FILE #8633

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

SEPTEMBER 10, 1988 — THIS LICENSE OR PERMIT EXPIRES

MARLYN SCHWARTZ — LICENSEE OR PERMITTEE

5300 OLD CHENEY RD. LINCOLN, NE 68516 — ADDRESS

T9N; R7E; Sec 28; Bk 7; Lot 1; 1st Add Yankee Ridge Est; 6500 Rebel Drive

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. 2633

DATE: 3·8·88

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 7 : Lot 1 : Addition 1ST ADD YANKEE RIDGE ESTATES
   Street Address 6500 REBEL DRIVE
   9060 S 65th
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 ROAD
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/9/88. Date Frwd. 3/10/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/10/88. Date Frwd. 3/10/88. ACTION: Approved ☒ Disapproved ☐ Signature: Gary N Thomas
3. City or County Engineer: Date Rec'd. 3-10-88. Date Frwd. 3-10-88. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL EXISTING WELL

Site Visits:
Date: 8-17-88 by: mm (need dosing)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-8-88 By: Ken Mangum

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

9060 S 65th

FILE NO. 2633

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 3-3-88 to 3-4-88. Weather: Precip. 0 Temp. 38°.

OWNER: MARLYN 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"	3-3	8:00 AM	3-3	2:00 PM	3-4	5:00 AM	12"	6:00 PM	10 1/4	60	1 3/4	
2	36"	"	"	"	"	"	"	12"	"	10	60	2	
3	36"	"	"	"	"	"	"	12"	"	9 3/4	60	2 1/4	
4	36"	"	"	"	"	"	"	12"	"	9 1/4	60	2 3/4	
5	36"	"	"	"	"	"	"	12"	"	8 5/8	60	3 3/8	
6	36"	"	"	"	"	"	"	12"	"	9	60	3	

Jerry Schwartz
Signature of Person Conducting Test

Address 5006 MEREDETH Phone 489-0062

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Marshall Silty Clay Loam
Date: MARCH 10, 1988

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

Jerrold C. Hood
Signature of Reviewing Official

689,14,16,16

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

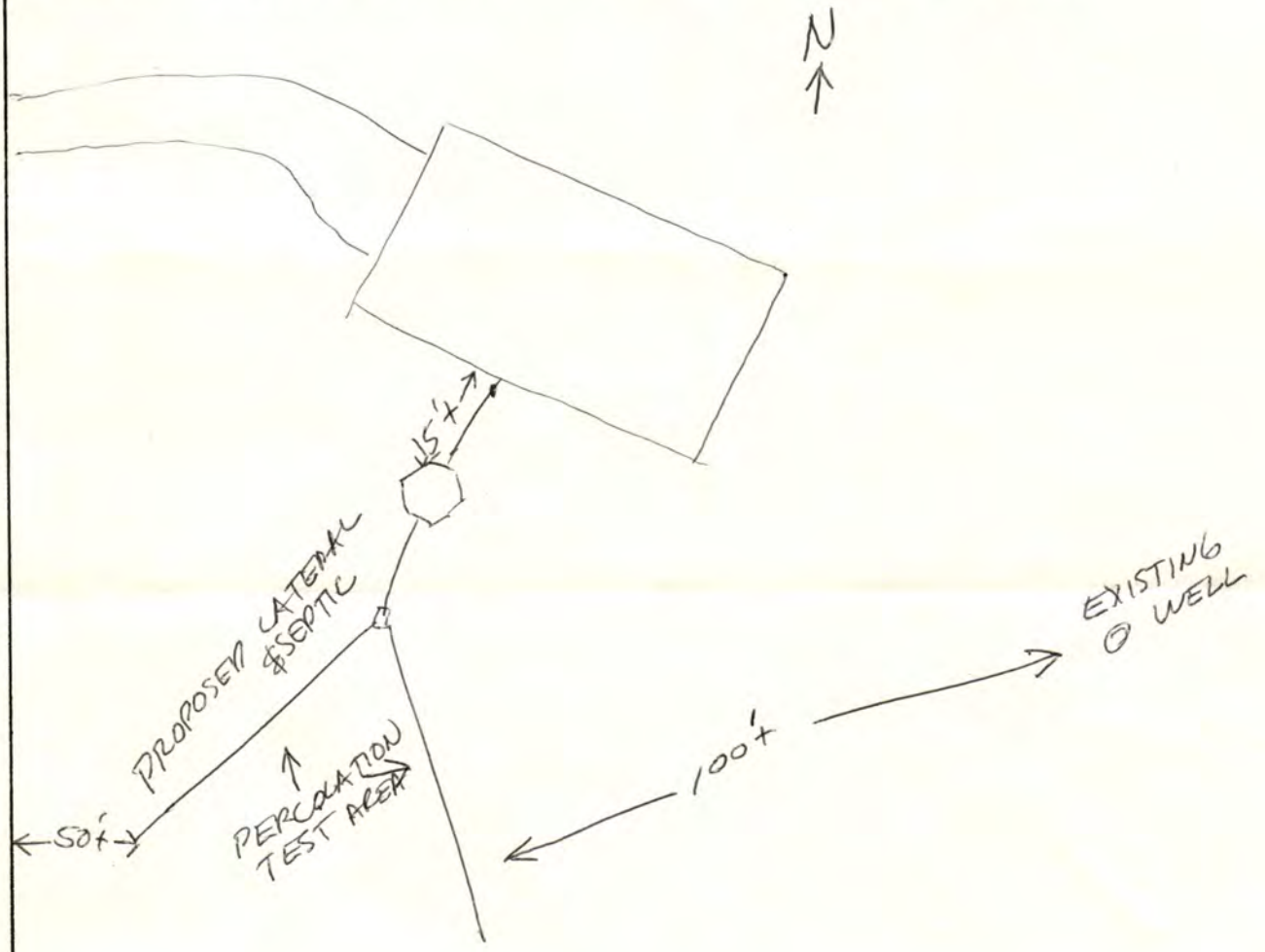
C

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

FILE NO. 2633

S. 64th

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



REBEL DRIVE

REVIEWING ACTION

Remarks: _____

Date: MARCH 10, 1988

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.

Jerrold C. Hood
Signature of Reviewing Official

RECEIVED AUG 2 2 1988

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: 8-17-88

FILE NO. _____

9030 So 65th St
9060

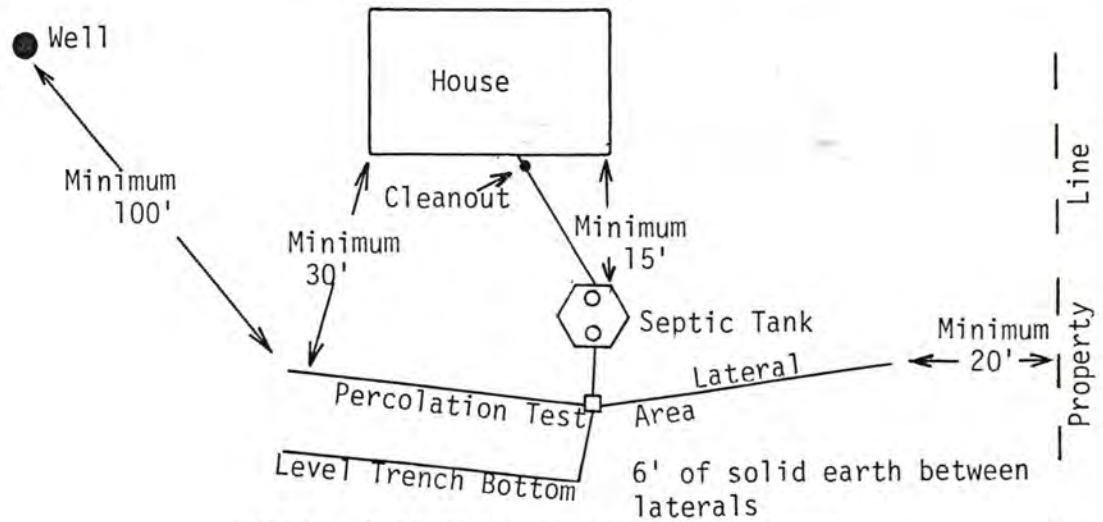
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 8 in.
3. Distance between dwelling and septic tank 107 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 100+ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 25 ft.

B. SEPTIC TANK:
1. Material Conc ; No. of compartments 2 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company pre cast)
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 20 in.
8. Distances to:
Well or Suction Line 107 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 40 ft.

C. DISTRIBUTION BOX:
1. Material Conc ; Number - available outlets 6 .
2. Factory Built: Yes ☒ No ☐
(Company pre cast)
3. Distance from Septic Tank 16 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 92 , 80 , _____ , _____ , _____ ft.;
Total length of laterals 172 ft.;
Distance between lateral lines 12 ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth _____ 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 25 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

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: _____

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP. 7N; RANGE 7E; SECTION 23; BLOCK 7

LOT 1; ADDITION _____; Street Address 6500 Rebel Drive

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed 1982

	NAME	ADDRESS	PHONE
Present Owner:	Thomas Lewell		
Tenant/Buyer:	Wayne E. Stuehm		
Return to:	Kim Neal Title	Woodland Lincoln NE	483-5911

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

Signature of Applicant Thomas Stuehm Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received 12/29/93 Received $~~75.00~~ 150.00 Check ☑ #541 Cash ☐

PRELIMINARY STATUS--DATE JANUARY 5, 1994

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 1/5/94 by J.C.H.
Bacteria	☒ 0	☐	Provisional:	☐	Date _____ by _____
Nitrate	☒ <0.1 ppm.	☐	Disapproved:	☐	Date _____ by _____

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY _____ DATE JAN 25 19 94

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

097

9712040001

NOV 1 8 1997

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

CR 3491

Legal Description of Property: Street Address 6500 Rebel Drive Lincoln, NE

Twp 9N Range 7E Section 29 1/4 1/4 Block 7 Lot 1 Addition Yankee Ridge

Directions to Property So. on 56th St. to Yankee Hill Rd, East to So. 66th St., So. to Rebel Dr.

Location of Well S.E of Property Tap Location: Inside ☐ Outside ☒

Location of Sewage System S.W edge of property ?? Year Installed 1988

	NAME	ADDRESS	PHONE
Present Owner:	Thomas & Dana Strasheim	6500 Rebel Drive Lincoln, NE 68516-2338	423-1958 - Home 483-1919 - work
CR 26549 Tenant/Buyer:	Gregory & Kristy Smith	Linc, NE	(483-0170 Buyer)
	Capitol Title Co.	Suite 150	
Return to:	Attn: Cheryl Oldham	4645 Normal Blvd Lincoln, NE 68506	(434-3700 Capitol)

Signature of Applicant Michael Pochobil Woods Bros. Agent for Buyers 432-3089

Address 7141 "A" St Lnc, NE 68510 Date 11/17/97

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	11/18/97	Date	/ /
Initials	[illegible]	Case No.	
Amount	150.00	Initials	
Check No.	1189		

PRELIMINARY STATUS--By John Chrss **DATE:** 11/20/97

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☑	☐	Approved	☑	Date / / by
Bacteria	☑ 0 /ml	☐ /ml	Provisional	☐	Date / / by
Nitrate	☑ 6.1 ppm	☐ ppm	Disapproved	☐	Date / / by

Comments: If the septic tank has not been pumped recently, it should be checked to see if it is necessary.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☑ **SEWAGE DISPOSAL SYSTEM:** Approved ☑ Provisional Approval ☐

Approved by John Chrss Date 12/3/97

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

AS BUILT DRAWING OF SYSTEM

DATE 8-17-88 INSTALLER Marlyn Schwartz

