LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 8938000170

Issued 08/08/89
Expires 02/08/90

ESTABLISHMENT

MARLYN SCHWARTZ
T9N R7E SEC 28
LOT 65IT
3801 S 70TH STREET

FEES: Permit 018754 $60.00

Total $60.00

PERMITTEE MARLYN SCHWARTZ
5300 OLD CHENEY RD
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

8938000017

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. 8938000170|

DATE: 9/7/89

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 _____ : Lot 65 I.T. : Addition _____
   Street Address 8801 So. 70th

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: 1 mile 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. 9/7/89 . Date Frwd. 9/9/89 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9/9/89 . Date Frwd. 9/9/89 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. 9-9-89 . Date Frwd. 9-9-89 . ACTION: Approved ☒ Disapproved ☐ Signature: BEM for Karlson

REMARKS OR REASONS FOR DISAPPROVAL NO WELL PERMIT

Site Visits:
Date: 11/27/89 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/1/89 By: Jerrold Wood

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7E ; Section & ¼ Section 28 .
Property Dimensions: 300 + ft. x 500 + ft. Area: 5 + acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 8/1/89 to 8/2/89 . Weather: Precip. _____ Temp. 90° .

OWNER: Marilyn Stewart

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	8/1/89	9 AM	8/2	10 AM	8/2	10 AM	24	2pm	14	240	10"	
2	36	8/1	9 AM	8/2	10 AM	8/2	10 AM	24	2pm	16	240	8	
3	36	8/1	9 AM	8/2	10 AM	8/2	10 AM	24	2pm	13	240	11	
4	36	8/1	9 AM	8/2	10 AM	8/2	10 AM	24	2pm	12	240	12	
5	36	8/1	9 AM	8/2	10 AM	8/2	10 AM	24	2pm	15	240	9	
6	36	8/1	9 AM	8/2	10 AM	8/2	10 AM	24	2pm	14	240	10"	

Marilyn Stewart
Signature of Person Conducting Test

Address 5300 old Cheney Rd Phone 423511

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Judson Silt Loam
Date: AUGUST 8, 1989

Approved Percolation Rate (a)
A. 24 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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 ☐

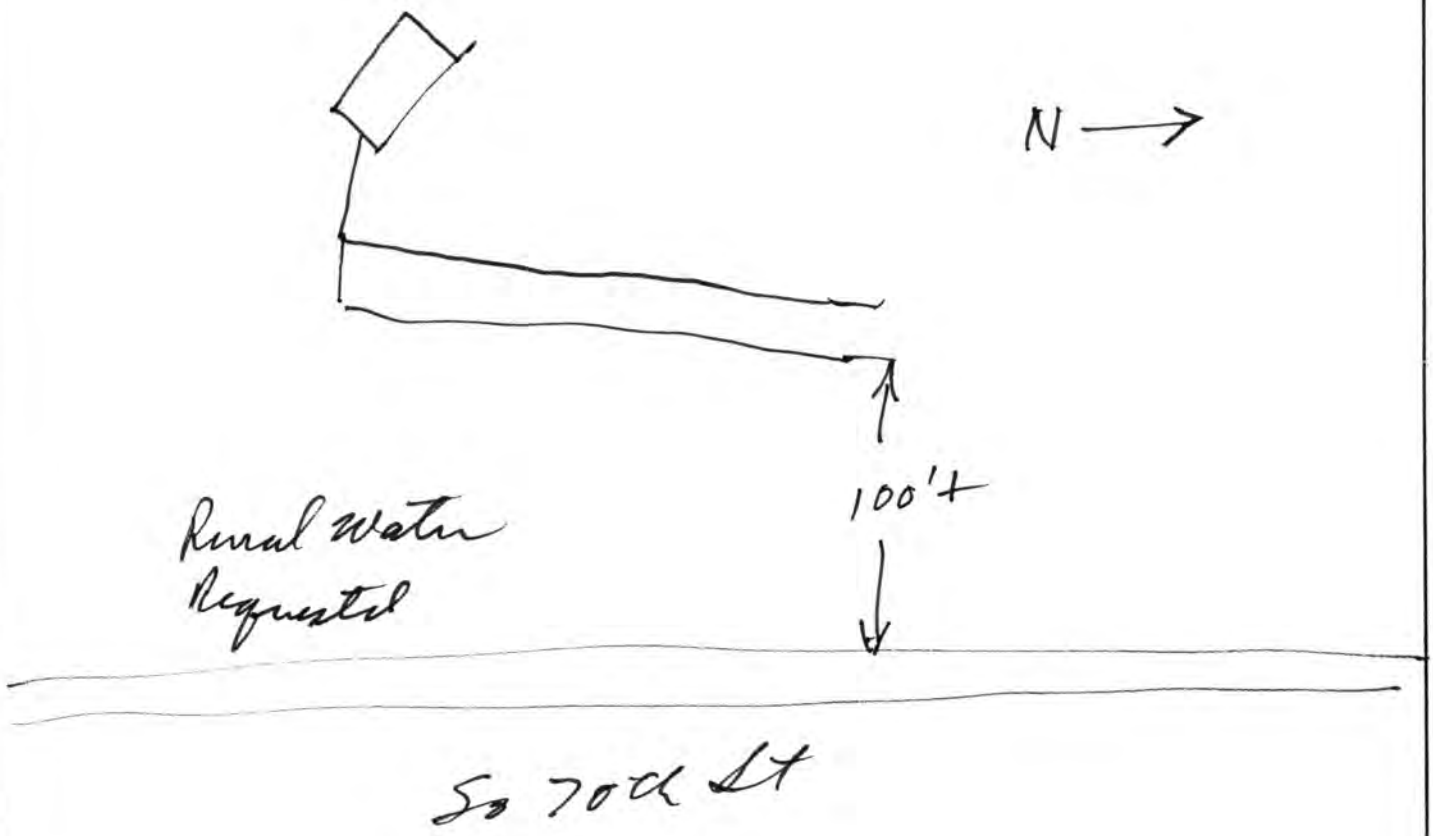
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. _____

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



REVIEWING ACTION

Remarks: _____

Date: AUGUST 7, 1989

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 677 sq.ft.

Carroll C. Hood
Signature of Reviewing Official

RECEIVED DEC 01 1989

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: 11-29-89

FILE NO. _____

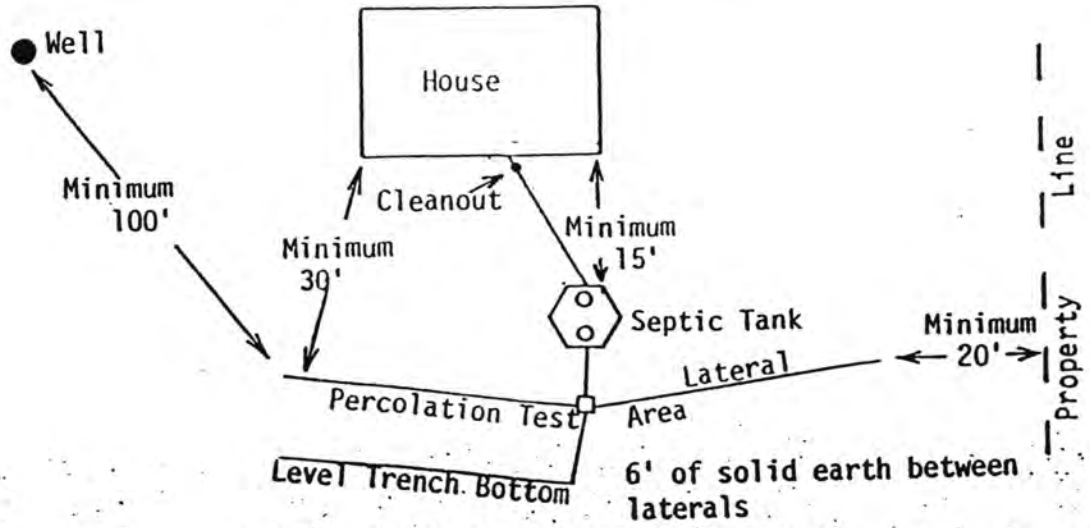
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 24 in.
3. Distance between dwelling and septic tank 32 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.

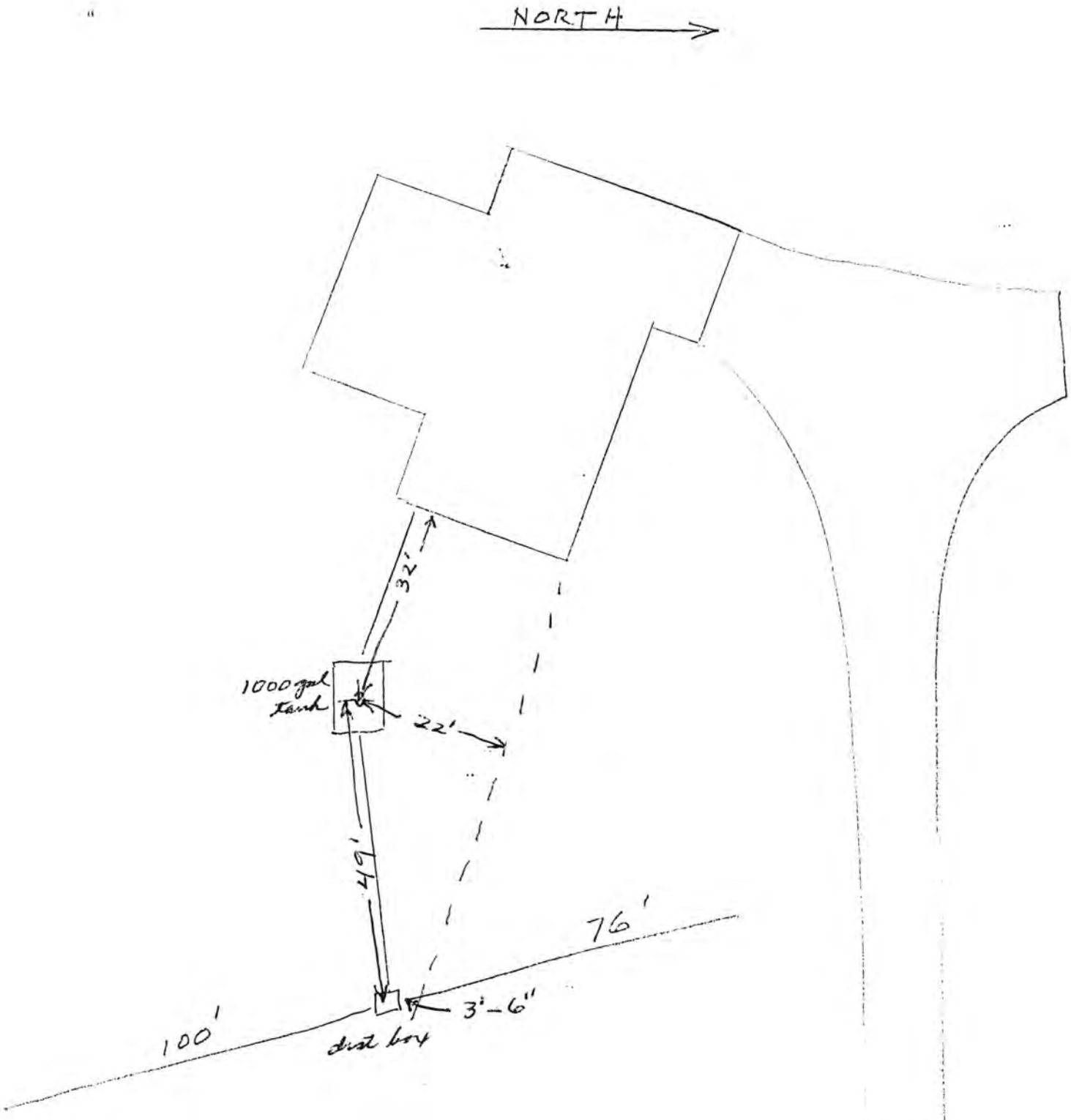
B. SEPTIC TANK:
1. Material Conc; No. of compartments ____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST STEP)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐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

C. DISTRIBUTION BOX:
1. Material Conc; Number - available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company PRECAST STEP)
3. Distance from Septic Tank 49 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 24" or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines:
Number 2 ; Length of each line 100, 76, ____, ____, ____ ft.;
Total length of laterals ____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 2" in/100 ft.; Average Depth 32" in.
4. Filter Material: gravel
Depth of Material 24" in.
5. Distances to:
Well or Suction Line 100'+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 20'+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



INSTALLED BY MARLYN SCHWARTZ

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

WATER WELL

No. 90-00014601

Issued 02/08/90
Expires 08/08/90

ESTABLISHMENT

MARLYN SCHWARTZ
T9N R7E SEC 28
LOT 65IT
8801 S 70TH STREET

FEES: Permit 016754 $75.00

Total $75.00

PERMITTEE

MARLYN SCHWARTZ
5300 OLD CHENEY RD
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
	Paid

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

9040001146

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: 1/29/90

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 _____ : Lot 65 I.t. Addition _____
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ? Ft.
4. Intended use of well home use

Marilyn Schwartz
Signature of Applicant (owner or lessee)

5300 Old Cheney Rd.
Address

City Water Yes ☐ No ☒ Outside City

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 1/29/90. Date Frwd. 2/9/90. Action: Approved ☒ Disapproved ☐ Signature: Jerold C. Nood
2. Supt. Bldg. Insp.: Date Rec'd 2/9/90. Date Frwd. 2/9/90. Action: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineers: Date Rec'd 2/9/90. Date Frwd. 2/9/90. Action: Approved ☒ Disapproved ☐ Signature: John D. Braunsdorf

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3-14-90 by mm
Date: _____ by _____
Date: _____ by _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/21/90 By: J.C. Nood

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. [redacted]

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

9046001416

DATA SHEET FOR WATER WELLS

65 I.T.

Legal Description: Sec. 28 T. 9N R. 7E Block / Lot / Addition [redacted]
Owner Swartz Const. (Builder) Address 70th & Yankee Hill Rd.

LOG OF WELL	
Depth Ft. Lo	Description
0-25	yell c.
25-70	blue c.
70-145	red, blue, white & yell gln.
145-190	med light tan SS
190-200	med coarse light tan SS
200-210	med yell SS
210-215	med coarse yell SS

WELL COMPLETION RECORD

Drilling Method: Rot. Circ.
Depth (from ground level), Ft. 202
Date Completed 12-28-89

Casing: Length, Ft. 187; Dia. In. 4
Wall Thickness, In. 200#; type PVC

Screen: Length, Ft. 15 Dia. In. 4
Type PVC slotted, slot Size .035

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

Water Level, Surface to top of water, Ft.:
Static 110, Pumping ___

Yield: 50+ 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 Nelson
(Signed)

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

Address ___

Date 1-11-90

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