LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION

No. 93380105001

Issued 08/16/93
Expires 02/16/94
Revenue Code 18754

Establishment

BRUCE SCHWARTZ
T9N R7E SEC 28
YANKEE RIDGE ESTATES BLK 6 LOT 5
6901 REBEL DRIVE

FEES: $150.00

TOTAL $150.00

Permittee

BRUCE SCHWARTZ
8800 S 68 ST
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

433-0815

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: $ 150.00

FILE NO. _____

DATE: 8-17-93

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 5 : Addition Yankee Ridge Estates
   Street Address 6901 Rebel Dr.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft. EXPERIMENTAL SYSTEM

Bruce Schwartz
Signature of Applicant (Owner or Lessee)

8800 So. 68th Lincoln. 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/17/93. Date Frwd. 8/17/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/17/93. Date Frwd. 8/17/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spin

3. City or County Engineer: Date Rec'd. 8-17-93. Date Frwd. 8-17-93. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-23-93 by: P.D.
Date: 12-28 93 by: P.D
Date: _____ by: _____

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

Provisional approval only

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-29-93 By: [illegible]

* Experimental System

FORM 23-43

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: 12-23-93

FILE NO.: _____

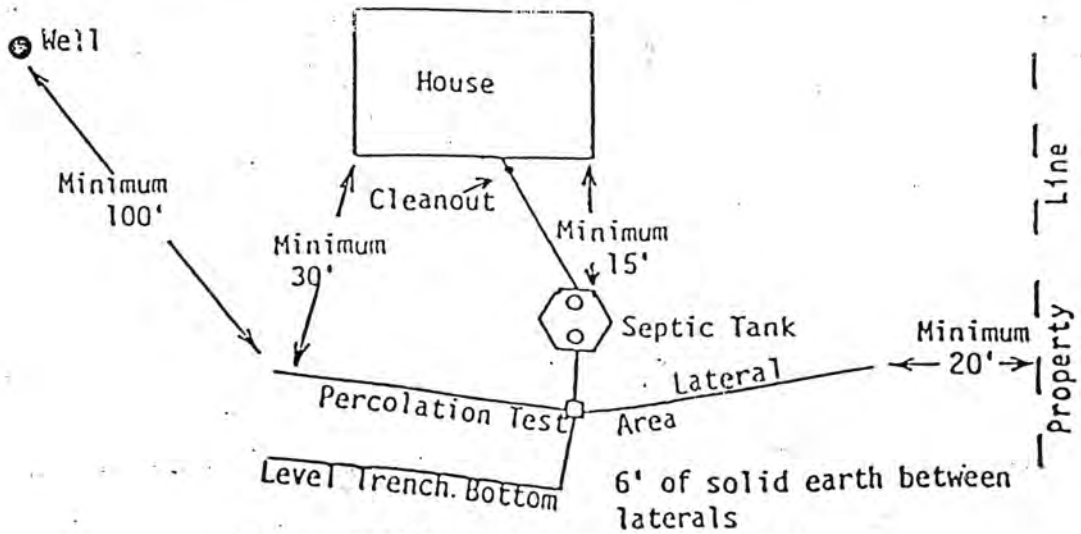
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 16 in.
3. Distance between dwelling and septic tank 79 ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line 100+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

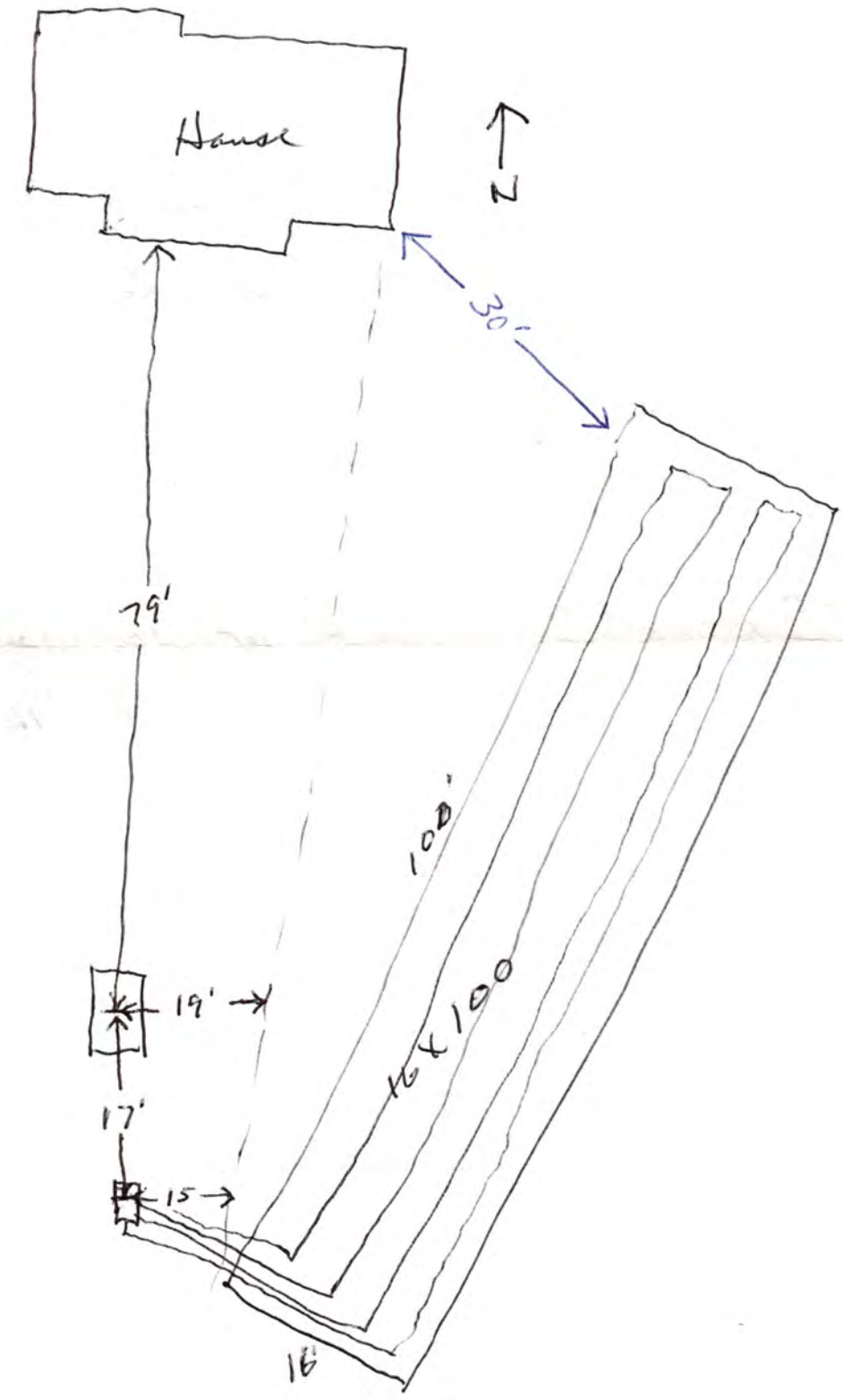
B. SEPTIC TANK:
1. Material Conc; No. of compartments 2.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company PRECAST)
3. Distance from Septic Tank 17 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 4; Length of each line 100', 100, 100, 100, 100 ft.;
Total length of laterals 400 ft.;
Distance between lateral lines 3 ft.
3. Trench dimensions: Width 16 ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
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



Marlyn Schwartz
423-2511

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
WATER WELL

No. 93400040201

Issued 12/08/93
Expires 06/08/94
Revenue Code 19851

Establishment
BRUCE SCHWARTZ
T9N R7E SEC 28
YANKEE RIDGE ESTATES BLK 6 LOT 5
6901 REBEL DRIVE

FEES: $75.00

TOTAL $75.00

Permittee
BRUCE SCHWARTZ
8800 S 68 ST
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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 $_____

FILE NO._____

DATE: 12-7-93

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: 6901 Rebel Drive

1. Legal description of property: Twp. 9N : Range 7E : Section 28
   Block 6 : Lot 5 : Addition Yankee Ridge Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe_____
3. Distance to Public Water Supply: _____Ft.
4. Intended use of well_____

Bruce Schwartz
Signature of Applicant (owner or lessee)

8800 So. 68th Lincoln, Ne. 68516
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 12/7/93. Action: Approved ☒ Disapproved ☐
   Date Frwd. 12/8/93. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd _____. Action: Approved ☒ Disapproved ☐
   Date Frwd. _____. Signature: [illegible]
3. City or County Engineers: Date Rec'd 12/8/93. Action: Approved ☒ Disapproved ☐
   Date Frwd. 12/8/93. Signature: Nick McElhaney

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 3/29/94 by L.C. Hood Depressions around well
Date: 4/14/94 by L.C. Hood
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/15/94 By: L.C. Hood

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

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. _____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9N R. 7E Block 6 Lot 5 Addition YANKEE RIDGE ESTATES

Owner NICK BIRD Address 6901 REBEL DRIVE, LINCOLN, NE 68516

LOG OF WELL	
	Description
Depth Ft. to	
0- 5	DRK BRN & LGT GRY/BRN CLY
5- 45	YLW CLAY
45- 50	YLW & BLUE CLAY MIX'D
50- 65	YLW CLAY
65- 85	BLUE & YLW CLAY MIX'D
85- 98	BLUE CLAY
98-110	RED & WHITE SHALE
110-155	RED,YLW,WHTE & BLU SHALE
155-200	SDY RED & YLW SHALE
200-247	MED FN LGHT SS
247-259	CRS TO VRY CRS YLW SS
259-261	BLUE SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO
Depth (from ground level), Ft. 259'
Date Completed 10-27-93

Casing: length, Ft. 249'; Dia.In. 4"
Wall Thickness, Inc 200#; type PVC

Screen: Length, Ft. 10' Dia.In. 4"
Type PVC WOP, slot Size .030

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

Water Level, Surface to top of water, Ft.:
Static 155, Pumping ___

Yield: 15 ggm, Measured ☒, Est. ☐
Chlorination Completed Yes ☒ No ☐

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

/s/ Bill Moser
Driller MOSER WELL DRILLING & SER., INC.
(Signed)

P.O. BOX 308
Address HICKMAN, NE 68372-0308

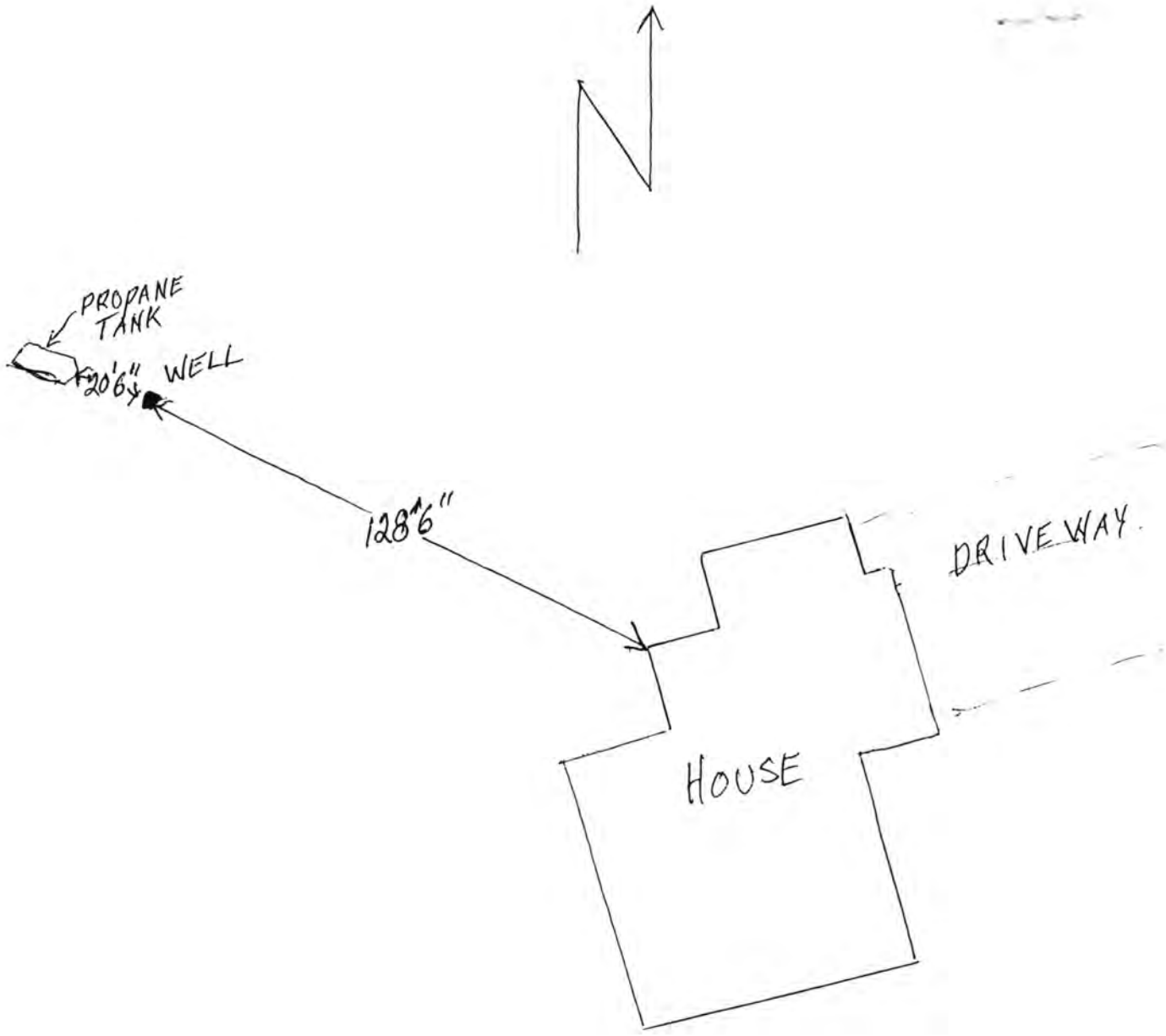
Date 11-30-93

REMARKS NITRATE NITROGEN <0.1ppm.
BACTERIOLOGICAL O.K.

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



AREA OF SEWAGE SYSTEM