LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390040001

Issued 06/30/94
Expires 12/30/94
Revenue Code 18754

Establishment
BURDETTE PIENNING
T10N R5E SEC 28

FEES: $50.00

TOTAL $50.00

Permittee
BURDETTE PIENNING
RR0006
LINCOLN NE 68502

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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: 6-30-94

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. 10N ; Range 5E ; Section 28 NW¼ ;
Block _____ ; Lot _____ ; Addition _____
Street Address 5411 2 + West 0 st ½ mi So East Side Rd

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
No. Bedrooms 3 Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐ 1000gal

4. Description of proposed alteration, extension or repair: 5' sewer line
± 100' Natural perforated

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	1200 +

Burdette Piening

Burdett Piening
Signature of Applicant (owner or lessee)

same add
Address R.F.D. 6, LINCOLN, NEBRASKA 68502

(Do not write below this line)

REVIEWING ACTION

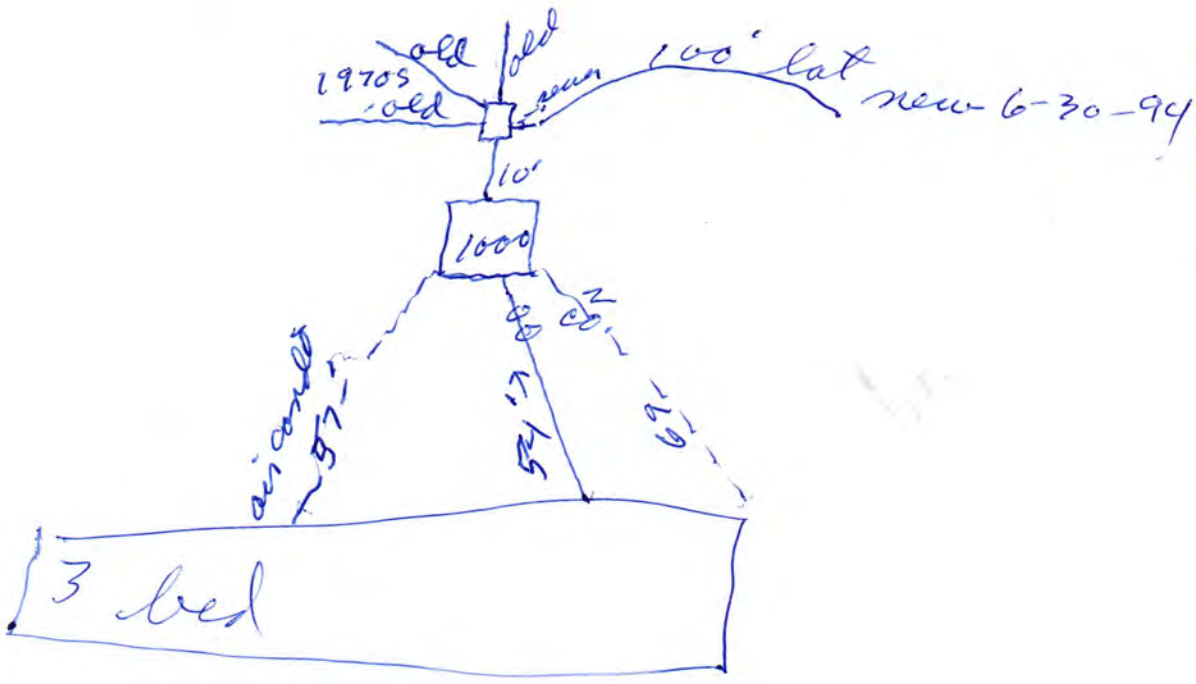
1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 6-29-94 by: P.D
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-1-94 by: Paul [illegible]

No


1970s
old
old
new
100' lat
new 6-30-94
10'
1000
air cond
37'
54'
69'
3 bed

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE:

Legal Description of Property NW QRTR of 28-10-5
Directions to Property 4005 SW 12th

Land Owners		Send Results to:	
Name:	Burdette Piening	Name:	
Address:	11700 W. "A" Lincoln 68532	Address:	Same
Phone:	475-0632	Phone:	

Land Owners Signature Mrs. Burdette Piening
I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well	
Casing Material	Metal
Casing Diameter	4" or 6"
Is well located in a pit	No
Type of pump	Submersible

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

HOUSE FOUNDATION	100 (distance)	FEET	U/(D)
CESSPOOL		FEET	U/D
SEPTIC TANK	?	FEET	U/D
SEWAGE DISTRIBUTION FIELD		FEET	U/D
WASTE STABILIZATION LAGOON		FEET	U/D
BARN YARD	300 +	FEET	U/(D)
NEAREST WELL	—	FEET	U/D
NEAREST PASTURELAND		FEET	U/D
NEAREST CROPLAND		FEET	U/D
SHOP		FEET	U/D
GRAINERY		FEET	U/D
FUEL TANKS	90	FEET	U/(D)
OTHER POTENTIAL CONTAMINATION SOURCE		FEET	WHAT?

ADM.0002/34

No bacterial water sample collected due to poor maintenance of well casing. Lacking vented screen and broken electrical conduit