LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 96390051301

Issued 08/26/96
Expires 02/26/97
Revenue Code 18754

Establishment
LARRY SCHWARCK
T10N R6E SEC 31
HIGH RIDGE ACRES BLK 5 LOT 10
4601 W PEACH STREET

FEES: $50.00

TOTAL $50.00

Permittee
LARRY SCHWARCK
8200 OLD CHENEY RD
LINCOLN NE 68510

Issued By M. Jane Ford
Health Director

2507

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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: 8-19-96

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 31 ;
Block 5 ; Lot 10 ; Addition High Ridge
Street Address 4601- W Peach

2. Property Use: Residential X ☐; 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: Pump Lagoon
Dig out sludge - raise dike on lagoon & repair
sewer inlet

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

6. Estimated cost of project:

a. Materials	$	100
b. Labor	$	700
c. Other	$	100
TOTAL	$	900

Larry Schwarck
Signature of Applicant (owner or lessee)

8200 old cheney
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: _____ by: L.C.H. No change in position or construction
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/5/98 by: J. C. Hood

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 93390035801

Issued 11/16/93
Expires 05/16/94
Revenue Code 18754

Establishment
WENDY SHEETS
T10N R6E SEC 31
HIGH RIDGE ACRES BLK 5 LOT 10
4601 W PEACH STREET

FEES: $50.00

TOTAL $50.00

Permittee
WENDY SHEETS
4601 W PEACH ST
LINCOLN NE 68522

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 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: 11/15/93

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 31 ;
Block 5 ; Lot 10 ; Addition HIGH RIDGE ACRES
Street Address 4601 W. Peach.

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

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

4. Description of proposed alteration, extension or repair: New Pipe from House to Lagoon.

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ OVER $400.00

Wendy Sheets
Signature of Applicant (owner or lessee)

4601 W. Peach Lincoln 685
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 11/15/93 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

FILE NO. 709

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

April 20, 1976
THIS LICENSE OR PERMIT EXPIRES

Bernice M. Prell
LICENSEE OR PERMITTEE

Route #7, Lincoln
ADDRESS

TO
NAME OF ESTABLISHMENT, IF ANY

T9N; R6E; Sec. 31; Bl. 5; Lot 10; High Ridge Acres Add.; Lagoon
ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ NO FEE	$	$	$	$ NO FEE
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
110.15	110.16	148.14	6-2	
SERIAL NO. 624-1536	DATE	AMOUNT		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO._____

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

DATE:_____

The undersigned hereby requests SITE CLEARANCE 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 31
Block 5 ; Lot 10 ; Addition High Ridge acres
Street Address_____

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

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

4. Distance to public sewer:_____ft.

Bernice M Snell 435-6166
Signature of Applicant (Owner or Lessee)

Rt. #7, Lincoln, Nebraska
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/17/75. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: Date Rec'd. 10-21-75. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature:

3. City ~~or County~~ Engineer: Date Rec'd. 10-21-75. Date Frwd. 10-21-75. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL_____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO._____

DATE:_____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N ; Range 6E ; Section 31 ; Block 5 ; Lot 10 ; Addition HIGH RIDGE ACRES.
Street Address_____.

2. Property Use: Residential_____ [X]; Commercial_____ [ ]
No. of Bedrooms 2 Describe:_____
Other Use_____
Describe:_____

3. Type of Individual Sewage Disposal System: Septic Tank [ ]; Other [X]

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Bernice M Pfeil
Signature of Applicant (owner or lessee)

Rt. #7, Lincoln, Nebraska
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;_____
Filing Fee: $ No fee

2. Site Visits:
Date:_____ by:_____
Date:_____ by:_____
Date:_____ by:_____

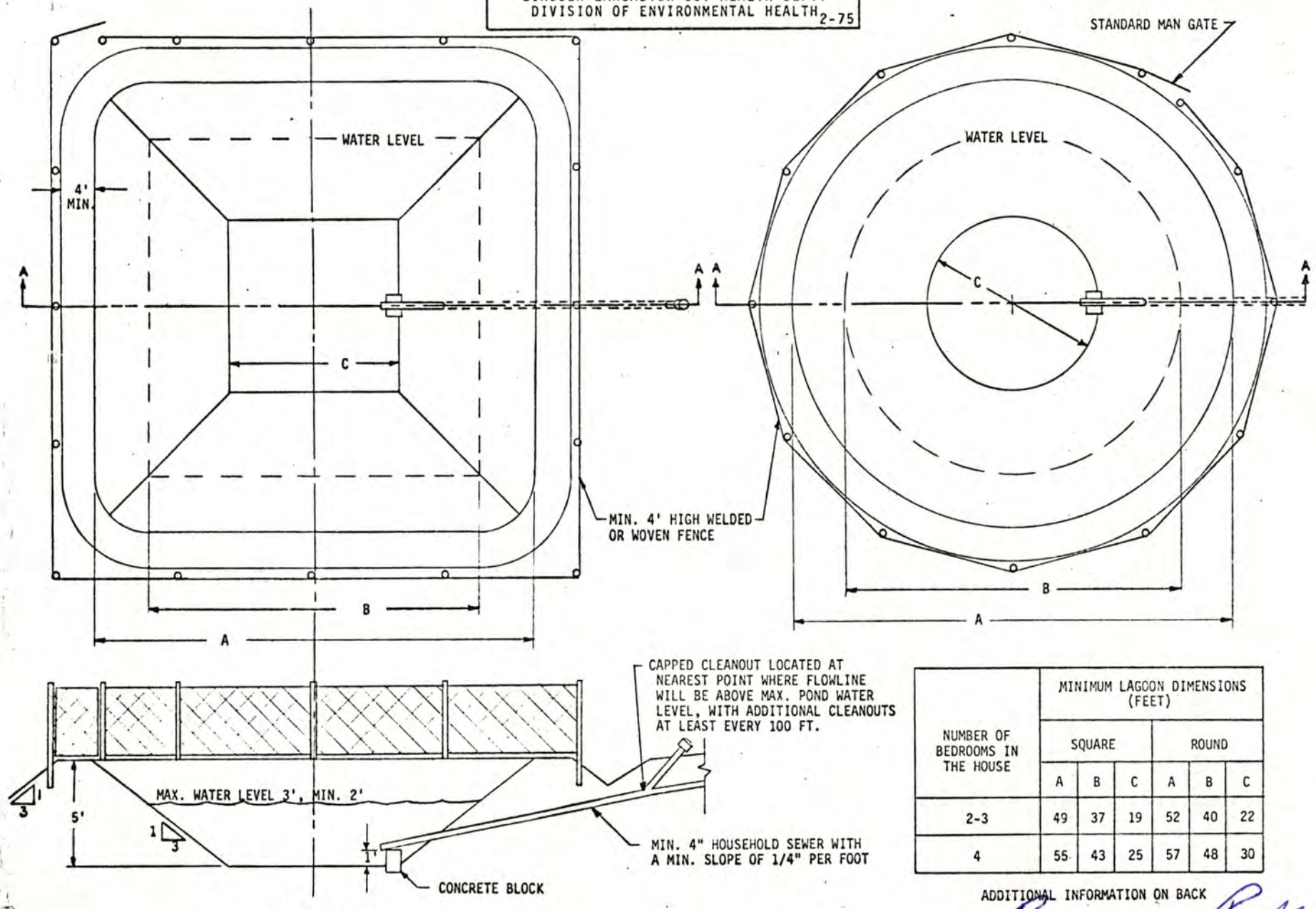
3. Date: Approved [X]; Disapproved [ ] 10/17/75
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL *
Date: 7-25-77 by: James Wewerka

* Closed off this date

WASTE STABILIZATION POND

LINCOLN-LANCASTER CO. HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH 2-75



SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	MINIMUM LAGOON DIMENSIONS (FEET)					
	SQUARE			ROUND		
	A	B	C	A	B	C
2-3	49	37	19	52	40	22
4	55	43	25	57	48	30

ADDITIONAL INFORMATION ON BACK

SIGNATURE OF APPLICANT Bernice M. Ball

HD-46(75)

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 241

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — July 19, 1972

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Robert Gilliam — Route #8, Lincoln, Nebraska

LICENSEE OR PERMITTEE — ADDRESS

T10N; R6E; Sec. 31; Bl. 5; Lot 10; High Ridge Acres Add.

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: Non-Transferable

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624 110.15 1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

FORM HD-30(67) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 241

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

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described herein:

1. Legal description of property: Twp. 10N; Range 6E; Section 31;
Block 5; Lot 10; Addition _____;
Street Address Highridge Acres

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms 2. Describe: _____

Other Use _____ [ ]
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Distance to public sewer: _____ ft.

Robert Gilliam
Signature of Applicant (owner or lessee)
by Roger Bailey
Rt 8 Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 1/19/72. ACTION: Approved [X] Disapproved [ ]
Date Frwd. _____. Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 1-19-72. ACTION: Approved [X] Disapproved [ ]
Date Frwd. _____. Signature: Charles Seale By R.G.

3. City Engineer: Date Rec'd. _____. ACTION: Approved [✓] Disapproved [ ]
Date Frwd. 1-19-72. Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

FINAL ACTION ON SITE CLEARANCE: Approved [ ] Disapproved [ ]

Date Applicant Notified: _____ Signature _____

241

FORM HD-32(67) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 241

DATE: June 18, 1972

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with Lincoln City Ordinance No. 9150, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N; Range 6E; Section 31;
Block 5; Lot 6; Addition ____;
Street Address Hedgeridge Acres

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. of Bed Rooms 2 Describe: ____

Other Use ____ [ ]
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Plans and Specifications of Proposed System. (See FORM HD-32a(67) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-33(67) SOIL ABSORPTION TEST DATA REPORT, attached hereto.)

Robert Dillin
Signature of Applicant (owner or lessee)
Roger Bailey

Rt 8. Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 30.00

2. Date Site Clearance ____

3. Site Visits:
Date: 6/2/72 by: J.C.H.
Date: ____ by: ____
Date: ____ by: ____

4. Date: Approved [X]; Disapproved [ ]: 6/19/72
by: Jerrold C. Hood

5. BUREAU OF LICENSES & PERMITS
Date Notified: ____
Date Issued: ____ Serial ____

6. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/2/72 by: Jerrold C. Hood

FORM HD-32a(67) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM
(Annex to Application)
Ordinance No. 9150

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 432-7611)

FILE NO. 241

SPECIFICATIONS

DATE: Jan 18, 1972

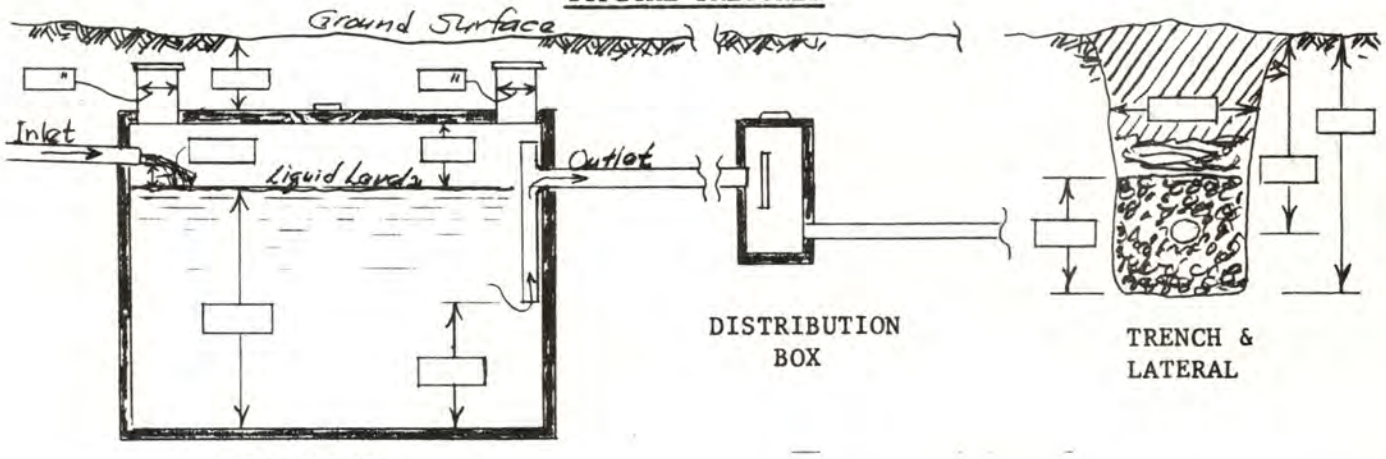
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 53 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 50 ft.;
Stream — ft.; Pressure Line — ft.;
Property Line — ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Fiberglass; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 50 in.
3. Factory Built: Yes [X] (Company CORRIGATED FIBERGLASS) No [ ]
4. Manholes: Over Inlet; diam. 16 in.
Over Outlet; diam. ___ in.
Below Grade 24 in.
5. Inlet: Baffle [ ]; or Tee [X]
6. Outlet: Baffle [ ]; or Tee [ ]
Depth of outlet below inlet 2 in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line 80 ft.;
Stream — ft.; Pressure Line — ft.;
Property Line — ft.

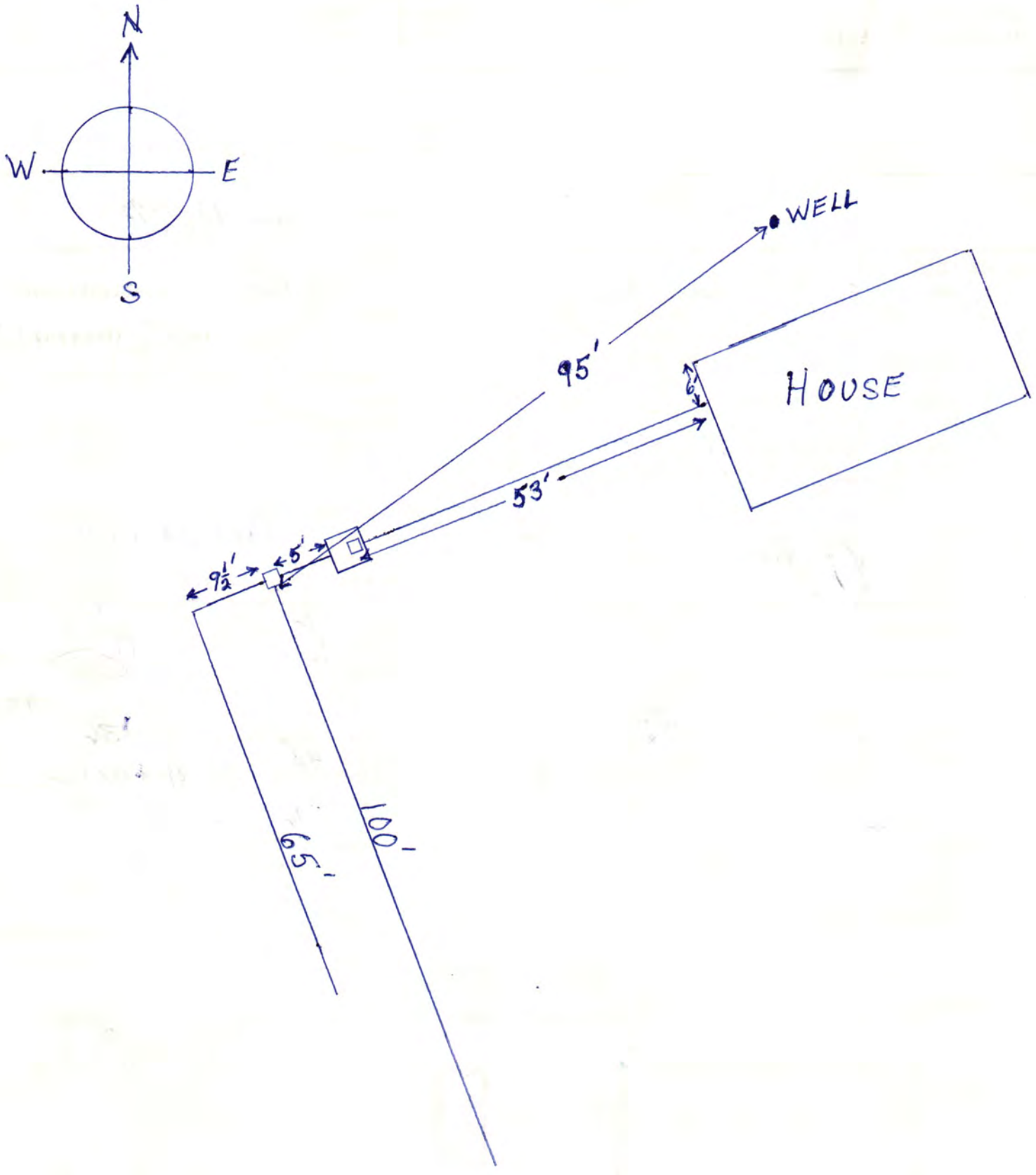
C. DISTRIBUTION BOX
1. Material CON; No. available outlets 5.
2. Factory Built: Yes [X], (Company PRE-CAST STEP No [ ]
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 5 ft.
5. Serial Distribution: Yes [ ], No [X] (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Lat round
2. Lateral Lines: Depth below grade ___ in.
Number 2; Length of each line 100 ft
Total length of Laterals 165 ft.; ~~165~~
Slope 6 in/100 ft. Diameter of pipe 16 in.; Shape O
Material: concrete [ ]; fiber
asbestos [ ]; clay [ ]; other ___
Distance between lateral lines 9½ ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: gravel.
Depth of material from trench bottom 16 in.
5. Distances To:
Well or Suction Line 95 ft.;
Stream — ft.; Pressure Line — ft.
Property Line — ft.
6. Percolation Rate: ___ minutes/inch

TYPICAL SKETCHES



Signature of Applicant


N
W
E
S
WELL
95'
6'
HOUSE
53'
9½'
5'
65'
100'