LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90580063001

Issued 08/15/90
Expires 02/15/91

ESTABLISHMENT

ROGER SCHWISOW
TWN R6E SEC 22 QTR SE
6111S 1 STREET

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE ROGER SCHWISOW
8001 S 1 ST
LINCOLN NE 68512

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
8/22/90	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: $ 150

FILE NO. _____

DATE: July 18, 1990

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. 9N ; Range 6E ; Section 22 ; S½ OF SE¼
   Block _____ : Lot _____ : Addition _____
   Street Address 8111 South 1
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 2 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: 3 miles ft.

Roger & Schmit
Signature of Applicant (Owner or Lessee)

8001 South 1st
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/15/90. Date Frwd. 8/15/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nodd
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/15/90. Date Frwd. 8/15/90. ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. 8-15-90. Date Frwd. 8-15-90. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL HAVE WELL PERMIT

Site Visits:
Date: 8-22-90 by: SPT RM
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-28-90 By: Ron Bogenrief

FORM 23-43

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 N ; Range 6 ; Section & ¼ Section 22 .
Property Dimensions: _____ ft. x _____ ft. Area: 3.3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8-14-90 to 8-15-90 . Weather: Precip. .10 Temp. 78 .

OWNER: Roger A Schmin

Address: 8111 South 1st

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	38	8-14	7:15 PM	8-15 AM		8-15	8:00 AM	32"	8:30	32½	30	½	
2	35	8-14	7:15 PM	8-15 AM		8-15	8:00 AM	29"	8:30	29¾	30	¾	

Roger A Schmin
Signature of Person Conducting Test

Address 8111 South 1st Phone 4

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Sharpsburg Silty clay Loam
Date: AUGUST 15, 1990

Jerrold C. Hood
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 ☒

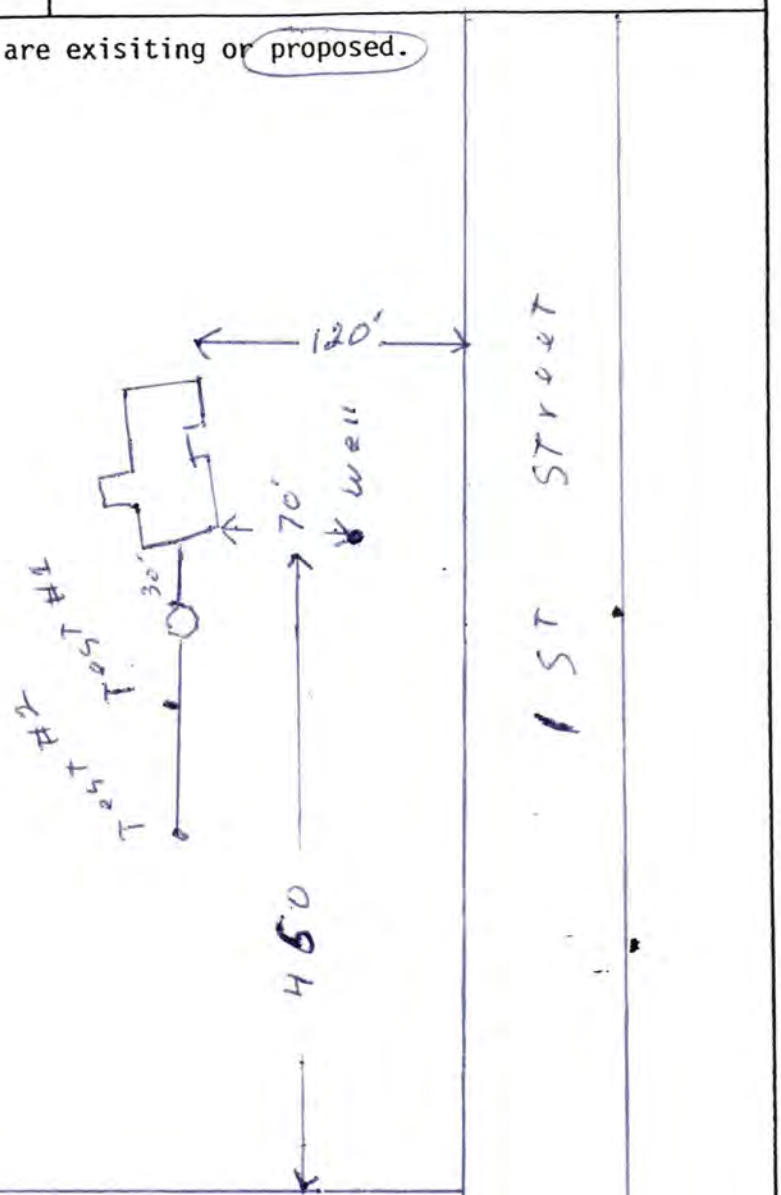
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

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



REVIEWING ACTION

Remarks: _____

Date: AUGUST 15, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 153 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 611 sq.ft.

Jerrold C. Hood
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: 471-7800

D

DATE: 8-22-90

FILE NO. _____

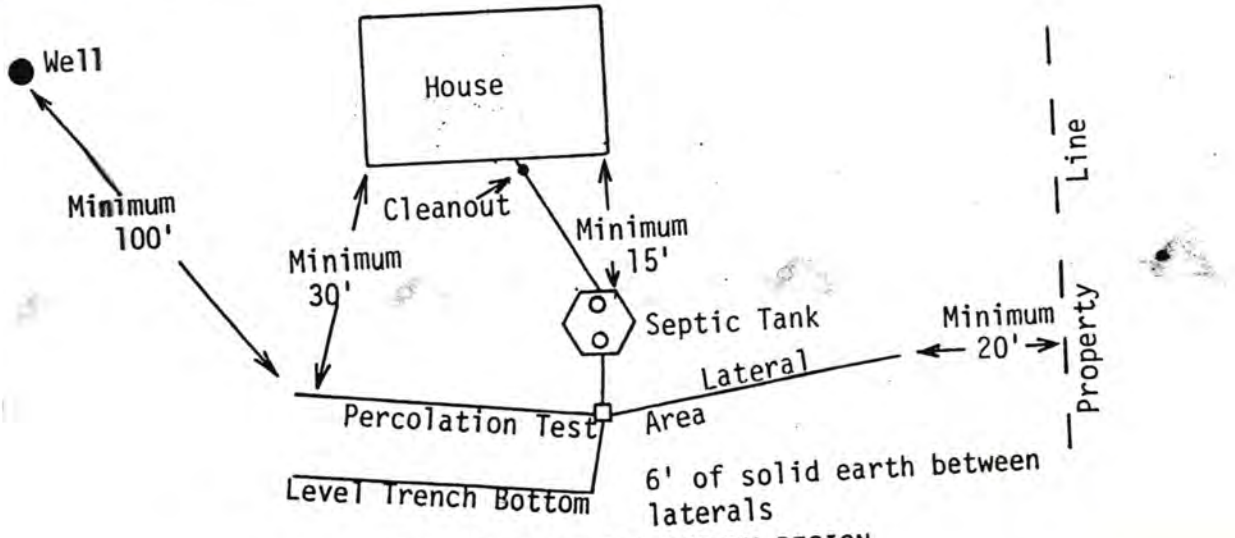
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: ~~Sch 40~~ Sch 40
1. Material PVC; Diameter 4" in.
2. Distance above basement floor 60" in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 75 ft.
4. Number of clean-outs 1.
5. Distances to: Well or Suction Line 82 ft.; Stream — ft.; Pressure Line 10 ft.; Property Line 180 ft.

B. SEPTIC TANK:
1. Material Conc; No. of compartments 1.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐ (Company Precast Step)
4. Manholes: Over Inlet; diam. 18 in. Over Outlet; diam. 18 in. Riser Above ☒ Below ☐ Grade 3" in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 18" in.
8. Distances to: Well or Suction Line 101 ft.; Stream ~~55~~ ft.; Pressure Line 85 ft.; Property Line 150 ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐ (Company Precast Step)
3. Distance from Septic Tank 8'6 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐ Diameter of Half Round 16" or Perforated Pipe ____. Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines: Number 2 ; Length of each line 80', ____, ____, ____, ____ ft.; Total length of laterals 160' ft.; Distance between lateral lines 14 ft.
3. Trench dimensions: Width 4' ft.; Slope 1½" in/100 ft.; Average Depth 2'6" in.
4. Filter Material: gravel Depth of Material 8" in.
5. Distances to: Well or Suction Line 108' ft.; Stream — ft.; Pressure Line 93 ft.; Property Line 150 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

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

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 1-24-92

☒ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP. 9N ; RANGE 6E ; SECTION 22 ; BLOCK ____

LOT 1 ; ADDITION Schuyler ; Street Address 3111 South 1st, Lincoln, NE 68512

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed 1970

	NAME	ADDRESS	PHONE
Present Owner:	Roger & Eleanor Ebers	3111 South 1st	435-3949
Tenant/Buyer:			
Return to:	Vista Bank	PO Box 5300 - 68505	465-2007

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Roger Ebers Address Vista Bank PO Box 5300 Lincoln, NE 68505

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HEALTH DEPARTMENT USE ONLY

Date Received JANUARY 27, 1992 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 1/27/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☒	Date 1/27/92 by LCH
Bacteria	☒	☐	Provisional:	☐	Date 1/29/92 by LCH
Nitrate 0.3 PPM	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: COVER PLATE BROKEN ON CONDUIT WELL HEAD. CWheeler 1/29/92

COVER MISSING OFF OF SEWER CLEANOUT. Corrected 1/29/92 See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Wilma E. Nelson M.S. DATE 1/31/92

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

- Please note; Closing of this property is Sept. 11, 1995. (Thank you)

021

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 Septic

Legal Description of Property: Street Address 8111 So 1st St

Twp 9N Range 6E Section 22 1/4 ___ 1/4 ___ Block ___ Lot 1 Addition SCHWISOW

Directions to Property LOT 1 SCHWISOW ADDN. Lincoln Lancaster County Nebraska

Location of Well East side of house - in front yard Tap Location: Inside ☐ Outside ☐

Location of Sewage System South of house - east of satalite dish. laterals run then south of that. Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	Roger Swhwisow	8111 So 1 St Lincoln, NE.	
Tenant/Buyer:	Royal Walther	1231 Starview Ln Lincoln NE.	
Return to:	% Ron J Svoboda	Woods Bros Realty 3737 So 27th Lincoln, NE 68502	432-6030

Signature of Applicant X Royal Walther (Buyer) Address 1231 Starview Ln Lincoln NE. Date 8/28/95

HEALTH DEPARTMENT USE ONLY

Date Received 8/30/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 8/30/95

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 2.4 ppm	☐ ____ ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 9/8/95 by J.C.H.

Date 9/8/95 by J.C.H.

Date ___/___/___ by ___

Comments: DEPRESSION AROUND WELL. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. Well Covered 9/8/95 J.C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 9/11/95

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.

N
E
W
House
70'
77'
Pool pump area
10' wall