CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1211

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — May 3 1970

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

M.D. Schwartz Construction — 58th and Otoe, Lincoln, NE

LICENSEE OR PERMITTEE — ADDRESS

T9N, R7E, Section 28

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
110.15	110.16	148.14	6-2	
SERIAL NO.	DATE	AMOUNT		
624-1635				

APPLICATION

HEALTH

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1211

DATE: Nov 1-77

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto. SEE ATTACHED

1. Legal description of property: Twp. 9N ; Range 7E ; Section 28 ; Block ; Lot ; Addition .
Street Address .

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

Other Use
Describe:

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

M.D. SCHWARTZ CONST
Signature of Applicant (owner or lessee)

58th + GTOE
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 12-19-77 by: jw
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ] 11/3/77
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-19-77 by: James Wevers

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1211

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

DATE: Nov 1-77

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

SEE ATTACHED

1. Legal description of property: Twp. 9N ; Range 7E ; Section 28
   Block _____; Lot _____; Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

M D SCHWARTZ CONST
Signature of Applicant (Owner or Lessee)

58TH + OTOE
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/3/77 . Date Frwd. 11/3/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 11-7-77 . Date Frwd. _____ . ACTION: ~~Approved~~ ☒ Disapproved ☐ Signature: Tom Baasch

3. City ~~or County~~ Engineer : Date Rec'd. 11-4-77 . Date Frwd. 11-4-77 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD- 43(73) 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 475-6221)

FILE NO. 1211

PROPERTY WHERE SOIL TESTED:
Location: Township 9N ; Range 7E
Section & ¼ Sect. 28 NW¼
Property Dimensions: ____ft. x ____ ft.
Area: ____acres. (Attach sketch of property showing hole location).

Owner: M.D. SCHWARTZ CONST.
Address 58TH + OTOE

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: Oct 25-77 to Oct 26-77. Weather: Precip. ____ Temp. ____ F

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
30	30	10-25	2:30	10-26	2:30	10-26	5:20	19¾	5:50	21¾	30	1⅝	
2								22		22¼		¼	
3								23¾		23¾		½	
4								21¾		21⅞		⅛	
5								20¼		22		1¾	
6								22		23¾		1¾	

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

Norman Berglund
Signature of Person Conducting Test

Address 3300 N 53
Phone: 466-5210

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wymore Silty Clay Loam or possibly Marpsburg Silty Clay Loam. U.C.S.

DATE: November 3, 1977

Approved Percolation Rate(s)
A. 30 min./inch
B. ____ min./inch
C. ____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 1211

SPECIFICATIONS

DATE: _____

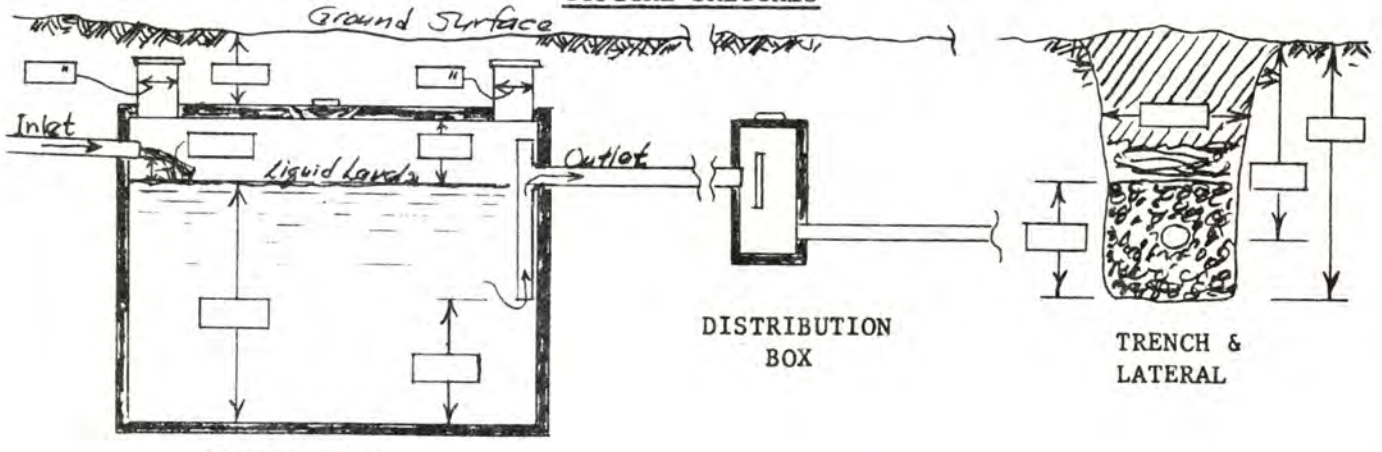
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
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 _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____
_____ No ☐
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: HALF ROUND
2. Lateral Lines: Depth below grade __in.
Number ____; Length of each line ___ft
Total length of Laterals 188 ft.; 250 FT
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber
asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.;
Width 48 in. 36"
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

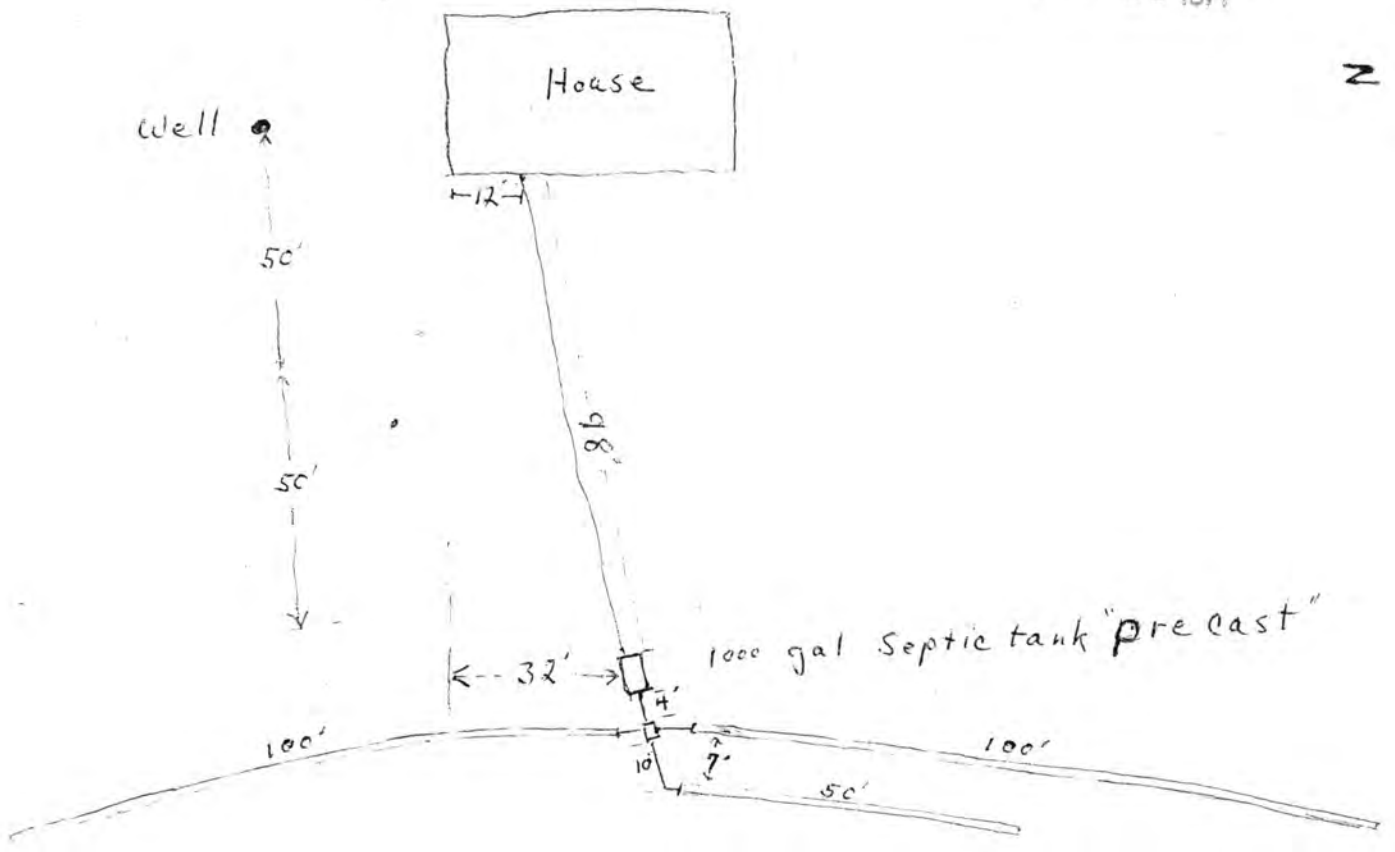
TYPICAL SKETCHES



M.D. SCHWARTZ CONST
Signature of Applicant

8800 Sq. Ft

DEC 20 1977



Lateral: **250'** perforated pipe in 3' wide trench

Larry Schwarck

990707006 tdf

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

LCR 4096

Legal Description of Property: Street Address 8800 So 56th Lincoln, NE 68516

Twp 8N (Sec 28) Range 7E Section ___ 1/4 ___ 1/4 ___ Block ___ Lot 17 Addition ___

Directions to Property East side of 56th St, So. of Yankee Hill Rd.

Location of Well South of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System ~~front yard~~ East of house tied in back yd. Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	David Paul	8800 S. 56th St. Lincoln, Ne 68516	423-5468
Tenant/Buyer:			
Return to:			

Signature of Applicant Phillip R. Hyer Address 705 No 19th St Norfolk, NE 68701 Date 6/15/99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 06/24/99
Initials ds
Amount $150
Check No. 4903

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By John Chen **DATE:** 6/27/99

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ .7 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐
Provisional ☐
Disapproved ☐

Additional Site Visits

Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: See attached letter. If the septic tank has not been repumped recently it should be checked to see if it is necessary. See Attached Letter ☑

FINAL STATUS

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

Approved by John J Chen Date 7/6/99

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 Pink - Business Office

Revised/Reprint: 10-95

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-780

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LO

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: 10-24-89

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

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION W½ E½; BLOCK ____

LOT 30; ADDITION W½ 28-9-7; Street Address 8800 So 56

Directions to Property Nine So on 56 till you go to 5500 So 56

Location of Well in back by house Tap Location: Inside ☐ Outside ☐

Location of Sewage System in flower garden behind house Year Installed 1978?

	NAME	ADDRESS	PHONE
Present Owner:	Margaret Ann Lee	8800 So 56	423-9089
Tenant/Buyer:		N/A	
Return to:	David Downs	111 Plaza Terrace 68510	483-3527

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

Signature of Applicant [signature] Address 6940 S 44 Santa Fe 68506

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HEALTH DEPARTMENT USE ONLY 450.00

Date Received 10/25/89 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 10/26/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 10/26/89 by C.H.
Bacteria	☒	☐	Provisional:	☐	Date ____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date ____ by ____

Comments: IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY [signature] R.S. DATE OCTOBER 31 1989

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

.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832