FILE #2517

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 25, 1987 — THIS LICENSE OR PERMIT EXPIRES

MARLYN SCHWARTZ, M D SCHWARTZ CONSTRUCTION, 5300 OLD CHENEY RD., LINCOLN (16). — LICENSEE OR PERMITTEE / ADDRESS

T9N; R7E; Sec 28; Bk 1; Lot 1; Yankee Ridge Estates — 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: $_____

FILE NO. 2517

DATE: 6-23-87

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 1 : Lot 1 : Addition Yankee Ridge Estates
   Street Address _____

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.

Marlyn Stewart
Signature of Applicant (Owner or Lessee)

Rt 8 Lincoln Neb
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/24/87. Date Frwd. 6/26/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: M Goddard

3. City or County Engineer: Date Rec'd. 6/26/87. Date Frwd. 6/26/87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL No WELL PERMIT RECIEVED.

Site Visits:
Date: 9-28-87 by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-28-87 By: Ken Maynard

FORM 23-43

6000 Rebel

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. 2517

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: 333 ft. x 440 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: 6-18 to 6-19. Weather: Precip. none Temp. 80-90.

OWNER: Marlyn Schwad
Address: Rt 8 Lincoln Ne

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.) (30")	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36	6/18	1 30	6/19	2 PM	6/19	2 15	12	6 15	11½	4 hr	½ "	
2	36	6/18	1 30	6/19	2 PM	6/19	2 15	12	6 15	11½	4 hr	½ "	
3	36	6/18	1 30	6/19	2 PM	6/19	2 15	12	6 15	11½	4 hr	½ "	
4	36	6/18	1 30	6/19	2 pm	6/19	2 15	12	6 15	0	4 hr	12 "	Throw out too fast
5	36	6/18	1 30	6/19	2 pm	6/19	2 15	12	6 15	8"	4 hr	4 "	Throw out too fast
6	36	6/18	1 30	6/19	2 pm	6/19	2 15	12	6 15	11½	4 hr	½	

Marlyn Schwad
Signature of Person Conducting Test

Address Rt 8 Phone 423 2511

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

(Do not write below this line)

3 CONTAINED WATER, ORY REVIEWING ACTION

Remarks: ONLY FOUND 4 HOLES
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

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: 6-23-87

FILE NO. 2517

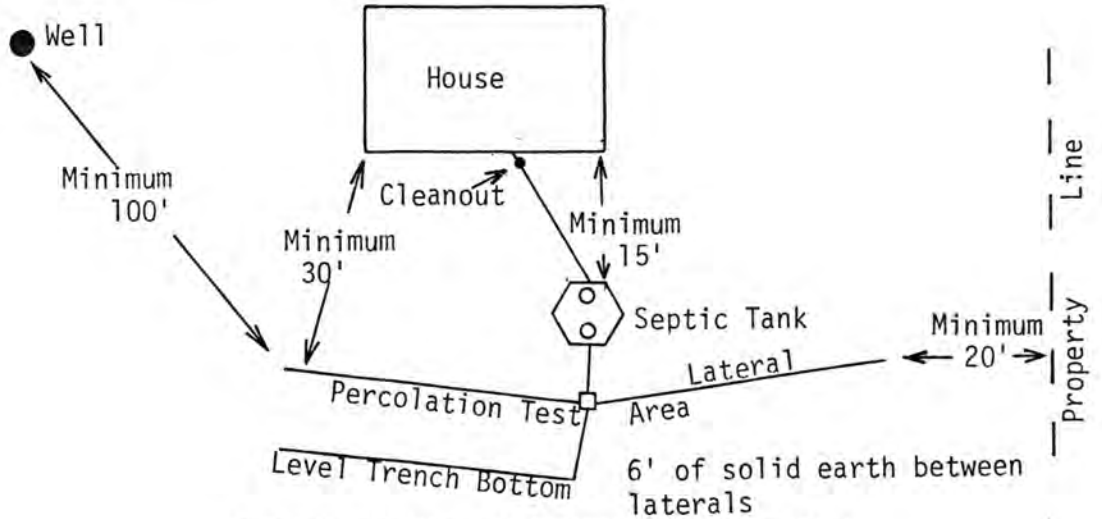
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 30 ft.
4. Number of clean-outs 1 .
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 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST STEP)
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 12 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 4 .
2. Factory Built: Yes ☒ No ☐
(Company precast step)
3. Distance from Septic Tank 30 ft.

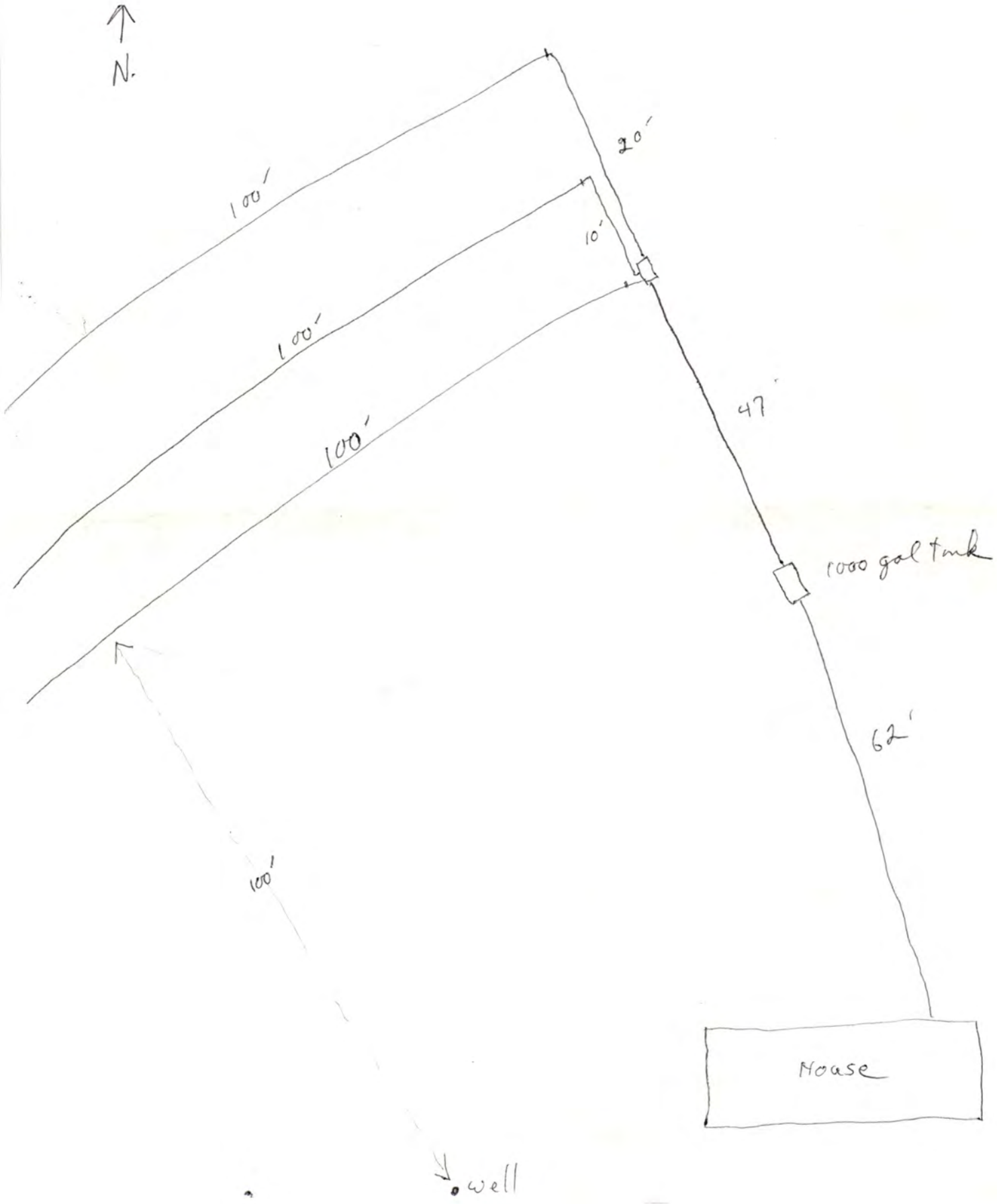
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round ____ or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines:
Number 2 ; Length of each line ?, ____, ____, ____, ____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



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Larry Schwarck

9-28-87



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: July 23, 1991

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 28 ; BLOCK 1

LOT 1 ; ADDITION Yankee Ridge ; Street Address 6000 Rebel Drive

Directions to Property 56th Street South of Old Cheney Rd to Rebel Drive

Location of Well 20' west and 30' South of Tap Location: Inside ☐ Outside ☐

Location of Sewage System North of house SW corner house Year Installed 1987
and downhill

	NAME	ADDRESS	PHONE
Present Owner:	James Ehrlich	6000 Rebel Drive	423-9381
Tenant/Buyer:	Joseph W. Adams Jr.		
Return to:	Marge Steuts % Woods Bros. Realty	7141 A Lincoln, Ne	68510

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

Signature of Applicant Marjorie A. Steuts Address 7141 A Lincoln, Ne 68510

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HEALTH DEPARTMENT USE ONLY

Date Received JULY 25, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 7/26/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☒	Approved:	☒	Date 7/26/91	by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 7/30/91	by J.C.H.
Nitrate	☒	☐	Disapproved:	☐	Date	by

Comments: ELECTRICAL CONDUIT IS BROKEN, SLIGHT DEPRESSION AROUND WELL. SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS NEEDED. 7/30/91 Well repaired, septic tank pumped. J.C.H. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. DATE AUGUST 2, 1991

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

FILE #W-236

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

AUGUST 26, 1988 — THIS LICENSE OR PERMIT EXPIRES

MARLYN SCHWARTZ, SCHWARTZ CONSTRUCTION, 5300 OLD CHENEY RD., LINCOLN, NE 68516 — LICENSEE OR PERMITTEE / ADDRESS

T9N; R7E; Sec 28; Bk 1; Lot 1; Yankee Ridge Addition — NAME OF ESTABLISHMENT, IF ANY / ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 45.00	019851	$ 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

FORM: 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 $ 45.00

FILE NO. W-236

DATE: _____

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 1 : Lot 1 : Addition YANKEE RIDGE ADDITION
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ____ Ft. miles
4. Intended use of well Residence

No City Water

Marilyn Schwartz
Signature of Applicant (owner or lessee)

Rt 8 Lincoln Ne
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 2/26/88. Action: Approved ☒ Disapproved ☐
   Date Frwd. 2/26/88. Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 2/26/88. Action: Approved ☒ Disapproved ☐
   Date Frwd. 2/26/88. Signature: Gary M. Sherwood
3. City or County Engineers: Date Rec'd 2/26/88. Action: Approved ☒ Disapproved ☐
   Date Frwd. 2/26/88. Signature: Jerome G. Obrist

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/3/88 by J. C. Hood SUNKEN AREA
Date: 3/23/88 by R. M.
Date: 8/11/88 by J. C. Hood

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/12/88 By: J. C. Hood

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

FORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-236

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

OCT 27 1987

Marlyn Schwartz

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9N R. 7E Block 1 Lot 1 Addition YANKEE RIDGE ESTATES

Owner Jim Ehrlich Address 6000 Rebel Dr. Yankee Ridge

LOG OF WELL	
	Description
Depth Ft. to	
0-5	dark brn. c.
5-45	yell. c.
45-60	blue c.
60-70	red & white sh.
70-100	orange sh & yell ss.
100-110	black sh.
110-135	yell. sh. & ss.
135-185	fine ss
185-210	very coarse ss
210-221	very coarse ss & fine gravel
221-223	pink sh.

WELL COMPLETION RECORD

Drilling Method: Rot. Circ.

Depth (from ground level), Ft. 218

Date Completed 9-3-87

Casing: Length, Ft. 208; Dia.In. 4

Wall Thickness, Inc 200#; type pvc

Screen: Length, Ft. 10 Dia.In. 4

Type Keystone wrap pvc, slot Size .030

Drop Pipe: Length, Ft. ___ Dia.In. ___

Water Level, Surface to top of water, Ft.:

Static 105, Pumping ___

Yield: 100+ gpm, Measured ☒, Est. ☐

Chlorination Completed Yes ☐ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Bill Moser (Signed)

REMARKS NITRATE NITROGEN < 0.1 ppm BACTERIOLOGICAL O.K.

Address ___

Date 10-26-87

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4

AS BUILT DRAWING OF INSTALLATION IN RELATION TO BUILDINGS, PROPERTY LINES, OTHER WELLS, AND SOURCES OF CONTAMINATION. INDICATE NORTH.

