LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1725-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 6, 1981 — THIS PERMIT EXPIRES

Betty Jean Brakke — ISSUED TO

RT. #1, Box 57 Crete NE 68333 — ADDRESS

T8N, R5E, Section 31, 160 Acres — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE EXTENDED

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

Health — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2823

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1725-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 11-4-80

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or 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: Twp. 8N ; Range 5E ; Section 31 ;
Block _____; Lot _____; Addition _____
Street Address 160 acres

2. Property Use: Residential _____ ☐; Commercial _____ ☐
No. Bedrooms 3 Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: 100' sewer
Box + 100' lat 3' Wide

5. Work to be done by: Owner ☐ ; or Contractor ☐ , Sintek Services Co
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 1125 00

Bettye Jean Brackle
Signature of Applicant (owner or lessee)

Rte 1, Box 57 Crete, Ne 68333
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ _____

2. Site Visits:
Date: 11/4/80 by: D.S.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL *
Date: 11/7/80 by: _____

* New lateral had already been covered at time of inspection. It was noted that the uncovered ends were low on gravel. The gravel was mounded to cover the pipe rather than covering with a level 2".

FORM CONTROL NUMBER 01855

LANCASTER COUNTY
CASH RECEIPT

PAGE 1 OF 1

TRANSACTION CODE	CR	CASH RECEIPT NUMBER	1190	DATE OF DEPOSIT (MMDDYY)	11-7-80	ACCOUNTING PERIOD (MMYY)	11-80	BUDGET FY (YY)	81

ACTION: [X] ORIGINAL ENTRY (E) [ ] ADJUSTMENT (M)

FUND: CODE 011 NAME General

BANK ACCOUNT:

OFFSET CASH ACCOUNT:

COMMENTS: Sewer Permit

REFERENCE REVENUE ACCRUAL INVOICE OR VOUCHER CODE	REFERENCE REVENUE ACCRUAL INVOICE OR VOUCHER NUMBER	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV SRCE	REPT CATEG	BAL SHEET ACCT.	IG FUND	IG AGENCY	PROVIDER CODE	ADV IND	DESCRIPTION	AMOUNT	INC/DEC IND
		999				2559						L & L Co Treas				

TOTAL 30.00

PREPARED BY: NAME hjs TITLE Asst

APPROVED BY: NAME _____ TITLE _____

APPROVED BY: NAME _____ TITLE _____ DATE 11-7-80

ORIGINAL

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390041801

Issued 09/19/94
Expires 03/19/95
Revenue Code 18754

Establishment
MYRON BRAKKE
T8N R5E SEC 31

FEES: $50.00

TOTAL $50.00

Permittee
MYRON BRAKKE
RR0001
BOX 00057
CRETE NE 68333

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 HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☐

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

FILE NO. 9439900418

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 9-15-94

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☒, or 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: Twp. 8N ; Range 5E ; Section SE¼ Sec 31 ;
Block _____ ; Lot _____ ; Addition _____
Street Address _____

2. Property Use: Residential ✓ ☐ ; Commercial _____ ☐
No. Bedrooms 4 Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Description of proposed alteration, extension or repair: Addition of 100 ft of lateral and a distribution box

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Sinclair
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 1175 00

Myron K. Brakke
Signature of Applicant (owner or lessee)

Box 57, Route 1 Crete NE 68333
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 9-15-94
Filing Fee: $ 50.00

2. Site Visits:
Date: 9-15-94 by: PD
Date: _____ by: _____
Date: 8-27-97 by: DRAWING

3. Date: Approved ☒ ; Disapproved ☐
by: Paul Dyjmann

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-27-97 by: Paul Dyjmann

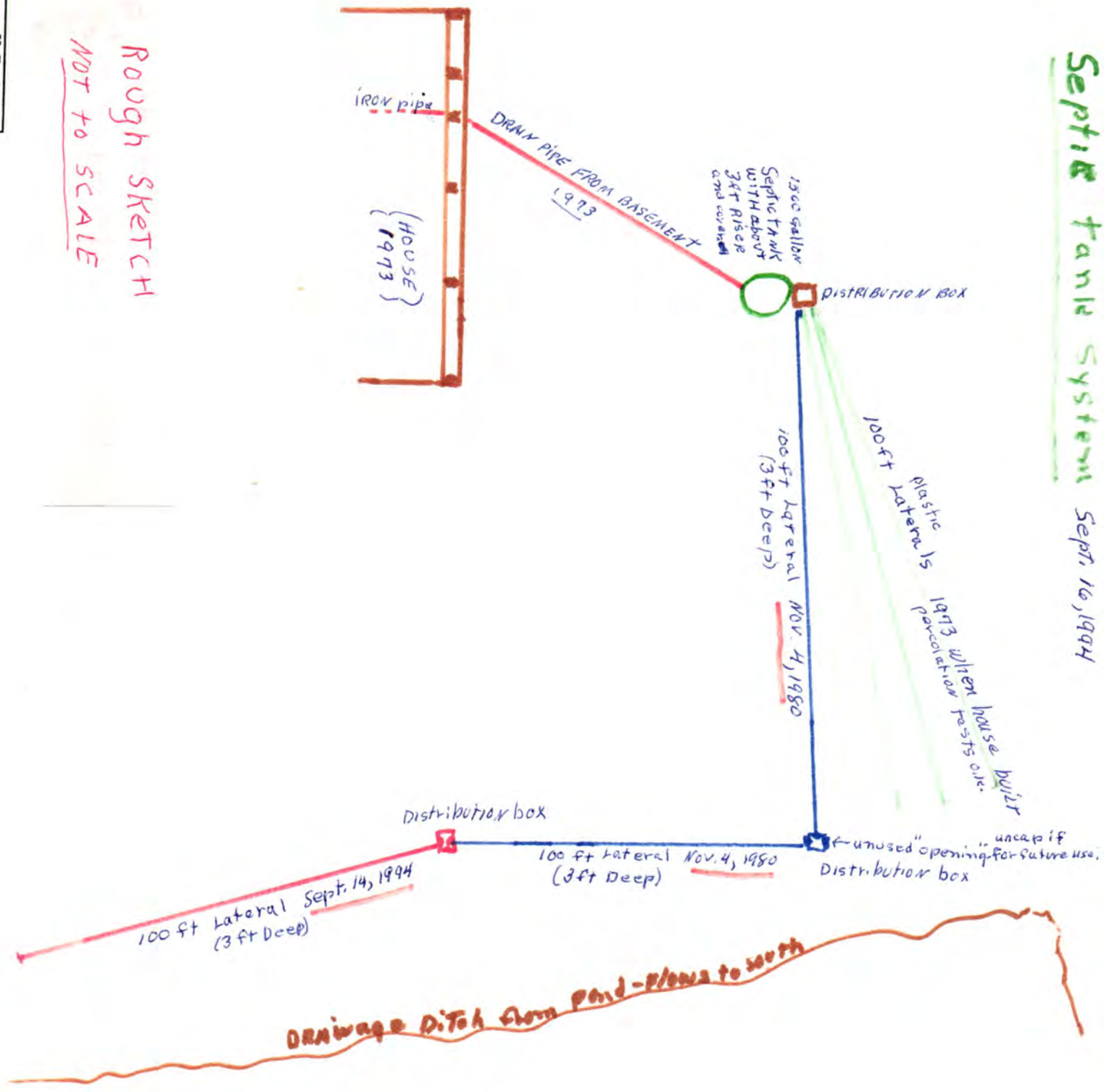
Mr. Myron K. Brakke
R.R. 1 Box 57
Crete, NE 68333-9803

AUG 26 1997

E S N W

Septic tank system Sept. 16, 1994

Rough sketch
NOT to scale



Laterals have 6" below and 2" above pipe of gravel rock; permit + health inspector arranged by ~~Sirtek~~ laterals, etc. put in by SIRTEK SERVICE (now a division of MID-CON WASTE TREATMENT and Disposal Inc 6710 N. 7th, Rt. 5, LINCOLN, NE 68521 ph (402) 435-8868

1980 cost = $1125.
1994 cost = $1225.63 invoice #007739, Our check #6436 [Retical 1150.00, Box 25.00, fee 50.00 (~~Health~~ Dept inspection)

{ The Lincoln-Lancaster County Health Dept. inspector approved all lateral work. the Sirtek bill included this fee which Sirtek then paid to inspector. We gave it to inspector + rec'd receipt

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address RR 1 Box 57 Crete NE 68333

Twp 8 Range 5 Section 31 1/4 SE 1/4 Block ___ Lot ___ Addition Lancaster Co. NE

Directions to Property Lincoln - South on 77 to Hwy 33, West to 114th, South 2mi. to Sprague Rd., West to 128th, south to Stage coach Rd, West ½ mile - North side.

Location of Well North of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Myron Brakke	same	402-826-5569
Tenant/Buyer:	Robert Heironymus		
Return to:	Home Real Estate attn: Steve Heironymus	225 No. Cotner, Lincln, 68505	402-436-3332

Signature of Applicant Steve Heironymus Address ___ Date 5/2/00

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 05/08/00
Initials ___
Amount $150.00
Check No. 1001

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By ___ **DATE:** ___/___/___

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ ___/ml	☐ ___/ml
Nitrate	☑ 2.0 ppm	☐ ___ppm

SEWAGE SYSTEM

Approved ☑ PS
Provisional ☐
Disapproved ☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: ___

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☑ **SEWAGE DISPOSAL SYSTEM:** Approved ☑ Provisional Approval ☐

No visible malfunctions noted.

Approved by Doug Arnold Date 05/12/00

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

1125.00 work
77.00 pump
1.45 cap
1203.45

