Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

System Type: STANDARD

No. HS000039

Situs: 10000 SW 27 ST RUR

Permit Fee: $170.00

Legal Description: T09N-R06E-S33-NE-Lot: 9

Owner: WEST, CLOYD W & MARY JANE
10000 SW 27 ST
LINCOLN NE
68523

Total Fees: $170.00

Issued: 11/06/2007
Expires 11/05/2008

Bruce D. Dart, PhD, Health Director

Dear Water Well Permit Holder:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Bruce D. Dart, PhD
Health Director

WEST, CLOYD W & MARY JANE
10000 SW 27 ST
LINCOLN NE 68523

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

OCT 31 2007

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000039

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 9 Range 6 1/4 ____ 1/4 NE Section 33
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 10000 SW 20th Lincoln, Ne. 68523

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms ____ Describe ____

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

4. **Description of proposed alteration, extension or repair** NEW TANK

5. **Work to be done by:** ☐ owner ☒ contractor's name FAGNER CONST.

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name REBECCA MEYER Address 1500 W. SALTILLO RD. ROCA, NE. 68430 Phone: 423-1027

Applicant Signature (owner or lessee) Rebecca M Meyer for Mary Jane First

Please include the permit fee ($160) with this application

Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 11/6/07 REVIEW: ☑ Approved ☐ Disapproved By: ____

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date ____/____/____ By ____

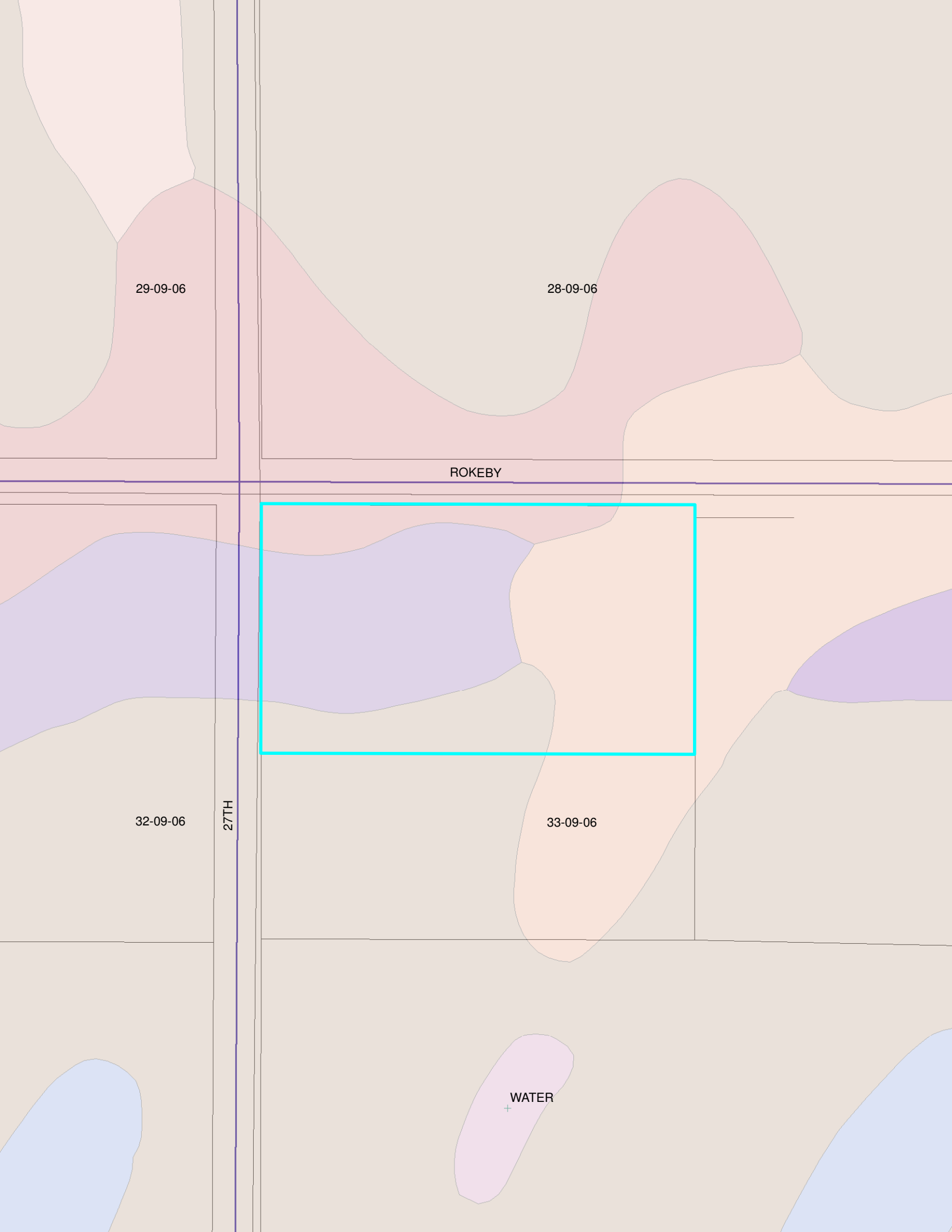
Return application to:

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

Business Office Use Only

Received: Date: ____/____/____ Amount ____ Check No. ____ Initials ____

White - Division Copy Pink - Business Office Revised 9-06


29-09-06
28-09-06
ROKEBY
32-09-06
27TH
33-09-06
WATER

SCANNED

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

OCT 31 2007

❒ Municipal Code 24.38 ❒ County Resolution Number 02-30

H50000039

The undersigned hereby applies for a permit to: ❒ **ALTER** ❒ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 9 Range 6 1/4 _____ 1/4 NE Section 33
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 10000 SW 29th Lincoln, Ne. 68523

2. **Property use:** ☒ residential ❒ commercial ❒ other use
   Number of bedrooms _____ Describe _____

3. **Type of Present Individual Disposal System** ☒ septic system ❒ lagoon ❒ other

4. **Description of proposed alteration, extension or repair** NEW TANK

5. **Work to be done by:** ❒ owner ☒ contractor's name Wagner Const.

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name REBECCA MEYER Address 1500 W. SALTILLO RD. ROCA, NE. 68430 Phone: 423-1027

Applicant Signature (owner or lessee) Rebecca M Meyer for Mary Jane Wist

Please include the permit fee ($160) with this application
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HEALTH DEPARTMENT USE ONLY

Date received 11/6/07 REVIEW: ☑ Approved ❒ Disapproved By: _____

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 11/19/07 By _____

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

Business Office Use Only

Received: Date: 11/06/07 Amount 170.00 Check No. 5581 5580 10- 160 Initials _____

White - Division Copy Pink - Business Office Revised 9-06

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 N 40° 42.671', W 096° 45.485'

As Built Plans & Specifications MARY WEST

Date 19/11/07

System Location (Indicate correct number and street)

Address 10000 SW 27th (no rural route) City LINCOLN NE, Zip 68523

T9-R6-S33

A. Building Sewer

1. Material: PVC
   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. Distances to: well or suction line OVER 50 ft.
   stream NA ft.
   pressure line NA ft.
   property line OVER 25 ft.

B. Septic Tank

1. Material: CONCRET
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line OVER 50 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line OVER 25 ft.

C. Distribution Box

1. Material: NA
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

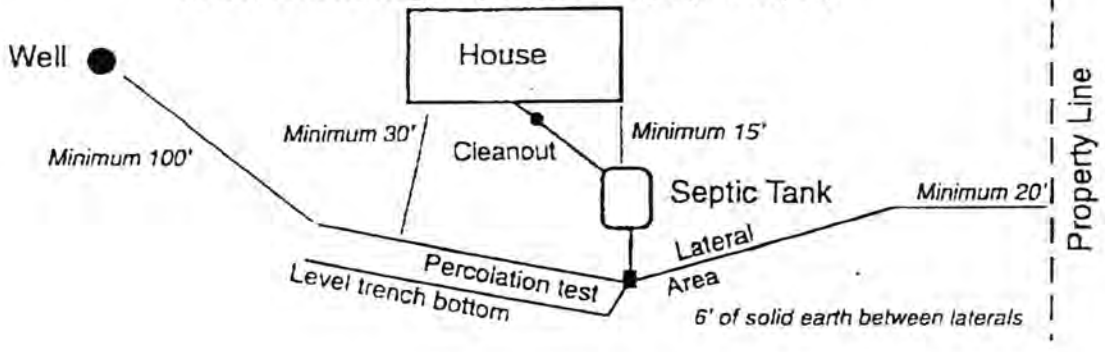
(Provide as-built drawings on back of this form)

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)



FORM 23-103 10-96

As Built Drawing

