Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 02390073601

Issued 10/24/02
Expires 04/24/03
Revenue Code 3157

FEES: $100.00

Establishment
LLOYD J JAKOUBEK
T10N R5E SEC 2 QTR NW
N 1/2 OF NW 1/4
5200 NW 84 ST-MALCOLM

Permittee
LLOYD J JAKOUBEK
12800 NW 70 ST
RAYMOND NE 68428-4084

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

ST IN A PROMINENT PLACE • NOT TRANSFERABLE

003024

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.

1. **Legal description of property:**
   Township 10N Range 5E Section 2 1/4 Section
   Block Lot Addition W 1/2 NW 1/4 EX TRACT IN NW
   Parcel ID ___-___-___-___-___ (i.e. 99-99-999-999-999) PART 2-10-5
   Street Address 5200 NW 84 ST Malcolm Ne. 68402.

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe

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

4. **Description of proposed alteration, extension or repair** New D-Box, 100'-4" wide Equlizer.

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

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 Lloyd J. Jakubek Address 12800 NW 70TH Raymond Ne Phone 783-2663
Applicant Signature (owner or lessee) Lloyd J. Jakubek

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 10/24/02 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 10/17/02 By
Date ___/___/___ By
Date ___/___/___ By

Installation final written approval
After the fact permit, + installation covered without inspection
Date ___/___/___ By

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: 10/24/02 Amount 100.00 Check No. 4660 Initials

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:

Sewage Disposal System

As Built Plans & Specifications

Date Installed 3/7/01 130x-50'
3/2/01 -50'

System Location (Indicate correct number and street)

Address 5200 NW 84 (no rural route) City Malcolm NE NE, Zip 68402

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: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

Septic Tank

1. Material: concrete
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: New 2' concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 84' ft.

D. Absorption Field

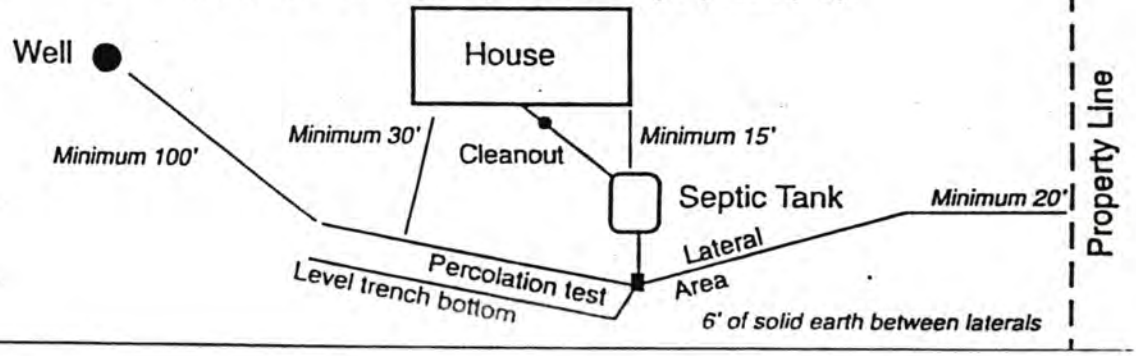
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ~~Equi~~ EnFiltrator
   ~~or perforated pipe:~~ _____
   Material: ☒ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 50' x 4" ft. 50' x 4" ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope Flat in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material 100+ in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

Indicate North with Arrow

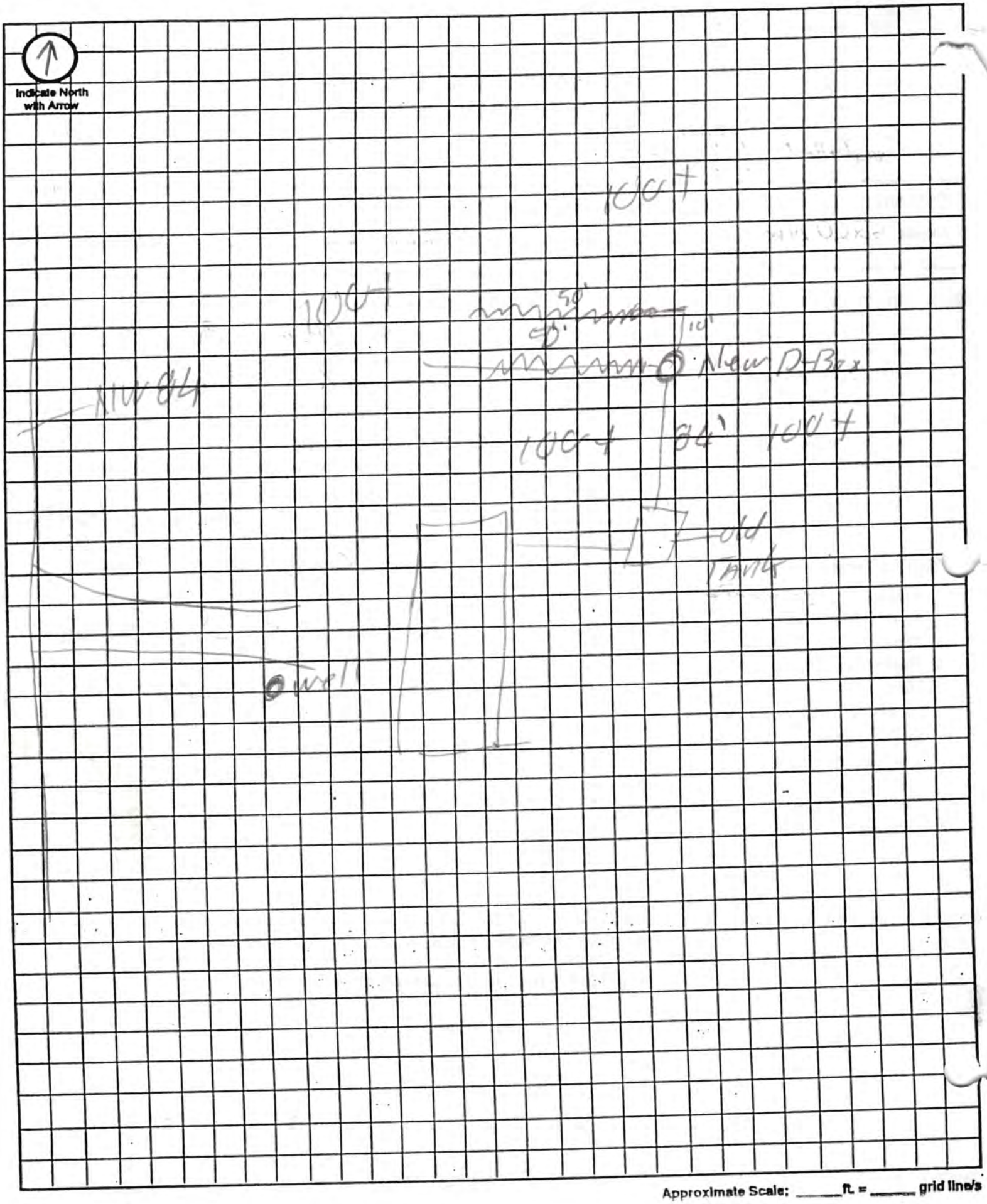
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 5200 NW 84TH ST MALCOLM 68402

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 10N Range 5E Section 2 1/4 NW 1/4 Block ____ Lot 8 Addition ____

Directions to Property "O" ST WEST TO NW 84TH NORTH TO 5200 - RIGHT SIDE OF ROAD

Location of Well IN FRONT OF HOUSE Tap Location: Inside ☐ Outside ☐

Location of Sewage System BEHIND HOUSE Year Installed 1971

Site Hazards (dogs, etc.) NEW LATERALS IN 2001

	NAME	ADDRESS	PHONE
Present Owner:	LINDA MERRYMAN	710 RD 8 Shickley NE 68436	402 627 7485
Tenant/Buyer:	GARY AND KIM BURRUSS	7505 NW 27TH LINCOLN NE 68524	470-0400
Return to:	TOM MULLEN	225 N COTNER STE 101 LINCOLN NE 68505	610-1030 436-3399 (Fax)

Signature of Applicant [signature] Address 710 RD 8 SHICKLEY NE 68436 Date 10 / 16 / 02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 10 / 16 / 02 Amount $200.00 Check No. 9345 Initials MP

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 10 / 17 / 02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	treated ☒ <0.1 ppm	☒ 11 ppm raw water

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date 10 / 18 / 02 by RM

Date 10 / 29 / 02 by RM

Date ____/____/____ by ____

Comments: Recommend checking septic tank to be certain it is not cracked, and to see if it needs pumping. Construction of the original septic system predates County regulations and there is no permit of record of inspection. Thus, a provisional approval. There was no visible malfunction at the time of inspection. See Attached Letter ☐

FINAL STATUS

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

* Approval for drinking water is for treated water only, not the raw water. Raw water exceeds the 10 ppm limit and must not be used for infant feeding.

Approved by Ron Marquart RS Date 11 / 1 / 02

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

Revised/Reprint: 9-00

P21372-67 10-29-01 < 0.1

P21617-33

P21372-58