LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2700-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JANUARY 21, 1989 — THIS PERMIT EXPIRES

HAROLD E. MORTENSEN — ISSUED TO

ROUTE #1, BOX 9 RAYMOND, NE 68428 — ADDRESS

T12N; R6E; Sec W½; NW¼ 19 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
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

RECEIVED JUL 14 1988

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2700-C

DATE: July 14 - 1988

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. ~~11N~~ 13N Range 6E ; Section 19 ; W½ NW¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

Harold E Mortensen
Signature of Applicant (Owner or Lessee)

Rt 1 Box 9 Raymond Ne 68428
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/20/88. Date Frwd. 7/21/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7-21-88. Date Frwd. 8-4-88. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bowen

3. City or County Engineer: Date Rec'd. 7/21/88. Date Frwd. 7/21/88. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL
Area in Flood Plain

NOT BORNE OUT BY SOILS MAP
COULD NOT COME UP WITH ELEVATIONS

Site Visits:
Date: 8/15/88 by: L.C.H.
Date: 8/15/88 by: L.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/25/88 By: Jerrold C. Hood

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

FORM 23-43

RECEIVED JUL 14 1988

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. 2700-C

PROPERTY WHERE SOIL TESTED:

Location: Township Little Salt; Range 6; Section & ¼ Section W½ NW¼ Sec. 19
Property Dimensions: _____ ft. x _____ ft. Area: 68.24 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ■; Clay Loam ☐
Dates of Tests: 7-13-88 to 7-14-88. Weather: Precip. 0 Temp. 100°.
Test Taken NW 56 & W. Davy Rd ½ mi. N. East side

OWNER: Harold Mortensen
Address: Rt 1 Box 9 Raymond 68428 783-3305

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	36"	7-13	6:00 pm	7-14	10:00 Am	7-14	10:00 Am	6"	2:00 pm	4½"	30m	1½"	
2	36"	7-13	6:00 pm	7-14	10:00 Am	7-14	10:00 Am	6"	2:00 pm	4½"	"	1½"	
3	36"	7-13	6:00 pm	7-14	10:00 Am	7-14	10:00 Am	6"	2:00 pm	4 3/8"	"	1 5/8"	
4	36"	7-13	6:00 pm	7-14	10:00 Am	7-14	10:00 Am	6"	2:00 pm	4¼"	"	1¾"	
5	36"	7-13	6:00 pm	7-14	10:00 Am	7-14	10:00 Am	6"	2:00 pm	4½"	"	1½"	
6	36"	7-13	6:00 pm	7-14	10:00 Am	7-14	10:00 Am	6"	2:00 pm	4"	"	2"	

Mike Hoagland
Signature of Person Conducting Test

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

Address 2700 Daw Ave Phone 464-0638

(Do not write below this line) Pre-Cast Step Co.

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): WYMORE SILTY CLAY LOAM
Date: JULY 22, 1988

Approved Percolation Rate (a)
A. 18 min./inch
B. _____ min./inch
C. _____ min./inch

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

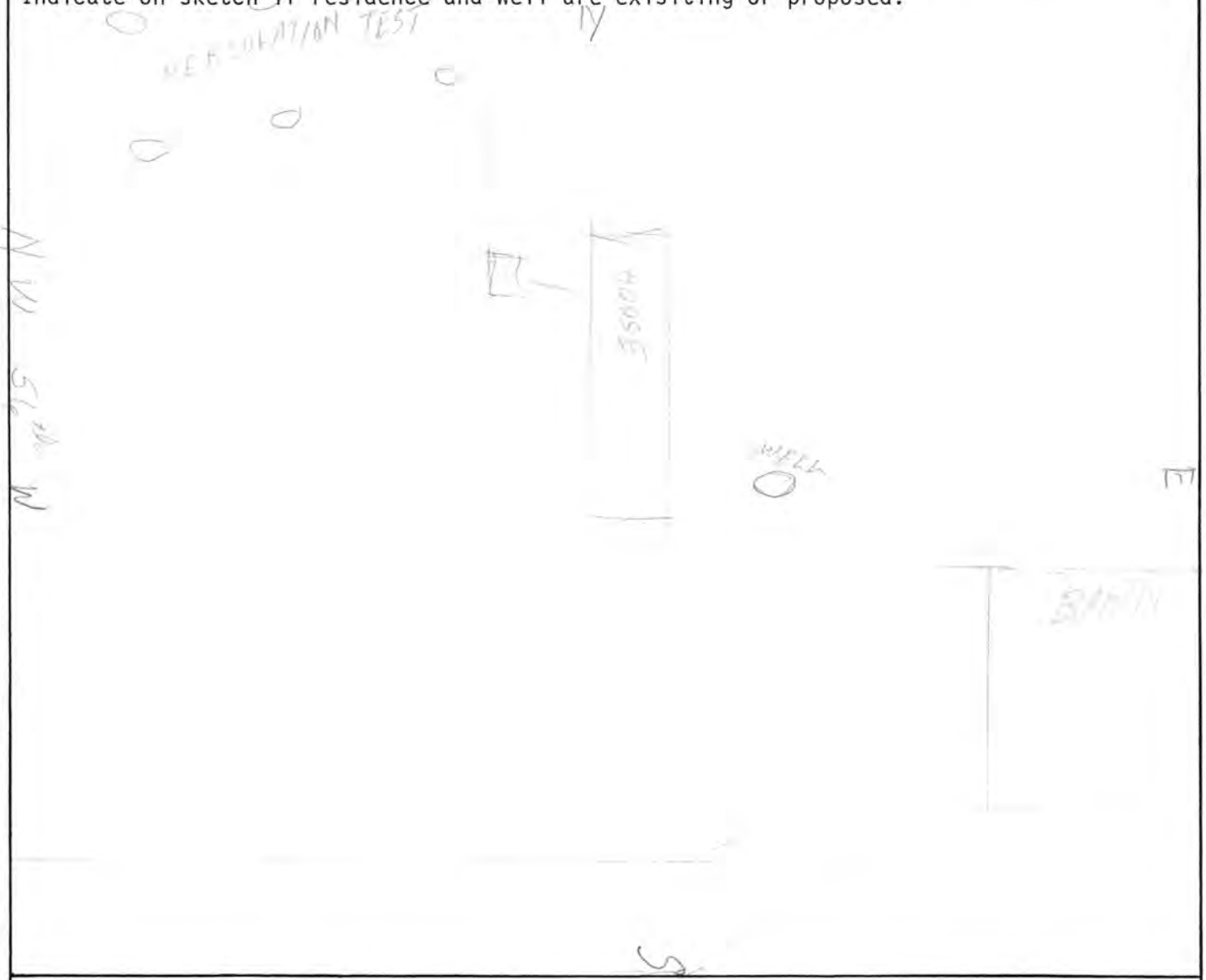
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

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



REVIEWING ACTION

Remarks: _____

Date: JULY 22, 1988

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 101 ft.
3. With a Trench Width of 18 in.
4. Total Area of Lateral needed ____ sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

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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: 471-7800

D

DATE: July 14, 1988

FILE NO. 2700-C

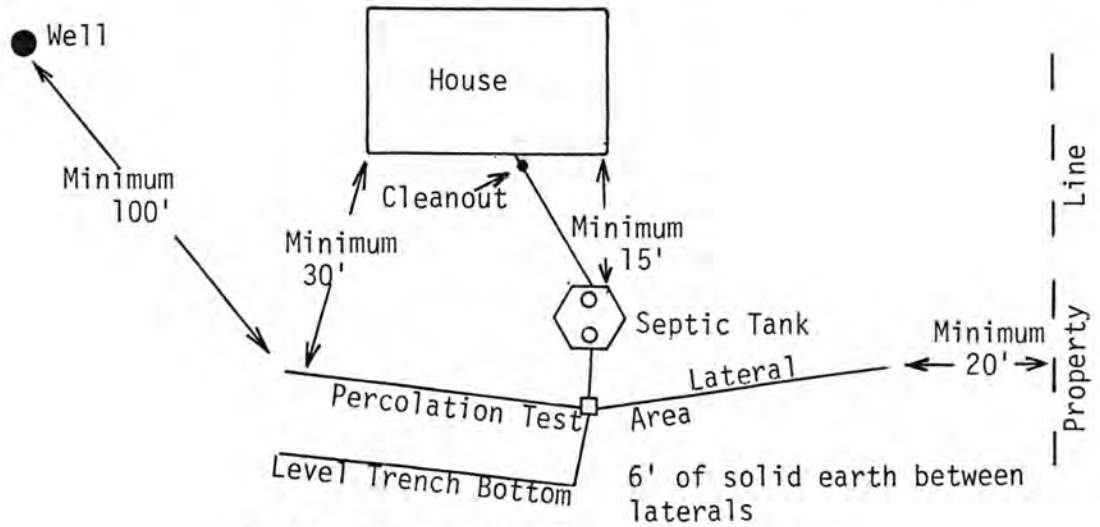
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material_____; Diameter_____in.
2. Distance above basement floor_____ in., or below basement floor_____in.
3. Distance between dwelling and septic tank_____ft.
4. Number of clean-outs_____.
5. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments one.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast Step Co.)
4. Manholes: Over Inlet; diam._____in.
Over Outlet; diam._____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_____in.
8. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.

C. DISTRIBUTION BOX:
1. Material_____; Number - available outlets_____.
2. Factory Built: Yes ☐ No ☐
(Company_____)
3. Distance from Septic Tank_____ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 2 or
Perforated Pipe_____.
Material: fiberglass ☐ ;plastic ☐ ;
concrete ☒ ; other_____.
2. Lateral Lines:
Number__;Length of each line_____, _____,_____,_____,_____ft.;
Total length of laterals_____ft.;
Distance between lateral lines____ft.
3. Trench dimensions: Width_____ft.;
Slope_____in/100 ft.; Average Depth_____in.
4. Filter Material:_____
Depth of Material_____in.
5. Distances to:
Well or Suction Line_____ft.;
Stream_____ft.; Pressure Line _____ft.; Property Line_____ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

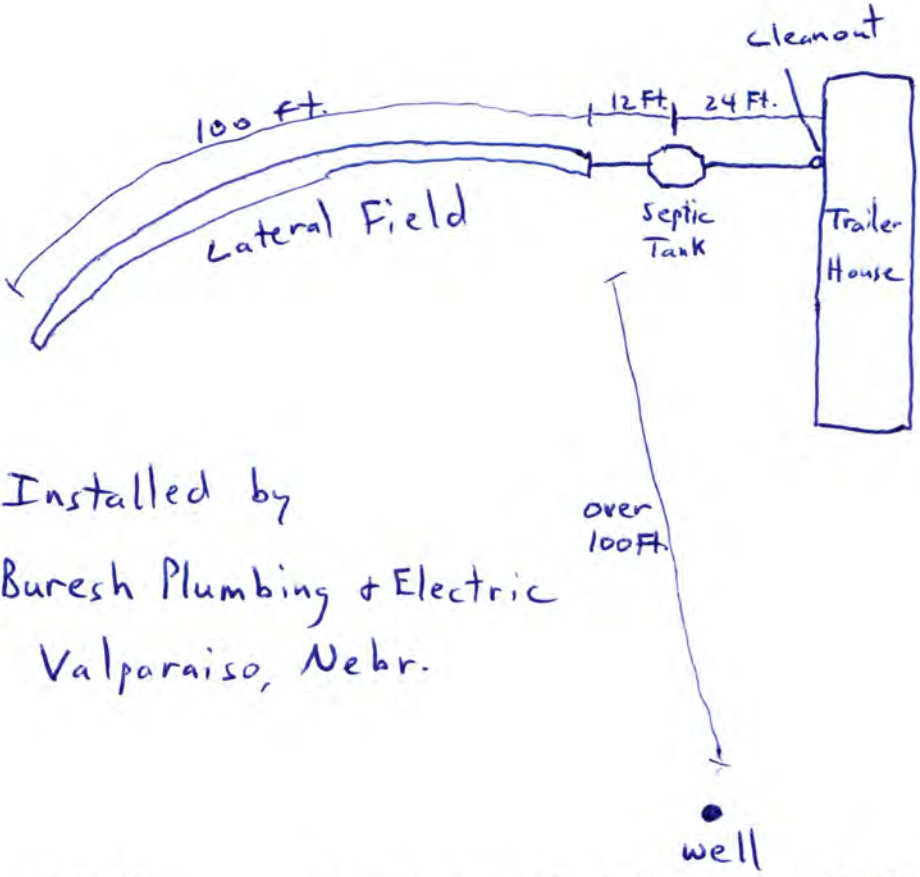
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M & S Transfer

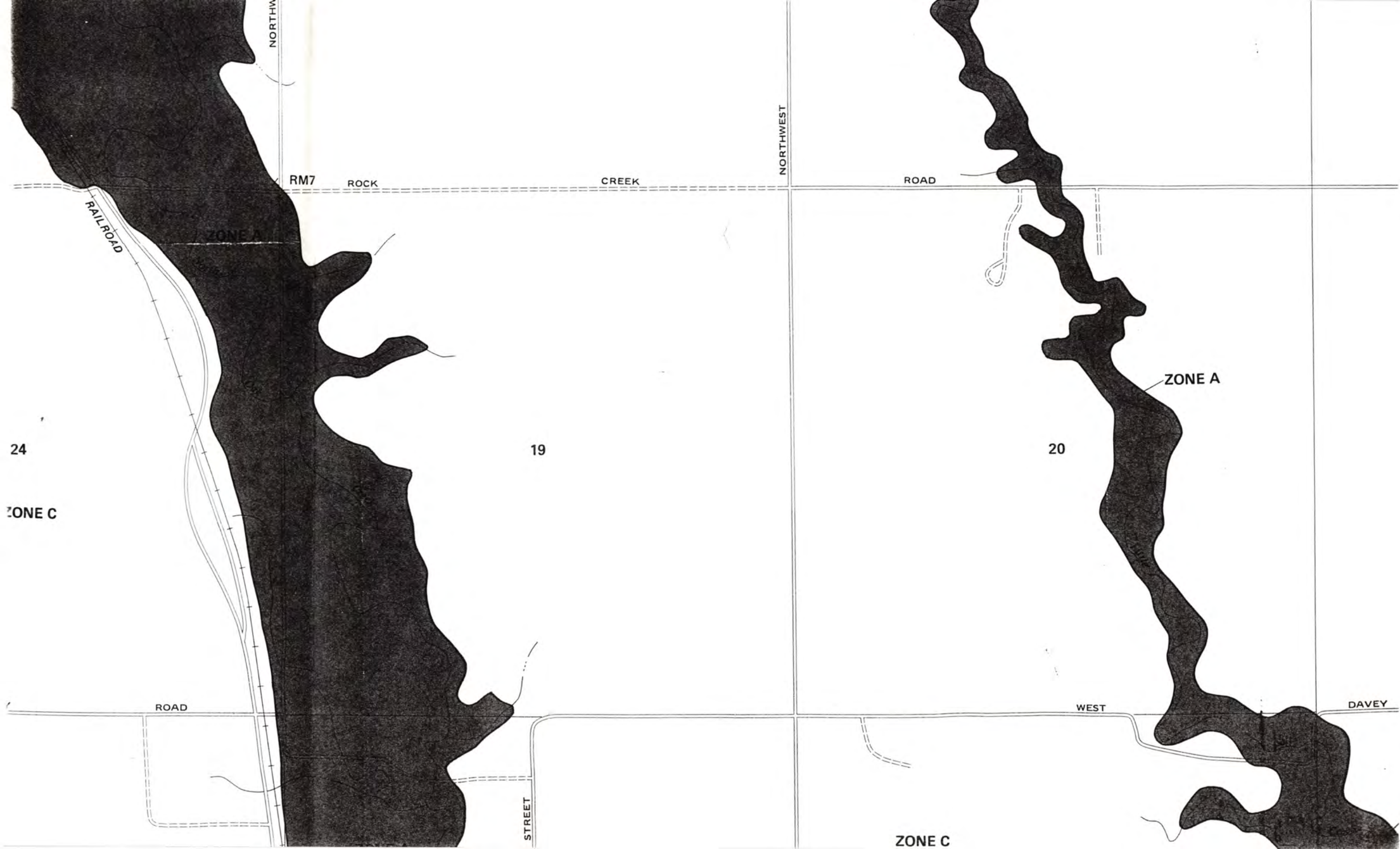
Daro Associates, Inc.
P. O. Box 29
David City, NE 68632 • PHONE 367-3153
Omaha • 342-1560 Lincoln • 476-9492

Harold Mortensen Septic System
RFD, Raymond, Nebr.

N



Installed by
Buresh Plumbing & Electric
Valparaiso, Nebr.


NORTHW
NORTHWEST
RM7
ROCK
CREEK
ROAD
RAILROAD
ZONE A
ZONE A
24
19
20
ZONE C
ROAD
WEST
DAVEY
STREET
ZONE C