FILE # 2819

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS
TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

LARRY SCHWARCK — 8200 OLD CHENEY ROAD — LINCOLN, NE 68516
LICENSEE OR PERMITTEE — ADDRESS

TBN — BZE: Sec. 28; Lot 64; 6801 Yankee Hill Road — ADDRESS
NAME OF ESTABLISHMENT IF ANY

REMARKS: NON TRANSFERABLE ALTER EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 30.00	018754	$ 30.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH
ISSUING OFFICER OR DEPARTMENT

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

RECEIVED APR 1 1989

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X] Lincoln City Treasurer

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. 2819

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

DATE: 4-6-89

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], 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. 9N ; Range 7E ; Section 28 NE quarter ;
Block ____ ; Lot 64 I.T. ; Addition ____
Street Address 6501 Yankee Hill Rd

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: 100' of perf Lateral

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

6. Estimated cost of project:

a. Materials	$	350
b. Labor	$	450
c. Other	$	
TOTAL	$	800

x Larry Schwarck
Signature of Applicant (owner or lessee)

Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 30.00

2. Site Visits:
Date: 4-6-89 by: mm
Date: ____ by: ____
Date: ____ by: ____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-11-89 by: Ron Morgan

Rush!

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 6801 Yankee Hill Rd.

Twp 9N Range 7E Section 28 1/4 NE 1/4 Block ___ Lot 84 Addition ___

Directions to Property White frame house (2 story) @ the South west corner lot of 70th & Yankee Hill Rd.

Location of Well Rural water Tap Location: Inside ☐ Outside ☑

Location of Sewage System just East of house and driveway between lg. pine trees. Year Installed original? New lateral added

	NAME	ADDRESS	PHONE
Present Owner:	Bill & Carol Collins	6801 Yankee Hill Rd.	423-5397 or 489-9534
Tenant/Buyer:			
Return to:	1st Tier - Envelope enclosed		

Signature of Applicant William D Collins Address Lincoln NE. Date 4/30/93

HEALTH DEPARTMENT USE ONLY

Date Received 05/04/93 Received $150.00 ✓ Check ☑ #2979 Cash ☐

PRELIMINARY STATUS--By Jerrold Wood **DATE:** 5/5/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☐	☐	Approved	☐	Date___/___/___by___
Bacteria	☐ _____/ml	☐ _____/ml	Provisional	☐	Date___/___/___by___
Nitrate	☐ _____ppm	☐ _____ppm	Disapproved	☒	Date___/___/___by___

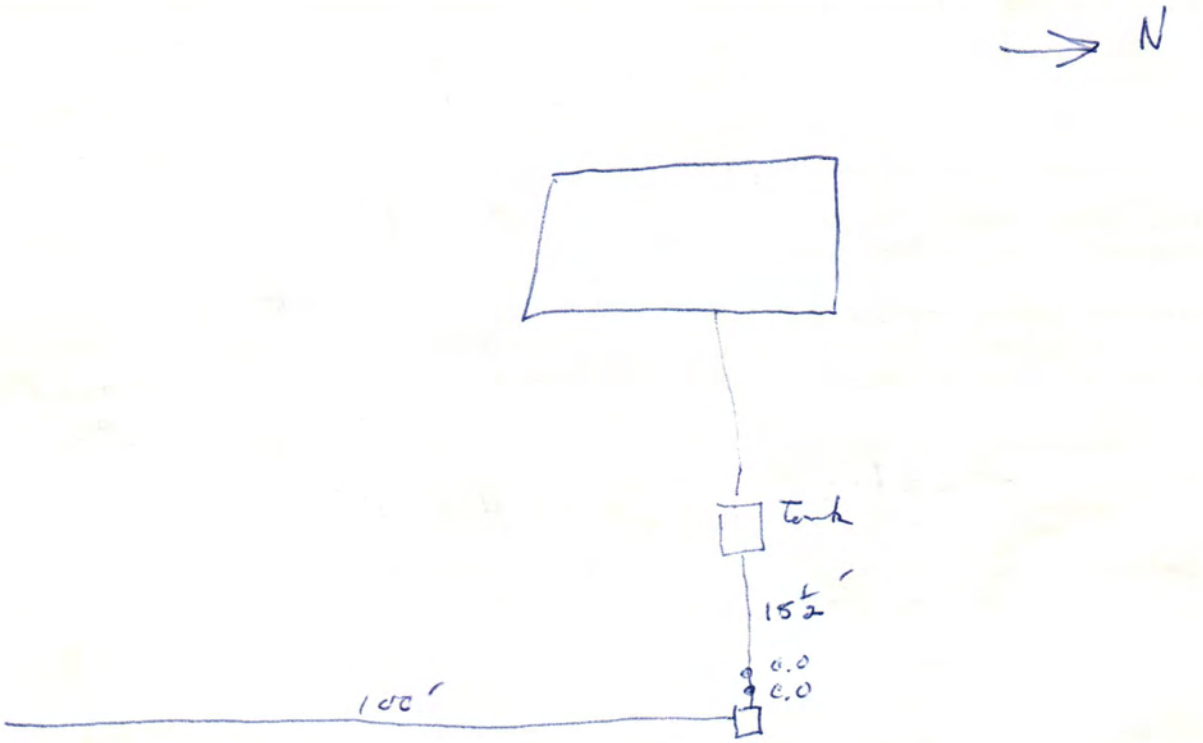
Comments: SEWAGE IS BREAKING TO GROUND SURFACE AT EAST EDGE OF GARDEN. MUST BE CORRECTED WHETHER LOAN INVOLVED OR NOT. See Attached Letter ☐

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.



6501 Yonkee Hill Rd.