LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97390055701

SEWAGE SYSTEM REPAIR

Issued 06/26/97
Expires 12/26/97
Revenue Code 18754

Establishment

LARRY SCHWARCK
T9N R5E SEC 2
RIDGE PARK BLK 2 LOT 1
7341 W VAN DORN STREET

FEES: $50.00

Permittee

LARRY SCHWARCK
9200 OLD CHENEY RD
LINCOLN NE 68510

TOTAL $50.00

4924

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 [X]
County Resolution No. 2832 [ ]

Lincoln-Lancaster County HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 6-18-97

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], or REPAIR [X] 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. 9N; Range 5E; Section 2;
Block 2; Lot 1; Addition Ridge Park
Street Address 7341 West Van Dorn

2. Property Use: Residential [X]; Commercial [ ]
No. Bedrooms 3
Describe _____
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: add Desatabation box and 200' Infiltration in 4' wide beds

5. Work to be done by: Owner [ ]; or Contractor [ ], Larry Schwarek
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 2500

Larry Schwarek
Signature of Applicant (owner or lessee)

8200 old cheney
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 6/18/97 LS
Filing Fee: $ 50.00 # 1006

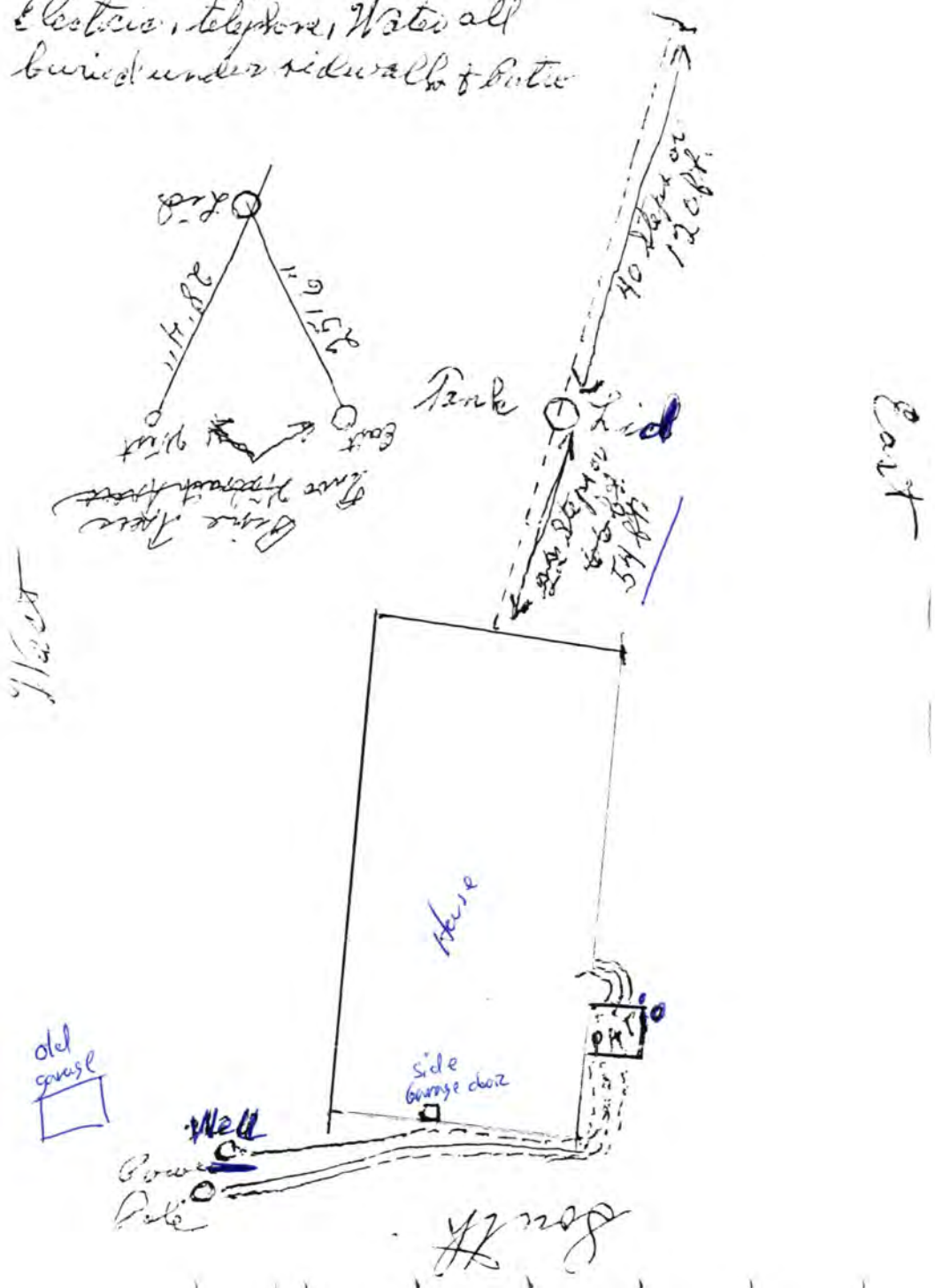
2. Site Visits:
Date: 6/18/97 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Jerold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/19/97 by: J.C. Hood

North

Sewer line Lateral + Tank in relationship to House Electric, telphone, Water all buried under sidewalk & Patio



Closing 16th

Lincoln-Lancaster County Health Department

011

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 7341 W. Vandorn

Twp 9N Range 5E Section 3 1/4 NE 1/4 Block 2 Lot 1 Addition Ridge Park

Directions to Property Vandorn West of to S.W. 74 turn S. house set on the ~~NE~~ corner of S.W. 74 & Vandorn

Location of Well 100 Ft S.W. from Garage door Tap Location: Inside ☐ Outside ☑

Location of Sewage System 54 Ft. N.E of house Year Installed 1969

	NAME	ADDRESS	PHONE
Present Owner:	Hub Hall Real Estate Inc.	2300 So. 48th #2	483-2551
Tenant/Buyer:			
Return to:	Hub Hall	2300 S. 48th #2	483 2551

Signature of Applicant Hub Hall Address 2300 So. 48th #2 68506 Date 6/3/97

HEALTH DEPARTMENT USE ONLY # 16259

Date Received 6/10/97 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS–By P. DROZMANN **DATE:** 6/10/97

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 6/18/97 by J.C.H.
Bacteria	☐ ____/ml	☐ ____/ml	Provisional ☐	Date __/__/__ by ____
Nitrate	☒ <0.1 ppm	☐ ____ppm	Disapproved ☒	Date __/__/__ by ____

Comments: Two wells need to be abandoned. House well lacking vent screen. Septic lateral end open. No known permit for septic installation. Apparently system predates regulations. Frostproof hydrant is a little too close to well. Couple bolts broken in well cap, etc. See Attached Letter ☐

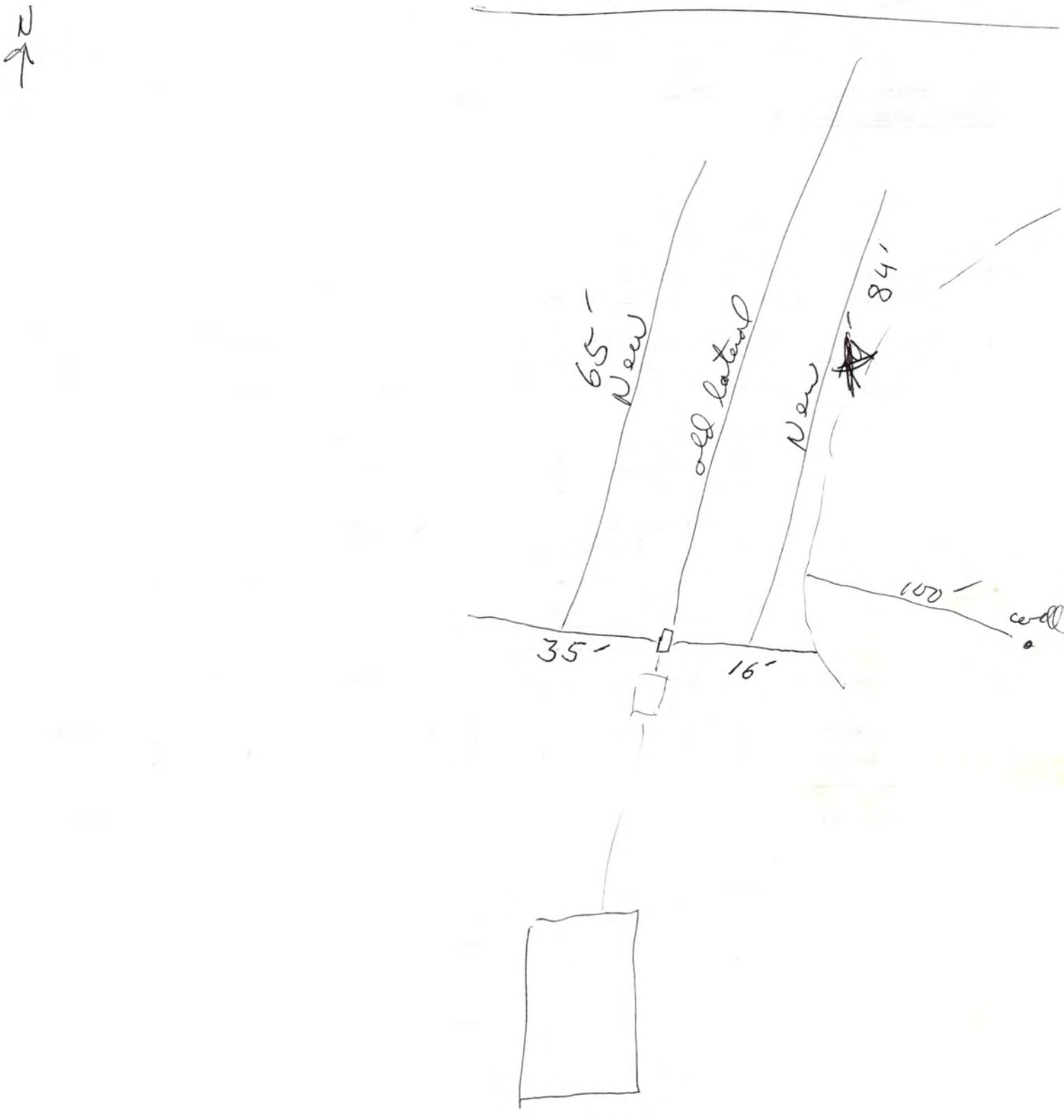
FINAL STATUS

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

Approved by John E Meier Paul D Drozmann Date 6/20/97

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.

Replace broken bolts on cap prior to seal damage.
Move hydrant to greater than 10 feet from well next time plumbing work is done.
6/20/97


N
65'
New
old lateral
New
84'
100'
35'
16'