Lincoln-Lancaster County Health Department

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

Permit

SEWAGE SYSTEM REPAIR

Permit # 99390064601

Issued 11/18/99
Expires 05/18/00
Revenue Code 3157

FEES: $50.00

Establishment

ROBERT D PARKS
T8N R6E SEC 1 QTR SE
IRREGULAR TRACT LOT 35IT
12701 S 25 ST

TOTAL: $50.00

Permitee

ROBERT D PARKS
12701 S 25 ST
ROCA NE 68430-4098

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011189

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date:	File No.:

The undersigned hereby applies for a permit to: ☐ **ALTER** ☑ **EXTEND** ☐ **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:**
   Township 8 N Range 6E Section 1 1/4 Section SOUTHEAST
   Block _____ Lot 35 I.T. Addition _____
   Street Address 12701 So 25TH

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms _____ Describe _____

3. **Type of Present Individual Disposal System:** ☑ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair:** Add Dist Box + 100 LF of Equalizer in 4' ditch

5. **Work to be done by:** ☐ owner ☑ contractor's name Stan Krause Dirt Works Plus Inc

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name ROBERT D PARKS Address 12701 S 25 Phone 402-423-3297
Applicant Signature (owner or lessee) Robert D Parks

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 11/17/99 REVIEW: ☒ approved ☐ disapproved By: Jerrold C. Hood

Site visits:
Date 11/17/99 By J.C. Hood
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 11/30/99 By Jerrold C. Hood

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

Rec'd 11/18/99 ES
1042 $50.00

White - EH Pink - Business Office Revised 1/98

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 11-17-99 BOB PARKS

System Location (Indicate correct number and street)

Address 12701 S 25TH (no rural route) City ROCA NE, Zip

A. Building Sewer

1. Material: CLS 160 TIED INTO EXIST PVC
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 30 in.
3. Distance between dwelling and septic tank: 100 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 60+ ft.

B. Septic Tank

1. Material: CONC TANK - EXISTING
   Number of compartments: 1
2. Capacity: 750? gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☑ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☑ tee
7. Depth to top of tank, below unfinished grade: 30 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 60+ ft.

C. Distribution Box

1. Material: CONC
   Number available outlets: 3
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 10 LF ft.

D. Absorption Field

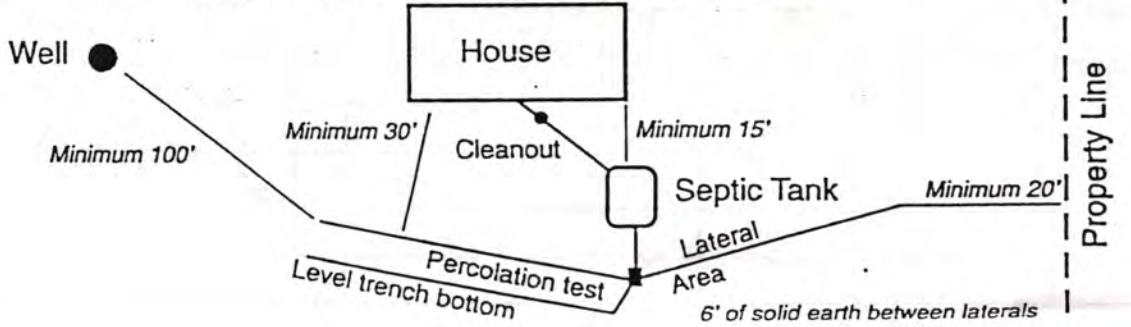
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: EQUALIZER 10Z NEW
   or perforated pipe: 100 LF EXISTING
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: ____ ft. ____ ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width ____ ft.
   Slope ____ in/100 ft.
   Average depth ____ in
4. Filter material: GRAVEL
   Depth of material 18 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 30+ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



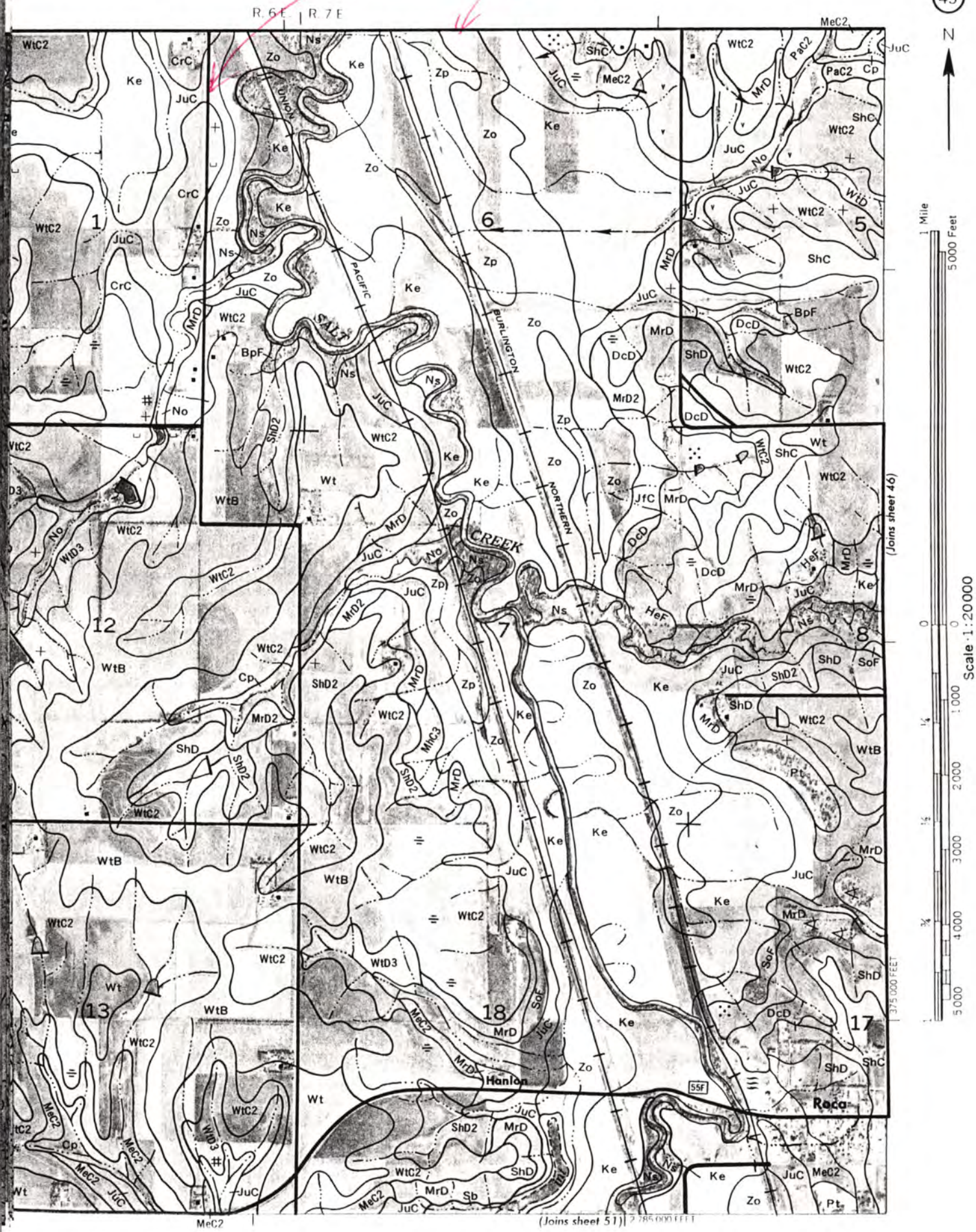
FORM 23-103 10-96

— SHEET NUMBER 45

S 25th

Saltillo

45



P13716-27 NITRATE 12/4/99 COLI 12/9/99 NO3 P14291-1

P13716-27

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 12701 So. 25th Roca NE 68430

Twp 8N Range 6E Section 1 1/4 SE 1/4 Block ___ Lot 35 Addition ___

Directions to Property 1/10 mile south of So. 25th & Saltillo

Location of Well NE corner of front lot Tap Location: Inside ☑ Outside ☐

Location of Sewage System New septic system just installed Year Installed 1999

	NAME	ADDRESS	PHONE
Present Owner:	Evelyn Parks (estate)		
Tenant/Buyer:	(son) Bob Parks	12701 So. 25th Roca NE	423-3397
Return to:	Judy Sasek Woods Bros Realty	6940 'O' Suite 300 Lincoln	323-6000 fax 467-4455

* copy to Bob Parks

Signature of Applicant Shawn Mowery Address 5501 Whitelock Lane Roca NE 68430 Date 11/29/99

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	12/06/99	Date	/ /
Initials	JO	Case No.	
Amount	150 ~	Initials	
Check No.	5410		

PRELIMINARY STATUS--By Jerold C. Hood **DATE** 12/7/99

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☒ Corrected	Approved ☐	Date 12/9/99 by J.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 8.51 ppm	☐ ___ ppm	Disapproved ☒ Corrected	Date ___/___/___ by ___

Comments: WELL VENT HAS HOLE IN SCREEN. WASH WATER MUST BE PLUMBED INTO SEPTIC SYSTEM. 12/9/99 Well corrected. New owner home didn't. See wash water plumbing. J.C.H. Original septic system installed prior to regulations. Thus, a provisional approval. A permit to install a distribution box and additional 100 ft of drainfield has been approved. Recommend checking to see if septic tank needs pumping. See Attached Letter ☐

FINAL STATUS

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

Approved by Roy Mazanec, RS. Date 12/22/99

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

DEC 1 3 1999

Nebraska Health and Human Service
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

Laboratory Report Printed on: **December 10, 1999**

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

Laboratory Number: **P13716-27**
Sampled By: **JERROLD HOOD**
Location: **NG**
Sample Point:

Date Collected **09-Dec-1999 11:28 AM**
Date Received: **09-Dec-1999**

Parameter	Report Level	Units	Method	Analysis Date	Analyst	Results
TOTAL COLIFORM	0	cfu/100ml	COLILERT	12/10/99	KC	**Total coliform negative - meets bacteriological standards**
E. COLI	0	cfu/100ml	COLILERT	12/10/99	KC	**E. coli negative**

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-2541.

Nebraska Health and Human Service
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
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(402) 471-2080 (fax)

DEC 1 4 1999

Laboratory Report Printed on DEC-13-99

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis for: PRIVATE NITRATE

Sample Comments:

Laboratory Number: **P14291-1**
Sampled By: **JERROLD HOOD**
Location: **NG**
Well ID:

Date Collected **09-Dec-1999 11:28 AM**
Date Received: **09-Dec-1999**

Parameters	Report Level	Units	Method	Prep Date	Analysis Date	Analyst	Qual	Results
NITRATE+NITRITE (AS N)	.05	mg/l	353.2		12/10/99	vr		8.6

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-2541

As Built Drawing

