Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008320

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 05380311601

Issued 10/14/05
Expires 10/14/06
Revenue Code 3157

Establishment: JERRY BRASCH
T11N R7E SEC 4 QTR NW
EL-DE ACRES LOT 3,4,5
14401 COUNTRY LN

FEES: $275.00

Permittee: JERRY BRASCH
14401 COUNTRY LN
LINCOLN NE 68517

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

OCT 19 2005

A

Permit Number: 05380311601

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 14401 Country Ln. (no rural route) City Lincoln NE, Zip 68516

Legal Description SW (1/4) NW (1/4) 4 (Section) 11N (Township) 7E (Range) EL-DE Acres (Subdivision) (Addition) (Block) 3 (Lot) 4-5

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Jerry Brasch Signature Jerry Brasch

Address 14401 Country Ln. City/State/Zip Lincoln Ne 68516

☐ Check if owner designed system Home Phone 785-3845 Work Phone _____

C. Contractor

Name Harry Muhlbach Company Name H.L. Muhlbach Const.

Address 14605 N 56th City/State/Zip Lincoln Ne 68514

☒ Check if contractor designed system Work Phone 785-3815

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Harry L. Muhlbach Firm H.L. Muhlbach Work Phone 402-430-7304

E. This System Will Serve a Designed 2 bedroom Flow

☒ Residential Dwelling Number of Bedrooms 2 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 225 Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** 10-17-05 Neal Sense
   Date rec'd 10/14/05 Date frwd 10/14/05
   ACTION ☒ Approved ☐ Disapproved
   Signature Jerrold C. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd 10-14-05 Date frwd 10-14-05
   ACTION ☒ Approved ☐ Disapproved
   Signature

3. **City or County Engineer**
   Date rec'd 10-14-05 Date frwd 10-14-05
   ACTION ☒ Approved ☐ Disapproved
   Signature

Installation Final Written Approval Fence up

By _____

Date 3/23/2007

Business Office Use Only
Date Rec'd 10/14/05
Amt Paid 275.00
Rec'd By _____ Cash/Check No. 2595

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

RECEIVED

B

Permit Number: 053803/16

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of
Reviewing Official _____ Date _____

FORM 23-101 10-96

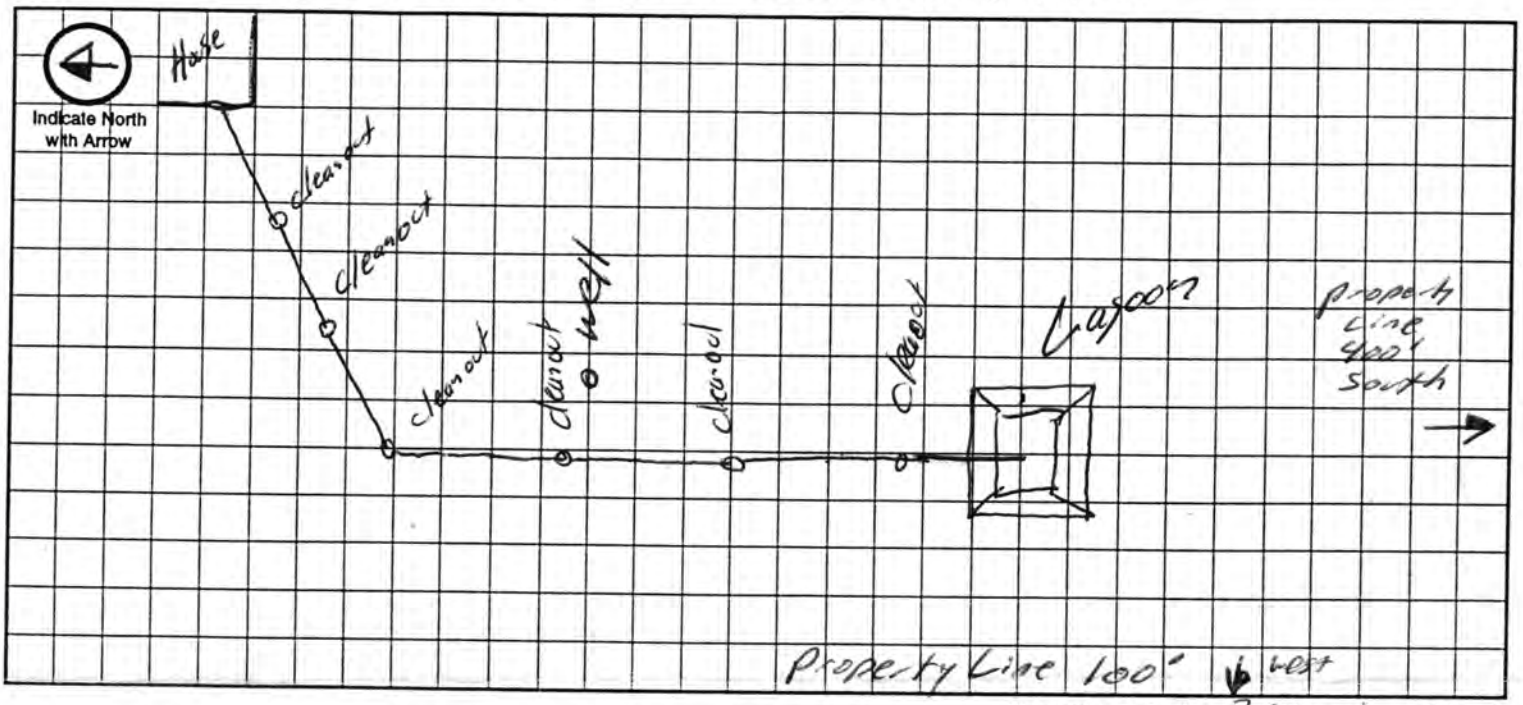
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 053803116

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 14401 Country Ln. City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other Lagoon

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☒	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☑ OK	500 ☐	50 ☑ OK	N/A ☐ OK	30 ☑ OK	50 ☑ OK	100 ☑	200 ☑	N/A ☐

E. Required Signatures

Home Building Contractor Jerry Brunt Date _____

Installer Harry T. McElhaney Date 10-11-05

FORM 23-102 10-96

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 10-17-05

System Location (Indicate correct number and street)

Address 14401 Country Ln. (no rural route) City Lincoln NE, Zip 68507

A. Building Sewer

1. Material: Schedual 40 PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 48 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 6
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

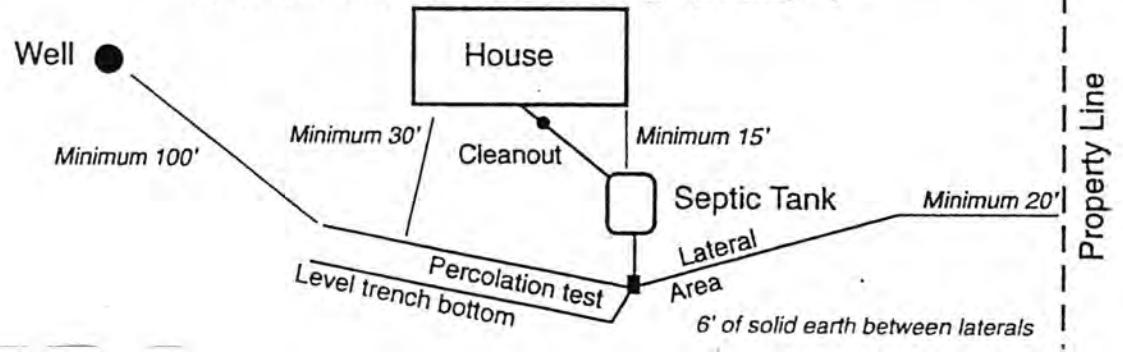
(Provide as-built drawings on back of this form)

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.

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

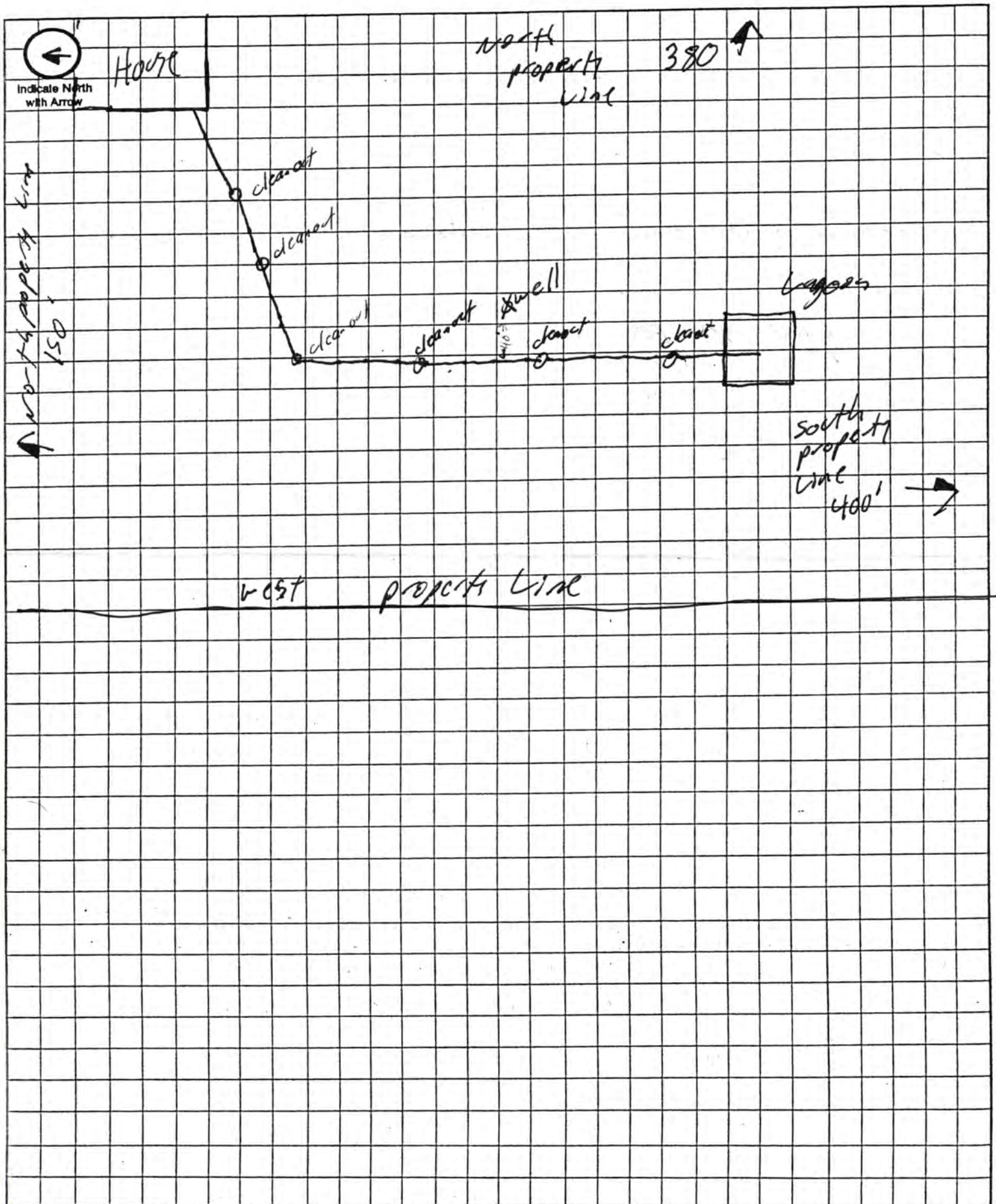
Indicate North with Arrow

Individual Sewage System Design (Example)

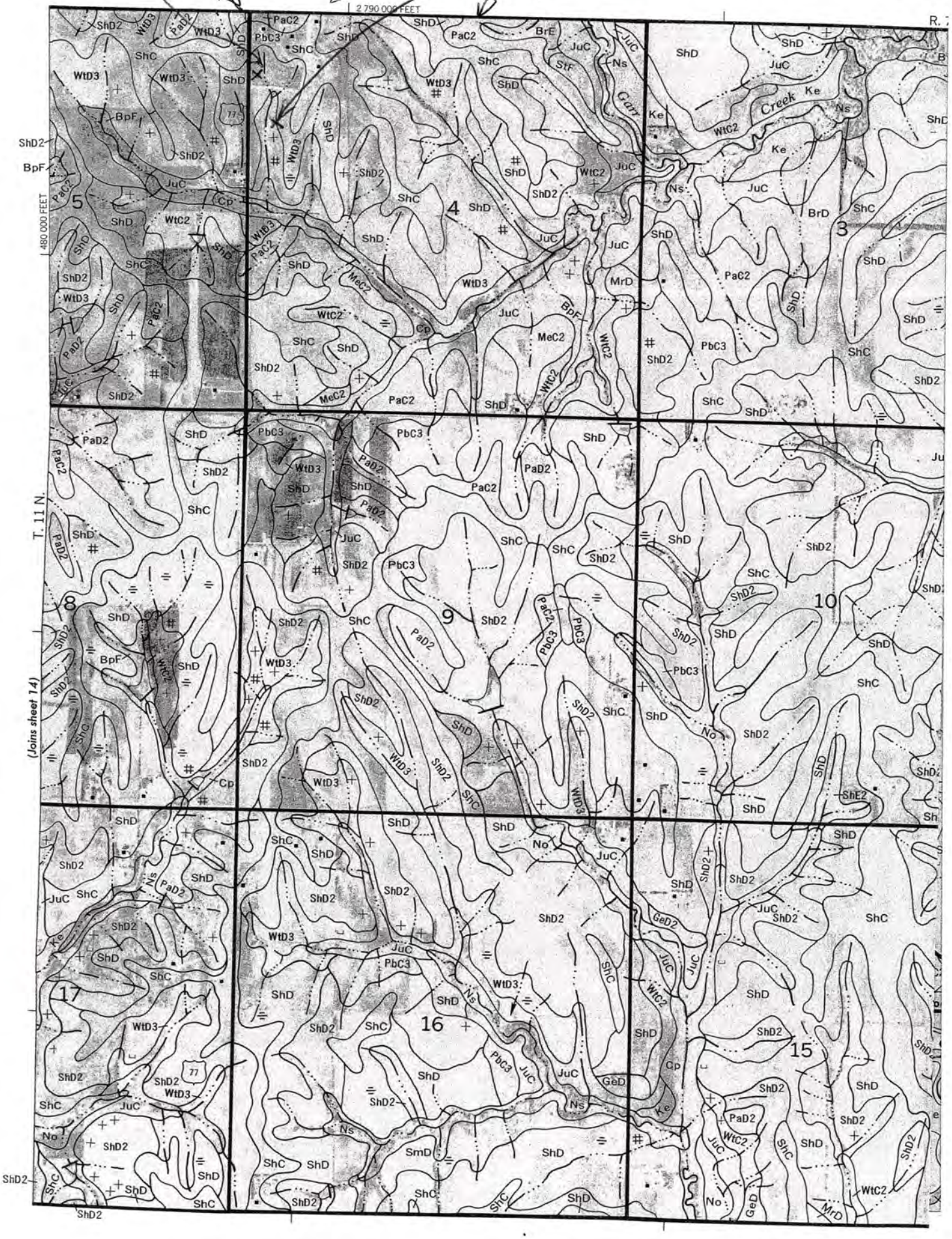


FORM 23-103 10-96

As Built Drawing



Approximate Scale: 20 ft. = 1 grid line/s


2,790,000 FEET
480,000 FEET
T. 11 N.
R. 7
(Joins sheet 14)
Creek
Gary
5
4
3
8
9
10
17
16
15

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 92390029201

Issued 08/24/92
Expires 02/24/93
Revenue Code 18754

Establishment
WAYNE HEIDTBRINK
T11N R7E SEC 4 QTR NW
LOT 3

FEES: $50.00

TOTAL $50.00

Permittee
WAYNE HEIDTBRINK
346 BRUCE DR
LINCOLN NE 68510

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: _____

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. 11N; Range 7E; Section 4 NW 1/4;
Block _____; Lot 3; Addition El-De Acres First Addition
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: Add 100 ft Lateral

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

6. Estimated cost of project:

a. Materials	$ 700	00
b. Labor	$ 500	00
c. Other	$	
TOTAL	$ 1200	00

Wayne Heidbrink - Installer
Signature of Applicant (owner or lessee)

346 Bruce Dr
Address

(Do not write below this line)

REVIEWING ACTION

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

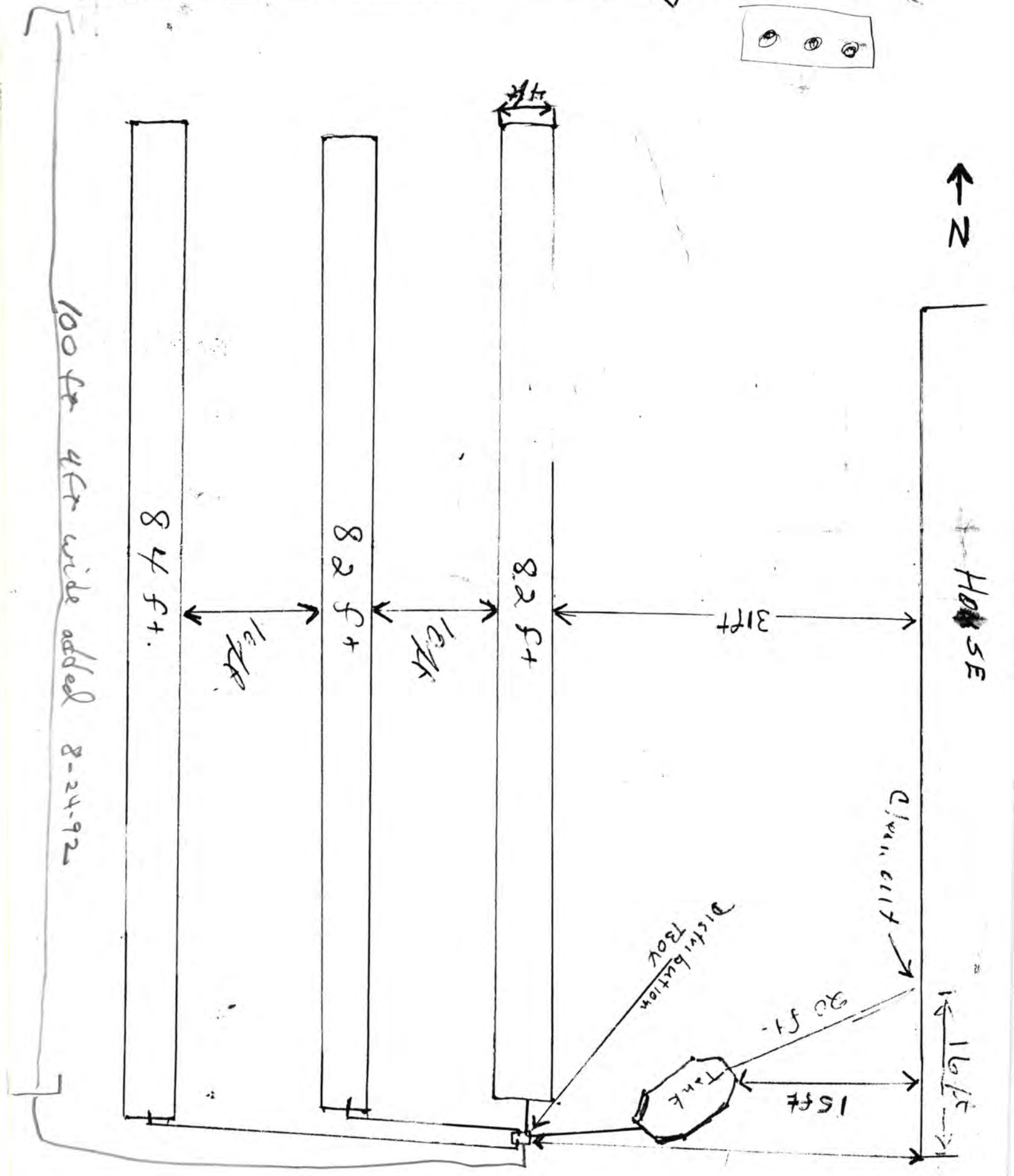
2. Site Visits:
Date: 8-24-92 by: mm
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-24-92 by: Ron Maynard

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER Wayne Heidbrink



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1458-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 14, 1979 — THIS PERMIT EXPIRES

Jerry Brasch — ISSUED TO

5432 Hills Dale Drive, Lincoln, NE — ADDRESS

T11N, R7E, Section 4 NW¼, Lot 3, Add. El-De Acres First Addition — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCAST COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1458-C

DATE: 11-13-78

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. 11 N ; Range 7 E ; Section 4 NW¼
   Block ____ : Lot 3 : Addition EL-DO ACRES FIRST ADDITION
   Street Address ____

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe ____

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

4. Distance to public sewer: ____ ft.

Jerry Brust
Signature of Applicant (Owner or Lessee)

5432 Hillsdale, Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/13/78. Date Frwd. 11/14/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11/14/78. Date Frwd. ____. ACTION: Approved ☒ Disapproved ☐ Signature: Harry Motherwood

3. City or County Engineer: Date Rec'd. 11-14-78. Date Frwd. 11-14-78. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits/
Date: 4/12/79 by: L.C.H.
Date: ____ by: ____
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/12/79 By: Jerrold C. Hood *

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

* approval when tank is turned around tank was put in backwards.

6/5/79 Was informed by manufacturer that outlet & inlet lids had been accidently switched in manufacture so tank was not actually backwards

FORM 20105-0477
SOIL ABSORPTION TEST D[illegible] REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division o[illegible]nvironmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

B

FILE NO. 1458-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 7E ; Section & ¼ Section 4 NW ¼
Property Dimensions: 516 ft. x 280 ft. Area: 3.0 acres. (Attach Sheet C with sketch of property).
Soil Type: ~~Silty~~ Sandy Clay ☒ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 11-10-78 to 11-11-78. Weather: Precip. 0 Temp. 30s.

OWNER: JERRY BRASCH

Address: 5432 HILLSDALE DR.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	35"	11/10	10 AM	11/11	11 AM	11/11	11 PM	12"	3 PM	13/4	30M	1/2	
2										6 1/4		3/4	
3										6		3/4	
4										9		1/4	
5										9 1/4		1/4	
6										6 1/2		3/4	
				refilled		2-3-X 6		at 1230 PM					

Robert L Johnson
Signature of Person Conducting Test

Sum of Percolation Rates: 3.25
Average of Rates: .5417
Mean of Rates: _____

Address 2618 NW 30th Phone 432-3595

(Do not write below this line)

REVIEWING ACTION

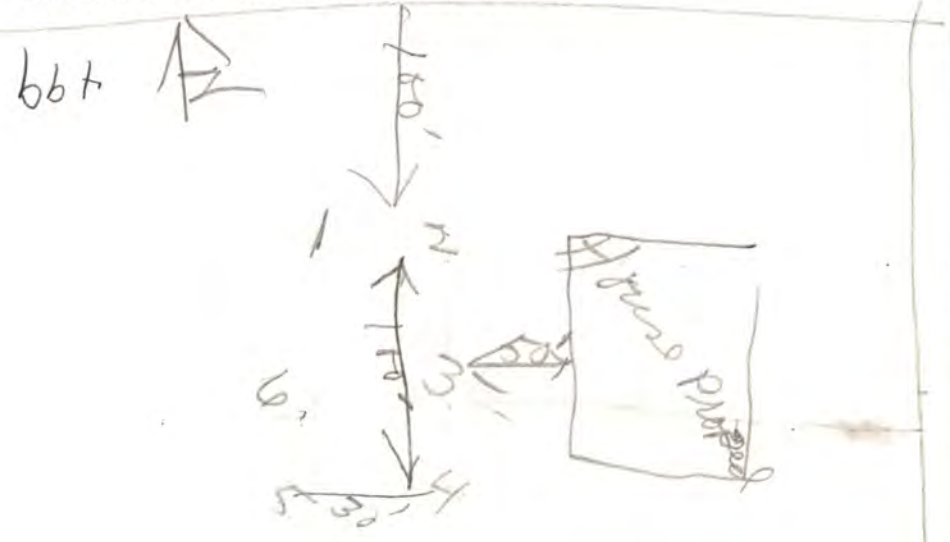
11/12/79
Remarks: Wet glacial till in bottom of test hole
Soil Type (SCS): ShD or WtC2
Date: /

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

James Weierbach
Signature of Reviewing Official

FORM 20102-0477 PRELIMINARY 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: 474-1541 C
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO. 1458-C

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: Sh O or Wt C
Will install system in area of better results

Date: 11-13-75

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 247 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 990 sq.ft.

James Neverdon
Signature of Reviewing Official

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: 474-1541

D

DATE: _____

FILE NO. _____

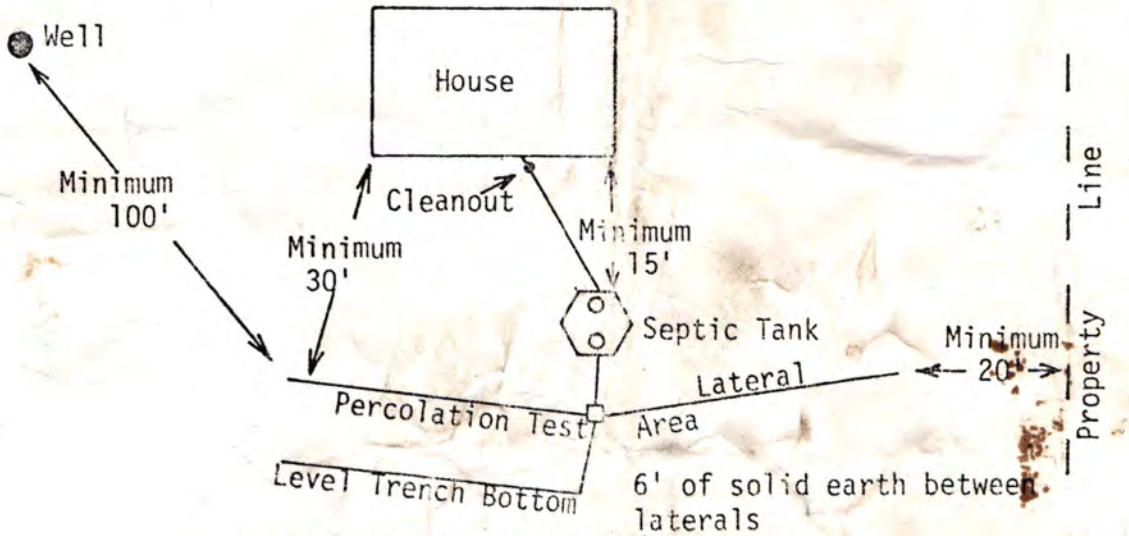
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ 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 Concrete; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast Step)
4. Manholes: over Inlet; diam. 24 in.;
Over Outlet; diam. 24 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 Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast Step)
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 30" or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ;
concrete ☒ ; other _____.
2. Lateral Lines:
Number 4 ; Length of each line 62, 62, 62, 61 ft.;
Total length of laterals 247 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 24" ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: Road Gravel
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

BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER Wayne Heidbrink

