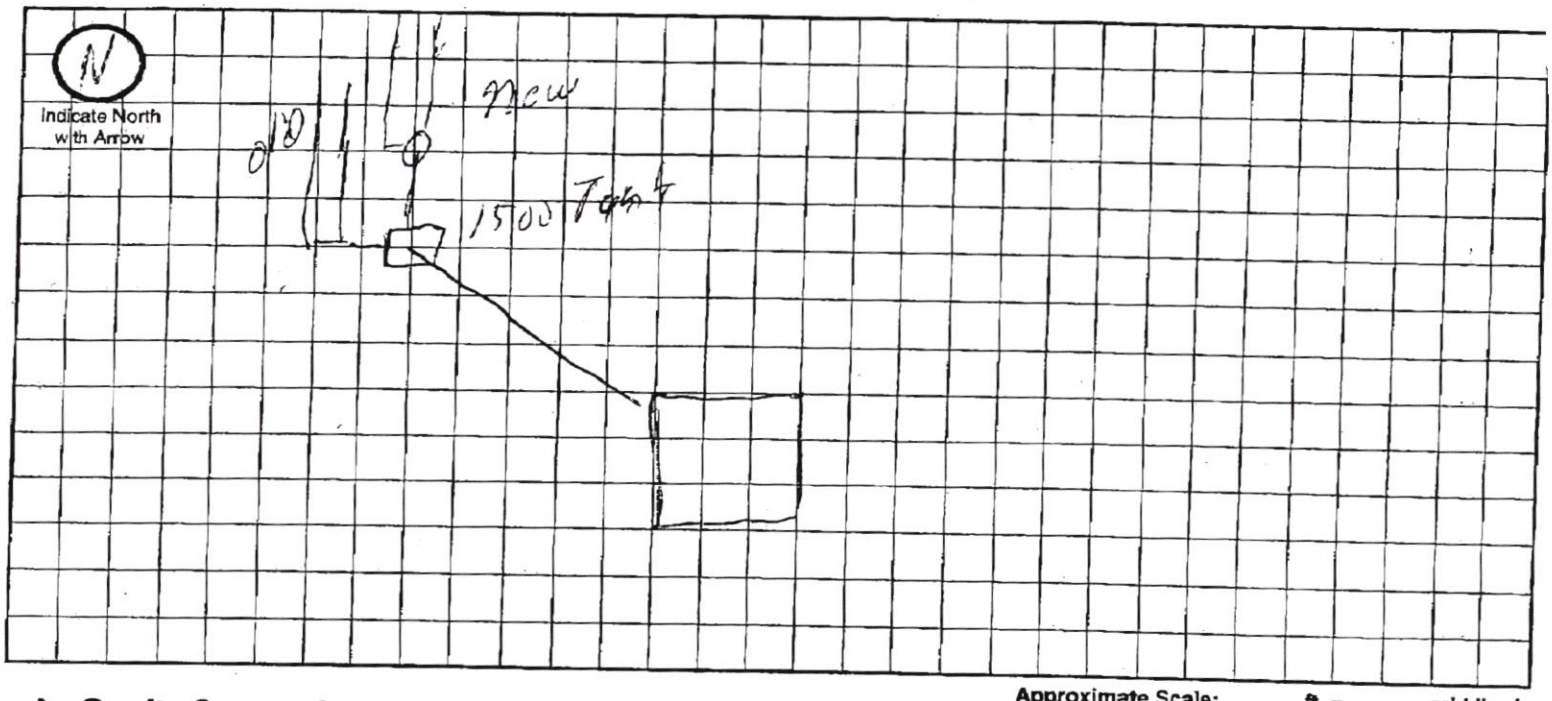
C

Permit Number:

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) 224 Mill Rd City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 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 35 (min/inch = mpi) No. of Bedrooms 3 Soil Type clay Land Slope 12 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 855 sq.ft.

Total length of laterals 190' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box Easy Flow

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 _____

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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. HS002591

System Type: Standard

Situs: No Site Address Specified

Issued: 9/25/2023

Expires: 9/25/2024

Description: MARVIN AND VERNA ADDITION, Lot 2

Owner: BURCHAM, RANDY M & DOREEN E
224 MILL RD
RAYMOND, NE 68428

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

SCOTT SUBBERT
1012 COUNTY RD M
MEAD, NE 68041

Attention Nate

SCANNED

A

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Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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Signature _____

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Comments _____
Date rec'd _____
Date frwd _____
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3. City or County Engineer
Comments _____
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Date frwd _____
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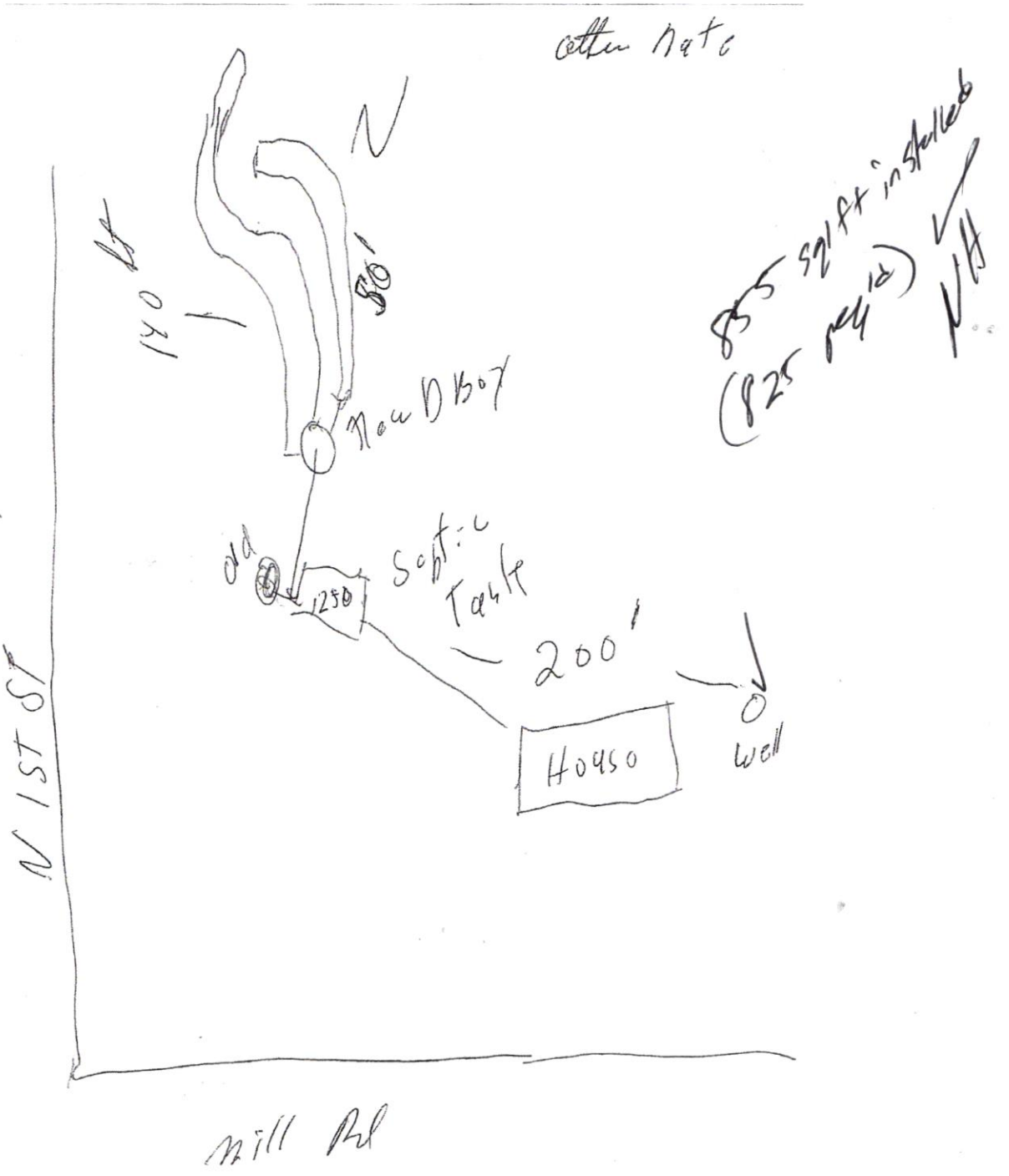
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Date 10/10/23

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

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Cotton Gate
N
140'
80'
New Well
855 sq ft installed
(825 per id)
Old
1250
Septic
Tank
200'
House
well
N 1ST ST
Mill Rd