LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2258-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 16, 1986 — THIS PERMIT EXPIRES

Ronald Burklund — ISSUED TO

Box 156, Mill Road, Raymond, NE 68428 — ADDRESS

T11N; R6E; Section 1 (S.W. 4) — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE 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: CB — DATE: 4/16/85 — 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 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. 2258-C

DATE: 9-8-85

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 1 (SW¼)
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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: 7 miles ft.

Ronald Burkhard
Signature of Applicant (Owner or Lessee)

RFD 1472 + Mill Rd
Address Raymond Nebr. 68428

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/16/85. Date Frwd. 9/16/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/16/85. Date Frwd. 9/16/85. ACTION: Approved ☒ - see note Disapproved ☐ Signature: Gary Mohrman

3. City or County Engineer: Date Rec'd. 9/16/85. Date Frwd. 9/16/85. ACTION: Approved ☒ Disapproved ☐ Signature: Dwight Williamson

REMARKS OR REASONS FOR DISAPPROVAL Septic System should be located outside of 100 year flood plain

Site Visits:
Date: 9-19-85 by: mm
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: Sept-19-85 By: Ron Maynard

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. 2158 C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 ; Range 6 ; Section & ¼ Section 1 (SW 4)
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: 9. 8 to 9-9 . Weather: Precip. 0 Temp. 77°.

E of house about 200 ft.

OWNER: C W Nobbe
Address: Rt 1 Raymond,

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		9/8	8:30P	9/9	2:00P	9/9	2:00	6"	6:[illegible]9			1.125	
2												1.375	
3												1.500	
4												1.000	
5												1.375	
6												1.500	
												7.875	

Mrs. Ron Burklund
Signature of Person Conducting Test

Sum of Percolation Rates: 7.875
Average of Rates: 1.31
Mean of Rates: _____

Address Box 156 Raymond Phone 475-3489

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Shelby silty clay loam
Date: 9-12-85

Approved Percolation Rate (a)
A. 23 min./inch
B. _____ min./inch
C. _____ min./inch

Ron M Sagum
Signature of Reviewing Official

Sept 9

Time start 2:00

Hour Min.

			down
Hole 1 -	2:30	1 3/4 inch	
	3:00	1 1/2	
	3:30	1 3/8	
	4:00	1 3/8	
	4:30	1 1/2	
	5:00	1 1/2	
	5:30	1 1/2	
	6:00	1 1/2	1.50

665 sq. ft
of algae

down

Hole 2:00	~~2 1/2~~		
2:30	~~1 7/8~~	2 3/8	
3:00	~~1 7/8~~	1 1/2	
3:30	~~1 7/8~~	1 3/8	
4:00	1 3/8		
4:30	1 1/2		
5:00	1 3/8		
5:30	1 1/2		
6:00	1 3/8		1.8750

2:30

Hole 3 1 3/8

3:00 1"

3'30 1 1/8

4'00 1"

4:30 1"

5:00 1"

5'30 1"

6'00 1"

1.00

down

Hole 4 - 2" 2:30

3:00 1 1/2

3:30 1 1/2

4:00 1 1/2

4:30 1 3/8

5:00 1 2/8

5:30 1 3/8

6:00 1 1/2 1.50

Hole 5 - 265

2:30	1" 3/8
3:00	1 1/8
3:30	1 1/2
4:00	1 3/8
4:30	1 1/8
5:00	1 1/2
5:30	1 1/2
6:00	1 3/8

1.325

Hole 6 2:07

2:00	1-1/2
2:30	1 3/8
3:00	1" 7/8
3:30	1 7/8
4:00	1" 1/8
4:30	1" 1/8
5:00	1" 3/8
5:30	1" 3/8
6:05	1" 1/8

1.125

23

add

1.125
1.375
1.500
1.00
1.375
1.5

7.875
÷ 6
1.31

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

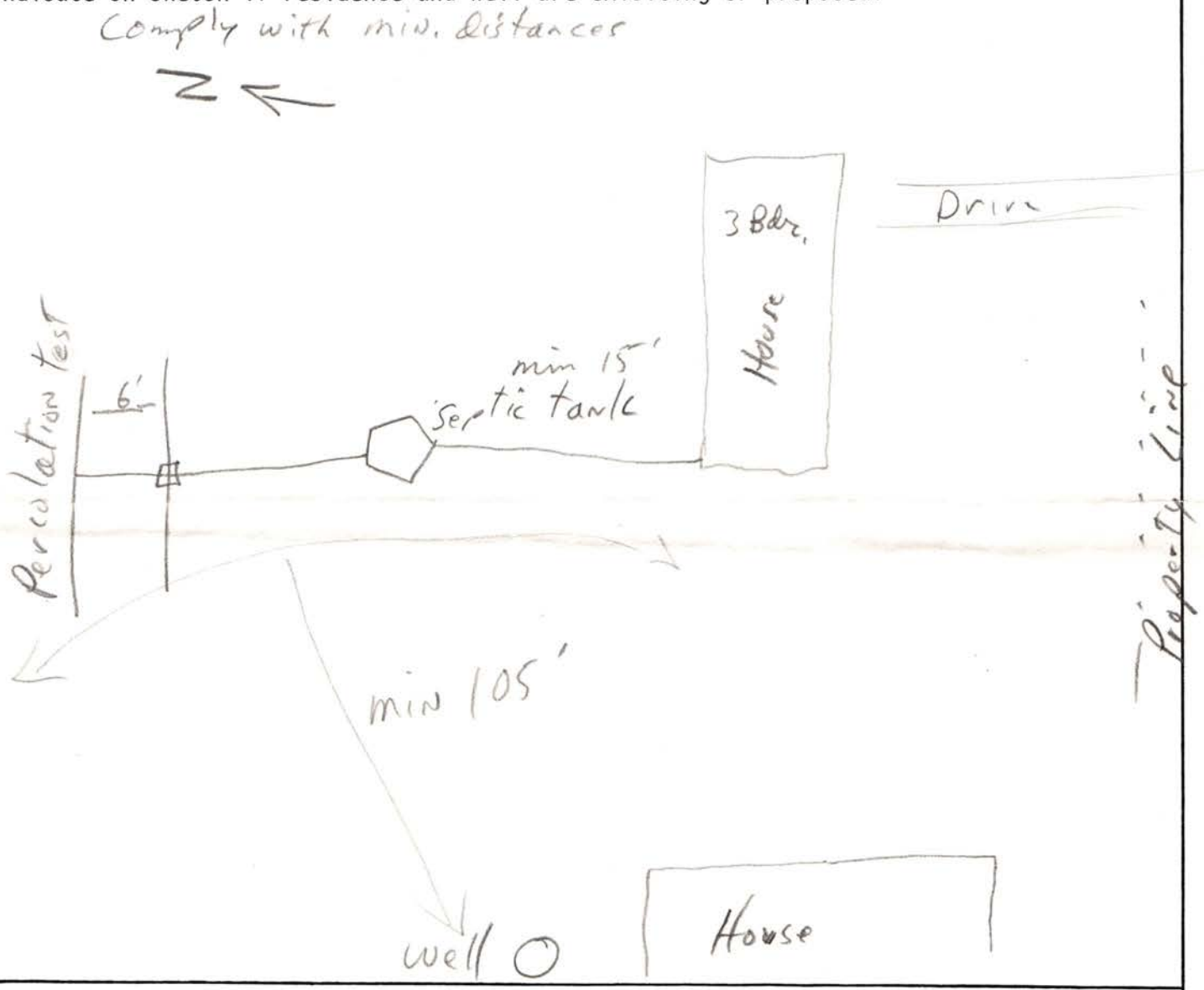
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2258-C

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



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1,000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 665 sq.ft.

_____
Signature of Reviewing Official

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: _____

FILE NO. _____

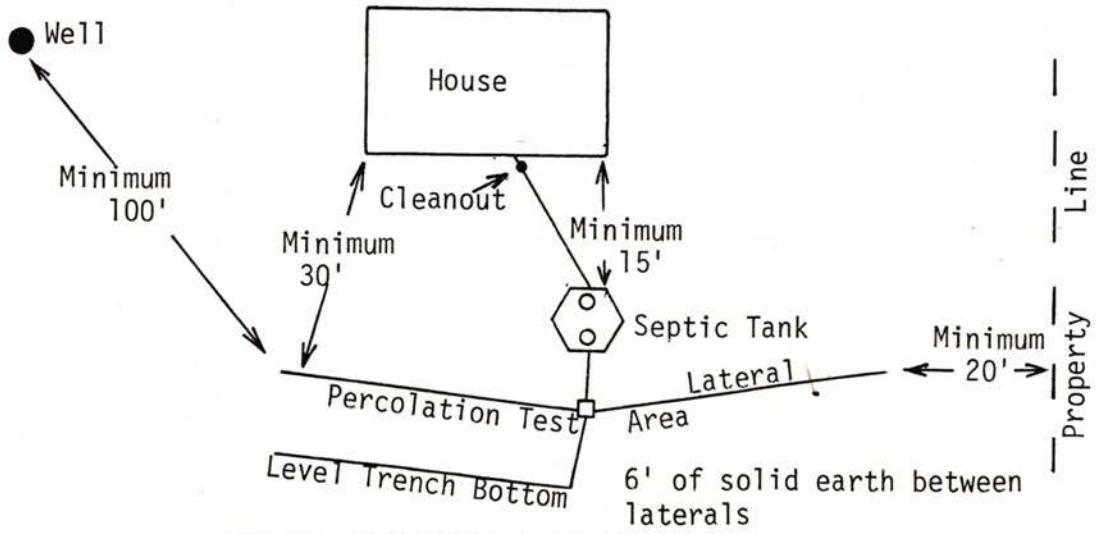
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 3034 PVC; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 57 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 100 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material precast; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company precast)
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 36" in.
8. Distances to:
Well or Suction Line 100 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material precast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 12 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 2" x 4" or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 96', 72', _____, _____, _____ ft.;
Total length of laterals 168 ft.;
Distance between lateral lines 25 ft.
3. Trench dimensions: Width 4 ft.;
Slope 3" in/100 ft.; Average Depth 36" in.
4. Filter Material: rd gravel
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 100 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

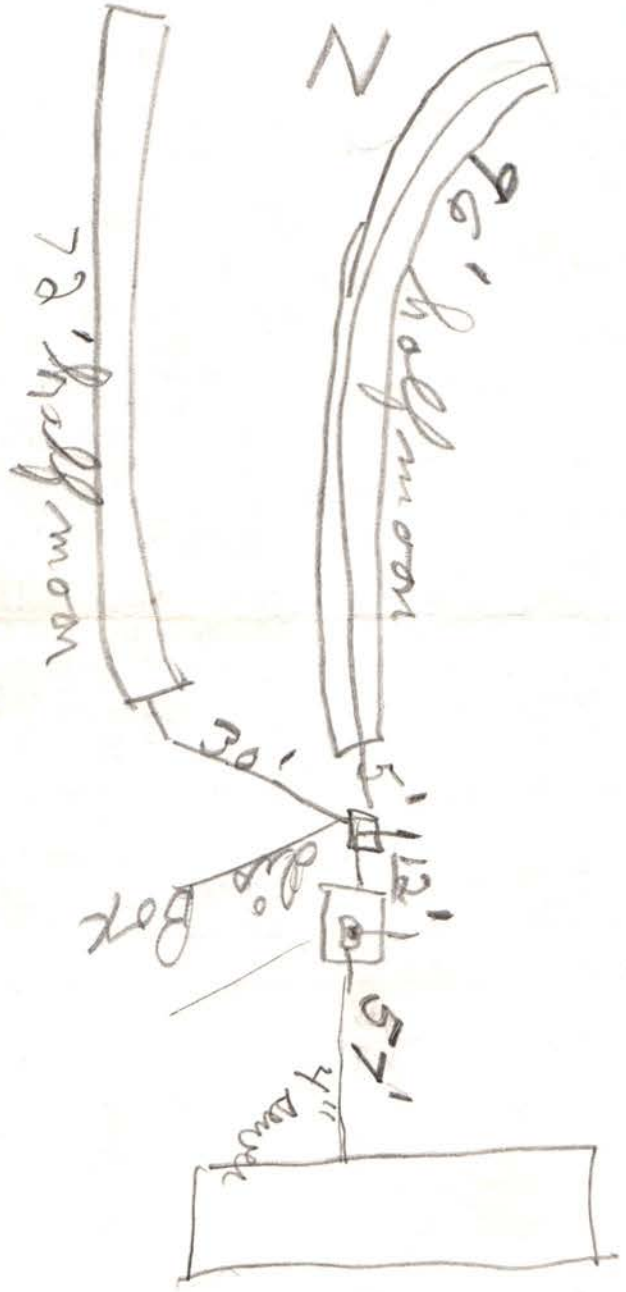
T11N, R6E, 1

AS BUILT DRAWING OF SYSTEM

DATE 9-19-85 INSTALLER

Ron Burklund
Box 154 B
Raymond Rd.

Burks plumbing
Valparaiso



50