LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1283-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

October 3, 1978
THIS PERMIT EXPIRES

Donald Krass Route 1, Box 122, Raymond, NE
ISSUED TO ADDRESS

T12N, R6E, Section 34, Lots 3 [redacted] I.T.
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY DATE AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1283-C

DATE: 4-3-78

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. 12 N; Range R 6 E; Section 34;
   Block _____: Lot ~~3 + 4~~ IT; Addition _____
   Street Address Lot 13 IT – 80 ac less ROW for Raymond Road.

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.

Mr & Mrs Donald Krass
Signature of Applicant (Owner or Lessee)

Rt 1 Box 122 Raymond Ne 68428
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/3/78. Date Frwd. 4/4/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-4-78. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 4/4/78. Date Frwd. 4/4/78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-15-78 by: jw
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-15-78 By: James Waverka

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
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B

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PROPERTY WHERE SOIL TESTED: Lot 3 + 4

Location: Township 12 N ; Range R-6-E; Section & ¼ Section 34.
Property Dimensions: _____ ft. x _____ ft. Area: 80 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-1-78 to 4-2-78. Weather: Precip. _____ Temp. 20°.
OWNER: Donald A Kruse
Address: RT 1 Raymond Nebr.

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	34	4-1-78	12 AM	4-1-78	7 PM	4-2-78	4:30 PM	28	5 PM	28 1/8	30	1/8	
2	33	"	"	"	"			27		27 7/8		1/8	
3	32	"	"	"	"			26		26 1/2		1/2	
4	33	"	"	"	"			27		28		1	
5	32	"	"	"	"			26		28 3/4		2 3/4	
6	34	"	"	"	"			28		31 1/8		3 1/8	

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

Donald A. Kruse
Signature of Person Conducting Test

Address RT 1 Raymond Nebr. Phone 783-2267
Box 122 (Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam into Judson Silt Loam
Date: April 3, 1978

Approved Percolation Rate (a)
A. 20 min./inch
B. _____ min./inch
C. _____ min./inch

Harrold 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 ☒

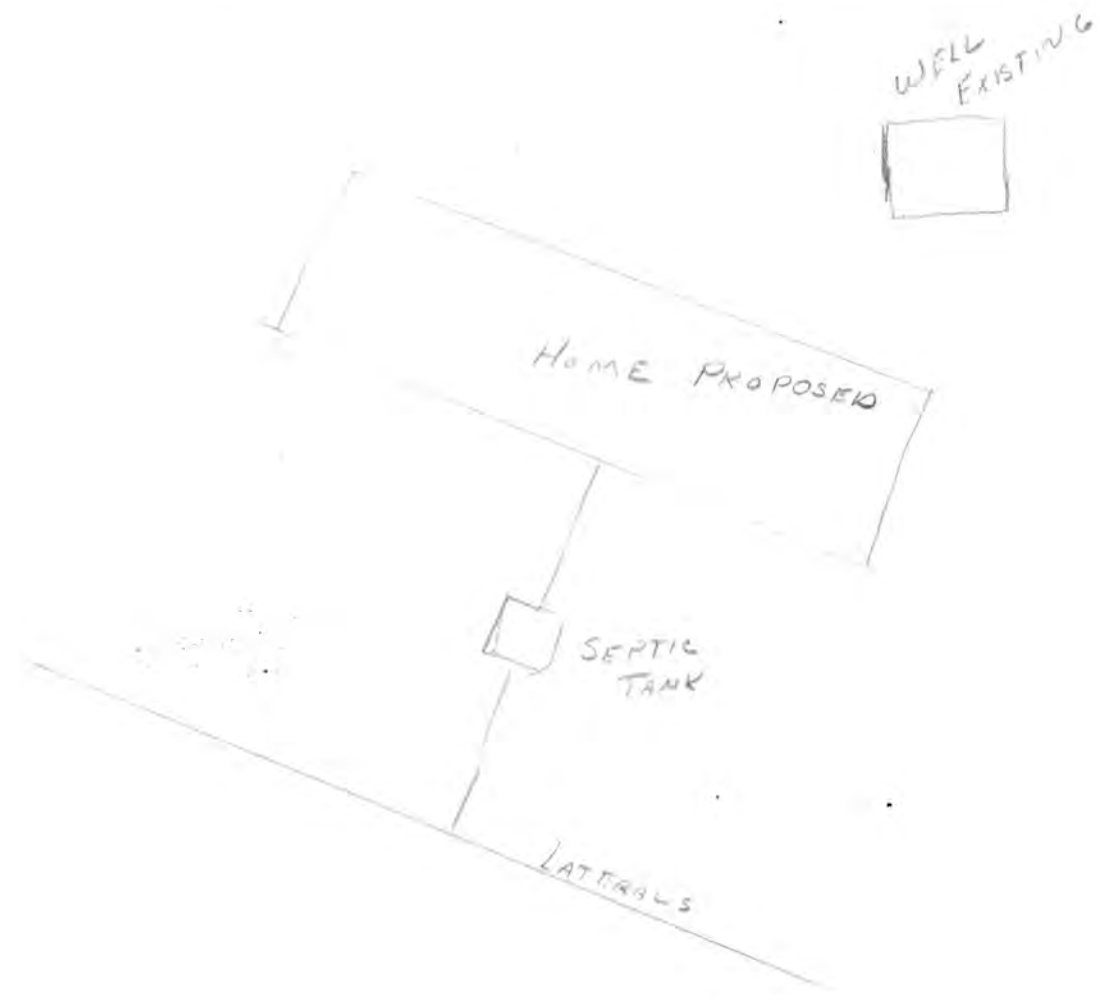
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

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



REVIEWING ACTION

Remarks: _____

Date: April 3, 1978

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 157 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 630 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
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: 474-1541

D

DATE: 5-13-78

FILE NO. _____

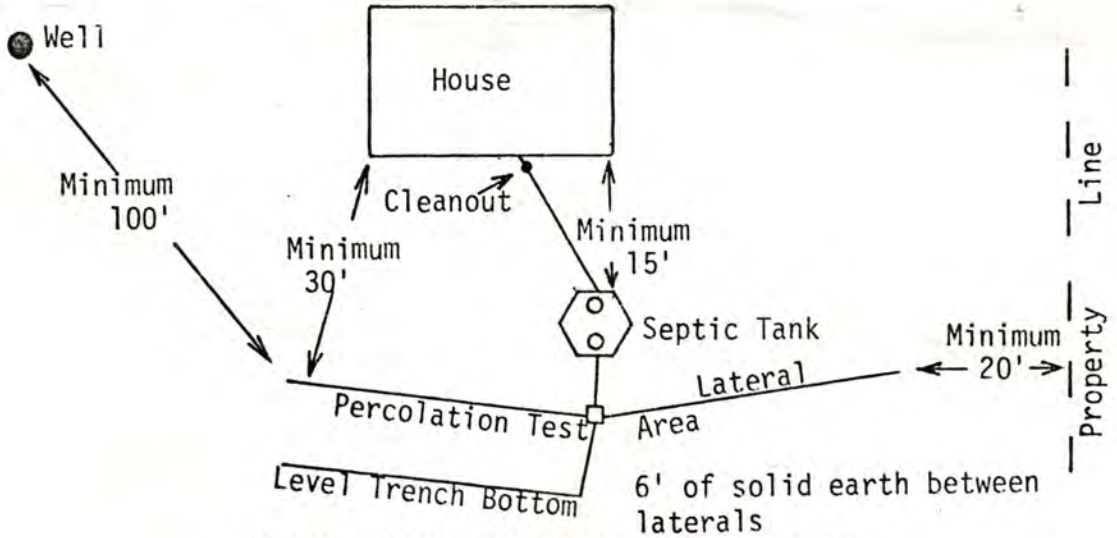
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Soil pipe ; Diameter 4 in.
2. Distance above basement floor — in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 31 ft.
4. Number of clean-outs 2 .
5. Distances to: Well or Suction Line 60 ft.; Stream — ft.; Pressure Line — ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Pre-cast)
4. Manholes: Over Inlet; diam. 10 in. Over Outlet; diam. 17 in. Riser Above ☐ Below ☒ Grade 16 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 16 in.
8. Distances to: Well or Suction Line 92 ft.; Stream — ft.; Pressure Line — ft.; Property Line — ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 6 .
2. Factory Built: Yes ☒ No ☐ (Company Pre-Cast Style)
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 20" or Perforated Pipe ____. Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines: Number 2 ; Length of each line 76, 84, ____, ____, ____ ft.; Total length of laterals 160 ft.; Distance between lateral lines ____ ft.
3. Trench dimensions: Width 53 ft.; Slope 5 in/100 ft.; Average Depth ____ in.
4. Filter Material: Lateral gravel, Depth of Material 18 in.
5. Distances to: Well or Suction Line 110 ft.; Stream — ft.; Pressure Line — ft.; Property Line — ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 5/13/78 INSTALLER Horizontal Boring Co. Inc.
Exeter Nebr.
Bert J Moore

