Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

004917

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPARI

Permit # 04390078101

Issued 04/20/04
Expires 10/20/04
Revenue Code 3157

Establishment: DONALD M BASHUS
T11N R5E SEC 30 QTR NE
8707 NW 126 ST-MALCOLM

FEES: $100.00

Permittee: DONALD M BASHUS
8707 NW 126 ST
MALCOLM NE 68402

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 11N Range 5E Section 30 1/4 Section NE
   Block ____ Lot ____ Addition ____
   Parcel ID 05-30-200-002-000 (i.e. 99-99-999-999-999)
   Street Address 8707 NW 126th St Malcolm, NE 68402

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** tying into old sewer line, hooking into new lagoon.

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jirkoubek, Raymond Contracting, Inc.

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 Donald M Bashus Address 8707 NW 126 Malcolm, NE 68402 Phone 796-9516
Applicant Signature (owner or lessee) Donald M Bashus

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 4/20/04 REVIEW: ☒ Approved ☐ Disapproved By: Ron Mazour

Site visits
Date 4/20/04 By my need fence
Date 1/20/05 By my final up.
Date ___/___/___ By ____

Installation final written approval
Date 1/20/05 By Ron Mazour

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: 04/20/04 Amount 100.00 Check No. 5310 Initials LS

White - Division Copy Pink - Business Office Revised 9/00

APR 2 3 2004

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

L. Takenbak

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Don Bashus
LAGOON Repair

Date 4-20-04

System Location (Indicate correct number and street)

Address 8707 NW 12th St (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: Class 160 drain pipe
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: NA ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ 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

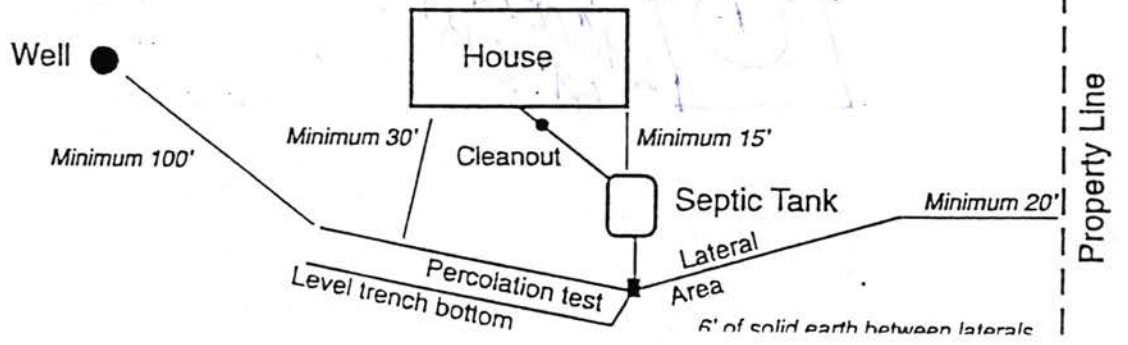
(Provide as-built drawings on back of this form)

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.

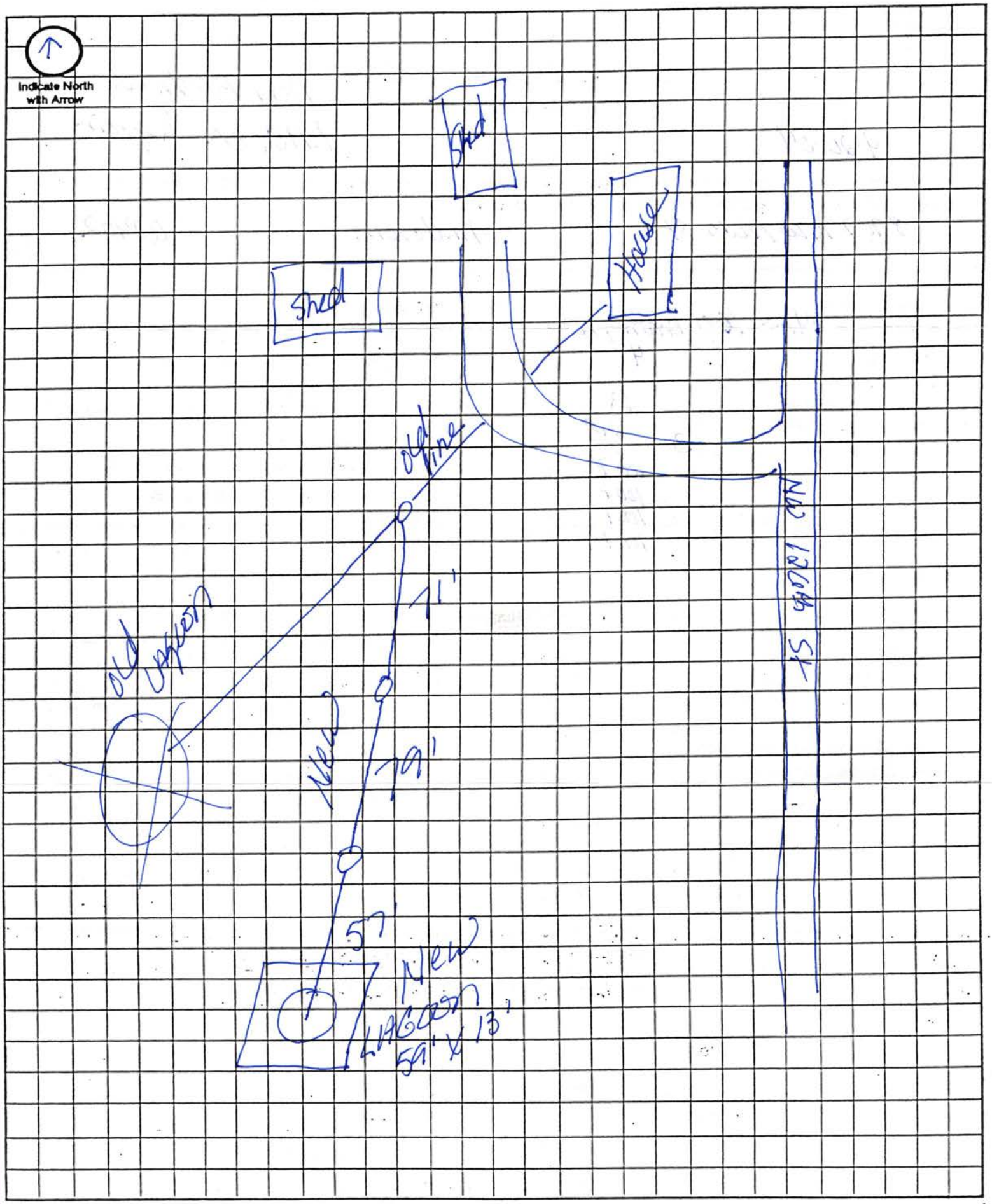
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



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"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 8709 NW 126th Malcom NE

Parcel ID 05 - 30 - 200 - 002 - 000 (i.e. 99-99-999-999-999)

Twp 9 Range 4E Section 30 1/4 NE 1/4 NE Block ___ Lot ___ Addition ___

Directions to Property West 3 4 N on 126 1 mile

Location of Well Approximate 50' West of Red Tap Location: Inside ☐ Outside ☒

Location of Sewage System Approx 150' South Morton Bld Year Installed ___

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Don & Kathy Bashus	8709 NW 126th Malcom, NE 68402	796-9516
Tenant/Buyer:	Tom & Lisa Kellen	P.O. Box 41 Elmwood NE 68349	994-2196
Return to:	John Anderson		430-8305
			436-3299 (Fax)

Signature of Applicant ___ Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 01/16/04 Amount 200.00 Check No. 2602 Initials ___

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 1/22/04

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

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒

Additional Site Visits

Date 4/20/04 by Rm

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: see inspection sheet of 7-8-96 inspection (essentially same conditions)

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 Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

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

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

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

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 8707 NW 126 (NE ¼ of N3 ¼ Sec 30 T11 R5 LCN)
Twp 11N Range 5E Section 30 1/4 NE 1/4 N3 Block ___ Lot ___ Addition ___
Directions to Property HWY 34 to 126th Street, North ¾ mile, West side (Tenants will be on property through July 31)
Location of Well North of house across drive 75 Ft Tap Location: Inside ☐ Outside ☒
Location of Sewage System SW of house approx 175 ft (lagoon) Year Installed UNK - New Liner & Pump B&R Pump (Bill) in 1994

	NAME	ADDRESS	PHONE
Present Owner:	Karen E Tanner / Don (For questions)	48 Hibiscus Drive Punta Gorda, FL 33950	(941) 575-0047
Tenant/Buyer:	Donald Bashus / Nita Peet	3640 N. 8th Lincoln NE 68521	435-0224
Return to:	Karen Hesson-White FAX 472-0759	7141 A Street Lincoln NE 68506	488-4706 472-3886

Signature of Applicant Donald Bashus Nita Peet Address 3640 N8 Lincoln, NE 68521 Date 6/30/96

HEALTH DEPARTMENT USE ONLY

Date Received 07/03/96 ps Received $150.00 Check ☑ #4749 Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 7/8/96

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒ corrected	☒ sanitary seal	Approved ☐	Date 7/22/96 by RM
Bacteria	☒ 0 /ml	☐ ____ /ml	Provisional ☐	Date [illegible] by [illegible]
Nitrate	☒ 0.5 ppm	☐ ____ ppm	Disapproved ☒ corrected	Date 7/25/96 by RM 7-29-96

Comments: NO permit could be found for this waste stabilization lagoon. Apparently, construction predates County regulations. Because all components were not inspected by the Health Dept., a provisional approval is given. Fencing and lagoon like construction meet requirements. ☐ See Attached Letter

FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 7/29/96

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.