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. 93380109101

Issued 11/12/93
Expires 05/12/94
Revenue Code 18754

Establishment
BRUCE SCHWARTZ
T9N R7E SEC 29
KENSINGTON ESTATES BLK 2 LOT 2

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"

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: $ 75.00

FILE NO. _____

DATE: 10-11-93

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 29 ;
   Block 2 : Lot 2 : Addition Kensington Estates
   Street Address 9101 to 5335 St

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

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

4. Distance to public sewer: _____ ft.

Bruce Schultz
Signature of Applicant (Owner or Lessee)

8800 So. 68th St. 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/10/93. Date Frwd. 11/12/93.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11/12/93. Date Frwd. 11/12/93.
   ACTION: Approved ☑ Disapproved ☐
   Signature: [illegible]

3. City or County Engineer: Date Rec'd. 11-12-93. Date Frwd. 11-12-93.
   ACTION: Approved ☒ Disapproved ☐
   Signature: Dennis Bakels

REMARKS OR REASONS FOR DISAPPROVAL 8-10-94 Sewer line and tank only at this time

Site Visits:
Date: 8-10-94 by: P.D.
Date: 8-30-94 by: P.D.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-30-94 By: Paul Thomann

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

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: 8-30-94

FILE NO. _____

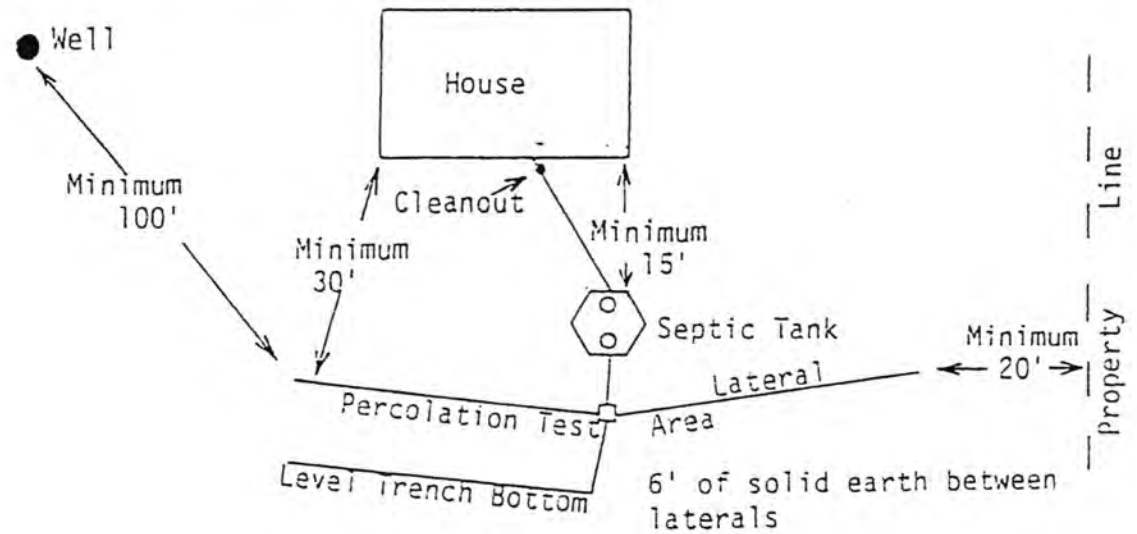
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 36 in.
3. Distance between dwelling and septic tank 32 ft.
4. Number of clean-outs ____.
5. Distances to:
Well or Suction Line 100 + ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 100 + ft.

B. SEPTIC TANK:
1. Material Conc; No. of compartments ____.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. 12 in.
Over Outlet; diam. 12 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 16 in.
8. Distances to:
Well or Suction Line 100' + ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 100' + ft.

C. DISTRIBUTION BOX:
1. Material concrete; Number available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company ____)
3. Distance from Septic Tank 68 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 6; Length of each line 100', ____, ____, ____, ____ ft.;
Total length of laterals ____ ft.;
Distance between lateral lines ____ ft
3. Trench dimensions: Width 12' ft.
Slope 1 in/100 ft.; Average Depth 36" in.
4. Filter Material: gravel
Depth of Material 30" in.
5. Distances to:
Well or Suction Line 100' + ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.




292.23'
BUILDING ENVELOPE
15' MIN.
NORTH
TENNIS COURT
388.75'
WELL
15' MIN.
436.80'
15' MIN.
REVERSED
45'
dist Box
32'
7'
68'
1500 gal Septic tank
100'
100'
12
12
15' MIN.
231.39'
50' MIN.
322.20'
LEGAL DESCRIPTION
LOT 2 BLOCK 2
KENSINGTON ESTATES
SCALE: 1" = 60'-0
SCHWARTZ CONST

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 9101 S. 53 LINCOLN

Parcel ID 16-29-204-002-000 (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 29 1/4 ___ 1/4 ___ Block 2 Lot 2 Addition Kensington Estates BL 2 Lot 2

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed 1994

Site Hazards (dogs, etc.) _____

	NAME	ADDRESS	PHONE
Present Owner:	[illegible]	[illegible]	421-3370
Tenant/Buyer:	BETH BEGERT	[illegible]	421-1925
Return to:	[illegible]	[illegible]	434-3673
			434-3605 (Fax)

Signature of Applicant Beth Begert Address [illegible] Date 8/15/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 8/14/03 Amount $200.00 Check No. 1194 Initials ___

DATA ENTRY Date ___/___/___ Case No. _____ Initials _____

PRELIMINARY STATUS--By Jerrold C. Hook **DATE:** 8/18/03

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☒ ____/ml	☐ ____/ml
Nitrate	☒ 1.0 ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 8/27/03 by JCH

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ELECTRICAL PLATE MISSING OFF OF WELL HEAD, IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. 8/27/03 Corrected, JCH ☐ See Attached Letter

FINAL STATUS

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

Approved by Jerrold C. Hook R.E.H.S. Date 8/29/03

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: 9-00

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 93400039801

Issued 11/12/93
Expires 05/12/94
Revenue Code 19851

Establishment
BRUCE SCHWARTZ
T9N R7E SEC 29
KENSINGTON ESTATES BLK 2 LOT 2

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 $ 150.00

FILE NO. _____

DATE: 10-11-93

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:

1. Legal description of property: Twp. 9N : Range 7E : Section 29
   Block 2 : Lot 2 : Addition Kensington Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe 9101 So. 53rd.
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well _____

Bruce Schwant
Signature of Applicant (owner or lessee)

8800 So. 68th St. 68516
Address

City Water No

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 11/10/93. Date Frwd. 11/10/93. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 11/15/93. Date Frwd. 11/15/93. Action: Approved ☒ Disapproved ☐ Signature: Gary Spain
3. City or County Engineers: Date Rec'd 11-15-93. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: L. Lee

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-30-94 by P.D
Date: _____ by _____
Date: _____ by _____

Nitrate Level 0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-30-94 By: Paul Williams

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

FORM 23-13