LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 92390030101

Issued 09/15/92
Expires 03/15/93
Revenue Code 18754

Establishment
LARRY SCHWARCK
T11N R7E SEC 30

FEES: $50.00

TOTAL $50.00

Permittee
LARRY SCHWARCK
8200 OLD CHENEY RD
LINCOLN NE 68510

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"

RECEIVED SEP 14 1992

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☐

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

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 9-10-92

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N; Range 7E; Section 30, SW¼;
Block_____; Lot_____; Addition_____
Street Address 27 Arbor Rd.

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 4
Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: add 1250 gal tank & 0 bay ; 325' perf pipe lateral

5. Work to be done by: Owner ☐; or Contractor ☑, Schwarck Trenching
Contractor's Name

6. Estimated cost of project:

a. Materials	$_____
b. Labor	$_____
c. Other	$_____
TOTAL	$_____

Larry Schwarck
Signature of Applicant (owner or lessee)

8200 Old Cheney Rd.
Address Lincoln, NE

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 9-14-92
Filing Fee: $ 50.00

2. Site Visits:
Date: 9-11-92 by: rm
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Ron Nygaard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-15-92 by: Ron Nygaard

RECEIVED SEP 14 1992

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 _____; 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: 9-2 to 9-3-92. Weather: Precip. _____ Temp. _____

27th & Arbor Rd.

OWNER: _____

Address: _____

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	32	9-2	6:00 pm	9-3	9:00	9-3	11:00	18⅓	11:30	19	~~8~~	~~7⅔~~	
2								18		19	30	1	
3								17½		18½		1	
4								18⅓		19½		1	
5								10½		11		½	
6								17½		19½		2	

L Schwarck trenching
Signature of Person Conducting Test

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

Address 6200 old Cheney Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

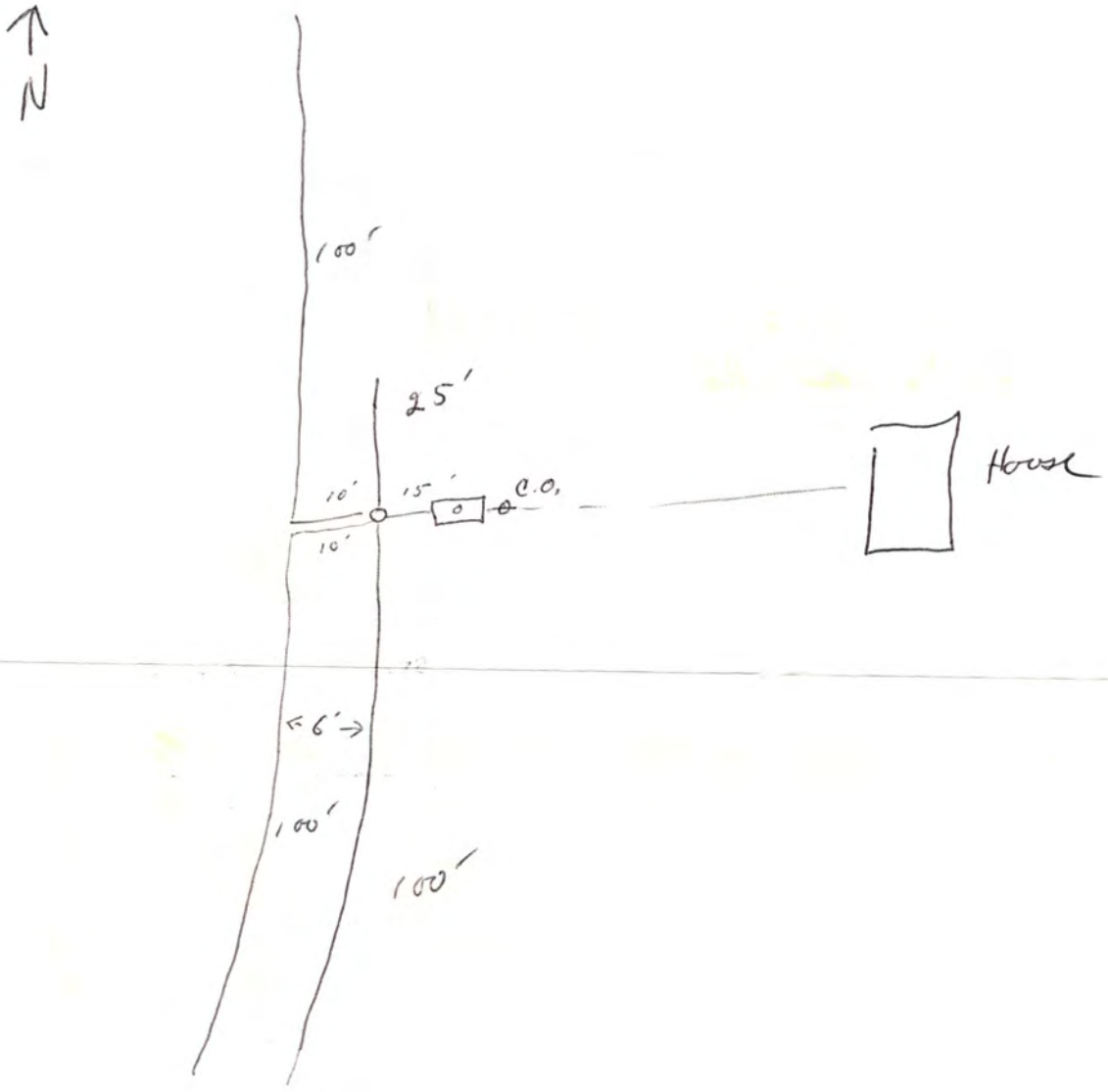
Remarks: _____

Soil Type (SCS): _____

Date: _____

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

_____
Signature of Reviewing Official


N
100'
25'
10'
15'
C.O.
House
10'
6'
100'
100'