Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
ALTER/EXTEND SEWAGE DISPOSAL SYSTEM
FROM MOBILE HOME TO LAGOON OF HOUSE

Establishment

HAROLD DANLEY
T11N R6E SEC 5 QTR NE
LOT 19
3201 W RAYMOND RD-RAYMOND

Permitee

HAROLD DANLEY
BOX0000115
BOX 0000115
RAYMOND NE 68428

Permit # 99390063301

Issued 09/20/99
Expires 03/20/00
Revenue Code 3157

FEES: $50.00

TOTAL: $50.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010968

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date: 9-21-99	File No.: 99390063301

The undersigned hereby applies for a permit to: ☒ **ALTER** ☒ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 11 Range 6 Section 5 1/4 Section NE
   Block _____ Lot 19 Addition _____
   Street Address 3201 WEST RAYMOND RAYMOND NE 68428

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 6 Describe 2 Homes 3 Bed Room Each.

3. **Type of Present Individual Disposal System:** ☐ septic tank ☒ lagoon ☐ other

4. **Description of proposed alteration, extension or repair:** Add Mobil Home To ~~Sewer~~ Lagoon at House.

5. **Work to be done by:** ☐ owner ☒ contractor's name Dirt Works Plus. Lloyd Johnson

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name HAROLD DANLEY Address 3201 W RAYMOND RD Phone 783-3004
Applicant Signature (owner or lessee) Harold Danley

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 9-17-99 REVIEW: ☒ approved ☐ disapproved By: Paul Drotzmann

Site visits:
Date 9-17-99 By P.D.
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 9-21-99 By Paul Drotzmann

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

Rec'd 9/20/99 lo
#1037 $50.00

White - EH Pink - Business Office Revised 1/98

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number: 9939006 3301

Sewage Disposal System

As Built Plans & Specifications

Date 9/17/99

System Location (Indicate correct number and street)

Address 3201 West Raymond Rd. (no rural route) City Raymond NE, Zip 68428

A. Building Sewer

1. Material: C/1959 160
   Diameter: 4 in.
2. Distance above basement floor: ~~_____~~ in.
   or distance below basement floor: ~~_____~~ in.
3. Distance between dwelling and septic tank: ~~_____~~ ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ❑ Yes ❑ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ❑ above ❑ below grade _____ in.
5. Inlet: ❑ baffle ❑ tee
6. Outlet: ❑ baffle ❑ tee
7. Depth to top of tank, below unfinished 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
3. Distance from septic tank: _____ ft.

D. Absorption Field

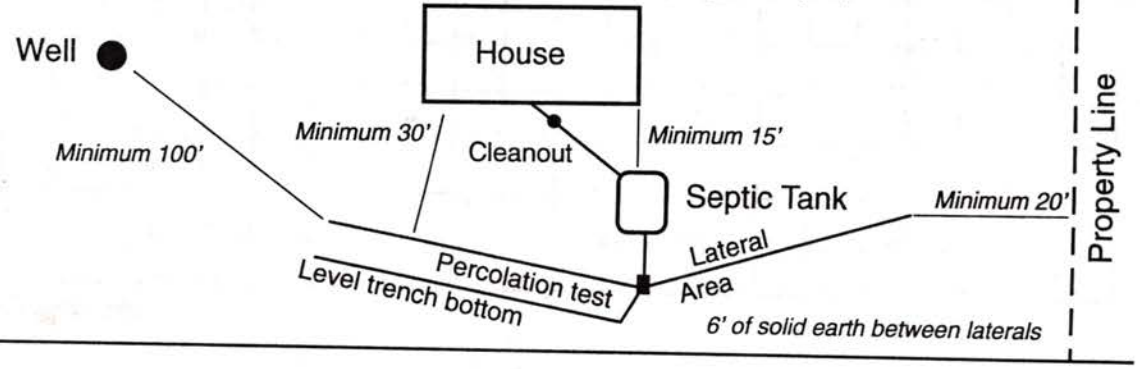
(Provide as-built drawings on back of this form)

1. Type: ❑ Half rounds ❑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ❑ fiberglass ❑ plastic ❑ concrete
   ❑ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ 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.

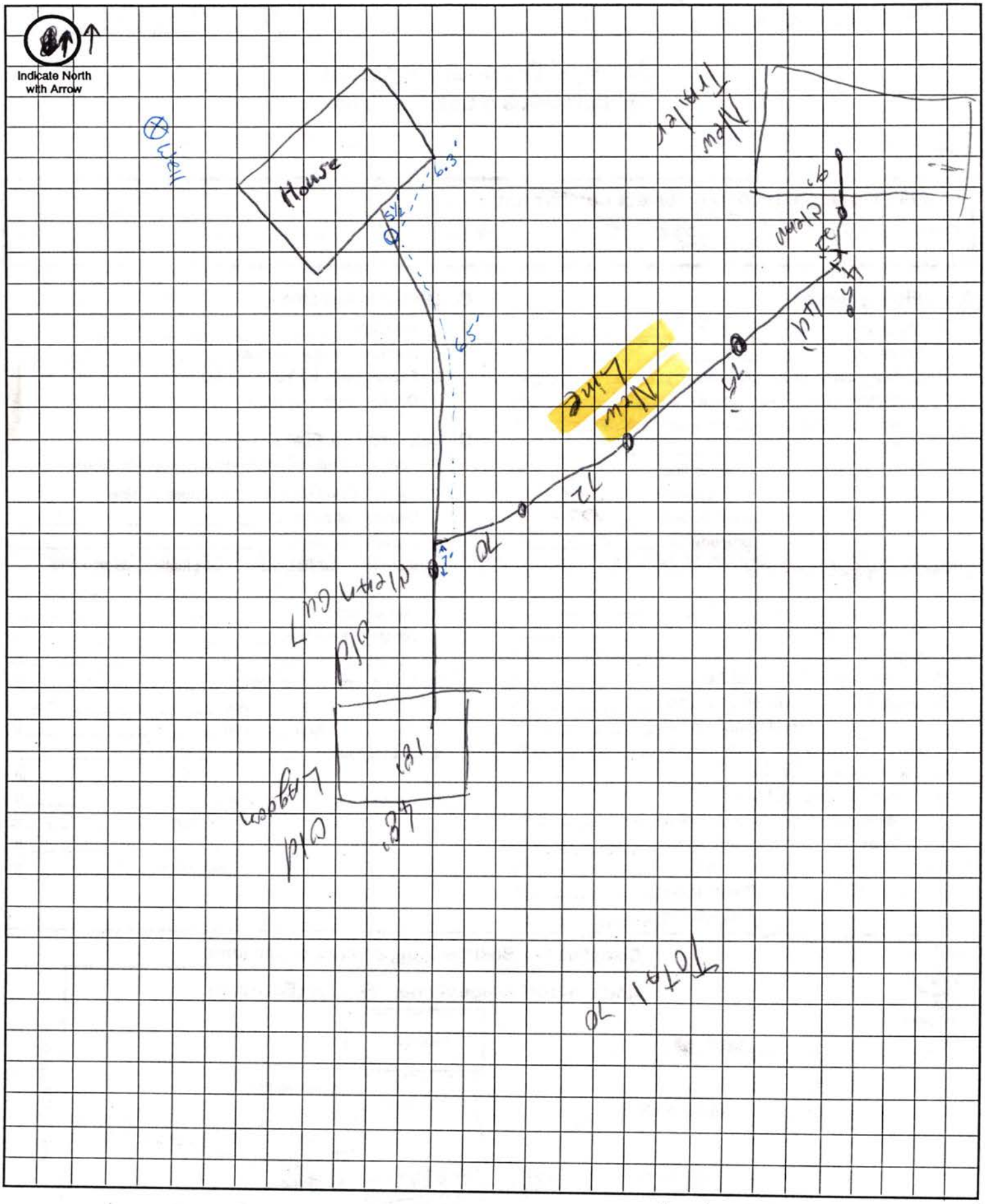
Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380105601

Issued 08/27/93
Expires 02/27/94
Revenue Code 18754

Establishment
HAROLD DANLEY
T11N R6E SEC 5

FEES: $150.00

TOTAL $150.00

Permittee
HAROLD DANLEY
BOX 00115
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"

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: $ 150.00

FILE NO. _____

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: SEE ATTACHED
   Twp. 11 N ; Range 6E ; Section 5 ;
   Block _____ : Lot _____ : Addition _____ NE¼
   Street Address 3201 W. Raymond Rd.

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.

3201 W. Raymond Rd
68428
783-3004

Harold Danley
Signature of Applicant (Owner or Lessee)

BOX 115 RAYMOND NE 68428
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/25/93. Date Frwd. 8/25/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8/25/93. Date Frwd. 8/25/93. ACTION: Approved ☐ Disapproved ☐ Signature: Helen Peake, Clerk

3. City or County Engineer: Date Rec'd. 08/25/93. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Lynn Johnson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: 9-17-93 by: PD

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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: 8-23-93 to 8-24-93. Weather: Precip. 0 Temp. 80°.

OWNER: Harold G. Danley

Address: Box 115 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	36"	8-23	6:00 pm	8-24	4:00 pm	8-24	5:00 pm	6"	8:00 pm	5 5/8"	30m	3/8"	
2	36"	8-23	6:00 pm	8-24	4:00 pm	8-24	5:00 pm	6"	8:00 pm	5 5/8"	30m	3/8"	
3	36"	8-23	6:00 pm	8-24	4:00 pm	8-24	5:00 pm	6"	8:00 pm	5 3/4"	30m	1/4"	
4	36"	8-23	6:00 pm	8-24	4:00 pm	8-24	5:00 pm	6"	8:00 pm	5 1/2"	30m	1/2"	
5	36"	8-23	6:00 pm	8-24	4:00 pm	8-24	5:00 pm	6"	8:00 pm	5 1/2"	30m	1/2"	
6	36"	8-23	6:00 pm	8-24	4:00 pm	8-24	5:00 pm	6"	8:00 pm	5 1/4"	30m	3/4"	

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

Mike Haverland
Signature of Person Conducting Test

Address 2700 Dawn Ave Lincoln, NE Phone 464-0638
Precast Products Inc.

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for Conventional system
Soil Type (SCS): Morrill Clay Loam
Date: August 25, 1993

Approved Percolation Rate (a)
A. 69 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold 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 ☐

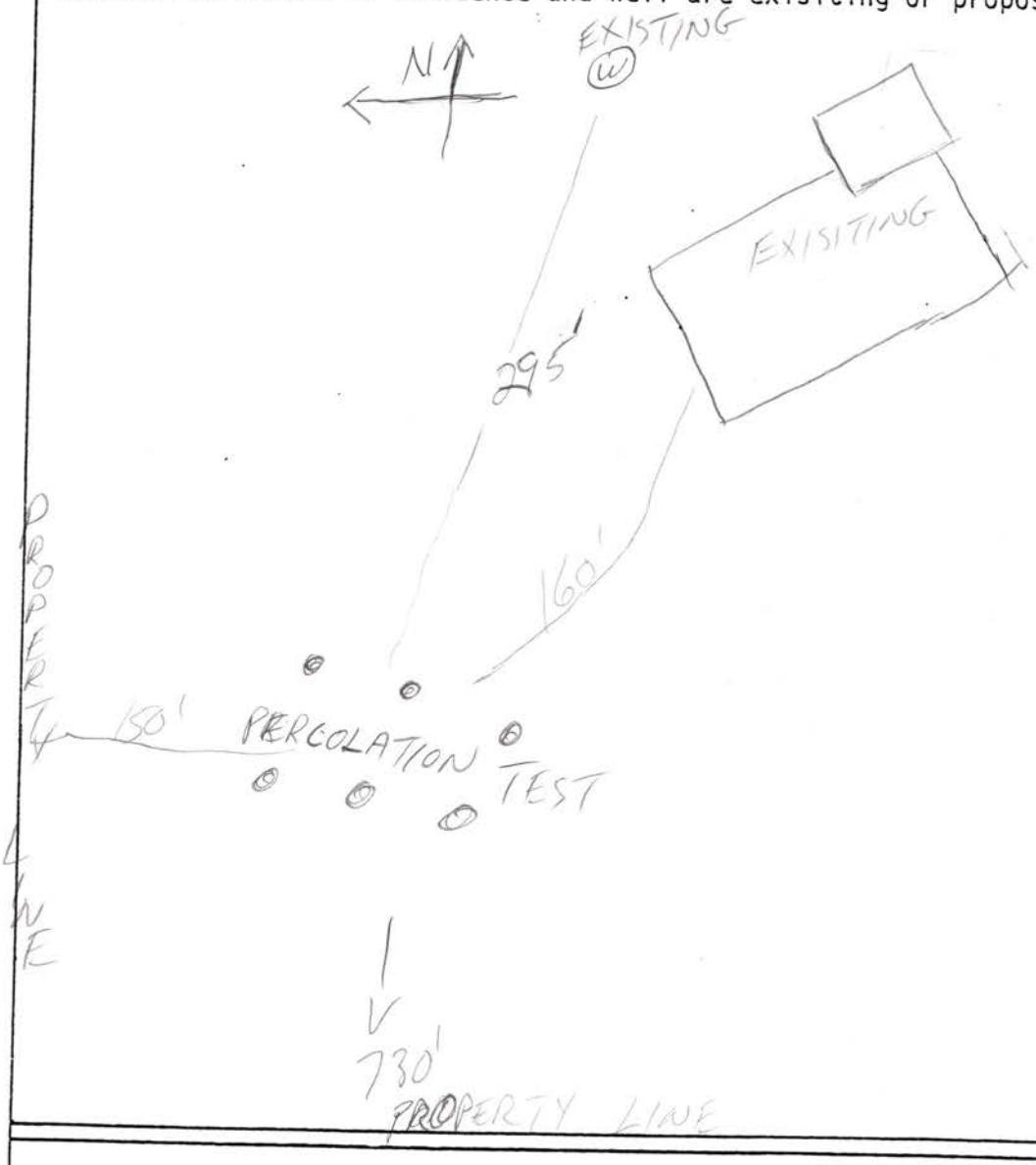
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

SURVEY RECORD

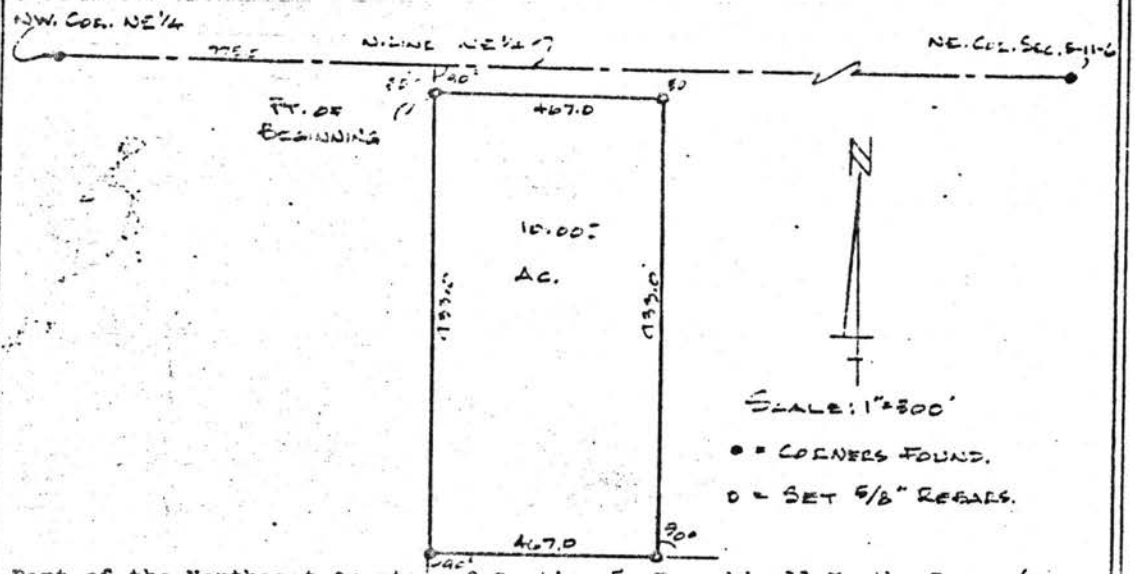
LANCASTER COUNTY, NEBRASKA

Survey of _____

NE ¼ Section 5 T. 11 N., R. 6 E of 6th P.M.

County Survey No. _____

Date Nov. 17 1990 Weather WINDY COLD



Part of the Northeast Quarter of Section 5, Township 11 North, Range 6 East of the 6th P.M., Lancaster County, Nebraska described as follows: Commencing at the northwest corner of said Northeast Quarter; thence easterly along the north line of said Northeast Quarter, a distance of 775.0 feet; thence southerly on an angle deflecting 90°00' right, a distance of 50.0 feet to the Point of Beginning; thence continuing southerly on the last described course, a distance of 933.0 feet; thence easterly on an angle deflecting 90°00' left, a distance of 467.0 feet; thence northerly on an angle deflecting 90°00' left, a distance of 933.0 feet to a point 50.0 feet south of the north line of said Northeast Quarter; thence westerly, 50.0 feet south of and parallel with said north line, a distance of 467.0 feet to the Point of Beginning containing 10.00 acres, more or less.

SURVEYOR'S CERTIFICATE

I hereby certify that, to the best of my ability, I have accurately surveyed the property in the above plat. All dimensions are in feet and decimals of a foot and are chord measurements unless otherwise noted.

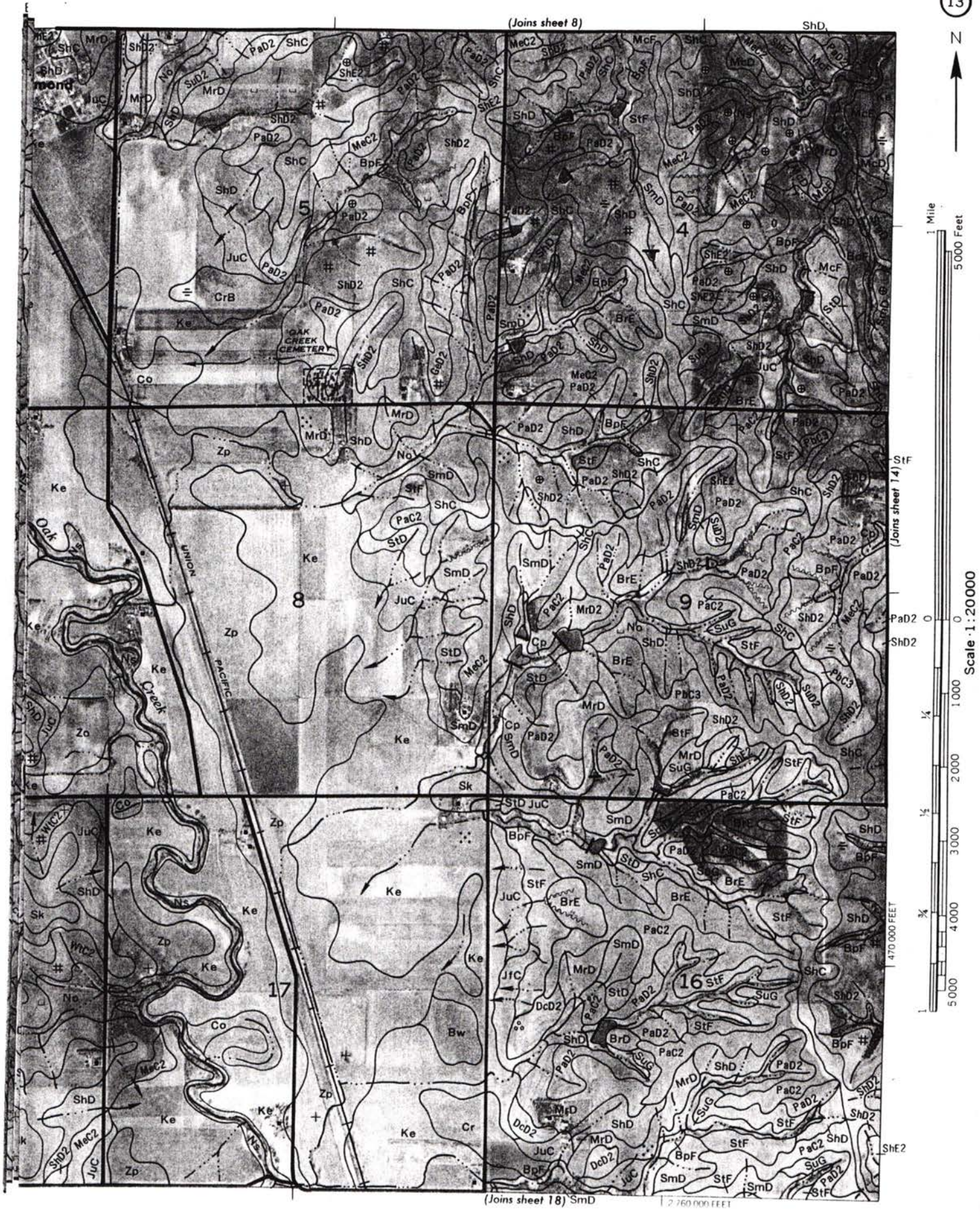
NEBRASKA REGISTERED LS-246 LAND SURVEYOR PAUL E. KASL

LAND SURVEYOR'S SEAL

PAUL E. KASL
SURVEYOR L.S.-246
3101 LOVELAND DRIVE
LINCOLN, NEBRASKA 68502

Signed this 25TH day of Nov. 1990

Name Paul E. Kasl


13
N
(Joins sheet 8)
(Joins sheet 14)
(Joins sheet 18) SmD
OAK CREEK CEMETERY
UNION PACIFIC
Oak Creek
5
4
8
9
17
16
1 Mile
5000 Feet
Scale 1:20000
470 000 FEET
2 760 000 FEET