FILE #2533

# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

JANUARY 28, 1988 — THIS LICENSE OR PERMIT EXPIRES

MARLYN SCHWARTZ — LICENSEE OR PERMITTEE

5300 OLD CHENEY RD. — ADDRESS

LINCOLN, NE 68516

T9N; R7E; Sec 28; Bk 6; Lot 3; 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: $ 60.00

FILE NO. 2533

DATE: 7-27-87

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 6 : Lot 3 : 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.

Marilyn Schwartz
Signature of Applicant (Owner or Lessee)

5300 old Cheney Rd.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/28/87. Date Frwd. 7/29/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/29/87. Date Frwd. 7/29/87. ACTION: Approved ☐ Disapproved ☐ Signature: Todd Mahon
3. City or County Engineer : Date Rec'd. 7-29-87. Date Frwd. 7-29-87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL RURAL WATER DISTRICT WATER

Site Visits:
Date: 10-21-87 by: mm
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-21-87 By: Tom Maynard

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

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. 2533

PROPERTY WHERE SOIL TESTED: Yankee Ridge Estates

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: 300 ft. x 420 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: 7-24 to 7-25. Weather: Precip. 0 Temp. 90+.

OWNER: Marilyn Schwartz
Address: 5300 old Cheney Rd

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" | 7-24 | 2pm | 7-25 | 10 AM | 7-25 | 10 AM | 6" | 2pm | 0 | 4hr | 6 | |
| 2 | 36" | 7-24 | 2pm | 7-25 | 10 AM | 7-25 | 10 AM | 6" | 2pm | 1½ | 4hr | 4½ | |
| 3 | 36" | 7-24 | 2pm | 7-25 | 10 AM | 7-25 | 10 AM | 6" | 2pm | 0 | 4hr | 6 | |
| 4 | 36" | 7-24 | 2pm | 7-25 | 10 AM | 7-25 | 10 AM | 6" | 2pm | 2 | 4hr | 4 | |
| 5 | 36" | 7-24 | 2pm | 7-25 | 10 AM | 7-25 | 10 AM | 6" | 2pm | 1½ | 4hr | 4½ | |
| 6 | 36" | 7-24 | 2pm | 7-25 | 10 AM | 7-25 | 10 AM | 6" | 2pm | 2½ | 4hr | 3½ | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Marilyn Schwartz
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)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: JULY 28, 1987

Approved Percolation Rate (a)
A. 25 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C.
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 ☐

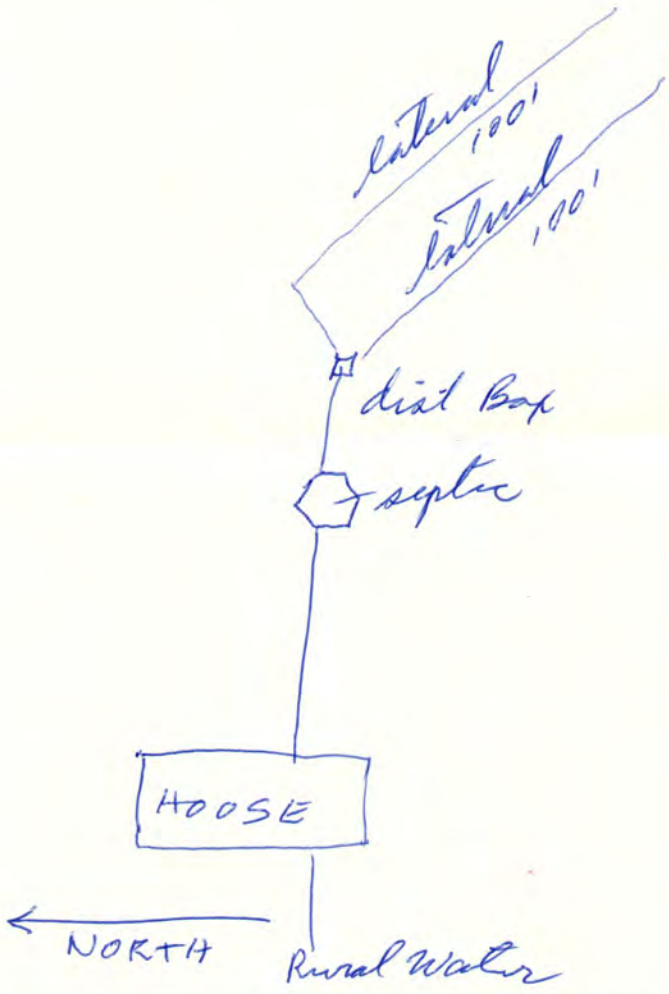
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

**C**

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

FILE NO. 2533

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




REVIEWING ACTION

Remarks: _____

Date: 7-27-87

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 689 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: 7-27-87

FILE NO. 2533

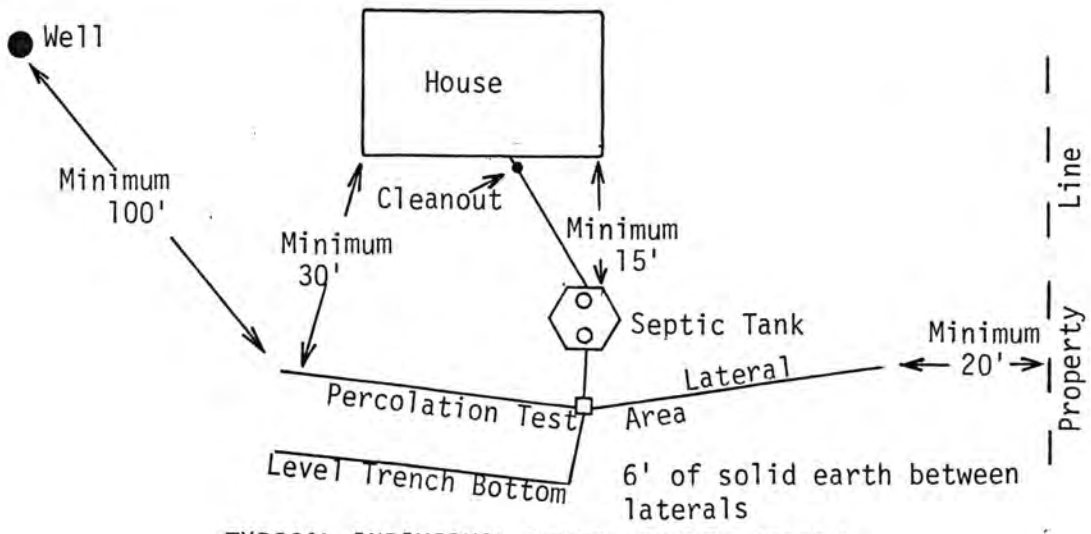
## SPECIFICATIONS AS BUILT

A. BUILDING SEWER: Aloss 160
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 88' ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line none ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 50+ ft.

B. SEPTIC TANK:
1. Material Conc; No. of compartments 2.
2. Capacity 1000 gal 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 10 in.
8. Distances to:
Well or Suction Line none ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 50+ ft.

C. DISTRIBUTION BOX:
1. Material Conc; Number - available outlets 3.
2. Factory Built: Yes ☒ No ☐
(Company precast step)
3. Distance from Septic Tank 15 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 4" .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines:
Number 3; Length of each line 100, 100, 30, ____, ____ ft.;
Total length of laterals 229 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 3 ft.;
Slope 6 in/100 ft.; Average Depth 36" in.
4. Filter Material: Pea gravel
Depth of Material ____ in.
5. Distances to:
Well or Suction Line Pool none ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line 50+ ft.




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

011

# 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: 3/2/92

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

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 28; BLOCK 6

LOT 3; ADDITION YANKEE RIDGE ESTATES; Street Address 9100 S. 66th

Directions to Property South of 56th & Old Cheney 2 5/8 miles then Easton Rebel Drive 5/10 mile on corner of 66th & Rebel Dr. (Gray & Black Brick house & Gray barn)

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System behind house Year Installed 1987

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | (Dick) Charles R. Essex | 9100 S. 66 | 423-9116 (432-0121) Cellular |
| Tenant/Buyer: | | | |
| Return to: | | | |

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

Signature of Applicant Charles R Essex Address 9100 S. 66

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*HEALTH DEPARTMENT USE ONLY*

Date Received MARCH 2, 1992 Received $150.00 Check ☒ Cash ☐

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RURAL WATER DISTRICT PRELIMINARY STATUS--DATE 3/3/92

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM: | | SITE VISIT: |
|---|---|---|---|---|---|
| Construction | ☐ | ☐ | Approved: | ☐ | Date 3/3/92 by J.C.H. |
| Bacteria | ☐ | ☐ | Provisional: | ☐ | Date _____ by ____ |
| Nitrate | ☐ | ☐ | Disapproved: | ☒ | Date _____ by ____ |

Comments: BROKEN CLEANOUT IN SEWER LINE. DEPRESSIONS OVER SEPTIC LATERALS SHOULD BE FILLED IN WITH DIRT. IF SEPTIC TANK HAS NOT BEEN PUMPED IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

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

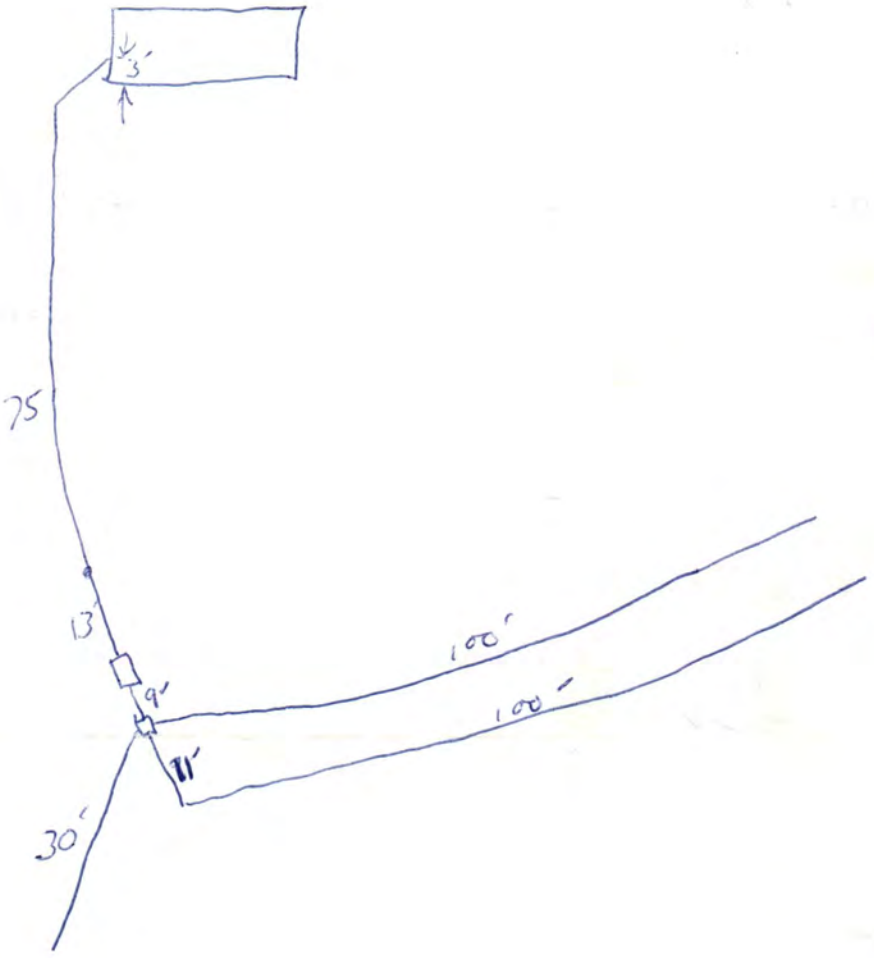
APPROVED BY Gerald C. Wood R.E.H.S. DATE MARCH 4, 1992

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

10-21-87 o Rural water

Larry Schwanke
66th Rabbit Rd.




88' total
Class 160