Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005212

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-ADD 100' OF INFILTRATORS

Permit # 04390079001

Issued 05/13/04
Expires 11/13/04
Revenue Code 3157

Establishment
MIKE PETERS
T10N R5E SEC 29 QTR NE
LOT 12IT
11205 W O ST

FEES: $100.00

Permittee
MIKE PETERS
11205 W O ST
LINCOLN NE 68528

TOTAL: $100.00

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 10 N Range 5 E Section 29 1/4 Section NE
   Block _____ Lot 12 F.T. Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 11205 "W" "O" ST.

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** Add 100 FT of INFILTRATORS

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

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 Mike Peters Melvin Wagner FOR Address 11205 "W" "O" ST. Phone 438-3010
Applicant Signature (owner or lessee) Melvin Wagner

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 5 / 13 / 04 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

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

Installation final written approval
Date 5 / 14 / 04 By Doug Rumsey

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: 5 / 13 / 04 Amount 100.00 Check No. 4045 Initials TW

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 29 April 04

System Location (Indicate correct number and street)

Address 1205 "W" ST. (no rural route) City LINCOLN NE, Zip 68528

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 70 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 20 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 100 ft.
   stream " 50 ft.
   pressure line " 30 ft.
   property line " 20 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1000 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: 20 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream " NA ft.
   Pressure line " NA ft.
   Property line " 20 ft.

C. Distribution Box

1. Material: CEMENT
   Number available outlets: 7
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 30 ft.

D. Absorption Field

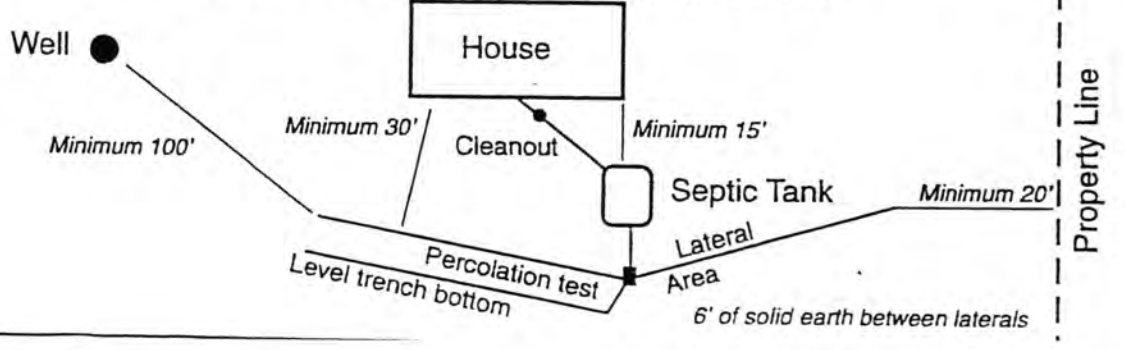
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATORS
2. Lateral lines: Number 5
   Length of each line: 50 ft. 50 ft.
   60 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 24 in
4. Filter material: N.A.
   Depth of material N.A. in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line OVER 20 ft.

Indicate North with Arrow

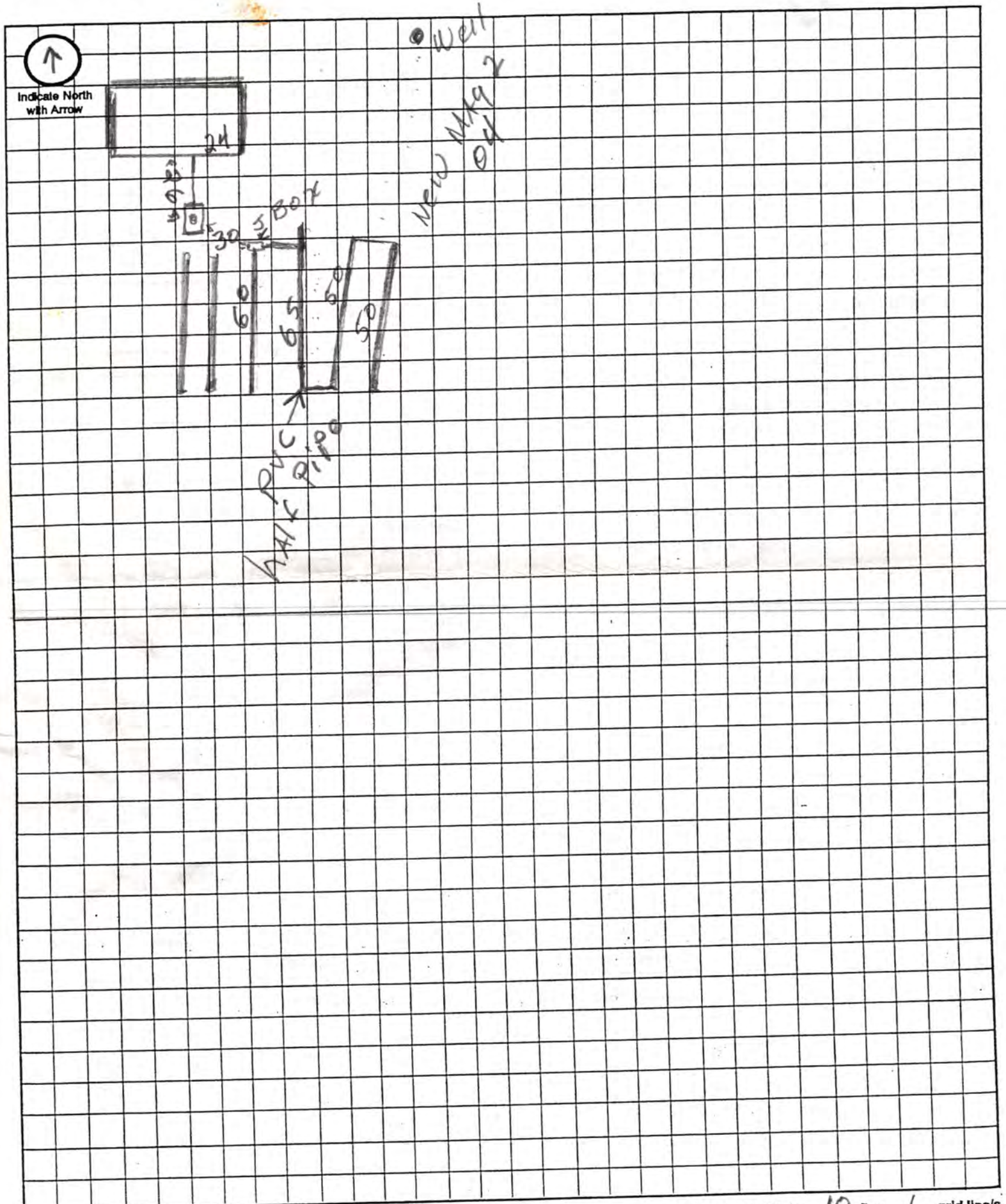
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 10 ft. = 1 grid line/s

Closing May 28, 2002

MAY 0 8 2002

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"

X Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 11205 West 'O' St. Lincoln, NE. 68506

Twp 10 N Range 5E Section 29 1/4 ___ 1/4 ___ Block ___ Lot 12 Addition ___

Directions to Property Straight out West 'O' street 2 miles past Blinking light.

Location of Well NE corner of property Tap Location: Inside ☒ Outside ☐

Location of Sewage System South & East of house Year Installed added 199:

	NAME	ADDRESS	PHONE
Present Owner:	Douglas & Deb Hicks	8100 Cooper Ct. Lincoln NE. 68506	6423 489-6423
Tenant/Buyer:			
Return to:			

Peters # 470-0402

X Signature of Applicant Dianna L Peters X Address 1475 NW 48th St. X Date 5/7/02

LINCOLN, NE 68528

HEALTH DEPARTMENT USE ONLY

RECEIVED			DATA ENTRY	
Date	05/08/02		Date	/ /
Initials	LO	LO	Case No.	
Amount	150.00	50.00	Initials	
Check No.	3243	3244		

PRELIMINARY STATUS--By Doug Smith **DATE:** 05/09/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.4 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Septic System predates regulation and inspection. Unable to determine for certain location or size of components. No visible malfunction exists at this time and provisional approval is given. It is recommended that Septic tanks be pumped if it has not been pumped recently. See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 05/13/02

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 Pink - Business Office

Revised/Reprint: 10-95

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-780

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LC

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 12-19-91

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 10 N ; RANGE 5 E of the 6th P.M. ; SECTION 29 NE Quarter ; BLOCK ____

LOT 12 ; ADDITION _____ ; Street Address 11205 West 'O'

Directions to Property West on 'O' street to 112th Brown House Southwest corner.

Location of Well Northeast of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System South of House Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	Douglas R. Hicks	11205 West 'O' Lincoln	475-5257
Tenant/Buyer:			
Return to:	Provident Federal (Marty)	2200 S. 40th 68506	474-5559

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Douglas R. Hicks Address 11205 West 'O' Lincoln

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HEALTH DEPARTMENT USE ONLY

Date Received DECEMBER 24, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 12/26/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 12/26/91 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☒	Date _____ by ____

Comments: OWNER ADMITS SEWER BACKING UP.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY _____ DATE _____

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LC

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to request

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 4/89

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00

Legal Description of Property: TWP. 10N; RANGE 5E; SECTION 1; BLOCK ___

LOT 12; ADDITION NE Corner; Street Address _____

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☒ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:			
Return to:			

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant _____ Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 7, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2/3/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☒	Approved:	☐	Date 3/3/89	by ___
Bacteria	☒	☐	Provisional:	☒	Date ___	by ___
Nitrate	☒	☐	Disapproved:	☐	Date 3/7/89	by ___

Comments: NO WELL UNITED. CAP LOOSE. SLIGHT DEPRESSION, DISTANCE FROM SEWER, SEPTIC TANK SHOULD BE CHECKED TO SEE IF IS IN NEED OF _____

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY _____ DATE MARCH 28, 1989

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832