FILE #2652

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 14, 1988 — THIS LICENSE OR PERMIT EXPIRES

BRUCE SCHWARTZ — LICENSEE OR PERMITTEE

4317 SO. 40 STREET — ADDRESS

LINCOLN, NE 68516

T9N; R7E; Sec 28; Bk 2; Lot 1; Yankee Ridge Estates; 5901 Rebel — NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE

NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

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

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: $ 60.00

FILE NO. 2652

DATE: 4.11.88

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 7E ; Section 28 ;
   Block 2 : Lot 1 : Addition YANKEE RIDGE ESTATES
   Street Address 5901 REBEL
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: — ft.

Bruce Schaaf
Signature of Applicant (Owner or Lessee)

4317 S. 40th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/14/88. Date Frwd. 4/14/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/14/88. Date Frwd. 4/14/88. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Stanard
3. City or County Engineer : Date Rec'd. 4-14-88. Date Frwd. 4-14-88. ACTION: Approved ☒ Disapproved ☐ Signature: Glenn Bartels

REMARKS OR REASONS FOR DISAPPROVAL ~~NO WELL PERMIT~~ RURAL WATER DISTRICT WATER.

Site Visits:
Date: 7-27-88 by:
Date: by:
Date: by:

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-27-88 By:

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 4718000

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township Yankee Ridge Estates; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 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: 7-21 to 7-22. Weather: Precip. 0 Temp. 80+.

OWNER: Bruce Schwartz
Address: Rt 8 Lincoln Neb

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	36	7/21	9AM	7/22	9AM	7/22	9AM	18"	1pm	7½	4hrs	10½	23/in
2	36	7/21	9AM	7/22	9AM	7/22	9AM	18"	1pm	7½	4hrs	10½	23/in
3	36	7/21	9AM	7/22	9AM	7/22	9AM	18"	1pm	5½	4hrs	12½	19½/in
4	36	7/21	9AM	7/22	9AM	7/22	9AM	18"	1pm	11	4hrs	7	34/in
5	36	7/21	9AM	7/22	9AM	7/22	9AM	18"	1pm	12	4hrs	6	40/in
6	36	7/21	9AM	7/22	9AM	7/22	9AM	18"	1pm	8	4hrs	8	30/in

Marilyn Schwartz
Signature of Person Conducting Test
Address Rt 8 Lincoln Phone 423 2511

Sum of Percolation Rates: 169½
Average of Rates: 28 min/in
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 13 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

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. 2652

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area: 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: 4.6.88 to 4.7.88. Weather: Precip. 0 Temp. 65°.

OWNER: BRUCE SCHWARTZ
Address: 4317 S 40th

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	36"	4.6	12 PM	4.6	4 PM	4.7	11 AM	18"	3 PM	9	1 HR	4	
2	"	"	"	"	"	"	"	"	"	12	"	3½	
3	"	"	"	"	"	"	"	28	"	0	"	7	
4	"	"	"	"	"	"	"	36	"	7	"	7¼	
5	"	"	"	"	"	"	"	"	"	24	"	3	
6	"	"	"	"	"	"	"	"	"	18	"	4	

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

Signature of Person Conducting Test

Address 5240 Meredith Lincoln NE 68506 Phone 483-4538

(Do not write below this line)

REVIEWING ACTION

Remarks: Doo re-run test
Soil Type (SCS): _____
Date: _____

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

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 ☐

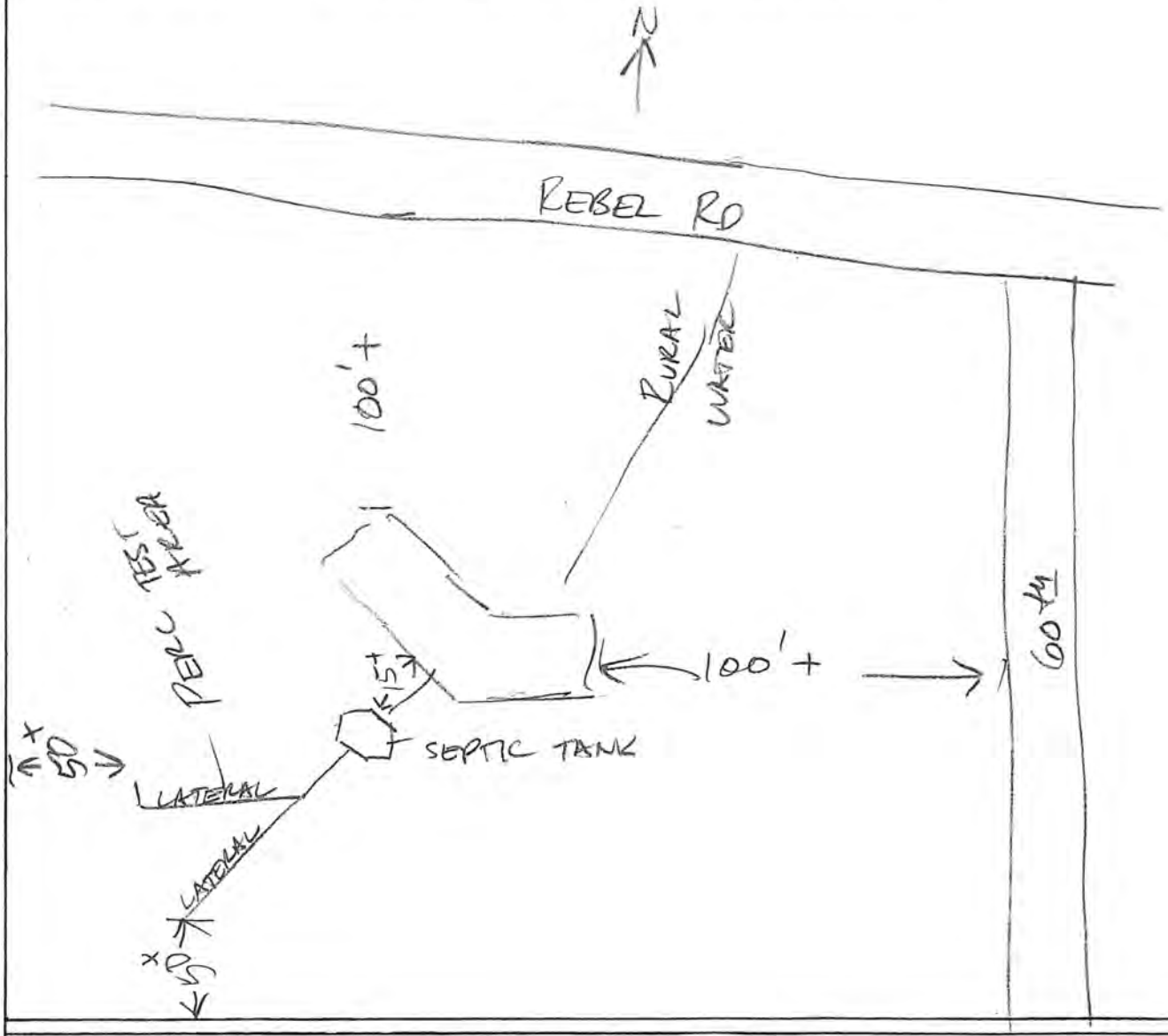
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2652

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



REVIEWING ACTION

Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 136 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 543 sq.ft.

_____
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: 7-27-58

FILE NO. 2652

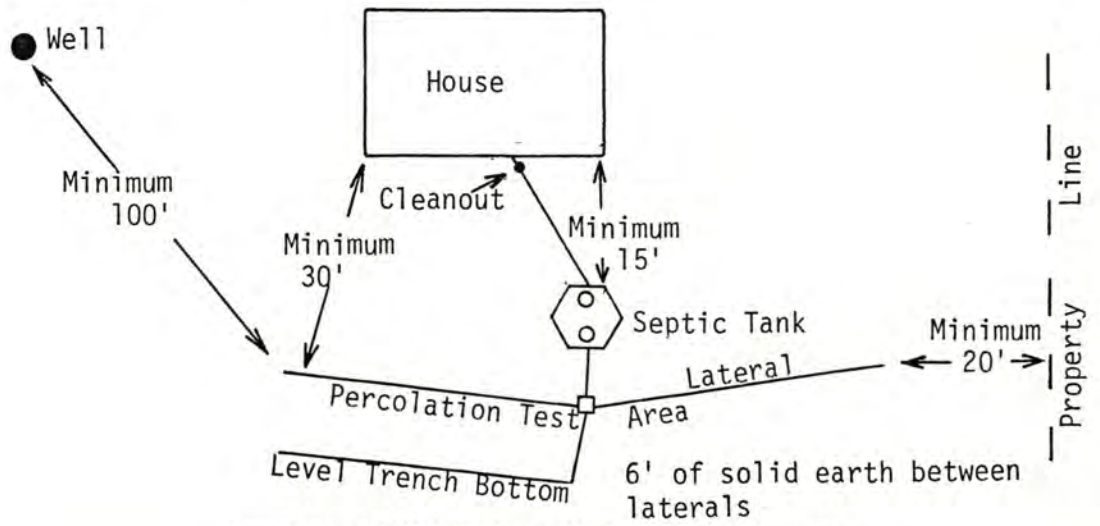
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material plastic; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 8 in.
3. Distance between dwelling and septic tank 33 ft.
4. Number of clean-outs 0.
5. Distances to:
Well or Suction Line 100'+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 20'+ ft.

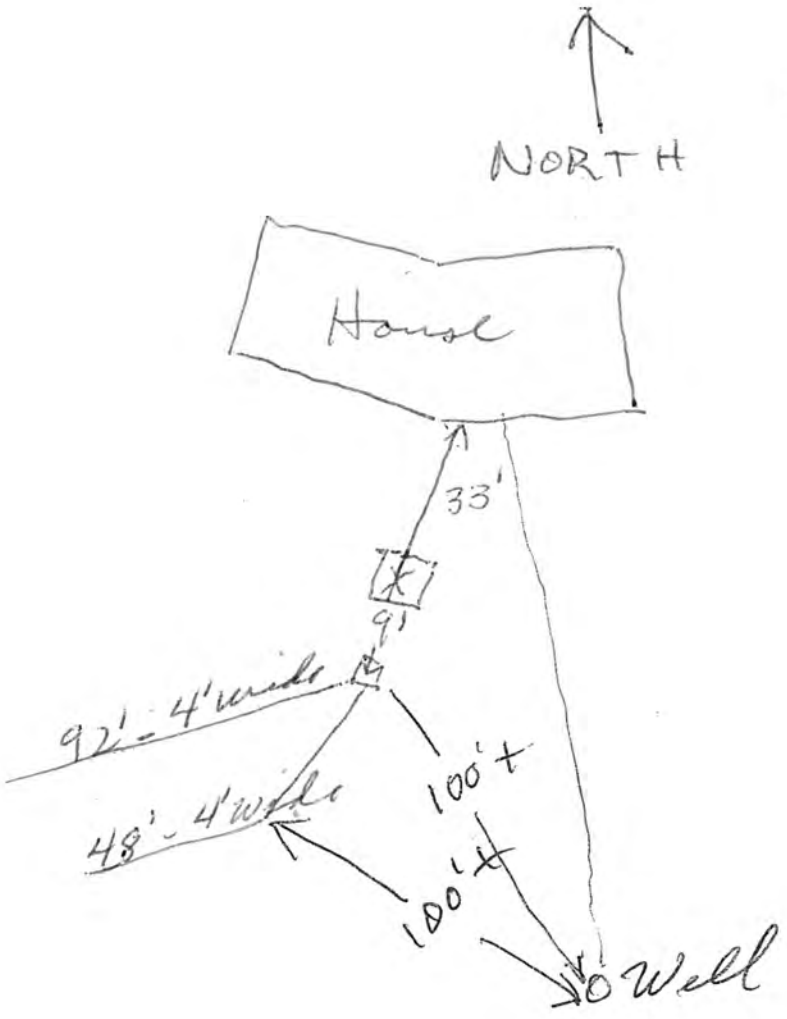
B. SEPTIC TANK:
1. Material conc; No. of compartments ____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company precast)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 36" in.
8. Distances to:
Well or Suction Line 100'+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 20'+ ft.

C. DISTRIBUTION BOX:
1. Material concrete; Number - available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company precast)
3. Distance from Septic Tank 9 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 20' or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines:
Number 2; Length of each line 92', 48'+, ____, ____, ____ ft.;
Total length of laterals 140 ft.;
Distance between lateral lines 15 ft.
3. Trench dimensions: Width 4 ft.; Slope 3 in/100 ft.; Average Depth 36' in.
4. Filter Material: gravel
Depth of Material ____ in.
5. Distances to:
Well or Suction Line 100'+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


NORTH
House
33'
9'
92' - 4' wide
48' - 4' wide
100'±
100'±
Well

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.

[X] Evaluation of the Individual Water System Date: 3-3-89

[X] Evaluation of the Sewage Disposal System [X] Enclosed is $75.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 28 ; BLOCK 2

LOT 1 ; ADDITION Yankee Ridge ; Street Address 5901 Rebel Drive

Directions to Property So. of 56th Street to Yankee Hill Rd., continue south 1/8 mile to Rebel Drive, then east to house on corner of Rebel Drive & So. 60th St.

Location of Well Home is less than 1 year old Tap Location: Inside [ ] Outside [ ]

Location of Sewage System Information should be on file Year Installed 1988

	NAME	ADDRESS	PHONE
Present Owner:	Bruce Schwartz	5901 Rebel Drive	421-3788
Tenant/Buyer:	Janice Herman	111 No. 56th St., Suite 204	464-2404
Return to:	Krein Real Estate	4350 Normal Blvd., 68506	483-2911

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

Signature of Applicant KREIN REAL ESTATE, INC. Address 4750 Normal Blvd. 68506

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HEALTH DEPARTMENT USE ONLY

Date Received APRIL 5, 1989 Received $75.00 Check [X] Cash [ ]

PRELIMINARY STATUS--DATE APRIL 6, 1989

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[X]	[ ]	Approved:	[X]	Date 4/6/89 by LCH
Bacteria	[X]	[ ]	Provisional:	[ ]	Date _____ by ____
Nitrate	[X]	[ ]	Disapproved:	[ ]	Date _____ by ____

Comments: _____

_____

_____ See Attached Letter [ ]

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: [X]	Approved: [X]	Provisional Approval: [ ]

APPROVED BY Donald E. Hood R.S. DATE APRIL 11, 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

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

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

Legal Description of Property: Street Address 5901 Rebel Dr

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

Directions to Property So on 56th to

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

Location of Sewage System ___ Year Installed 10/97

	NAME	ADDRESS	PHONE
Present Owner:	Jim HARMAN		
Tenant/Buyer:	Jim & JAN Burkey	2101 Heather Lane Lincoln 68512	423-9643
Return to:	KASey HARTMAN	% Woods Bros, 3201 Pioneers Lincoln Ne 68502	430-8144

Signature of Applicant Janet A Burkey Address 2101 Heather Lane Lincoln, Ne 68512 Date 5/6/98

HEALTH DEPARTMENT USE ONLY

Date Received 05/12/98 Received $150.00 Check ☑ #698 Cash ☐

PRELIMINARY STATUS--By JChss **DATE:** 5/13/98

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ Rural Water /ml	☐ ___ /ml
Nitrate	☑ ___ ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☑
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: IF The Septic TANK has not been pumped recently, it should be checked to See IF it is necessary. No evidence of surface discharge

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☑ Rural Water **SEWAGE DISPOSAL SYSTEM** Approved: ☑

Provisional Approval: ☐

Approved by John Johnson REHS Date 5/13/98

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.

FILE # W-273

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

BRUCE SCHWARTZ — LICENSEE OR PERMITTEE

4317 SO. 40TH ST. LINCOLN, NE 68516 — ADDRESS

TOW: RZE: Sec 2B: Bk 2: Lot 1; Yankee Ridge Estates — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 45.00	019651	$ 45.00

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

FO[illegible] 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ _____

FILE NO. W-273

DATE: 8-16-88

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☐ ; Permit existing well ☒ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9N : Range 7E : Section 28
   Block 2 : Lot 1 : Addition Yankee Ridge Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: 2000 + Ft.
4. Intended use of well drinking water, watering

Bruce Schwartz
Signature of Applicant (owner or lessee)

5901 Rebel Dr. Lincoln, 68516
Address

NO CITY WATER

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 8/18/88. Date Frwd. 8/18/88. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 8/18/88. Date Frwd. 8/18/88. Action: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineers: Date Rec'd 8-18-88. Date Frwd. 8-18-88. Action: Approved ☒ Disapproved ☐ Signature: Paul Boesen

REMARKS OR REASONS FOR DISAPPROVAL FOUND TO BE A PRE-EXISTING WELL

Site Visits:
Date: 8/18/88 by L. C. Hood
Date: / / by _____
Date: _____ by _____

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/22/88 By: L. C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

WELL # 12 # W-273

Yankee Hill Estates — Marlyn Schwartz, owner

S½ N½ Sec. 28 T9N R7E — Century Drilling, driller

Lancaster County — Date Drilled: June 21, 1979

DRILLERS LOG:

0 - 10	Brown Clay
10 - 19	Tan Clay
19 -- 28	Yellow Clay
28 - 35	Blue Clay
35 - 38	Brown Clay
38 - 52	Blue Clay
52 - 56	Red Clay
56 - 66	Gray Clay
66 - 81	Yellow Clay
81 - 86	Sandstone
86 - 97	Blue Clay
97 - 101	Sandstone
101 - 104	White Clay
104 - 180	Sandstone
180	Rock

QUALITY & QUANTITY:

Elevation: 1310 ±

5 inch casing (200 PSI) set to 160 feet with a 30/1000 slot screen set between 160 and 180 feet.

Aquifer thickness: 76 feet

Static Water Level: 113 feet

Capacity: 20 gpm per 5 feet of drawdown with a 1½ horse pump set at 160 feet.