LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90380062701

Issued 08/08/90
Expires 02/08/91

ESTABLISHMENT

KENNETH MINZEL
11UN R5E SEC 17
WORKMAN SUBDIVISION BLK 4 LOT 2
72101 WENDY LANE

FEES: Permit 015754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

KENNETH MINZEL
BOX 00154
PLEASANT DALE NE 68423

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
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

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FILING FEE: $ 150.00

FILE NO. _____

DATE: 8-1-90

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 10N ; Range 5E ; Section 17 ;
   Block 4 : Lot 2 : Addition Workman Sub Division
   Street Address 12101 Wendy Lane
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☒
   No. of Bedrooms 3 . Describe House
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ Lagoon
4. Distance to public sewer: _____ ft.

Kermit E Mingo
Signature of Applicant (Owner or Lessee)

Box 154 Pleasant Dale Neb. 68423
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8-1-90 . Date Frwd. 8/3/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-8-90 . Date Frwd. 8-8-90 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Boeck
3. City or County Engineer : Date Rec'd. 08/08/90 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: Lloyd Wharman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-2-90 by: wrong local drawing + fence crossed on drainage easement need sewer line moved
Date: 10-3-90 by: inadequate sewer pipe
Date: 10-5-90 by: corrections made need drawing + face

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-29-93 By: Ron Mangum

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

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

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DATE: _____

FILE NO. _____

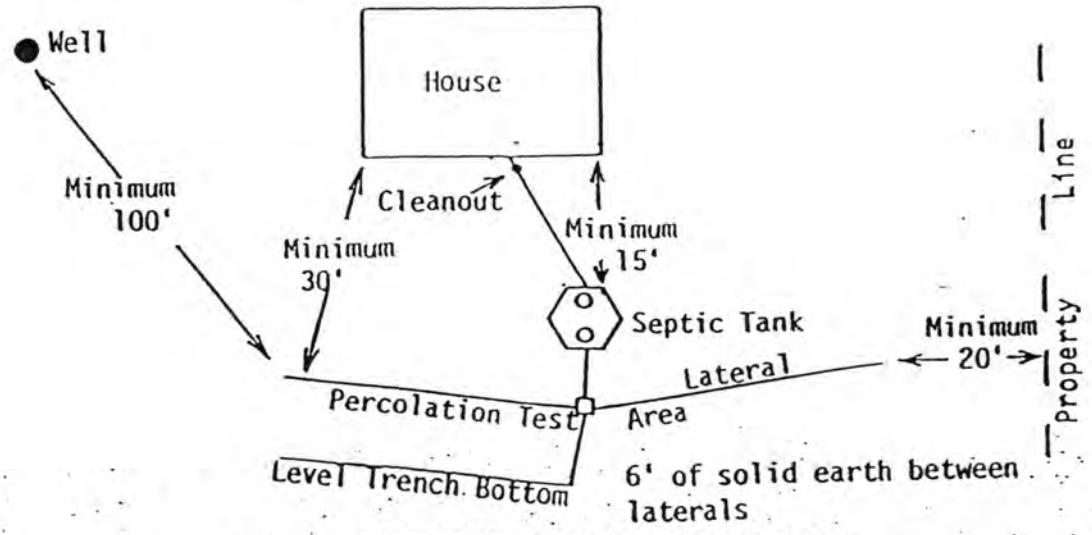
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch #40; Diameter 4 in.
2. Distance above basement floor _____ in., or 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.

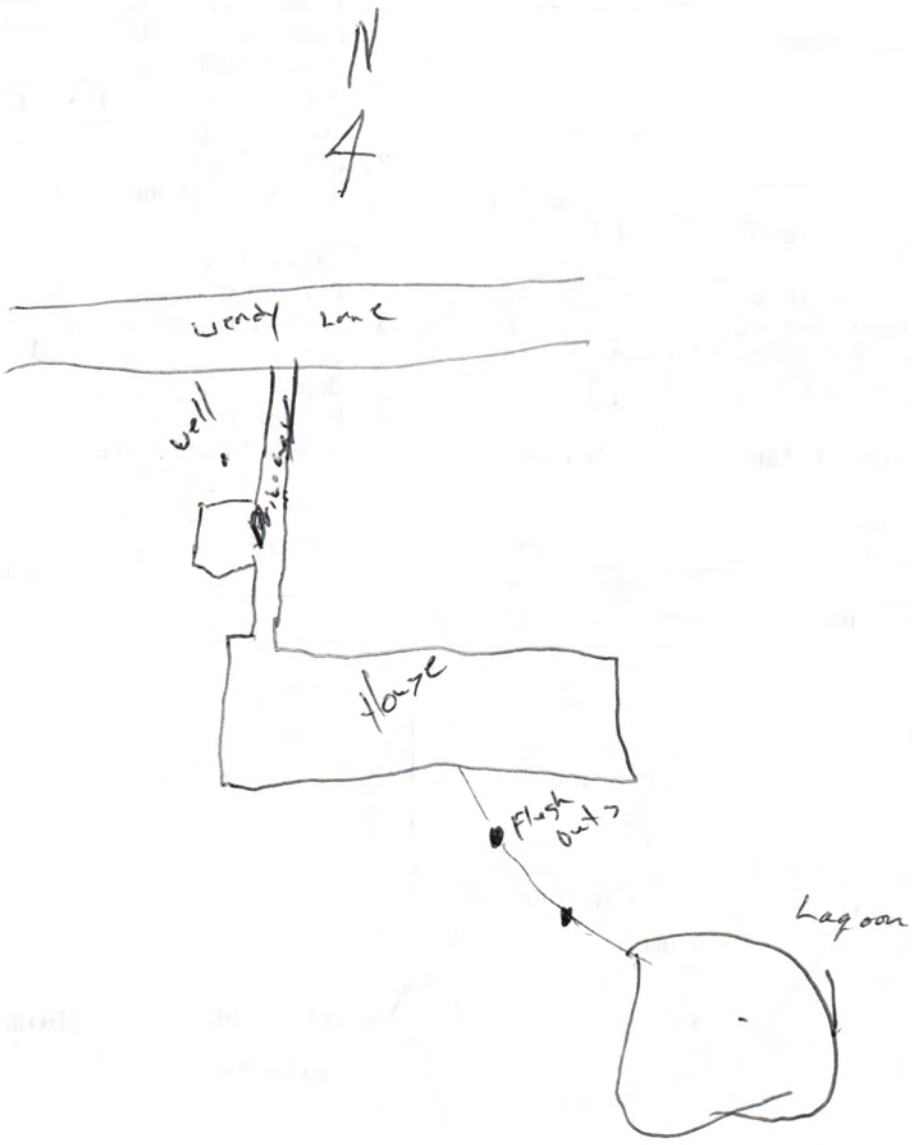
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. 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


N
windy lane
well
house
flush out
Lagoon

005

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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 12401 west Wendy Lane

Twp 10 Range 6 Section 13 1/4 ___ 1/4 ___ Block 4 Lot 2 Addition Workman sub division

Directions to Property [illegible] West of Lincoln on Ost to NW 126th turn right go 1/8 miles turn right Wendy Lane first house on right side.

Location of Well right side by driveway Tap Location: Inside ☐ Outside ☒

Location of Sewage System South east of house Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	Kenneth & Janet Mirzel	12401 west Wendy Lane on mail box	796-2601
Tenant/Buyer:			
Return to:			

Signature of Applicant Kenneth E Mirzel Address 12401 west Wendy Lane Lincoln Nebr 68528 Date 7/27/93

HEALTH DEPARTMENT USE ONLY

Date Received 7/28/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R. Marquart **DATE:** 7/29/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☒	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date___/___/___by___
Nitrate	☒ 5.0 ppm	☐ ___ ppm	Disapproved ☐	Date___/___/___by___

Comments: Recommend more periodic mowing of grass on dikes and rap daily to remove cattails to avoid be full-blown infestation. No chemicals or pesticides were present in water supply. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, R.S Date 9/2/93

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.

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