LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 97380162901

SEWAGE INSTALLATION
LAGOON

Issued 08/06/97
Expires 02/06/98
Revenue Code 18754

Establishment

LARRY BURKLUND
T11N R6E SEC 1
LOT 17
1700 MILL ROAD

FEES: $150.00

TOTAL $150.00

Permittee

LARRY BURKLUND
3468 M ST
LINCOLN NE 68510

Issued By M. Jane Ford
Health Director

5093

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 1700 Mill Road (no rural route) City Raymond NE, Zip 68428

Legal Description 1 1/4 1/4 Section 11N Township 6E Range SEE ATTACHED Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Larry & Kathy Burklund Signature _____

Address 3468 M St. City/State/Zip Lincoln, NE 68510

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Chuck Schmidt Constr., Inc Company Name Chuck Schmidt Construction, Inc.

Address RR 1 Box 15A City/State/Zip Davey, NE 68336

☐ Check if contractor designed system Work Phone 477-0555

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 8/5/97 Date frwd 8/5/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-5-97 Date frwd 8-5-97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-5-97 Date frwd 8-5-97 ACTION ☒ Approved ☐ Disapproved Signature Jim Blough

7-24-97 Lagoon only
8-5-97 Sewer line: Need to seal + need face.

Installation Final Written Approval

By Ron Marquardt

Date 10-24-97

Business Office Use Only 3231

Date Rec'd 5/16/97

Amt Paid 150

Rec'd By LS Cash/Check No. 9912

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

MAY 15 1997

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1700 Mill Road (no rural route) City Raymond NE, Zip 68428

Owner LARRY BURKLAND Addresss

Soil Type (SCS): Clay Loam Percolation Rate: min./inch

Date of Tests 4-28-97 to 4-29-97 Weather: Precipitation 0 Temperature 50

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	4-28	6:00P	4-29	6:20P	4-29	6:20P	6"	4-29	6:50P	30min	1/4	
2	36	4-28	6:00P	4-29	6:20P	4-29	6:20P	6"	4-29	6:50P	30	1/4	
3	36	4-28	6:00P	4-29	6:20P	4-29	6:20P	6"	4-29	6:50P	30	1/2	
4	36	4-28	6:00P	4-29	6:20P	4-29	6:20P	6"	4-29	6:50P	30	3/4	
5	36	4-28	6:00P	4-29	6:20P	4-29	6:20P	6"	4-29	6:50P	30	1/2	
6	36	4-28	6:00P	4-29	6:20P	4-29	6:20P	6"	4-29	6:50P	30	3/4	
7	36	4-28	6:00P	4-29	6:20P	4-29	6:20P	6"	4-29	6:50P	30	1/2	
8	36	4-28	6:00P	4-29	6:20P	4-29	6:20P	6"	4-29	6:50	30	1/4	

Person Conducting Percolation Tests

Name: Brian R. Shafer

Phone: 464-0638

Address 2700 Dan Avenue
Lincoln, NE 68504

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

JUN. 3 1997

B

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1507
Phone: 402-441-8022

Permit Number:

1-11-6

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12.00 Mill Rd. (no rural route) City Lincoln, NE Zip 1

Owner _____ Address _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 9-21-97 to 9-22-97 Weather: Precipitation 0 Temperature 65

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				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	9-21	1030P	9-22	1030P	9-22	1030P	6	9-22	1100P	30min	1/2	60MIN/IN
2	36	9-21	1030P	9-22	1030P	9-22	1030P	6	9-22	1100P	30min	1/2	60MIN/IN
3	36	9-21	1030P	9-22	1030P	9-22	1030P	6	9-22	1100P	30min	3/4	40MIN/IN
4	36	9-21	1030P	9-22	1030P	9-22	1030P	6	9-22	1100P	30min	3/4	40MIN/IN
5	36	9-21	1030P	9-22	1030P	9-22	1030P	6	9-22	1100P	30min	1/2	60MIN/IN
6	36	9-21	1030P	9-22	1030P	9-22	1030P	6	9-22	1100P	30min	1/2	60MIN/IN
							1030P	6	9-22	1100P	30min	1/4	
							1030P						
							1030P						

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 53

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

FAX 785-3852

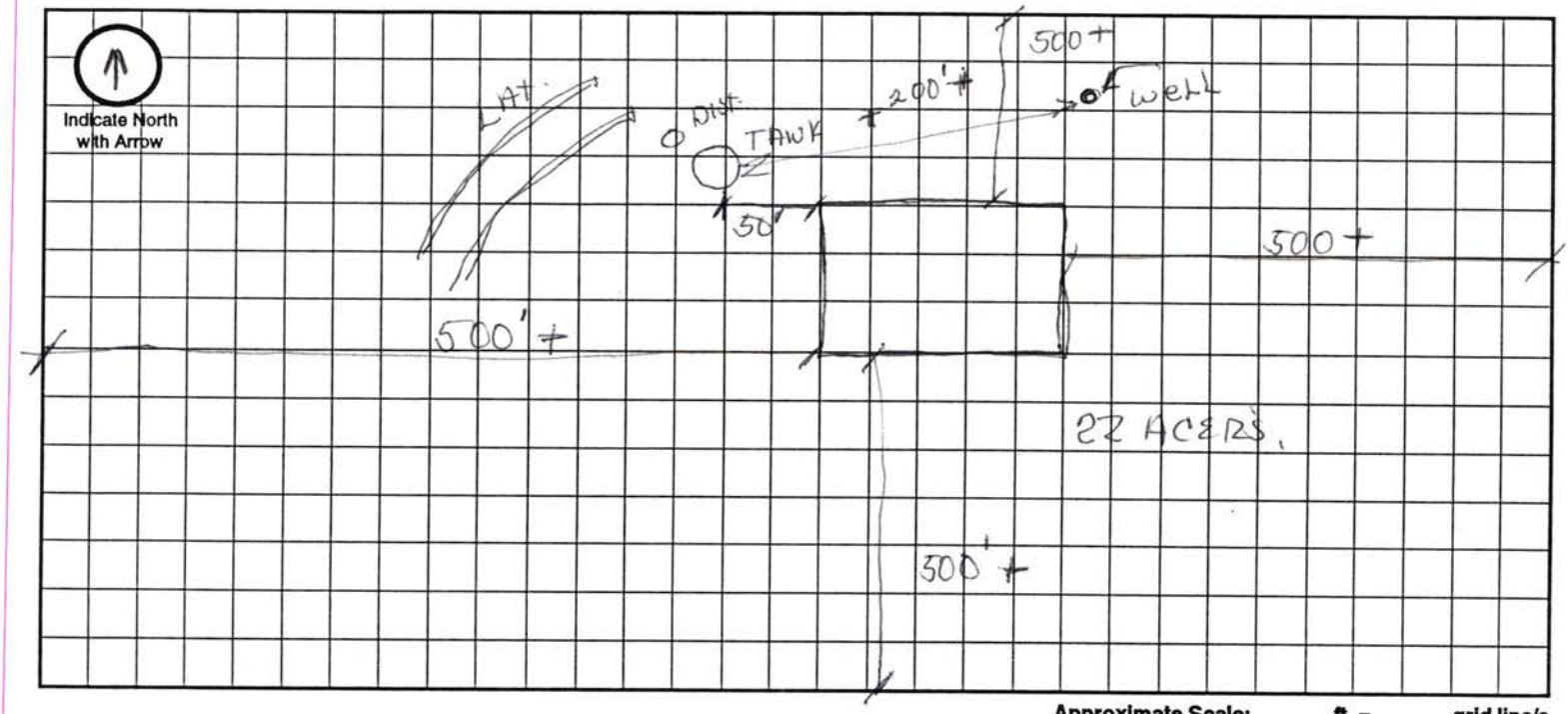
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

A. System Location (Indicate correct number and street)

Address (no rural route) 1700 Mill Road City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8-5-97

System Location (Indicate correct number and street)

Address 1700 Mill Rd (no rural route) City East Lincoln NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 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: Lagoon
   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

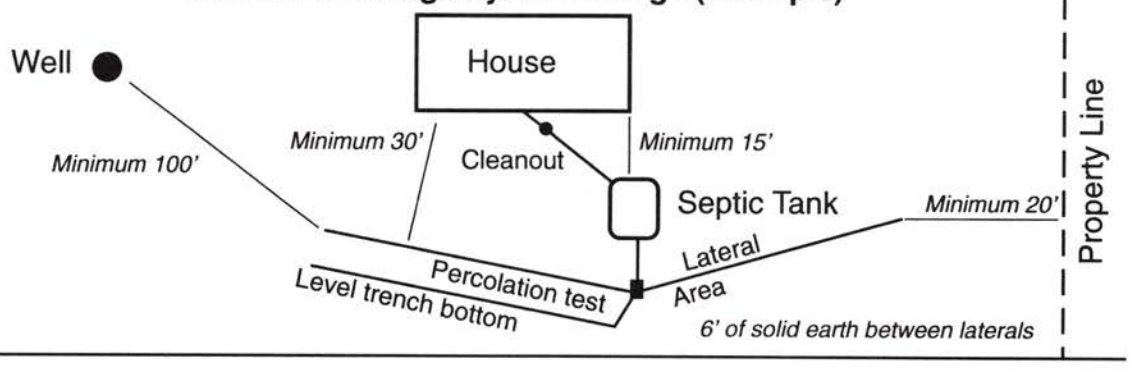
(Provide as-built drawings on back of this form)

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

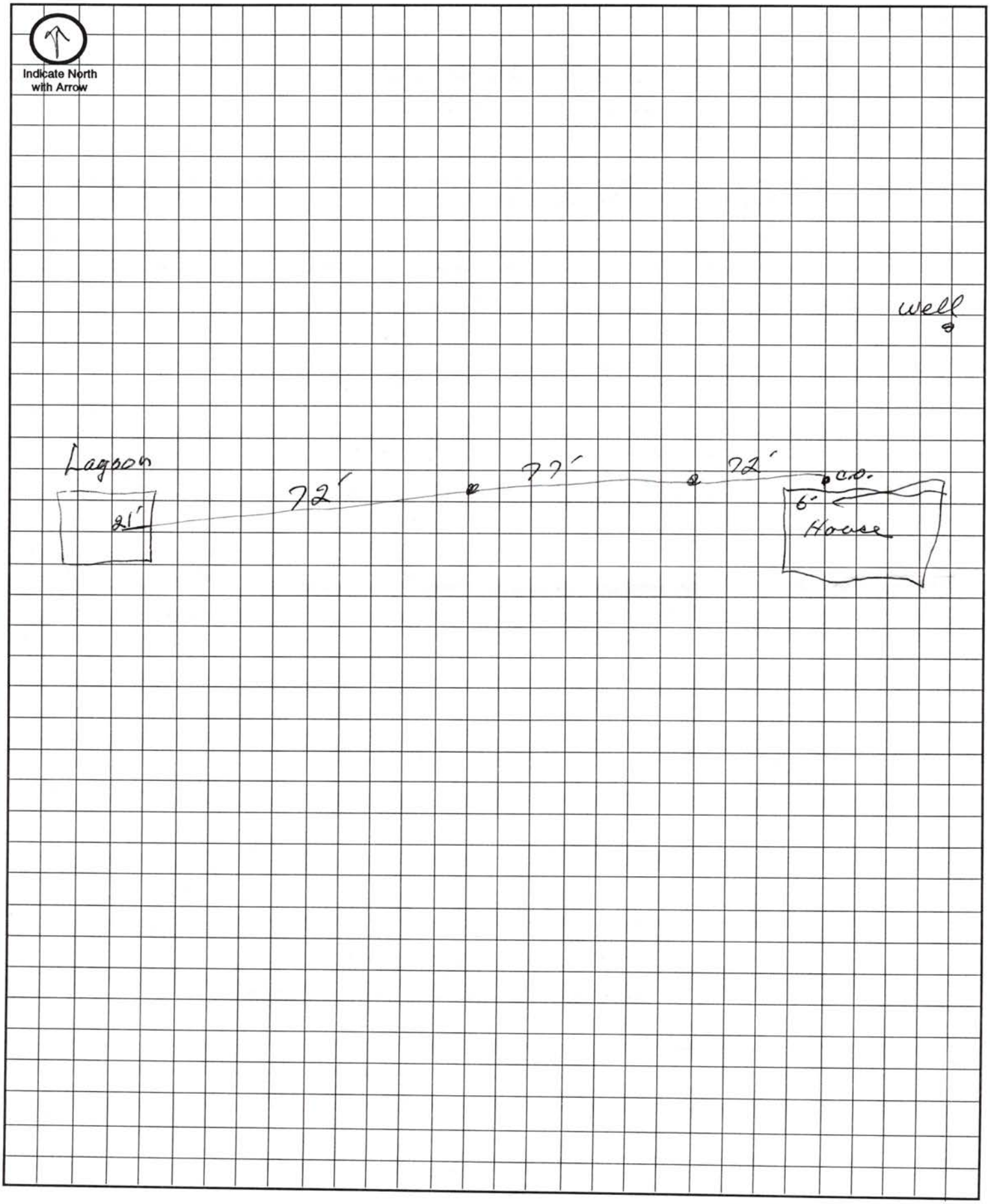
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

DEED OF RECONVEYANCE PARTIAL

KNOW ALL MEN BY THESE PRESENTS:

That Whereas, part of the indebtedness secured by the Trust Deed executed by Ronald E. Burklund and Cheryl K. Burklund to CerescoBank, Ceresco, Nebraska, formerly Farmers & Merchants Bank Ceresco, Nebraska, as Trustee for the benefit of CerescoBank Ceresco, Nebraska, formerly Farmers & Merchants Bank Ceresco, Nebraska, the beneficiary named therein, dated August 13, 1988 and recorded in the office of the Register of Deeds of Lancaster County, Nebraska recorded at Inst. No. 88-25571 has been paid, and said beneficiary has requested in writing that this deed of reconveyance be executed and delivered as confirmed by its endorsement below;

NOW, THEREFORE, in consideration of such payment and in accordance with the request of the beneficiary named therein, the undersigned as Trustee, does by these presents, grant, remise, release and reconvey to the corporation entitled thereto all the interest and estate derived to said Trustee by or through said Trust Deed in the following described premises, but only as to such premises:

A TRACT OF LAND IN THE SOUTHWEST QUARTER OF SECTION 1, TOWNSHIP 11 NORTH, RANGE 6 EAST OF THE SIXTH PRINCIPAL MERIDIAN, LANCASTER COUNTY, NEBRASKA, DESCRIBED AS COMMENCING AT THE SOUTHWEST CORNER OF THE SOUTHWEST QUARTER OF SECTION 1: THENCE S89-07-07E (ASSUMED BEARING), ON THE SOUTH LINE OF THE SOUTHWEST QUARTER, A DISTANCE OF 1061.62 FEET TO THE POINT OF BEGINNING; THENCE CONTINUING S89-07-07E, ON THE SOUTH LINE OF THE SOUTHWEST QUARTER A DISTANCE OF 583.77 FEET; THENCE N00-00-00E, A DISTANCE OF 1642.55 FEET; THENC N89-16-00W, A DISTANCE OF 583.75 FEET; THENCE S00-00-00W, A DISTANCE OF 1641.04 FEET TO THE POINT OF BEGINNING; CONTAINING A COMPUTED AREA OF 22.00 ACRES MORE OR LESS.

TOTAL P.01

LANCASTER COUNTY, NEBRASKA — SHEET NUMBER 14

