LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1327-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

December 1, 1978 — THIS PERMIT EXPIRES

W. Travis Burney — ISSUED TO

3901 Castle Circle, Lincoln, NE 68524 — ADDRESS

T11N, R6E, Section 21 NE¼NE¼

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 HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1327-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 6-26-77

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

1. Legal description of property: Twp. 11 N ; Range 6E ; Section 21 (NE¼ NE¼)
   Block _____; Lot _____; Addition _____
   Street Address _____

2. Property Use: Residential (Proposed) ☒ ; Commercial _____ ☐
   No. of Bedrooms 5 . Describe: construction of house to start Spring 1978
   Other Use Agricultural ☒
   Describe: Land is now used for pasture and will continue to be used as such.

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☒ WASTE STABILIZATION POND

4. Distance to public sewer: unknown ft.

W. Travis Burney
Signature of Applicant (Owner or Lessee)

3901 Castle Circle, Lincoln, Ne. 68514
Address Ph 470-2074

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/1/78 . Date Frwd. 6/1/78 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. 6-1-78 . Date Frwd. 6-1-78 . ACTION: Approved ☐ Disapproved ☒ Signature: Williamsen
3. City or County Engineer : Date Rec'd. 6-1-78 . Date Frwd. 6-1-78 . ACTION: Approved ☐ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 1327-C

DATE: 5-17-78

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 11N ; Range 6E ; Section 21 (NE¼ NE¼) ; Block ; Lot ; Addition .
   Street Address .

2. Property Use: Residential Proposed ☒ ; Commercial ☐
   No. of Bedrooms ; Describe:
   Other Use ☒
   Describe: Land is now used for pasture and will continue to be used as such

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☒ Waste Stabilization Pond

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.) attached

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto). attached

W. Travis Burney
Signature of Applicant (owner or lessee)

3901 Castle Circle
Address Lincoln, Ne 68524
Ph. 470-2074

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
   Filing Fee: $ 30.00

2. Site Visits:
   Date: 6-21-79 by: mm *
   Date: by:
   Date: by:

3. Date: Approved ☒ ; Disapproved ☐ 6/1/79
   by: Jerold C. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 1-28-82 by: Ron Mangeant

* Need Fence

FORM HD-43 (73) 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 474-1541)

FILE NO. 1327-C

PROPERTY WHERE SOIL TESTED:
Location: Township 11 N : Range 6E
Section & ¼ Sect. NE¼NE¼ §21
Property Dimensions: ____ ft. x ____ ft.
Area: 40 acres acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; (Silty Clay Loam) ; Sandy Loam (Sharpsburg Clay Loam)
Silty Loam ; Clay Loam ; Sandy Clay

Owner: W. Travis Burney
Address: 3901 Castle Circle Lincoln, Ne 68524

Dates of Tests: 6-20-77 to 6-26-77. Weather: Precip. 1.5" Temp. 80's

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"	6-19	7:30PM	6-20	12:30PM	6-20	4:02PM	6 3/8"	4:32	5 1/2"	30min	7/8"	34.29
2	36"	6-24	10:00PM	6-25	12:30PM	6-26	4:00PM	6 1/8"	4:30	5 1/4"	30min	7/8"	34.29
3	36"	6-24	10:00PM	6-25	12:30PM	6-26	4:02PM	6"	4:32	5"	30min	1"	30.00
4	36"	6-24	10:00PM	6-25	12:30PM	6-26	4:06PM	6 5/8"	4:36	5 3/4"	30min	7/8"	34.29
5	36"	6-24	10:00PM	6-25	12:30PM	6-26	4:09PM	6 5/8"	4:39	5 5/8"	30min	1"	30.00
6	36"	6-24	10:00PM	6-25	12:30PM	6-26	4:13PM	6 3/4"	4:43	6 1/8"	30min	5/8"	48.00
7	36"	6-24	10:00PM	6-25	12:30PM	6-26	4:17PM	6 5/8"	4:47	5 3/8"	30min	1 1/4"	24.00

Sum of Percolation Rates: 234.87
Average of Rates: 33.55
Mean of Rates: 34.29

W. Travis Burney
Signature of Person Conducting Test

Address 3901 Castle Circle, Lincoln, Ne
Phone 470-2074

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

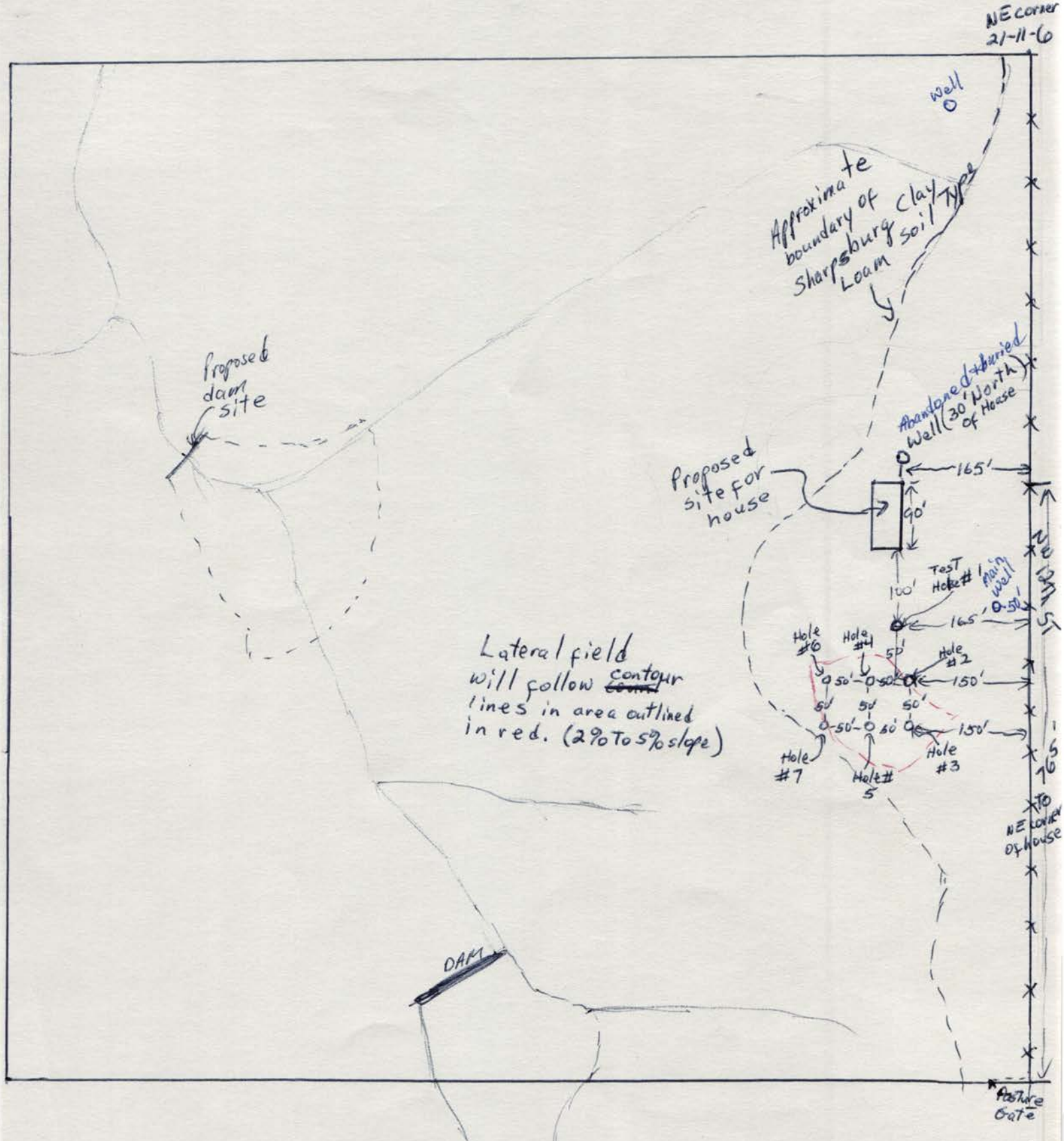
DATE: _____

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

Signature of Reviewing Official

Sketch of Percolation Test site, complete 6-26-77
NE¼ NE¼ 21-11-6, W. Travis Burney, owner

Scale 1" = 165'



FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

Travis Bernie
1mi No. of NW. 12th & McKelvie Rd

FILE NO. _____

Installed by Strohmyer SPECIFICATIONS

DATE: _____

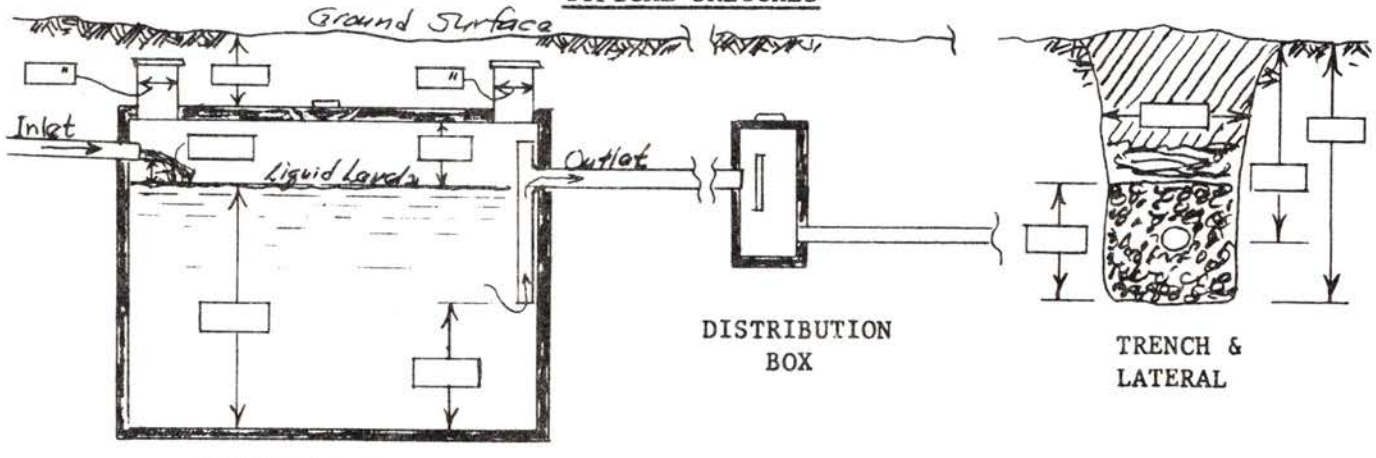
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity _____gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
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 _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade ___in. Number ____; Length of each line ___ft Total length of Laterals ____ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width ____in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant

well •

4'6" deep AT house

