Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003097

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 03390075801

Issued 09/12/03
Expires 03/12/04
Revenue Code 3157

Establishment: KRIS RENNER
T9N R6E SEC 20 QTR NE
2801 W DENTON RD

FEES: $100.00

Permittee: KRIS RENNER
9505 SW 126 ST
P O BOX 116
DENTON NE 68339

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

0339 00758 rdf

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

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.

LCR 5149 or LCR 3137

1. **Legal description of property:**
   Township 9N Range 6E Section 20 1/4 Section NE
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 2801 WEST DENTON ROAD

? listed on record NCR 46013 as 2701 W Denton Rd.

2. **Property use:** ☒ residential ☐ commercial ☒ other use
   Number of bedrooms _____ Describe SHOP BUILDING

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

4. **Description of proposed alteration, extension or repair** INSTALL 1000 gal TANK

5. **Work to be done by:** ☐ owner ☒ contractor's name RENNER 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 "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name KRIS RENNER Address P.O. BOX 116 Phone 402-797-2341
Applicant Signature (owner or lessee) _____

Please include the permit fee ($100) 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 9/12/03 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

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

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

RECEIVED SEP 22 2003

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

Business Office Use Only
Received: Date: 9/12/03 Amount 100.00 Check No. 3721 Initials PW

White - Division Copy Pink - Business Office Revised 9/00

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Print Name KRIS REUVER Address P.O. BOX 116 Phone 402-797-2241
Applicant Signature (owner or lessee) _____

Please include the permit fee ($100) 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 9/12/03 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits Field note on reverse side.
Date 9/19/03 By DS.
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 9/19/03 By Doug Svane

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

Business Office Use Only
Received: Date: 9/12/03 Amount 100.00 Check No. 3721 Initials MW

White - Division Copy Pink - Business Office Revised 9/00

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

D

Permit Number: 013900697

Sewage Disposal System
As Built Plans & Specifications

Date June 22 01

System Location (Indicate correct number and street)
Address 2701 West Denton Rd City Denton NE, Zip 68339
(no rural route)

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 36 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line NA ft.
   property line NA ft.

B. Septic Tank

1. Material: CEMENT
   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: 36 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 100 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 42 ft.

D. Absorption Field

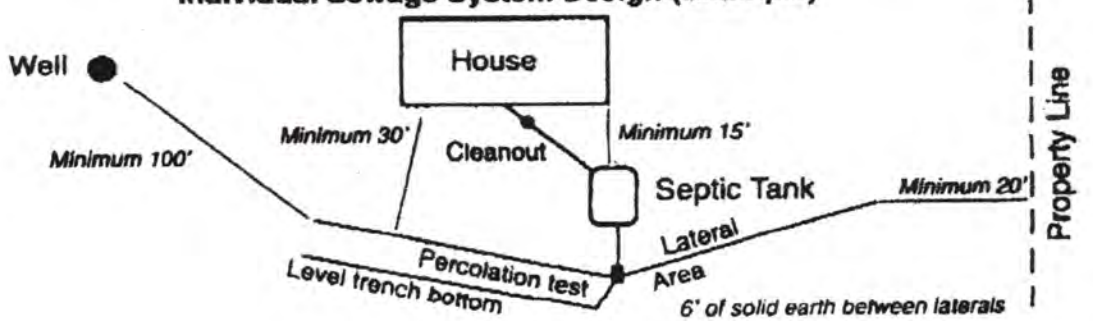
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 30 ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 2 in/100 ft.
   Average depth 32 in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 30 ft.
   Property line OVER 50 ft.

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

Indicate North with Arrow

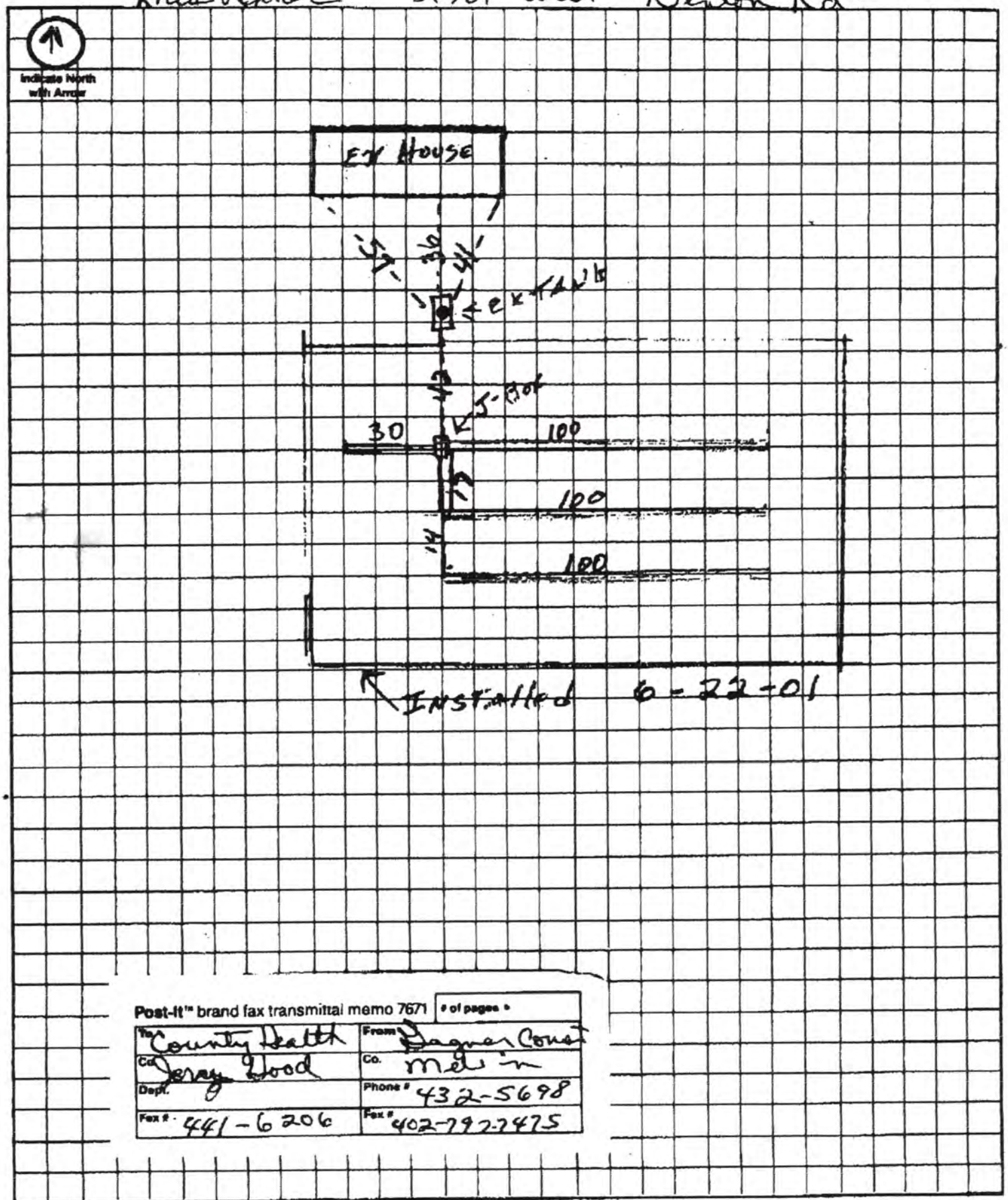
Individual Sewage System Design (Example)



FORM 22-103 10-96

As Built Drawing

Kris Renner 2701 West Denton Rd.



Post-it™ brand fax transmittal memo 7671 | # of pages ▸

To County Health	From Gagner Const
Co. Jerry Wood	Co. Mel's
Dept.	Phone # 432-5698
Fax # 441-6206	Fax # 402-797-7475

Approximate Scale: 10 ft. = 1 grid line/s

97102800 6
RRH,

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.

CR 3462

Legal Description of Property: Street Address 2805 W. Denton Rd. (68339)

Twp 9N Range 6E Section 20 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 2 mi S. of Pioneers Blvd on SW 1st

Location of Well west of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System NW going into garden area Year Installed '64

	NAME	ADDRESS	PHONE
Present Owner:	Alfred Eggerling	property	797-3575
Tenant/Buyer:	Kris Renner	4132 Holly Rd. LN 68502	421-8662
Return to:	Sheryl / Capitol Title	P.O. Box 6577 Lincoln 68506	434-3727

Signature of Applicant Sheryl Oldham Address P.O. Box 6577 Lincoln NE 68506 Date 9/19/97

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 9/22/97
Initials ___
Amount $150.00
Check No. 2226

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 9/23/97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate THRU RO.	☒ <0.1 ppm	☒ 68.7 ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits
Date 10/15/97 by J.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: SEPTIC SYSTEM PREDATES REGULATIONS AND INSPECTIONS. NO EVIDENCE OF MALFUNCTION. SEPTIC TANK MUST BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING. Approval on Nitrate level is for that water processed through the distiller only and only as long as the distiller is properly operated and maintained See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 10/20/97

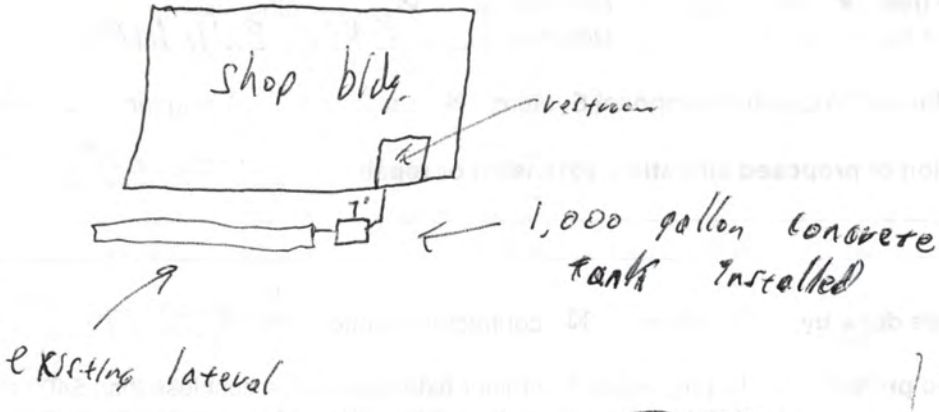
Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

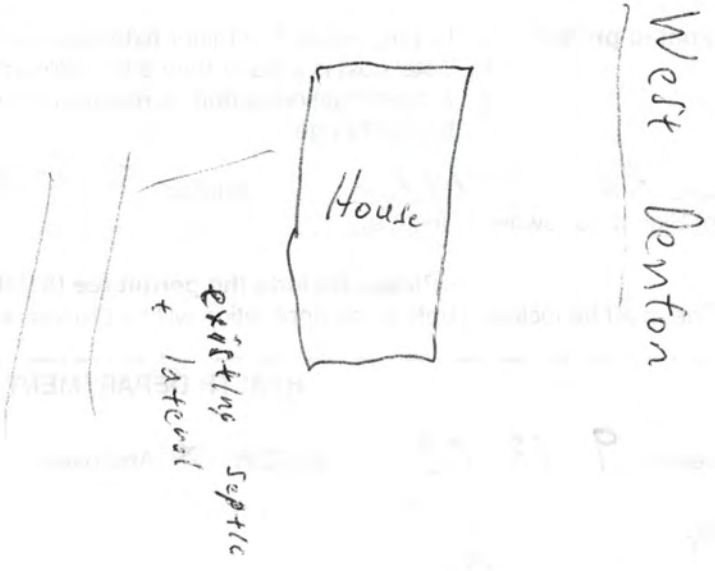
White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

2801 W. Denton

- Septic tank for shop
- existing lateral put in w/o inspection by owner
  date of lateral installation unknown





SW. 27th