Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET - LINCOLN, NE 68510-1514

003037

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEPTIC REPAIR
REPLACE COLLAPSED SEPTIC TANK

Permit # 03390075701

Issued 09/04/03
Expires 03/04/04
Revenue Code 3157

Establishment

BRIAN JOHNSON
T10N R8E SEC 17
12300 HOLDREGE STREET

FEES: $100.00

Permittee

BRIAN JOHNSON
12300 HOLDREGE ST
LINCOLN NE 68527

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 10N Range 8E Section 17 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

   Street Address 12300 Holdrege

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** Replace collapsed Septic Tank

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

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 Brian Johnson Address 12300 Holdrege Phone _____
Applicant Signature (owner or lessee) _____

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 9/4/03 REVIEW: ☒ Approved ☐ Disapproved By: Ron Mayhew

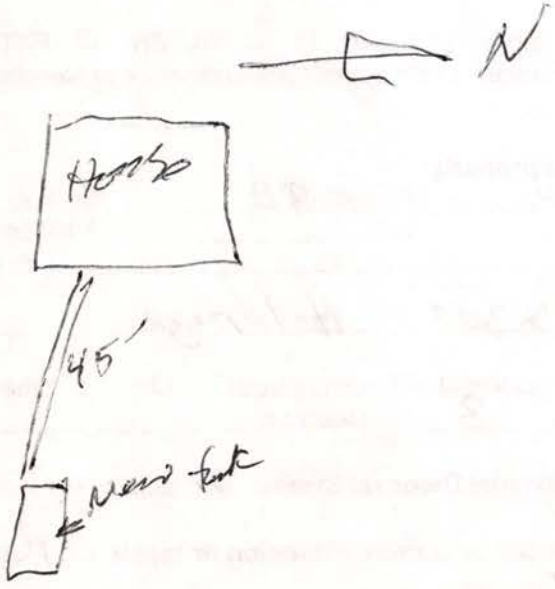
Site visits
Date 9/4/03 By rm work done OK
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 10/28/03 By Ron Mayhew

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: 09/04/03 Amount 100.00 Check No. 5202 Initials _____

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


N
House
45'
New tank

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 9-03

System Location (Indicate correct number and street)

Address 12300 Holdrege st. (no rural route) City Lincoln NE, Zip 68527

A. Building Sewer

1. Material: CI + PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 46 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line > 50 ft.
   stream > 50 ft.
   pressure line > 30 ft.
   property line > 50 ft.

B. Septic Tank

1. Material: Plastic
   Number of compartments: 1
2. Capacity: 1,000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 18 in.
   Over outlet, diameter 18 in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☒ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 12 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
3. Distance from septic tank: 30 ft.

D. Absorption Field

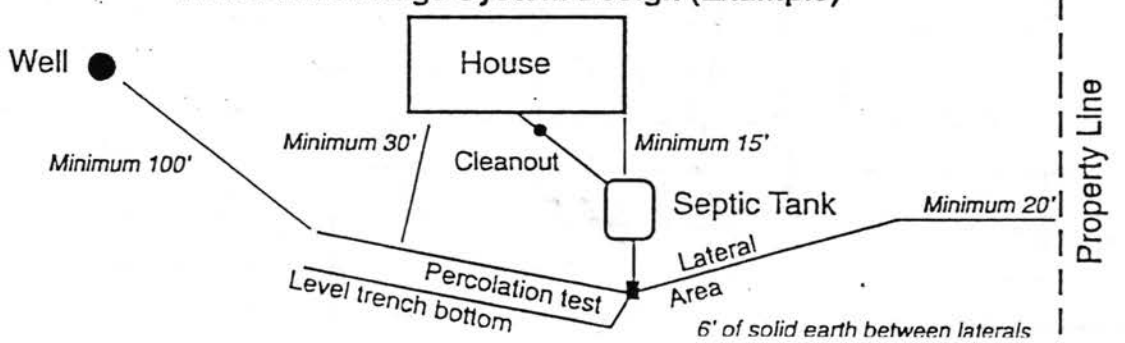
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☒ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 100 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 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.

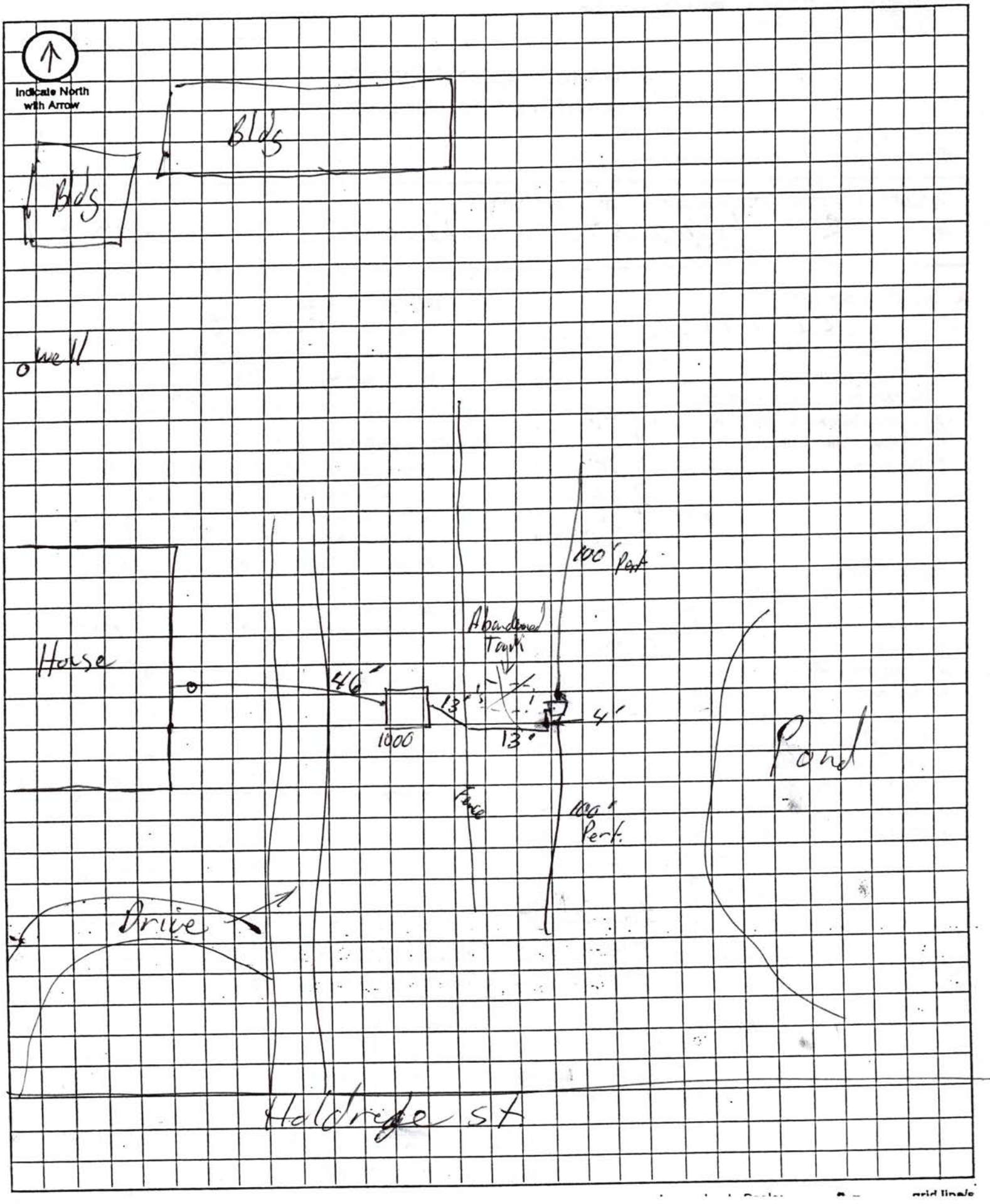
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390038301

Issued 04/07/94
Expires 09/04/94
Revenue Code 18754

Establishment
MICHAEL ABBOTT
T10N R8E SEC 17
12300 HOLDREGE STREET

FEES: $50.00

TOTAL $50.00

Permittee
MICHAEL ABBOTT
12300 HOLDREGE ST
LINCOLN NE 68527

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"

9439000383

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: 4-5-94

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. 10N ; Range 8E ; Section 17 (SE¼ SW¼);
Block _____; Lot _____; Addition _____
Street Address 12300 Holdrege Abbott 489-6367

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: _____
Replace existing lateral 100+80 feet

5. Work to be done by: Owner ☐ ; or Contractor ☒, B+R Pump Service
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	

Michael S Abbott
Signature of Applicant (owner or lessee)

12300 Holdrege St. Lincoln Nebr. 68527.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 4-5-94
Filing Fee: $ 50.00

2. Site Visits:
Date: 4-5-94 by: RM needs work
Date: 12-16-97 by: RM no malfunction
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Magnuson

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-26-97 by: Ron Magnuson

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: 471-7800

D

DATE: _____

FILE NO. _____ DEC 2 2 1997

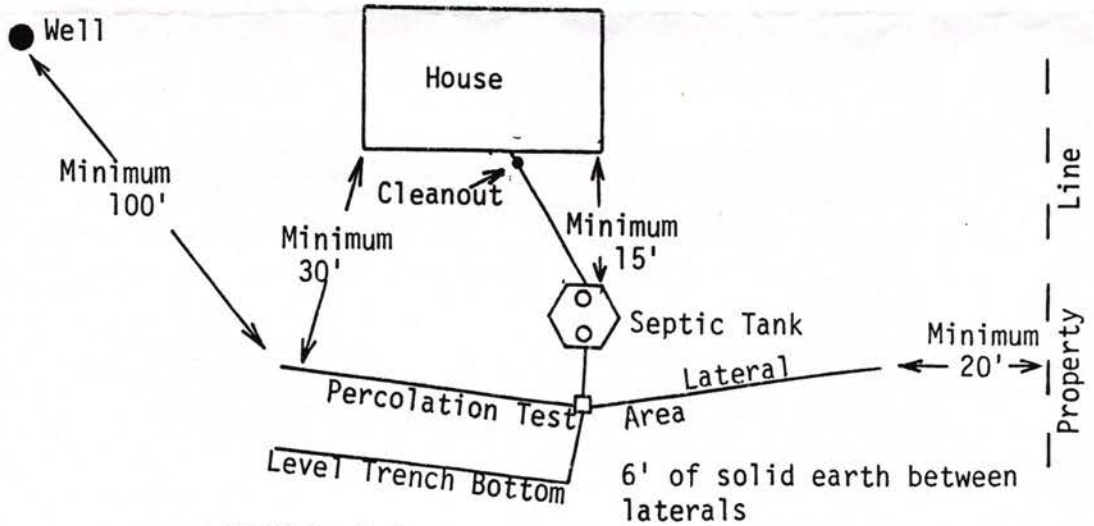
SPECIFICATIONS AS BUILT

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 _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ 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.

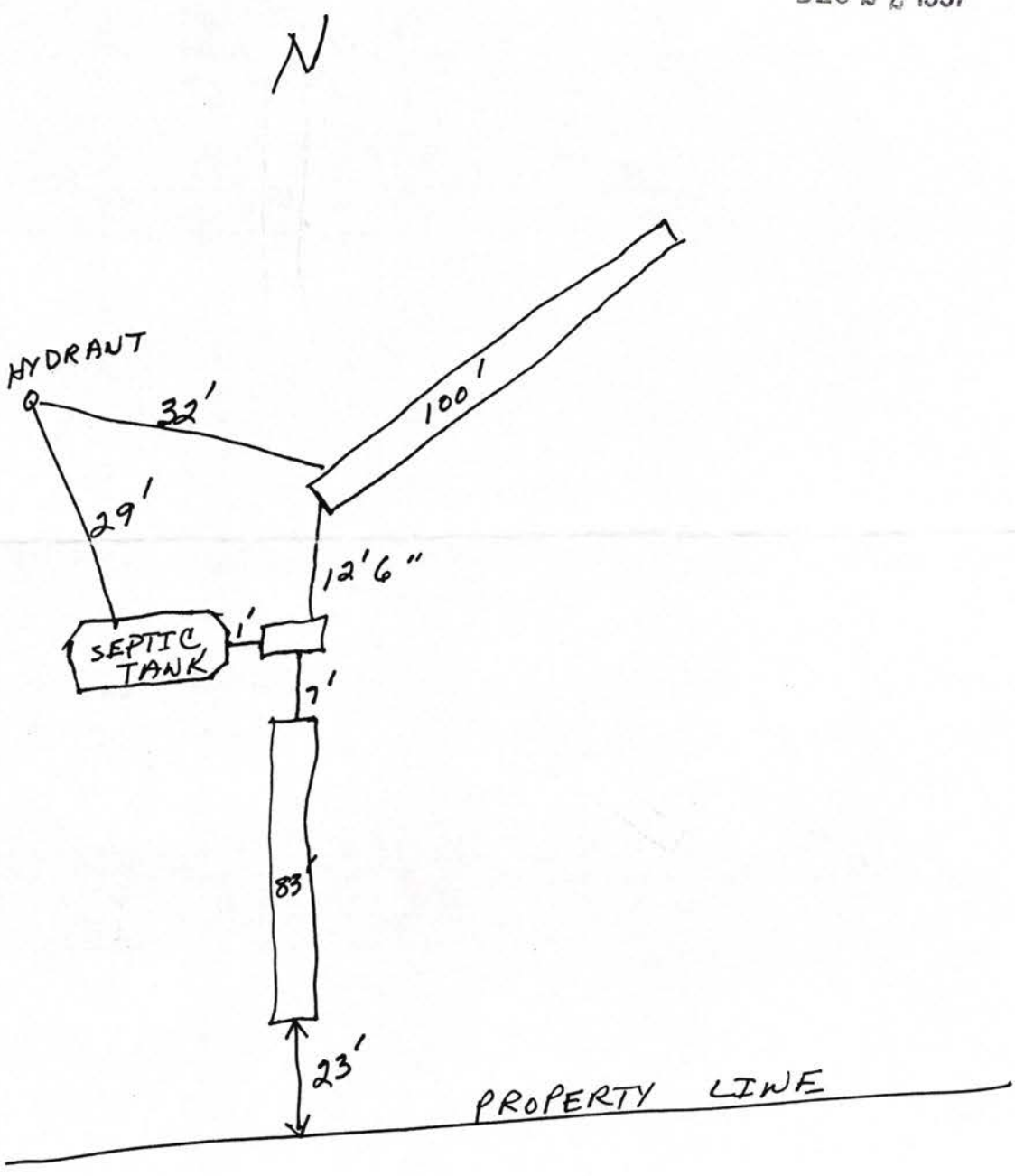
C. DISTRIBUTION BOX:
1. Material CONCRETE ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 1 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 18" or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 100, 83, _____, _____, _____ ft.;
Total length of laterals 183 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 0 in/100 ft.; Average Depth 34 in.
4. Filter Material: ROAD GRAVEL
Depth of Material _____ in.
5. Distances to:
Well or Suction Line 100+ ft.;
Stream _____ ft.; Pressure Line 32 ft.; Property Line 23 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

DEC 2 2 1997



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 12300 Holdrege

Parcel ID 23 - 17 - 300 - 005 - 000 (i.e. 99-99-999-999-999)

Twp 10N Range 8E Section 17 1/4 1/4 Block Lot 21 Addition Lot 21 SW 17-10-8

Directions to Property 8 4th + Holdrege east to 123000 Holdrege North side of Road

Location of Well about 30 yards N.W. of patio Tap Location: Inside ☐ Outside ☒

Location of Sewage System laterals run east of house Year Installed

Site Hazards (dogs, etc.) towards pond 1 dog - harmless

	NAME	ADDRESS	PHONE
Present Owner:	Mark Brockevelt	12300 Holdrege	486-4619
Tenant/Buyer:	BRYAN & LAURA JOHNSON	4400 Glynwood Rd. Waverly, NE 68462	730-9794 308-234-3308 402-458-2405
Return to:	MARY BRAKE c/o WOODS BROS	2100 S 29 LINCOLN NE 68516	402-434-3673 (402) 434-3605 (Fax)

Signature of Applicant Mary Brake Address Woods Bros 2100 S 29 Lincoln NE 68516 Date 01/06/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 1/6/03 Amount $200.00 Check No. 298 Initials LO

DATA ENTRY Date / / Case No. Initials

PRELIMINARY STATUS--By Ron Marquart **DATE:** 1/7/03

RWD public water supply

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ /ml	☐ /ml
Nitrate	☐ ppm	☐ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 1/28/03 by RM

Date 1/30/03 by RM

Date 3/6/03 by RM

Comments: Bacterial and nitrate water samples from the irrigation well were satisfactory Bacteria was not present and nitrate is 2.1 ppm which is below the 10 ppm limit. Recommend checking to see if septic tank needs pumping. ☐ See Attached Letter

FINAL STATUS

WATER SYSTEM: Public water supply Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Ron Marquart R.S. Date 3/12/03

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

Revised/Reprint: 9-00

3-12-03 Ltr E.Ck P22556-49