LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2716-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

TOM SILVERSTRAND — ISSUED TO

4909 WEST RAYMOND ROAD RAYMOND, NE 68428 — ADDRESS

T11N; R6E; Sec 6; Lot 36 I.T.; 4909 W. Raymond Road
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
MC	8 17 88	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2716-C

DATE: _____

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 ; Range 6E ; Section 6 ;
   Block _____ : Lot 3 I.T. : Addition _____
   Street Address 4909 W. RAYMOND RD

2. Property Use: Residential ☐ ; Commercial ☒ Other Use ☐
   No. of Bedrooms _____. Describe MACHINE SHOP
   5 EMPLOYEES MAXIMUM

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

4. Distance to public sewer: _____ ft.

Tom Silverstrand
Signature of Applicant (Owner or Lessee)

4909 West Raymond Road
Address
Raymond, Nebraska

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/19/88. Date Frwd. 8/19/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-18-88. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Wesley L. Johnson

3. City or County Engineer: Date Rec'd. 8/18/88. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Dwight Diamond

REMARKS OR REASONS FOR DISAPPROVAL EXCEPTIONALLY SMALL SYSTEM.

Site Visits:
Date: 9/19/88 by: J.C. Hood ~~need drawing~~
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/31/97 By: Jerrold C. Hood

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. _____ Temp. _____.

OWNER: _____

Address: _____

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"	8/15	3:15P	8/16	1:00P	8/16	4:30P	8"	5:00P	3"	30	5"	30/5"
2	36	8/15	3:15	8/16	1:00	8/16	4:30	8	5:00	3	30	5	
3	36	8/15	3:15	8/16	1:00	8/16	4:30	8	5:00	3	30	5	

Tom & Silverstrand
Signature of Person Conducting Test

Address _____ Phone _____

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Kennebec Silty Loam
Date: AUGUST 19, 1988

Approved Percolation Rate (a)
A. 6 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 19th 1988

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 85 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 34 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

DEC 3 0 1997



DRAWING SHOWING SEWER SYSTEM LAYOUT FOR TOM SILVERSTRAND
SILVERSTRAND MACHINE
RAYMOND, NE. 68428
INSTALLED 9/30/88

