# Lincoln-Lancaster County Health Department

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

Permit
SEWAGE INSTALLATION
LAGOON

Permit # 99380205601

Issued 08/10/99
Expires 02/10/00
Revenue Code 3157

Establishment
JEFF FLAMME
T9N R7E SEC 32
THE HIGHLANDS BLK 4 LOT 3
5141 BRAEMER RD

FEES: $150.00

Permitee
JEFF FLAMME
5141 BRAEMER RD
LINCOLN NE 68516

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010843

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

**A**

Permit Number: 9938020560 1

# Sewage Disposal System

## Request for Site Clearance and Permit

**Include Form B, Form C and Applicable Fees with this Application.**

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

**PLEASE PRINT OR TYPE**

### A. System Location (Indicate correct number and street)

Address 5141 Braemer Rd. (no rural route) City Lincoln NE, Zip 68516

Legal Description 1/4 1/4 Section 32 Township 9N Range 7E Subdivision The Highlands Addition 4 Block 3 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

### B. Owner

Name Jeff Flamme Signature _____

Address 5141 Braemer Rd. City/State/Zip Lincoln, Ne 68516

☐ Check if owner designed system Home Phone _____ Work Phone _____

### C. Contractor

Name Brad Southard Company Name Southard Sewer + Drain

Address 17201 So 72 City/State/Zip Hickman, Ne 68372

☐ Check if contractor designed system Work Phone 430-7606

### D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

### E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

***DO NOT WRITE BELOW THIS LINE***

### Approval Process ☒ Municipal Code 24.38 ☐ County Resolution No. 2832

| | | | |
|---|---|---|---|
| 1. **Health Department** | Date rec'd 8-4-99<br>Date frwd 8-5-99 | **ACTION** ☒ Approved ☐ Disapproved<br>Signature Ron Magnuson | |
| 2. **Supt. Bldg. Insp. or Village Clerk** | Date rec'd _____<br>Date frwd _____ | **ACTION** ☐ Approved ☐ Disapproved<br>Signature _____ | |
| 3. **City or County Engineer** | Date rec'd 8-5-99<br>Date frwd 8-5-99 | **ACTION** ☒ Approved ☐ Disapproved<br>Signature _____ | |

needs fence/signage ☆

### Installation Final Written Approval

By John Ehrman

Date 10-13-99

***Business Office Use Only***

Date Rec'd 08/04/99

Amt Paid 150.00

Rec'd By es Cash/Check No. 3591

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

☆ Sign + lock need to be placed Jeff said he would attach. Was TM open'd

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

☒ Municipal Code 24.38 ☐ County Resolution Number 2832

| Date: 5-3-99 | 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 9N Range 7E Section 32 1/4 Section ____
   Block 4 Lot 3 Addition THE HIGHLANDS
   Street Address 5141 BRAEMER RD

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe ____

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

4. **Description of proposed alteration, extension or repair:** ADD ADDITIONAL LATERAL

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

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 J. SCHROEDER Address 5141 BRAEMER RD Phone 421-1814
Applicant Signature (owner or lessee) Robert J. Schroeder

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

(Please do not write below this line)

Date rec'd 5-3-99 REVIEW: ☒ approved ☐ disapproved By: [signature]

**Site visits:**
Date ____ By ____
Date ____ By ____
Date ____ By ____

**Installation final written approval**

Date ____ By ____

ck# 848 $50.00 paf

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

White - EH Pink - Business Office Revised 1/98

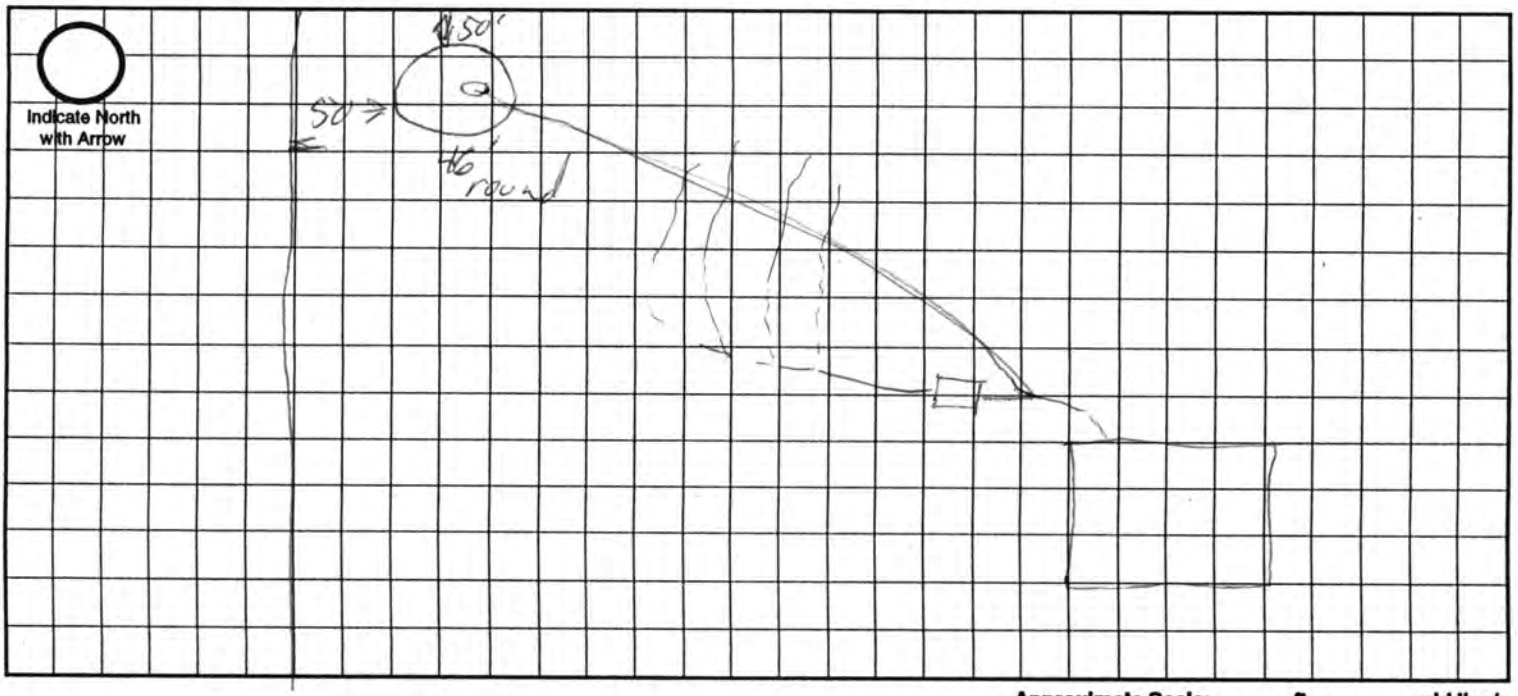
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**C**

Permit Number:

# Sewage Disposal System
## Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.




**Approximate Scale:** _____ ft. = _____ grid line/s

## A. System Location (Indicate correct number and street)

Address (no rural route) 5141 Bramer Rd. City Lincoln NE, Zip 68516

## B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

## C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

## D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

| Distance From | Private Well | Public Well | Surface Water | Gound Water | Pressure Water Lines | Property Lines | Foundations Yours | Foundations Neighbors | All Other Setbacks |
|---|---|---|---|---|---|---|---|---|---|
| Tank (ft) | 50 ☐ | 500 ☐ | 50 ☐ | NA ☐ | 25 ☐ | 20 ☐ | 15 ☐ | 25 ☐ | ☐ |
| Field (ft) | 100 ☐ | 500 ☐ | 50 ☐ | 4 ☐ | 30 ☐ | 20 ☐ | 30 ☐ | 40 ☐ | ☐ |
| Lagoon (ft) | 100 ☒ | 500 ☒ | 50 ☒ | N/A ☐ | 30 ☒ | 50 ☒ | 100 ☒ | 200 ☒ | ☐ |

## E. Required Signatures

Home Building Contractor _____ Date _____

Installer Brad Smith Date 7-30-99

# 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 5141 BRAEMER RD.

Twp 9N Range 7E Section 32 1/4 ___ 1/4 ___ Block 4 Lot 3 Addition THE HIGHLANDS

Directions to Property 56 ST, SOUTH OF LINCOLN 3 MILES, WEST ON BRAEMER RD, 4 BLOCK

Location of Well MAP ATTACHED Tap Location: Inside ☐ Outside ☐

Location of Sewage System MAP ATTACHED Year Installed ___

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | ROBERT SCHROEDER | 5141 BRAEMER LINCOLN, NE | 421-1814 |
| Tenant/Buyer: | JEFF + KIM FLAME | 5004 BUNKER HILL LINCOLN, NE | 429-6707 |
| Return to: | JOSEPH MARA | WOODS BROTHERS 7100 So. 29TH ST 68516 | 435-5343(H) CELL 430-7794 |

Signature of Applicant [signature] Address WOODS BROTHERS 7100 So 29TH ST 68516 Date 4/12/99

### HEALTH DEPARTMENT USE ONLY

**RECEIVED**

Date 04/13/99
Initials JS
Amount 150 ck
Check No. 2033

**DATA ENTRY**

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

**PRELIMINARY STATUS--By** John Chen **DATE:** 4/14/99

| WATER SYSTEM: | | Approved | Disapproved |
|---|---|---|---|
| Construction | MAY 3 1999 | ☑ | ☐ |
| ☆ Bacteria | | ☑ 0 /ml | ☐ ___ /ml |
| Nitrate | | ☑ 3.2 ppm | ☐ ___ ppm |

**SEWAGE SYSTEM**

Approved ☐
Provisional ☑
Disapproved ☑

**Additional Site Visits**

Date 5/13/99 by JC
Date ___/___/___ by ___
Date ___/___/___ by ___

**Comments:** It appears that there has been surface discharge at the end of the sewer lateral. No surface flow noted at time of inspection (House empty). The landscaping around the well appears to allow the water to puddle & collect around the well casing. If the septic tank has not been pumped recently, it should be checked to see if it is necessary ☑ See Attached Letter

**FINAL STATUS**

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

Approved by John Kness Date 5/6/99

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

D per phone 5/4/99