Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008344

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380312201

Issued 10/28/05
Expires 10/28/06
Revenue Code 3157

Establishment: DOUG BUHRMAN
T11N R5E SEC 12 QTR NW
6645 W MILL RD-RAYMOND

FEES: $275.00

Permittee: DOUG BUHRMAN
431 TERRACE RD
LINCOLN NE 68505

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 05380312201

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 6645 W. Mill Road (no rural route) City Raymond NE, Zip 68428

Legal Description NW (1/4) 12 (Section) T11N (Township) R5E (Range) of the 6th PM Lots 33 & 36 (Subdivision) I.T. (Addition) (Block) (Lot)

Geographical Location (if known): Longitude 40° 56.38' N Latitude 96° 48.63' W

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

B. Owner

Name Doug Buhrman Signature Doug Buhrman

Address 431 Terrace Rd City/State/Zip Lincoln, NE 68505

☐ Check if owner designed system Home Phone 314-0003 Work Phone 467-7563

C. Contractor

Name Justyn Peterson Company Name Earnest Well Drilling

Address 2796 West Milford Rd Box H City/State/Zip Milford NE 68405

☒ Check if contractor designed system Work Phone 402-475-3276

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 2 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** (10-30-05 in Need Fence)
   Date rec'd 10/28/05 Date frwd 10/28/05
   ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Rood
2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 10/28/05 Date frwd 10/28/05
   ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer**
   Date rec'd 10/28/2005 Date frwd _____
   ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Doug Buhrman

Date 7/20/06

Business Office Use Only
Date Rec'd 10/28/05
Amt Paid 275.00
Rec'd By _____ Cash/Check No. 1541

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

B

Permit Number: 05380322

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6645 W Mill Rd (no rural route) City Raymond NE, Zip 68428

Owner Doug Buhrman Addresss 431 Terrace Rd Lincoln NE 68505

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

Date of Tests 10-8-05 to 10-9-05 Weather: Precipitation 0 Temperature 60's

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	35	10-8	10:00a	10-8	2:00p	10-9	8:15a	6	10-9	8:45a	30	0	
2	35	10-8	10:00a	10-8	2:00p	10-9	8:15a	6	10-9	8:45a	30	0	
3	35	10-8	10:00a	10-8	2:00p	10-9	8:15a	6	10-9	8:45a	30	0	
4	35	10-8	10:00a	10-8	2:00p	10-9	8:15a	6	10-9	8:45a	30	0	
5	35	10-8	10:00a	10-8	2:00p	10-9	8:15a	6	10-9	8:45a	30	1/4	
6	35	10-8	10:00a	10-8	2:00p	10-9	8:15a	6	10-9	8:45a	30	1/4	

Person Conducting Percolation Tests

Name: Justyn Peterson
Phone: 402-761-4414
Address 742 1st Street
Milford, NE 68405

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

SOIL ABSORPTION TEST DATA REPORT

Location: Precinct _____ Section _____
Township _____ Range _____
1/4 Section _____

Owner: Doug Buhrman
Address: 6645 West Mill Rd.

Property Dimensions: _____ acres

Soil Type: Silty Clay ____ Silty Clay Loam ____ Sandy Loam ____ Silty Loam ____ Clay Loam X Sandy Clay ____

Dates of Tests: 10-8-05 to 10-9-05. **Weather:** Precip. Ø Temp. 60's

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.
		Pre-Saturation Period				Percolation Readings					Results	
		Start		End		Start			End			Water
	Hole	Date	Time	Date	Time	Date	Time	Water	Time	Water	Elapsed	Level
Hole	Depth	(Mo.	(Hr.	(Mo.	(Hr.	(Mo.	(Hr.	Level	(Hr.	Level	Time	Drop
No.	(in.)	Day)	Min.)	Day)	Min.)	Day)	Min.)	(in.)	Min.)	(in.)	(Min.)	(in.)
1	35	10-8	10:00am	10-8	2:00pm	10-9	8:15am	6	8:45am	6	30	0
2	35	10-8	10:00am	10-8	2:00pm	10-9	8:15am	6	8:45am	6	30	0
3	35	10-8	10:00am	10-8	2:00pm	10-9	8:15am	6	8:45am	6	30	0
4	35	10-8	10:00am	10-8	2:00pm	10-9	8:15am	6	8:45am	6	30	0
5	35	10-8	10:00am	10-8	2:00pm	10-9	8:15am	6	8:45am	5¾	30	¼
6	35	10-8	10:00am	10-8	2:00pm	10-9	8:15am	6	8:45am	5¾	30	¼

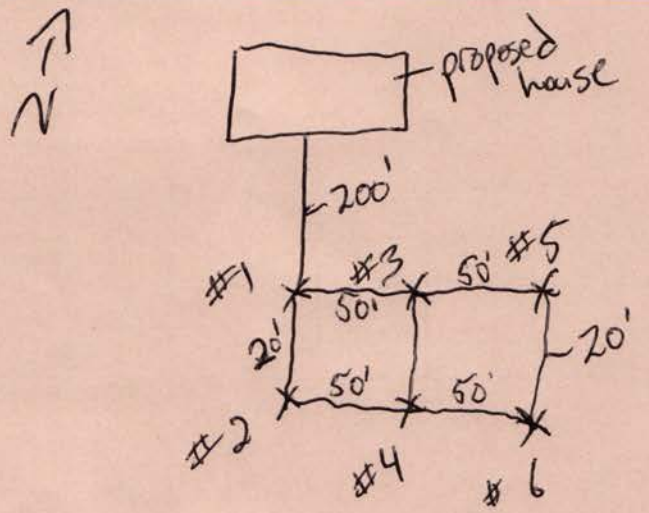
Sum of Water Level Drops (in.) [Column m]: _____
Average of Water Level Drops (in.) [Column m]: _____
Inches per Minute: _____

PERSON CONDUCTING TEST:
Name: Justin Peterson
Address: 742 1st Street
Milford, NE 68405
Phone: (402) 761-4414
Signature: Justin R. Peterson

FAILED

Square Feet of Lateral per Bedroom: _____

SKETCH SHOWING HOLE LOCATION:



Official's Signature

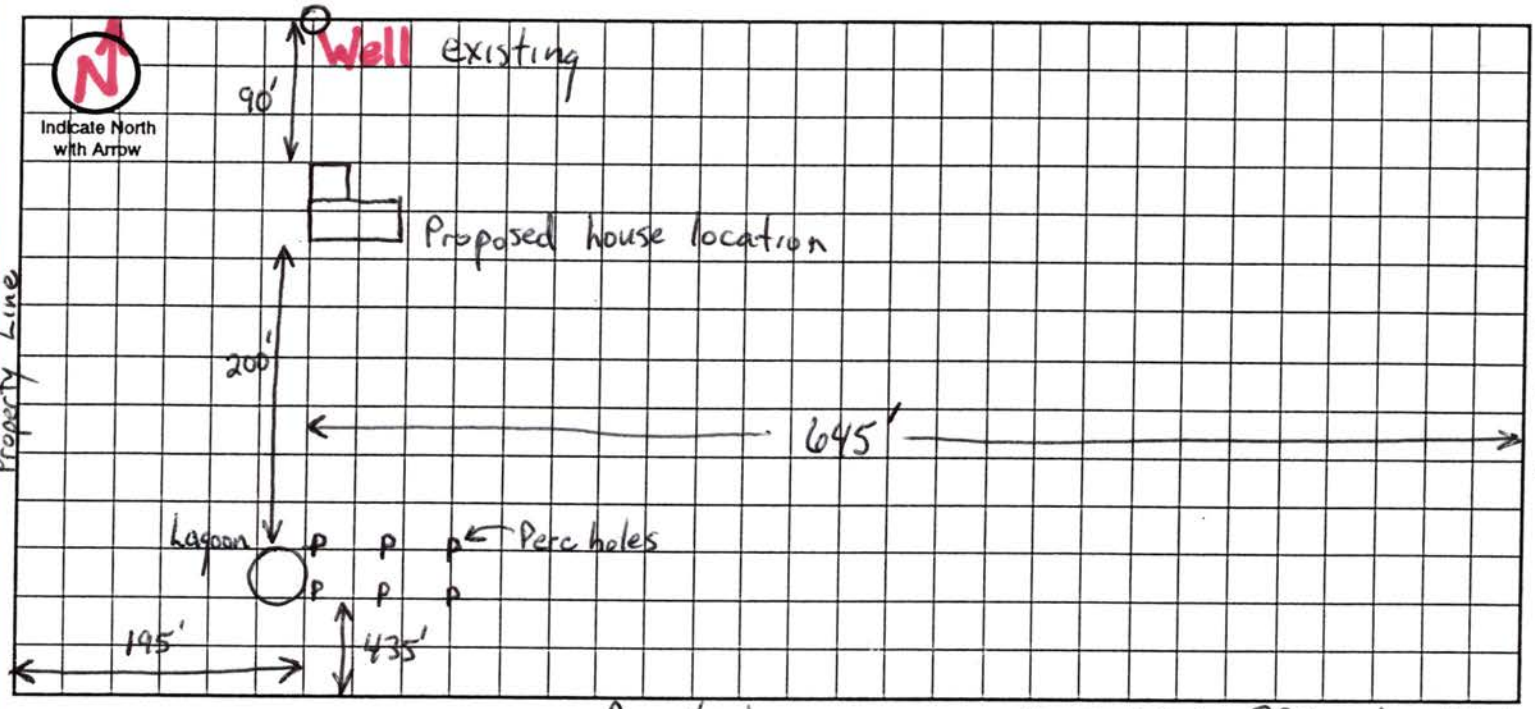
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803122

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: 30 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6645 W. Mill Rd City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other Lagoon

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 Doug Buhrman Date 10-28-05

Installer Ben Ernst Jr C1322 Date 10/28/05

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 11/30/05 Doug Buhrman

System Location (Indicate correct number and street)

Address 6645 W. Mill Rd. (no rural route) City _____ NE, Zip _____

Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 14 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

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

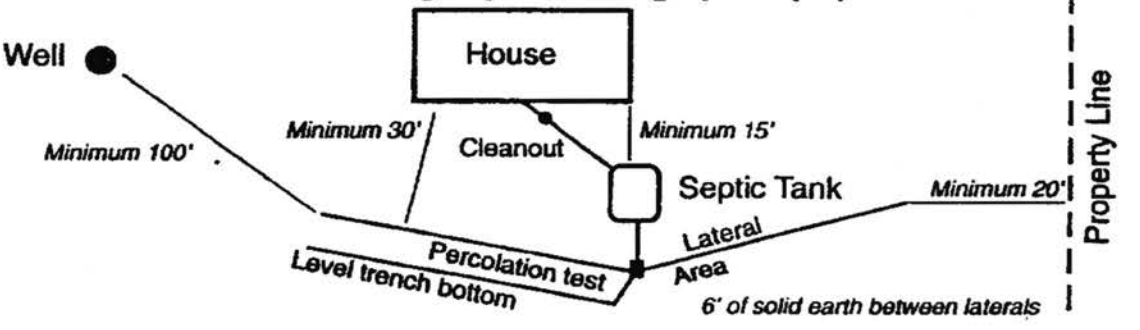
(Provide as-built drawings on back of this form)

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.

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

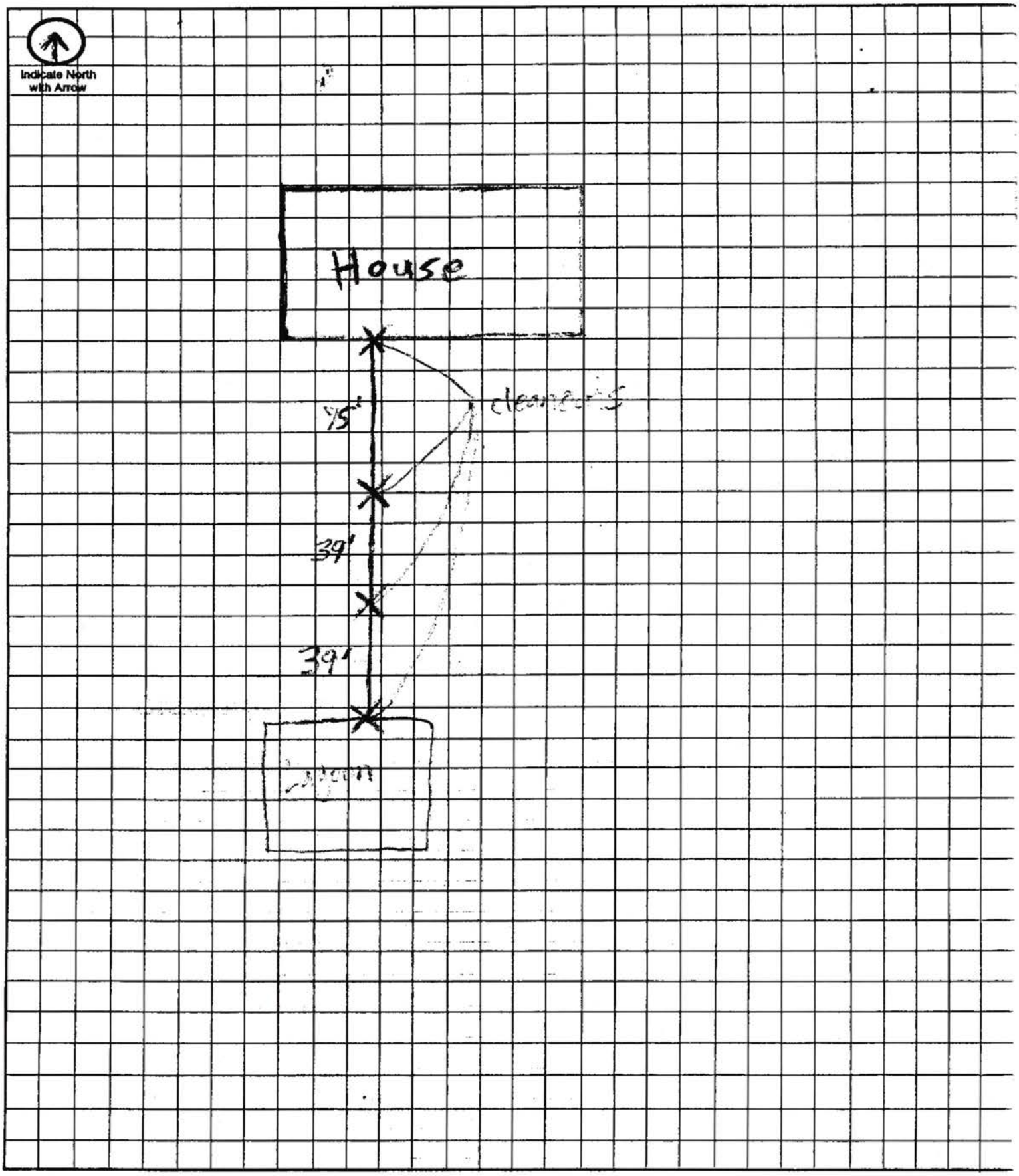
Indicate North with Arrow

Individual Sewage System Design (Example)



M 23-103 10-96

As Built Drawing



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