LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380131801

Issued 07/19/95
Expires 01/19/96
Revenue Code 18754

Establishment
DUANE BURESH
T12N R6E SEC 32
WILLARD ESTATES BLK 6 LOT 1

FEES: $150.00

TOTAL $150.00

Permittee
DUANE BURESH
2300 W MILL RD
RAYMOND NE 68428

Issued By M. Jane Ford
Health Director

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

REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILING FEE: $_____

FILE NO. _____

DATE: 7-14-95

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. T12N ; Range R6E ; Section 32 ;
   Block 6 : Lot 1 : Addition Willard Estates
   Street Address 15705 NW 30th Raymond NE 68428
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒
4. Distance to public sewer: _____ ft.

Duane & Barb & Kristi Bureth
Signature of Applicant (Owner or Lessee)

2300 W. Mill Rd Raymond NE 68428
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/18/95. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7-15-95. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer: Date Rec'd. 07/19/95. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-14-95 by: rm sewer line only
Date: 9-15-95 by: rm one lateral dug about 18"
Date: 9-18-95 by: rm 2nd lateral dug
9-19-95 rm corrected by digging long the last lateral need drawing

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-21-95 By: Ron Margrave

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23 43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. 0 Temp. 88.

OWNER: Dave Burk

Address: 15705 NW 30th
Raymond NE 68428

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				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	24"	8-9	3:00 pm	8-10	1:30 pm	8-10	1:30 pm	6"	5:30 pm	1"	½ hr	1"	
2	24"	8-9	3:00 pm	8-10	1:30 pm	8-10	1:30 pm	6"	5:30 pm	7/8"	½ hr	7/8"	
3	24"	8-9	3:00 pm	8-10	1:30 pm	8-10	1:30 pm	6"	5:30 pm	3/4"	½ hr	3/4"	
4	24"	8-9	3:00 pm	8-10	1:30 pm	8-10	1:30 pm	6"	5:30 pm	1 1/4	½ hr	1 1/4"	
5	24"	8-9	3:00 pm	8-10	1:30 pm	8-10	1:30 pm	6"	5:30 pm	1"	½ hr	1"	
6	24"	8-9	3:00 pm	8-10	1:30 pm	8-10	1:30 pm	6"	5:30 pm	3/4"	½ hr	3/4"	

Dave Burk
Signature of Person Conducting Test

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: August 16, 1995

Approved Percolation Rate (a)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

Date: August 16, 1995

193 sq ft
4 | 774
4
37
36
14

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 774 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

OCT 2 4 1995

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 9/19/95

FILE NO: _____

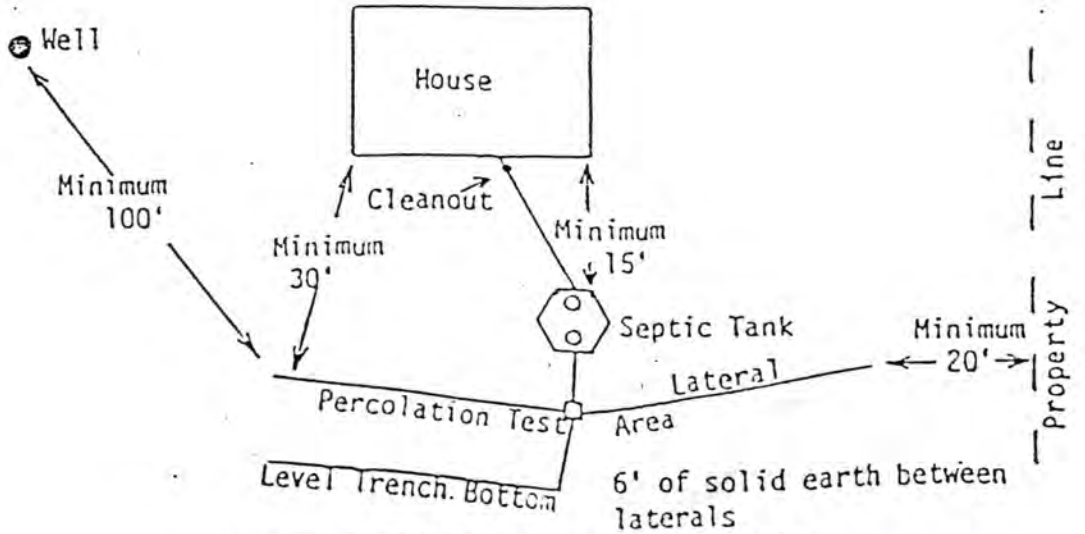
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 3 in.
2. Distance above basement floor — in., or below basement floor 6 in.
3. Distance between dwelling and septic tank 200 ft.
4. Number of clean-outs 2.
5. Distances to: Well or Suction Line 60 ft.; Stream — ft.; Pressure Line 60 ft.; Property Line 70 ft.

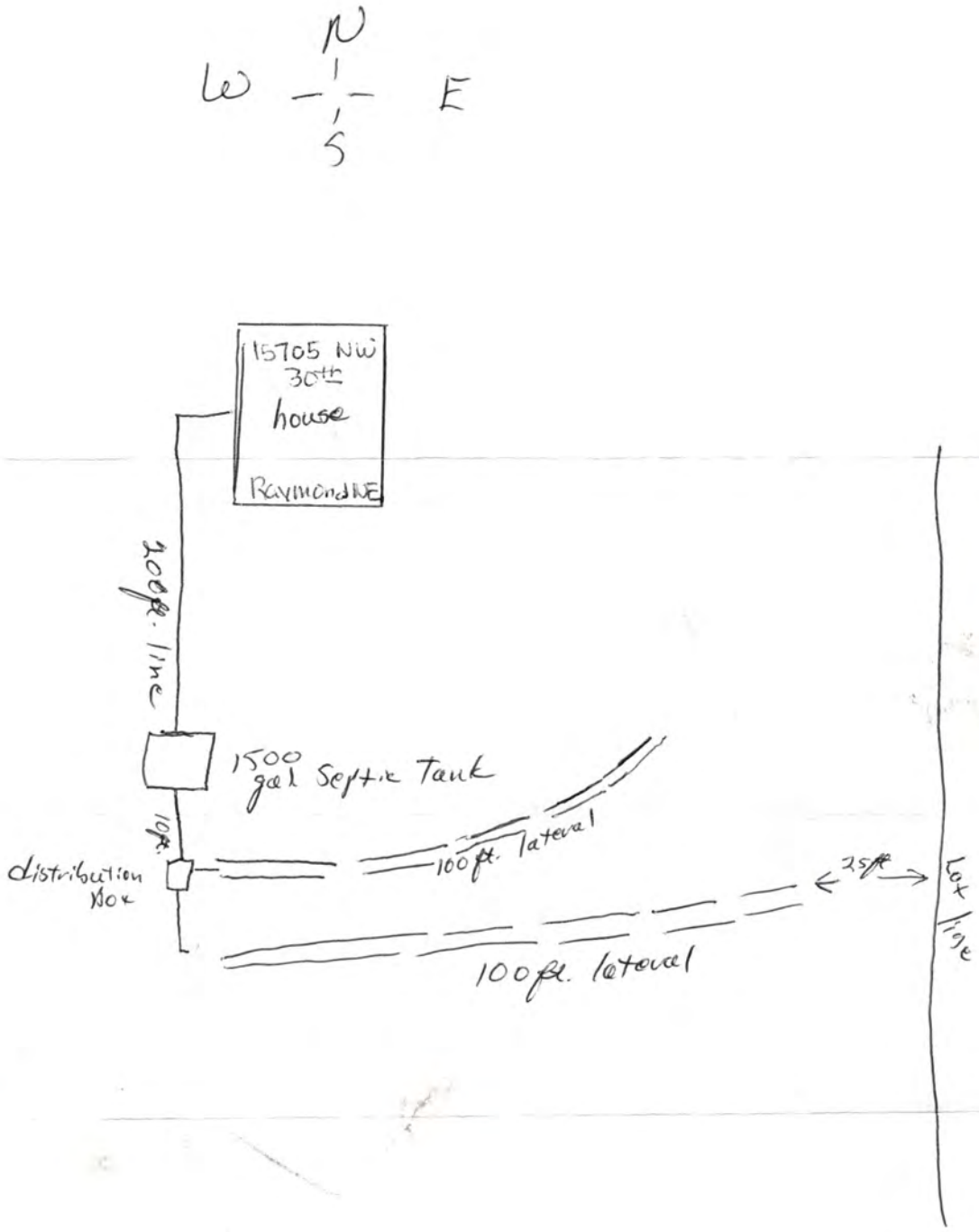
B. SEPTIC TANK:
1. Material Cement; No. of compartments _____.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐ (Company ARPS Red Mix)
4. Manholes: Over Inlet; diam. 6 in. Over Outlet; diam. 6 in. Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 20 in.
8. Distances to: Well or Suction Line 65 ft.; Stream — ft.; Pressure Line 60 ft.; Property Line 70 ft.

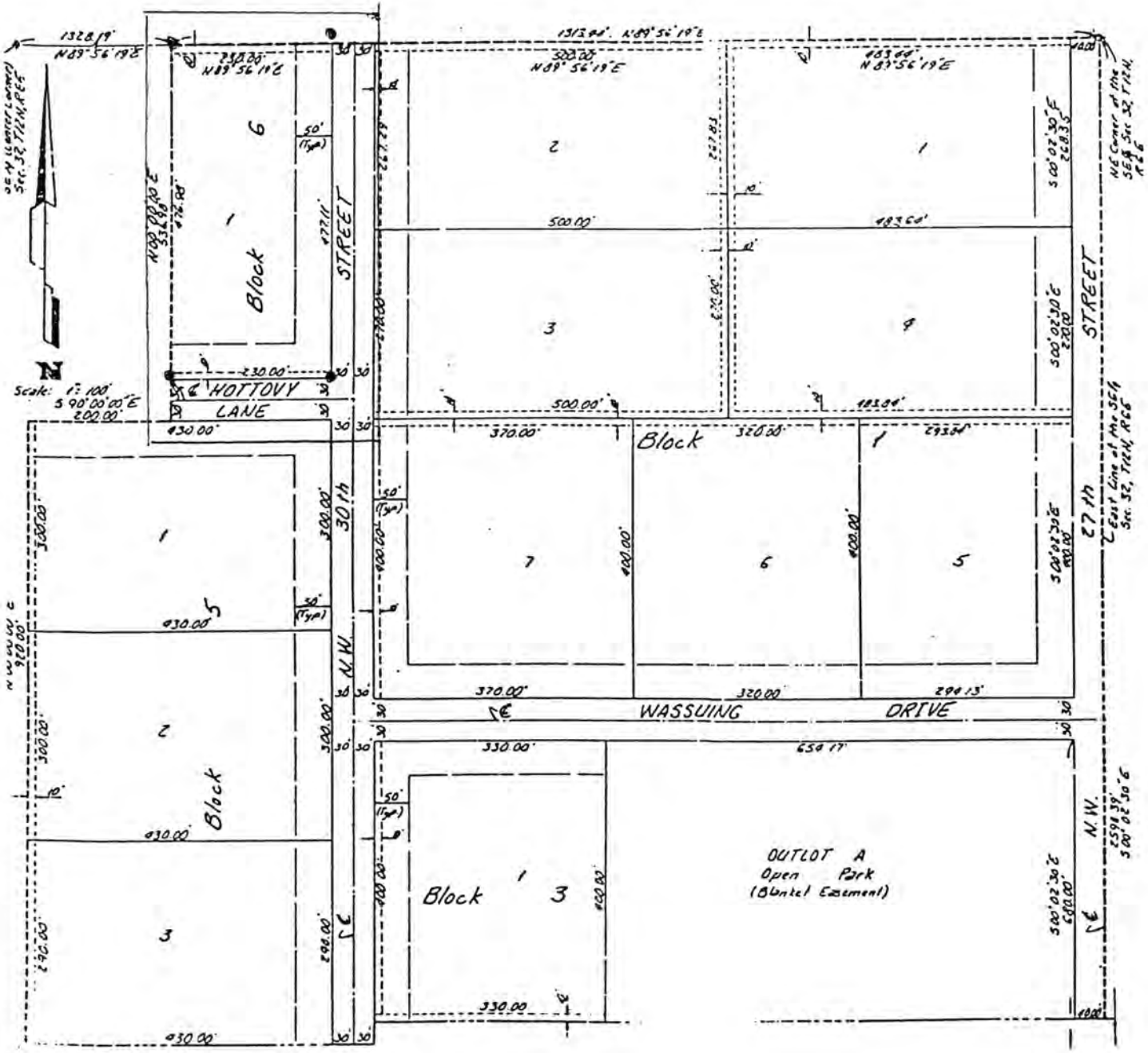
C. DISTRIBUTION BOX:
1. Material Cement; Number - available outlets 6.
2. Factory Built: Yes ☒ No ☐ (Company ARPS)
3. Distance from Septic Tank 10 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐ Diameter of Half Round 12" or Perforated Pipe —. Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines: Number 2 ; Length of each line 100, 100, ___, ___, ___ ft.; Total length of laterals 200 ft.; Distance between lateral lines 10 ft.
3. Trench dimensions: Width 4 ft.; Slope 1 in/100 ft.; Average Depth 32 in.
4. Filter Material: Gravel Depth of Material 18 in.
5. Distances to: Well or Suction Line 110 ft.; Stream — ft.; Pressure Line 110 ft.; Property Line 118 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
W
E
S
15705 NW 30th
house
Raymond NE
200ft. line
1500 gal Septic Tank
10ft.
distribution box
100ft. lateral
25ft.
100ft. lateral



WILLARD ESTATES

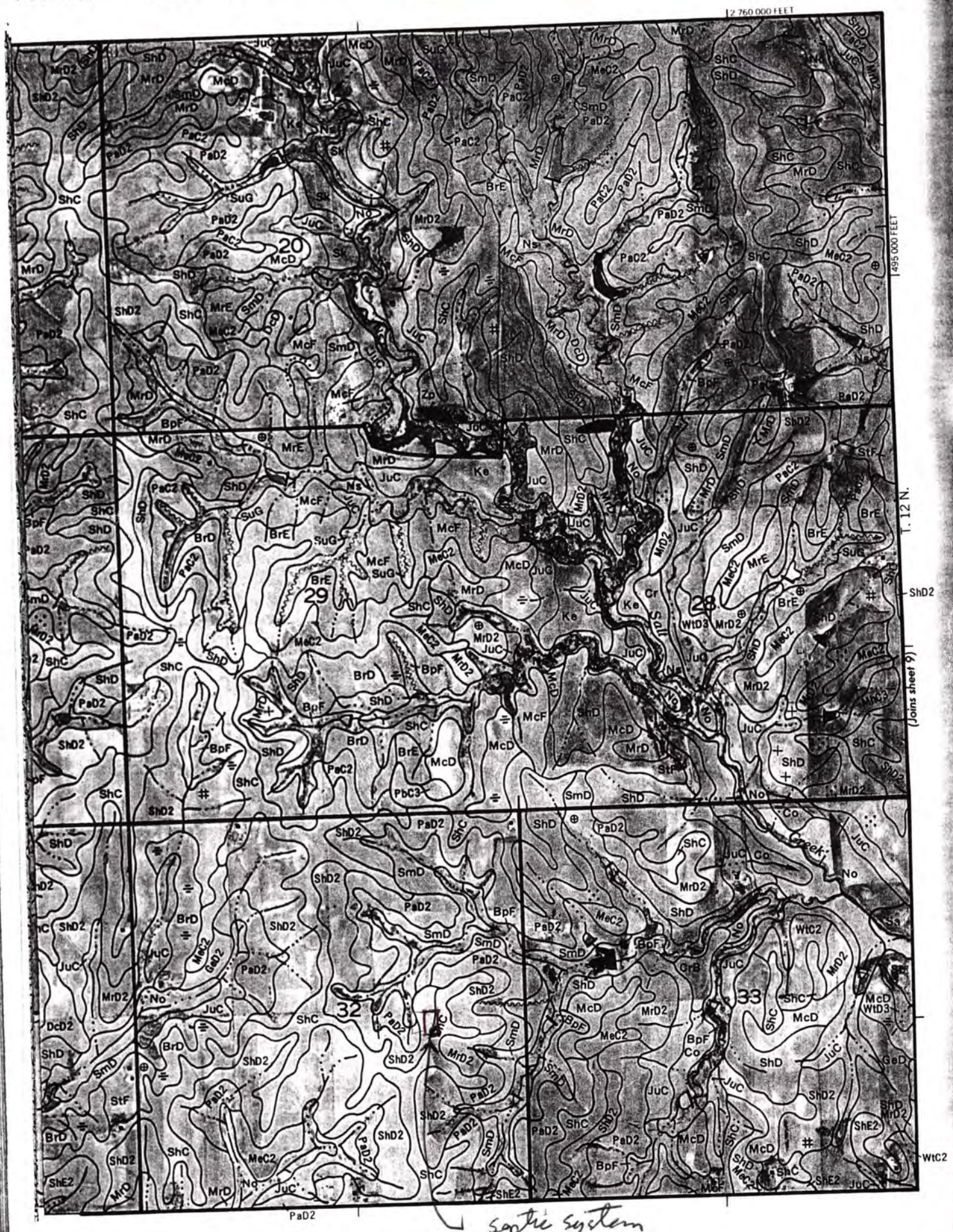
LEGEND

- Property Line
- Building Setback Line
- Easement Line
- Match Line
- Subdivision Limits
- Iron Pipe (Corners Found)

NOTE

1. All lot lines are perpendicular or parallel to the South Line of the SE¼ Section 32, T12N, R6E of the 6th PM, Lancaster County, Nebraska (N 90°00'00" W) unless otherwise noted.

NEBRASKA — SHEET NUMBER 8 Willard Estates 2:30



006

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 15705 NW 30th Raymond NE 68428

Twp 12N Range 6E Section 32 1/4 ___ 1/4 ___ Block 6 Lot 1 Addition Willard Estates

Directions to Property North 14th to Raymond Rd, West to NW 31st

Location of Well SE Corner of lot Tap Location: Inside ☐ Outside ☐

Location of Sewage System new lagoon being installed Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Duane Buresh		
Tenant/Buyer:	Same		
Return to:	Duane Buresh 15705 NW 30th Raymond, NE 68428	~~2306 W Mill Rd Raymond NE 68428~~ 479-7213	783-3431

Signature of Applicant Duane E Buresh Address ___ Date 7/14/95

HEALTH DEPARTMENT USE ONLY

Date Received 7/14/95 Received $150.00 Check ☒ #2774 Cash ☐

Lr 10/13/95

PRELIMINARY STATUS--By Ron Marquart **DATE:** 10/13/95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ 6.7 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ Provisional Approval: ☐

Approved by Ron Marquart, R.S. Date 10/25/95

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.