Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003208

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-ALTER EXISTING SEWAGE
SYSTEM-ZERO FEE, COST < $400

Permit # 03390077001

Issued 11/10/03
Expires 05/10/04
Revenue Code 3157

Establishment

JOE GABRIEL
T12N R6E SEC 16
LOT 4IT
2500 W ROCK CREEK RD-RAYMOND

FEES:

TOTAL: $.00

Permittee

JOE GABRIEL
2500 W ROCK CREEK RD
RAYMOND NE 68428

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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 T12N Range R6E Section 16 1/4 Section _____
   Block _____ Lot 4 I.T. Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

   Street Address _____

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** digging basement/foundation next to current location - will move house onto new foundation and reconnect sewer and well

5. **Work to be done by:** ☐ owner ☒ contractor's name Waverly Well & Plumbing

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 Joe Gabriel Address 2500 W Rock Creek Rd Raymond NE 68428 Phone 402-416-5299
Applicant Signature (owner or lessee) Joe Gabriel

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 10 / 10 / 03 REVIEW: ☒ Approved ☐ Disapproved By: Lerroll C. Hood

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

Installation final written approval
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: 11 / 10 / 03 Amount $0.00 Check No. ——— Initials CW

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

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebra

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/LO

This form must be completed and returned 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.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address E345.02' WL32.25' S631.26' SW 16-12-6

Twp 12N Range 6E Section 16 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property Highway 34 to Highway 79 (turn rt onto highway 79), Highway 79 to Rock Creek Rd (turn rt onto Rock Creek) E go 2-2.5 miles house on left hand side N side

Location of Well ~~Und~~ ~~windmill~~ N. side of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System Lagoon is behind shelter belt Year Installed about 13 years ago

	NAME	ADDRESS	PHONE
Present Owner:	Mike + Cindy Brown	2500 West Rock Creek Road Raymond NE	783-2988
Tenant/Buyer:	Joe Gabriel	724 West Leon Drive Lincoln NE 68521	476-6502 Home 435-5253 Work
Return to:	Joe Gabriel	724 West Leon Drive Lincoln NE 68521	476-6502 Home 435-5253 Work

Signature of Applicant Joe Gabriel Address 724 West Leon Drive Lincoln NE 68521 Date 07/13/94

HEALTH DEPARTMENT USE ONLY

Date Received 7/13/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Mangum **DATE:** 7/14/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ 0.1 ppm	☐ ___ ppm	Disapproved ☒ (corrected)	Date ___/___/___ by ___

Comments: Sewer pipe may not be class 2241 or schedule #40. Thus, a provisional approval

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Mangum Date 7/25/94

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.