Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005942

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 04390081301

Issued 12/08/04
Expires 06/08/05
Revenue Code 3157

Establishment
STEVE BLAKE
T11N R7E SEC 11
LOT 14
9000 WAVERLY ROAD

FEES: $100.00

Permittee
STEVE BLAKE
9000 WAVERLY RD
LINCOLN NE 68517

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

Date: 12-8-04	File No.: 6439008 1307

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 11 N Range 7 E Section 11 1/4 Section SW
   Block _____ Lot _____ Addition _____
   Street Address 9000 Waverly Rd

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:** house APPtion
   Sewer line connection into existing sewer line

5. **Work to be done by:** ☐ owner ☒ contractor's name Michael P Pietze

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Steve Blake Address 9000 Waverly Rd. Phone 4305018
Applicant Signature (owner or lessee) Steve Blake

Please include the permit fee (~~$50.00~~ 100.00) with this application

(Please do not write below this line)

Date rec'd 12-8-04 REVIEW: ☒ approved ☐ disapproved By: Ron Mayhew

Site visits:
Date 12-8-04 By mm
Date _____ By _____
Date _____ By _____

Installation final written approval

Date 12-9-04 By Ron Mayhew

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

White - EH Pink - Business Office Revised 1/98

12/09/04 #22643 $100.00 ck

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 12-8-04

System Location (Indicate correct number and street)

Address 9000 Wandy Rd (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Schedule 40
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance 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: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____ 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
3. Distance from septic tank: _____ ft.

D. Absorption Field

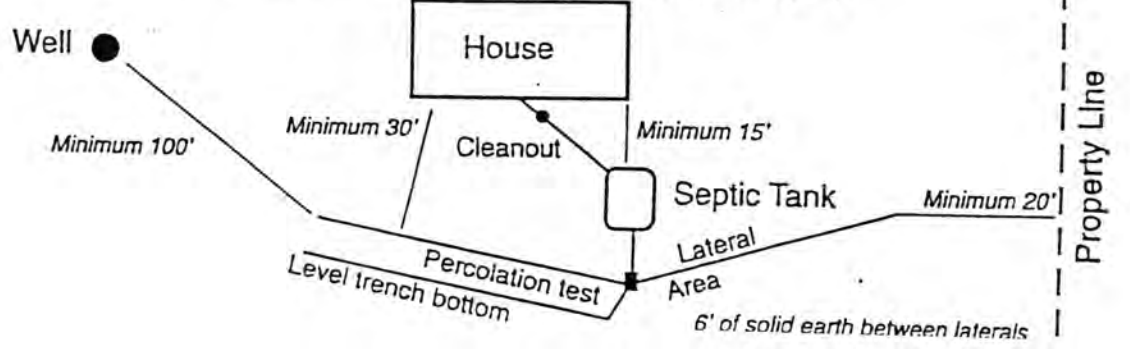
(Provide as-built drawings on back of this form)

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. _____ ft.
   _____ ft. _____ ft., _____ 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.

Indicate North with Arrow

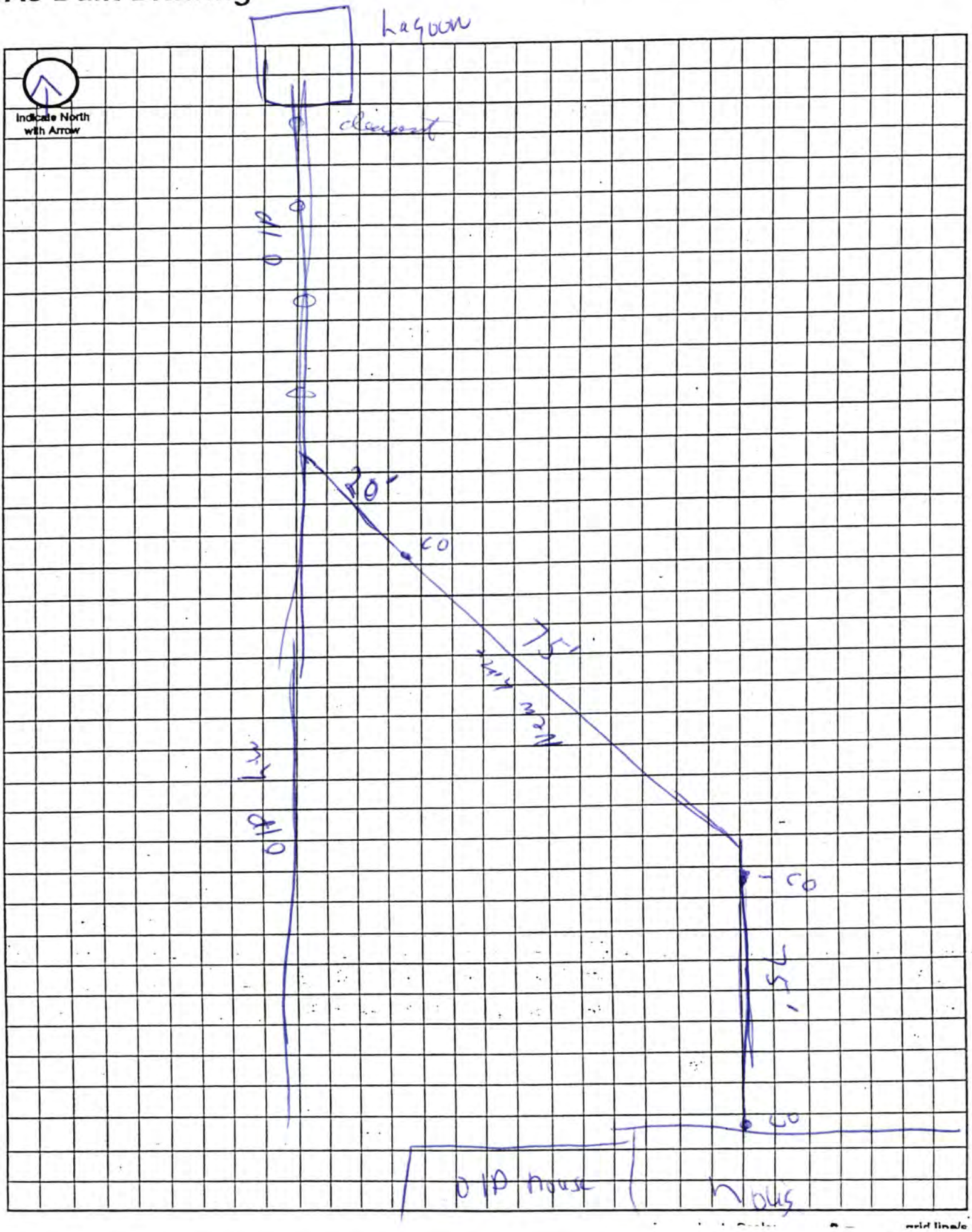
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



OCT 3 1996 ck # 10845 #150.00

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) ~~471-7800~~ 441-8022 Lincoln, Nebraska 68502

010

REAL ESTATE TRANSFER / LOAN APPROVAL

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: 9-8-96

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

Legal Description of Property: TWP. 11N; RANGE 7E; SECTION 11; BLOCK ___

LOT 14 SW; ADDITION ~~S~~ ; Street Address 9000 Waverly Rd Lincoln

Directions to Property 1/2 mile ~~east~~ east of 84th + Waverly Rd

Location of Well NE of white house appx 20' → 39 Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon, north of barn by N fence Year Installed 4/70

	NAME	ADDRESS	PHONE
Present Owner:	Helen Lucille Brazil	9000 Waverly Rd	467-2060
Tenant/Buyer:			
Return to:	Leslie Applegarth	Woods Bros Realty 7141 A St Lincoln NE 68510	Fax 434-3801 430-0460 434-3500

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

Signature of Applicant Helen Lucille Brazil Address 9000 Waverly Rd

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HEALTH DEPARTMENT USE ONLY

Date Received October 4, 1996 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE ___

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☒ corrected	Approved:	☐	Date 10-24-96 by mcl
Bacteria	☒	☐	Provisional:	☒	Date ___ by ___
Nitrate	☒ 1.9 ppm	☐	Disapproved:	☒ Partial	Date ___ by ___

Comments: Excessive vegetation around lagoon, fence needs correction, no locked gate or warning signs. Well head at surface level or below grade. Nitrate sample collected See Attached Letter ☒

FINAL STATUS

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

APPROVED BY Ron Marquardt RS DATE 10-28-96

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