# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 92390029901

Issued 09/09/92
Expires 03/09/93
Revenue Code 18754

Establishment
HARLEY BRANDT
T9N R6E SEC 10
LOT 17
1000 W PIONEERS BLVD

FEES: $50.00

TOTAL $50.00

Permittee
HARLEY BRANDT
1000 W PIONEERS BLVD
LINCOLN NE 68523

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. ~~E 8/92~~

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

DATE: 9/8/92

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. 9A ; Range 6E ; Section 10 ;
Block ; Lot 17 I.T. ; Addition
Street Address 1000 W Pioneers Blvd.

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: Present Septic System NOT WORKING. I WANT TO PUT IN A LAGOON

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

6. Estimated cost of project:

| | | |
|---|---|---|
| a. Materials | $ | |
| b. Labor | $ | |
| c. Other | $ | |
| TOTAL | $ | 1600 00 |

Harley Brandt
Signature of Applicant (owner or ~~lessee~~)

1000 W Pioneers Blvd. Lincoln Ne 68523
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:
Filing Fee: $

2. Site Visits:
Date: 9/21/92 by: L.C.H. need fence, signs, etc
Date: by:
Date: by:

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-16-96 by: Paul Johnson

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. _____

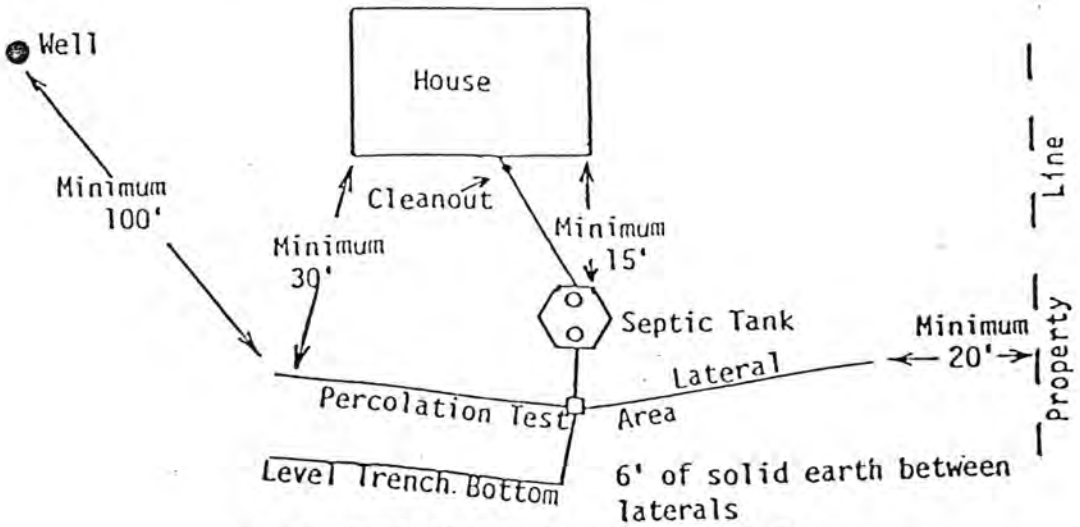
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material 157 Class 160; Diameter ____ in.
2. Distance above basement floor ____ in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 157 ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material ____; No. of compartments ____.
2. Capacity ____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company ____)
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 ____ 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 ☐
(Company ____)
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.;
Total length of laterals ____ ft.;
Distance between lateral lines ____ 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.




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

008

# 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 1000 W. Pioneers Blvd.

Twp 9N Range 6E Section 10 1/4 ___ 1/4 ___ Block ___ Lot 17 ~~Addition~~ NW 1/4 of 10-9-6

Directions to Property West from intersection of Folsom and Pioneers Blvd. 1st house on North side of Pioneers Blvd.

Location of Well 10' West of House Tap Location: Inside ☒ ? Outside ☐

Location of Sewage System Lagoon NE of house Year Installed 1990

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Debra L. Root | 1000 W. Pioneers Blvd. | 423-5109 |
| Tenant/Buyer: | | | |
| Return to: | | | |

Signature of Applicant Debra L. Root Address 1000 W. Pioneers Lincoln, NE. 68523 Date 12/28/95

### HEALTH DEPARTMENT USE ONLY

**RECEIVED**
Date 12/29/95
Initials LO
Amount $ 150 ☒
Check No. # 5956

**DATA ENTRY**
Date ___/___/___
Case No. ___
Initials ___

**PRELIMINARY STATUS--By** PAUL DROTZMANN **DATE:** 1/5/96

| WATER SYSTEM: | Approved | Disapproved |
|---|---|---|
| Construction | ☒ | ☐ |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml |
| Nitrate | ☒ 1.0 ppm | ☐ ___ ppm |

**SEWAGE SYSTEM**
Approved ☐
Provisional ☐
Disapproved ☒

**Additional Site Visits**
Date 6/20/96 by PD
Date 8/11/96 by PD
Date 9/16/96 by PD

**Comments:** Water beginning to breach north side dike. No warning signs, no lock on gate

See Attached Letter ☐

**FINAL STATUS**

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

Approved by Paul Drotzmann Date 9/16/96

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

Larry Schwarck

9-21-92

