Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 99390062201

Issued 06/09/99
Expires 12/09/99
Revenue Code 3157

Establishment

LARRY SCHWARCK
T10N R6E SEC 29
3640 W A ST

FEES: $50.00

Permitee

LARRY SCHWARCK
8200 OLD CHENEY RD
LINCOLN NE 68516-3827

TOTAL: $50.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010539

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
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 6-8-99

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. 10N ; Range 6E ; Section 29 ;
Block _____ ; Lot _____ ; Addition _____
Street Address 3640 W A St.

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
No. Bedrooms 3 Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: add 100' Infiltration in 3' Wide bench

5. Work to be done by: Owner ☐ ; or Contractor ☒ , L Schewarch
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	1400

L Schewarch
Signature of Applicant (owner or lessee)

8200 old Cheney
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 06/08/99 LS
Filing Fee: $ 50.00 #1973

2. Site Visits:
Date: 6/8/99 by: J. C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/8/99 by: Jerrold Hood

House
13'
3'
Co
36'
Tank
100'
44'
17'
56'
10'
20'
ADDED 6/8/92
#11 DICKENSON
SANDY LOAM
CLAY AREA
N

FILE # 2751

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — 6 MONTHS

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

SCOTT FITZGERALD, GENERAL EXCAVATING 4401 NO. 27TH LINCOLN, NE 68521

LICENSEE OR PERMITTEE — ADDRESS

T10N; R6E; Sec 29; SW¼ SW¼

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: $_____

FILE NO. 2751

DATE: 10-6-88

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. 10N ; Range 6E ; Section 29 ;
   Block _____ : Lot _____ : Addition SW¼ SW¼
   Street Address 3640 W Ast Lot 85

2. Property Use: Residential ☒ 3 ; Commercial ☐ Other Use ☐
   No. of Bedrooms _____. Describe _____

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

4. Distance to public sewer: _____ ft.

Scott Fitzgerald Consultant
Signature of Applicant (Owner or Lessee)

4401 N 27th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/6/88. Date Frwd. 10/7/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp. or Village Clerk: Date Rec'd. 10-7-88. Date Frwd. 10-7-88. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 10-7-88. Date Frwd. 10-7-88. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL NO WELL PERMIT YET

Site Visits:
Date: 10/27/88 by: J.C. Nood ~~need drawing~~
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/14/88 By: Jerrold C. Nood

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 10 ; Range 6 ; Section & ¼ Section 29 SW¼ SW¼.
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: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: John Bucher

Address: 3640 West A

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"	10-3	5:00	10-4	5:00	10-4	5:00	12"	6:00	10½	30	1½	
2								12"		9½		2½	
3								12"		10½		1½	
4								12"		4½		7½	
5								12"		8		4	
6								12"		8		4	

Terry Clifton (general excavator)
Signature of Person Conducting Test

Address 4401 NO 27th Phone 467-1627

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Morrill Clay Loam with Sandy spots
Date: OCTOBER 6, 1988

Approved Percolation Rate (a)
A. 9 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: October 6, 1988

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 119 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 476 sq.ft.

Gerald C. Hood
Signature of Reviewing Official

474-7874

John Butcher
3640 WEST A
Lincoln NEBR

10-27-88

A St.



