# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health

2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

**NON TRANSFERABLE**

PERMIT

SEWAGE SYSTEM REPAIR

No. 92390026501

Issued 01/27/92

Expires 07/27/92

ESTABLISHMENT

LARRY BROKAW
T12N R5E SEC 21 QTR NW
19200 NW 112 STREET

FEES: Permit 018754 $50.00

Total $50.00

Issued By COUNTY HEALTH

PERMITTEE

LARRY BROKAW
RR0001
BOX 0049B
RAYMOND NE 68428

| VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE | |
|---|---|
| DATE | AMOUNT |
| 1/27/92 | PAID |

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

RECEIVED JAN 2 4 1992

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☑

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 1-22-92

The undersigned hereby applies for a permit to ALTER ☑, EXTEND ☐, or 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: Twp. 12 NORTH; Range 5 EAST OF 6TH PM; Section NW 1/4 SEC 21;
Block _____; Lot _____; Addition _____
Street Address 19200 NW 112TH

2. Property Use: Residential _____ ☑; Commercial _____ ☐
No. Bedrooms 3 Describe _____
Other Use ☑
Describe Dog Kennel also

3. Type of existing Individual Sewage Disposal System: Septic Tank ☐; Other ☑

4. Description of proposed alteration, extension or repair: LAGOON

5. Work to be done by: Owner ☐; or Contractor ☑, DENNIS DELING
Contractor's Name

6. Estimated cost of project:

| | | |
|---|---|---|
| a. Materials | $ | 1550 00 |
| b. Labor | $ | 700 00 |
| c. Other | $ | 450 00 |
| TOTAL | $ | 2700 00 |

Larry Brakhage
Signature of Applicant (owner or lessee)

19200 NW 112TH
RT 1 BOX 49B RAYMOND NE 68428
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 1-24-92
Filing Fee: $ 50.00

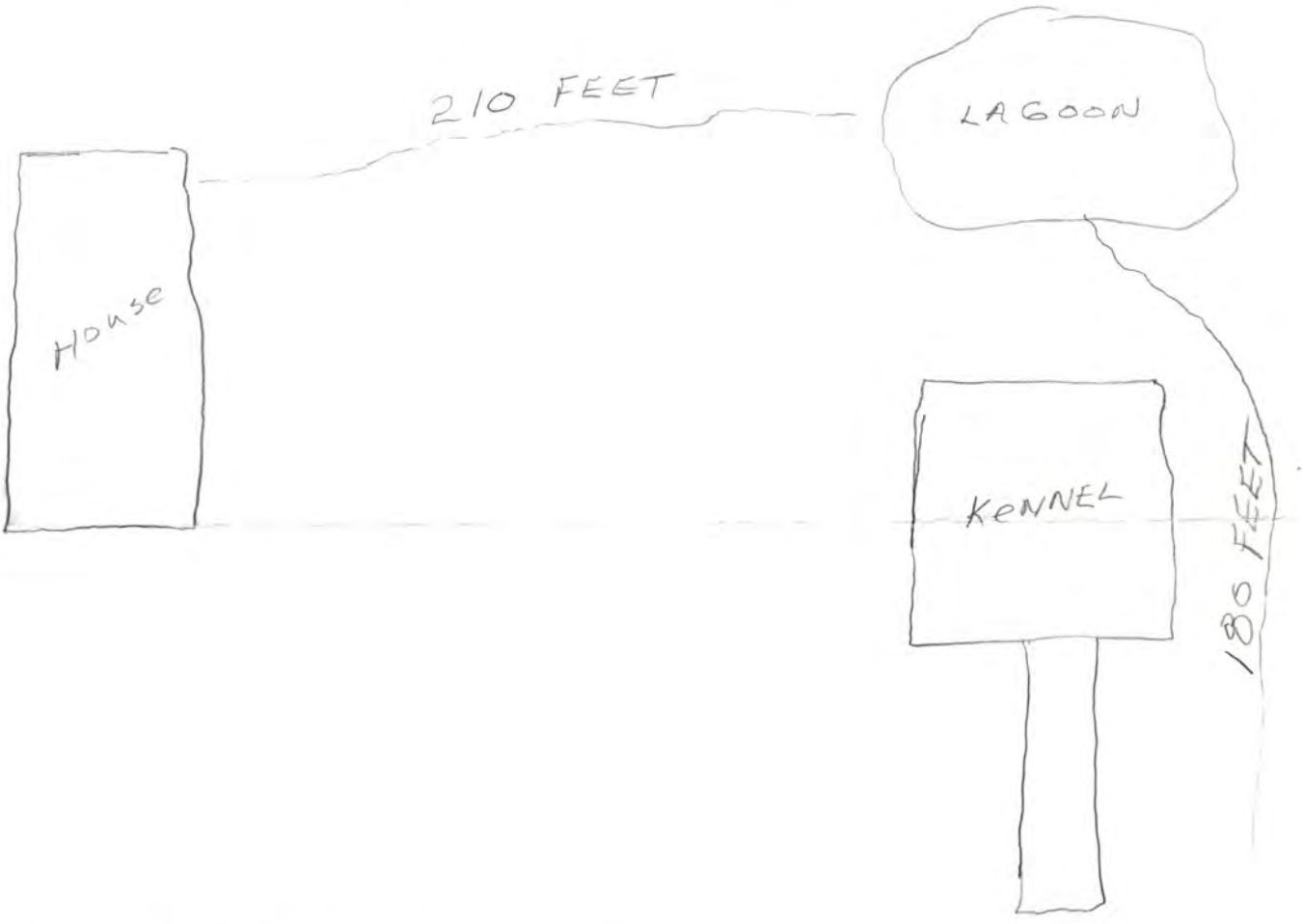
2. Site Visits:
Date: NOV-91 by: new road drawing
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

2/4/92

RECEIVED FEB 07 1992




ESTABLISHMENT LARRY BROKAW
T12N R5E SEC 21 QTR NW
19200 NW 112 STREET

PERMITTEE LARRY BROKAW
RR0001
BOX 0049B
RAYMOND NE 68428

NO 92390026501

PERMIT 018754

PER YOUR REQUEST

JUL 1 5 2005

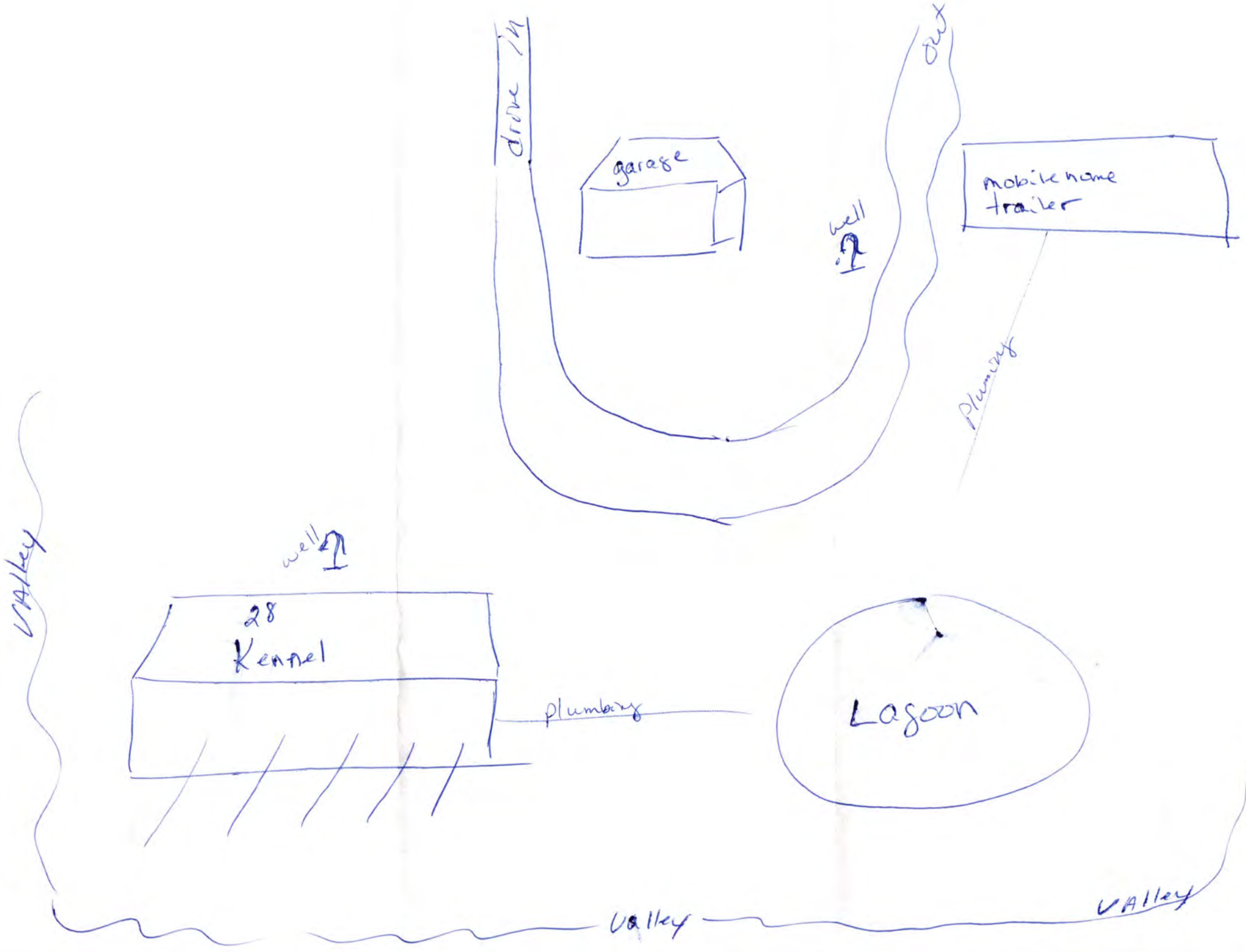
7-14-05

Dear Ron Marquats,

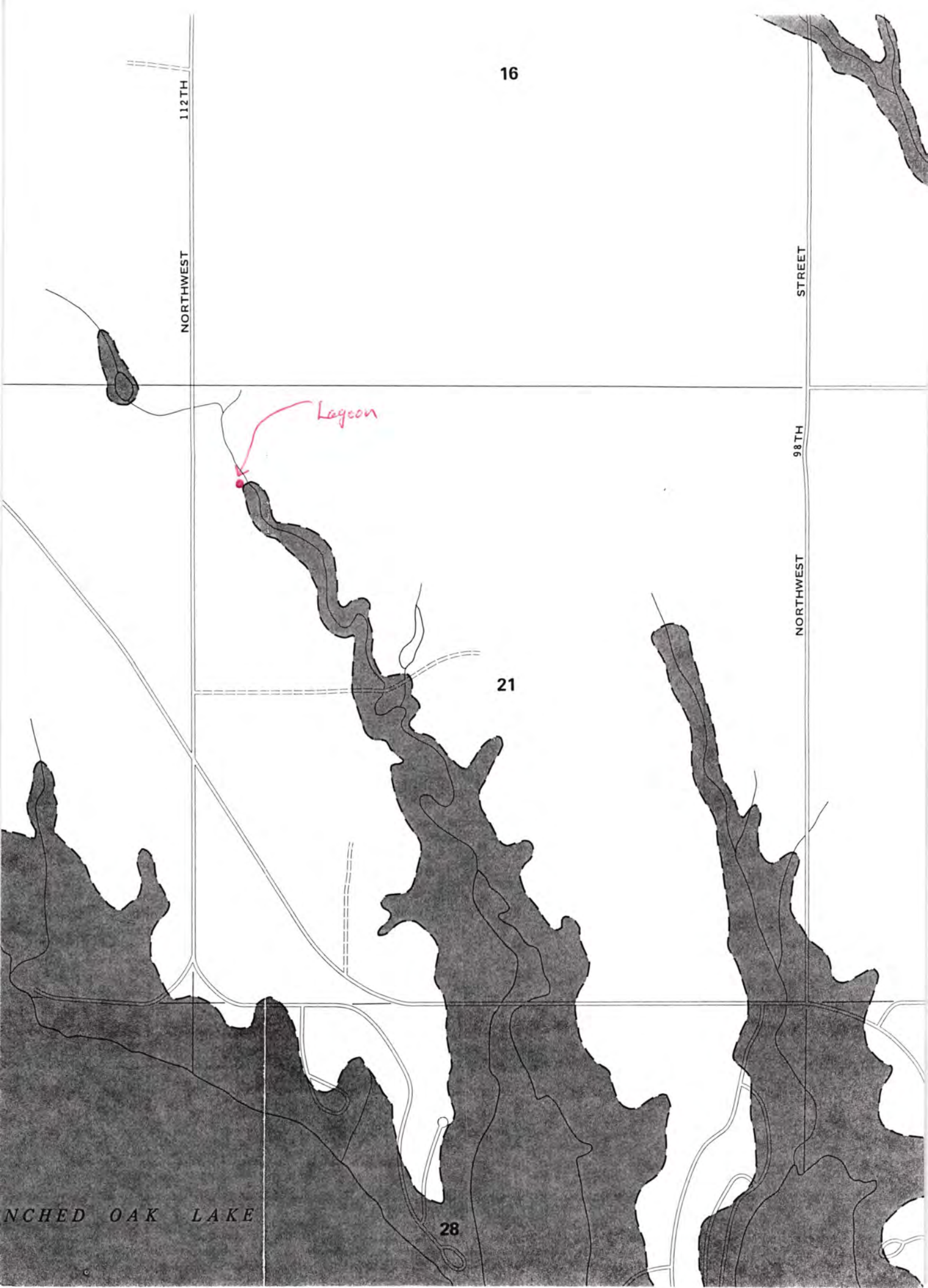
Here is a very simple drawing of the property @ 19300 N. W. 11th. As I mentioned on the phone the two trailers that are there now will be gone + our new one moved into the existing spot. I hope this is Sufficient enough - if not please Contact me @ 742-3638 + I will correct it. Thankyou for your time.

Sincerely.

Kim Raymond


drive in
out
garage
well
mobile home
trailer
plumbing
Valley
well
28
Kennel
plumbing
Lagoon
Valley
Valley
Valley


2 715 000 FEET
R. 5 E.
Lagoon
BRANCHED OAK STATE RECREATION AREA
BRANCHED
19
20
21
28
29
30
T. 12 N.
COUNTY
Oak Creek
Ke
Zp
Cr
CrB
Co
StF
StD
BpF
PaC2
PaD2
BrD
BrE
PbC3
MeC2
ShC
ShD2
ShD
MrD
MrD2
MhC3
JuC
SmD
StF
SuG
DcD
GeD2
WtC2
Sk
Ne
No
55T


16
112TH
NORTHWEST
STREET
Lagoon
98TH
NORTHWEST
21
28
NCHED OAK LAKE

1st Appeal

# 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

11-8-05 Ck 0 Eqb 0 P28484-72

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 ~~[illegible]~~ 19300 NW 112th Raymond, Ne 68428

Parcel ID 06 - 21 - 100 - 005 - 000 (i.e. 99-99-999-999-999)

Twp 12 Range 5 Section 21 1/4 ___ 1/4 ___ Block ___ Lot 15 Addition NW 21-12-5, lot 15

Directions to Property N.W. side of Branched Oak Lake

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon Year Installed ___

Site Hazards (dogs, etc.) ___

Kim Reinard 742-3638

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | W.P Marsland | Route 1 - Box 559 Greenfield, Mo. 65661 | 417-276-1614 |
| ~~Tenant~~/Buyer: | Chad Vinatieri | | |
| Return to: | Chad Vinatieri | 549 W. Dilin St Lincoln, Ne 68521 | Res 742-0239 Wk 327-3174 (Fax) |
| Signature of Applicant | | Address 549 W. Dilin St Lincoln, Ne 68521 | Date 3 / 29 / 05 |

### HEALTH DEPARTMENT USE ONLY

**RECEIVED** Date 03 / 29 / 05 Amount 200.00 Check No. 2154 Initials SD

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

**PRELIMINARY STATUS--By** Ron Marquart **DATE:** 4 / 1 / 05

| **WATER SYSTEM:** | Approved | Disapproved | **SEWAGE SYSTEM** | |
|---|---|---|---|---|
| Construction | ☒ Corrected | ☒ no sanitary OK from contractor | Approved | ☐ |
| Bacteria (11-8-05) | ☒ 0 /ml | ☐ ___ /ml | Provisional | ☐ |
| Nitrate | ☒ 0 ppm | ☐ ___ ppm | Disapproved | ☒ |

**Additional Site Visits**

Date 4 / 19 / 05 by Rm

Date 4 / 25 / 05 by Rm

Date 7 / 13 / 05 by RM

**Comments:** ~~FAX 327-3174~~ 327-3177 FAX 488-1102 cell 770-7013 (See field notes)

See Attached Letter ☐

### FINAL STATUS

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

Approved by ___ Date ___/___/___

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

Revised/Reprint: 9-00

7-13-05 Ck + Eqb 0 P27760-46

4-19-05 Ck + Eqb - 0 P27361-12

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description _____ Location 19200 NW 112th

Owner/Requestor Dr. Bill Marland

# WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- ____ New system, initial
- ____ New system, followup
- X Existing system, repair
- ____ Existing system, followup
- ____ Loan approval
- ____ Consultation
- ____ Other (Specify)

REMARKS 48'x48' top inside edge of lagoon.
70' to stream at NE corner, E of SE corner of lagoon to stream 135' (check for code req.) OK
Saplings + weeds on dike need to be removed + all trees within 50 ft of lagoon fence need to be removed.
48 dogs 20-70 lbs. max in kennel
Second house needs to be disconnected

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic X Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Ron Maward Received by: _____

Date: 4-19-00

WA1002

Lost dog card to mow down the large weeds + tree saplings down.

LINCOLN/LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502
(402)471-8000

Legal Description 21-12-5 Location 19200 NW 112th
Owner/Requestor

# WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

___ New system, initial
___ New system, followup
X Existing system, repair
___ Existing system, followup
___ Loan approval
___ Consultation
___ Other (Specify)

REMARKS NOV-91
owner has connected both a dog kennel and his home into this lagoon. This lagoon sewage system was installed to replace a failing septic system for the house. The lagoon & sewer line components were installed before a permit was taken out.
Drawing submitted does not show all component information

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
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9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Ron Mayer Received by:
Date: 2-7-92

WA1002