Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 00390065401

Issued 02/14/00
Expires 08/14/00
Revenue Code 3157

FEES: $50.00

Establishment

LARRY HEIDTBRINK
T11N R5E SEC 29
12200 W US HWY#34

Permitee

LARRY HEIDTBRINK
8400 NW 126 ST
MALCOLM NE 68402-9778

TOTAL: $50.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011684

Individual Sewage Disposal System
Application to Alter, Extend or Repair

❒Municipal Code 24.38 ❒County Resolution Number 2832

Date: 2-14-00	File No.: 003900654

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 Range 5 Section 29 1/4 Section _____
   Block _____ Lot _____ Addition _____

   Street Address 12200 W. US. Hwy. 34

2. **Property use:** ☒ residential ❒ commercial ❒ other use
   Number of bedrooms 2 Describe _____

3. **Type of Present Individual Disposal System:** ❒ septic tank ☒ lagoon ❒ other

4. **Description of proposed alteration, extension or repair:** new line from house to lagoon

5. **Work to be done by:** ☒ owner ❒ contractor's name Gary Daharsh

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 Larry + Dale Heidtbrink Address 8400 NW 126 Malcolm Phone 402-796-2171
Applicant Signature (owner or lessee) Larry Heidtbrink

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

(Please do not write below this line)

Date rec'd 2-11-00 REVIEW: ☒ approved ❒ disapproved By: Paul Dostzmann

Site visits:
Date 2-11-00 By TD
Date _____ By _____
Date _____ By _____

Installation final written approval

Date 2-11-00 By Paul Dostzmann

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

Rec'd 2/11/2000 ls
#1394 $50 ck

P13716-33

White - EH Pink - Business Office Revised 1/98

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

D

Permit Number: 003900654

Sewage Disposal System

As Built Plans & Specifications

Date 2-11-00

System Location (Indicate correct number and street)

Address 12200 W. US HWY 34 (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: PVC
   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: 3
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

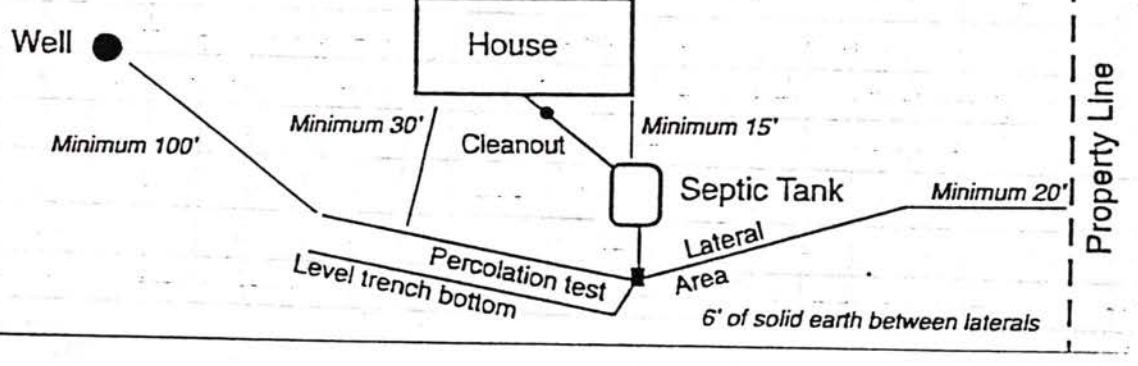
(Provide as-built drawings on back of this form)

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

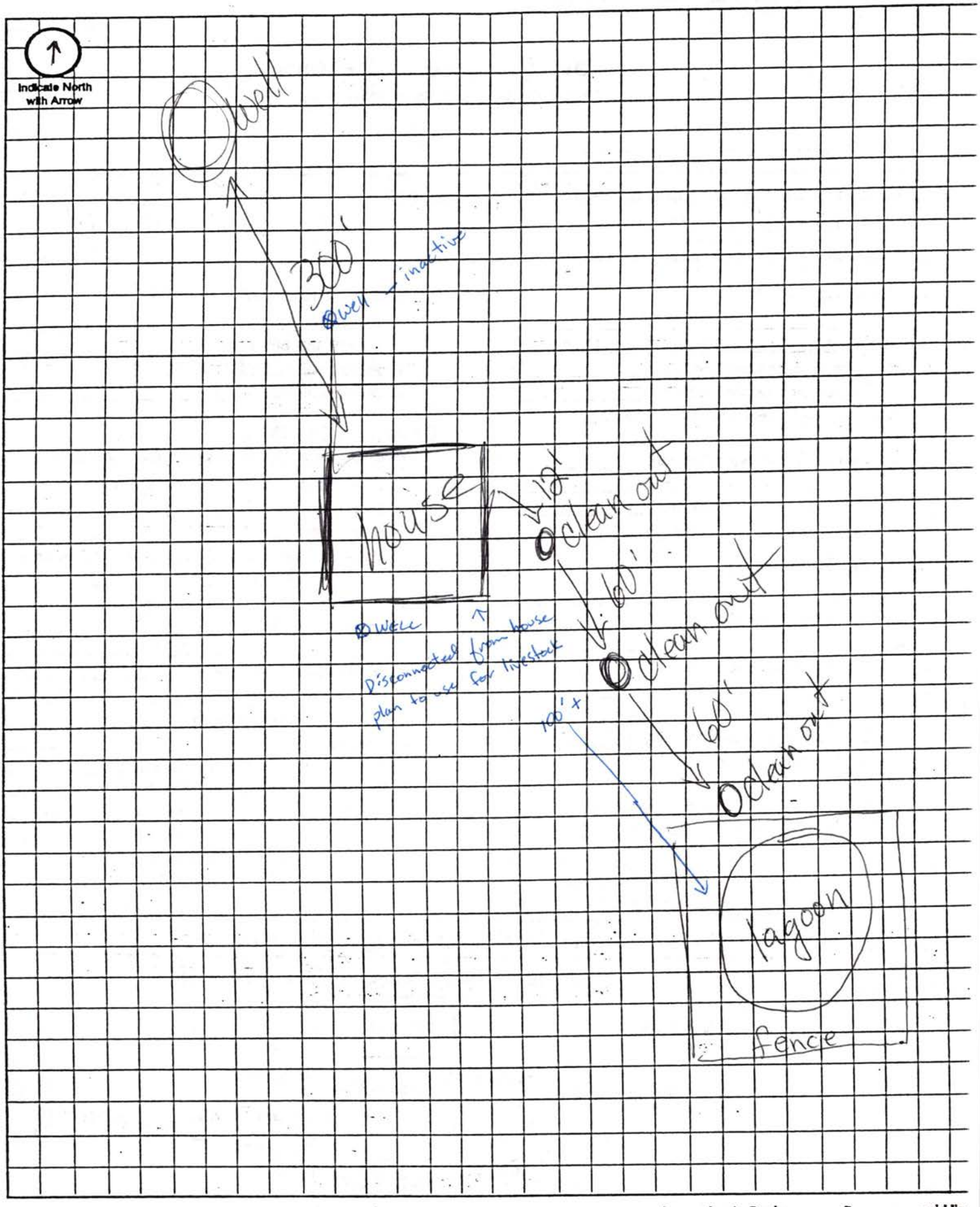
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid lin

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2193-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

OCTOBER 26, 1985 — THIS PERMIT EXPIRES

LARRY HEITBRINK — ISSUED TO

BOX 18 MALCOLM, NE 68402 — ADDRESS

T11N; R5E; Sec 29 — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
ED	4/26/85	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

REC'D APR 26 1985

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2193-C

DATE: 4/19/85

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. 11N ; Range 5E ; Section 29 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: None ft. TO BE SEALED

Larry Heidbrink
Signature of Applicant (Owner or Lessee)

Box 18 Malcolm Nebr. 68402
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/26/85. Date Frwd. 4/26/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Mel G.

3. City or County Engineer: Date Rec'd. 4/26/85. Date Frwd. 4/26/85. ACTION: Approved ☒ Disapproved ☐ Signature: L. V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-10-85 by: mm (no sewer line present)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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