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. 93380109001

Issued 11/09/93
Expires 05/11/94
Revenue Code 18754

Establishment
JOHN SCHWARTZ
T11N R6E SEC 35
LOT 8
7000 N 1 STREET

FEES: $150.00

TOTAL $150.00

Permittee
JOHN SCHWARTZ
7000 N 1 ST
LINCOLN NE 68521

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: $ 150.00

FILE NO. _____

DATE: 11-10-93

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. 11-W ; Range 6E ; Section 35 ;
   Block _____ : Lot 8IT : Addition _____
   Street Address 7000 N 1st

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.

John A Schroot
Signature of Applicant (Owner or Lessee)

7000 N 1st 68521
Address

(Do not write below this double line)

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.: or Village Clerk Date Rec'd. 11/10/93. Date Frwd. 11/10/93. ACTION: Approved ☒ Disapproved ☐ Signature: Kay Spur
3. City or County Engineer: Date Rec'd. 11-10-93. Date Frwd. 11-10-93. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL PREEXISTING WELL

Site Visits:
Date: 12-7-93 by: rm site lagoon location south + north.
Date: 1-10-94 by: rm dense stand of trees east, west line.
Date: 6-10-98 by: rm DE. to call trees within 50 ft.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-21-98 By: Ron Maynard

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: _____

FILE NO. _____

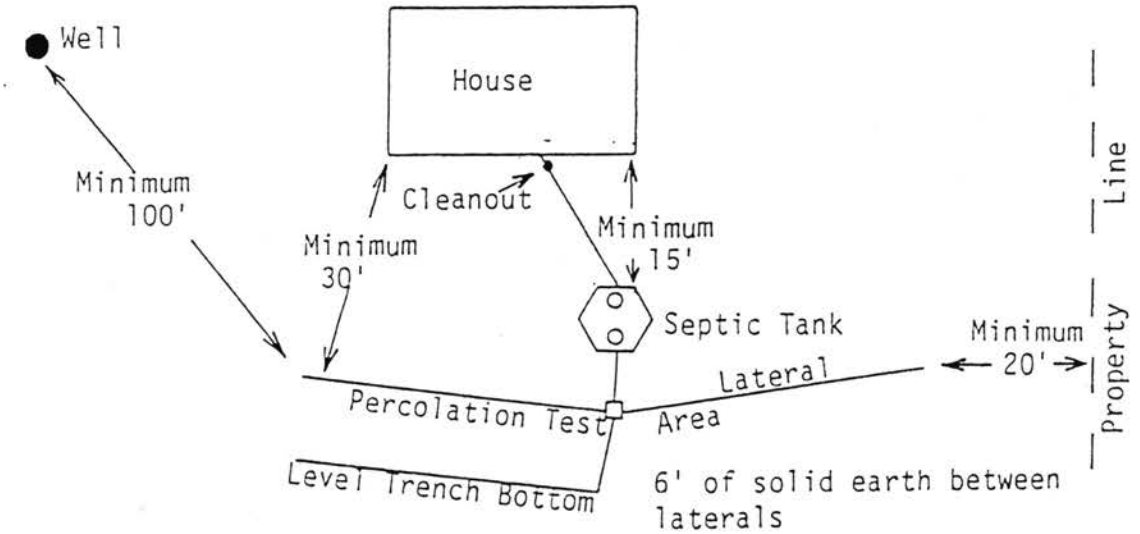
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

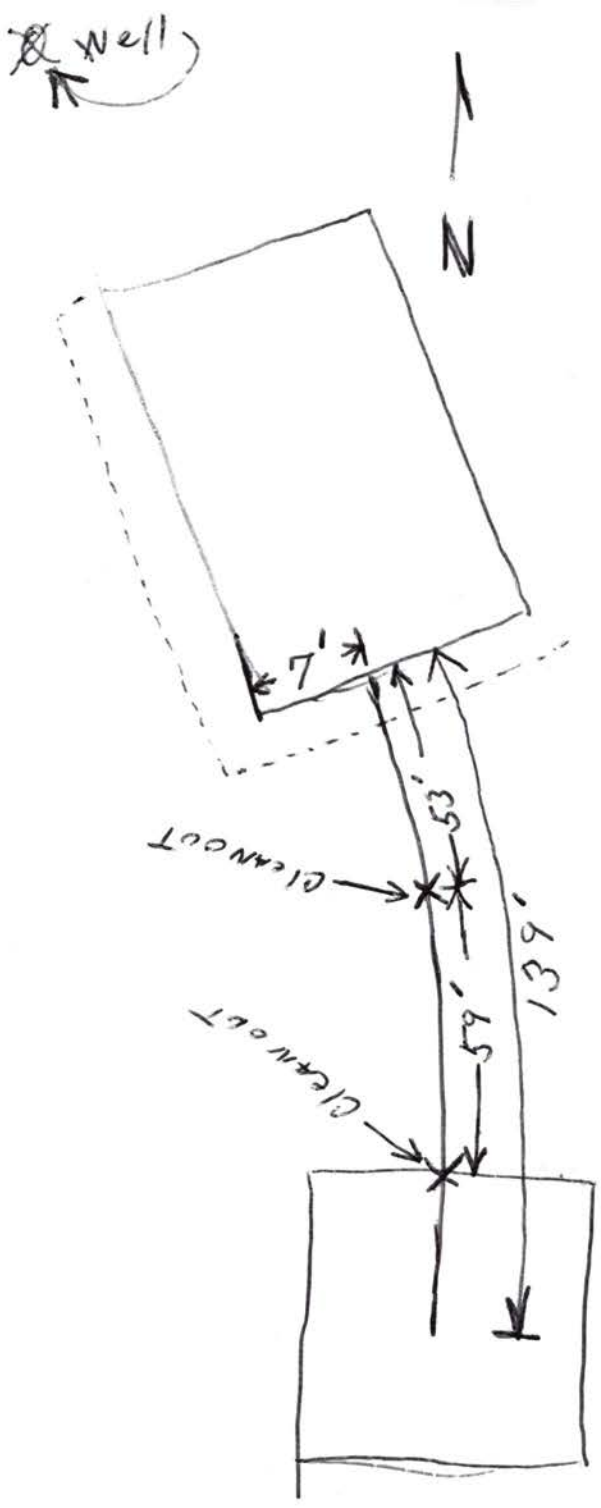
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



Capital City Trenching
1-10-94

FILE #2538

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEPTIC SYSTEM CONSTRUCTION — JANUARY 31 1988

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

JON C. MIRGAARD — 1411 BENTON — LINCOLN, NE 68521

LICENSEE OR PERMITTEE — ADDRESS

T11N, R6E, Sec 25; NW¼ I.T.; 7000 No. 1 Street

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

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. 2538

DATE: July 30, 1987

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. 11N ; Range 6E ; Section 35 ;
   Block _____ : Lot _____ : Addition NW 1/4 IRREGULAR TRACT
   Street Address 7000 N. 1ST 30 ACRES

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

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

4. Distance to public sewer: N/A ft.

Jon C Nungaard
Signature of Applicant (Owner or Lessee)

1411 Benton Lincoln
Address 68521

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/30/87. Date Frwd. 7/31/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nook

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/31/87. Date Frwd. 7/31/87. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Shenwick

3. City or County Engineer: Date Rec'd. 7/31/87. Date Frwd. 7/31/87. ACTION: Approved ☒ Disapproved ☐ Signature: Lloyd D. Mc

REMARKS OR REASONS FOR DISAPPROVAL HAS PRE-EXISTING WELL

Site Visits:
Date: 9-21-87 by: no gravel & need drawing
Date: 9-22-87 by: need drawing
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-23-87 By: Ken Mogard

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. 2538

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range R6E ; Section & ¼ Section 35 NW¼
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 ☐. Holes 1-2-3-4
Dates of Tests: 7-25-87 to 7-26-87. Weather: Precip. 0 Temp. 85°.

Holes 5-6 had water in From Pre-Test
Holes 5-6 - Clay Loam

OWNER: John Mumgard
Address: 1411 Benton Lincoln NE. 435-7307

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"	7-25	10:00 Am	7-26	6:00 Am	7-26	6:00 Am	6"	10:30 Am	5"	30m	1"	
2	36"	7-25	10:00 Am	7-26	6:00 Am	7-26	6:00 Am	6"	10:30 Am	4"	"	2"	
3	36"	7-25	10:00 Am	7-26	6:00 Am	7-26	6:00 Am	6"	10:30 Am	4 7/8"	"	1 1/8"	
4	36"	7-25	10:00 Am	7-26	6:00 Am	7-26	6:00 Am	6"	10:30 Am	4 3/8	"	1 5/8"	
5	36"	7-25	10:00 Am	7-26	6:00 Am	7-26	6:00 Am	6"	10:30 Am	5 3/4	"	1/4"	
6	36"	7-25	10:00 Am	7-26	6:00 Am	7-26	6:00 Am	6"	10:30 Am	5 3/4	"	1/4"	

Mike Hoagland
Signature of Person Conducting Test
Address 3833 NW 52nd Phone 464-0638

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

(Do not write below this line) Pre-Cast-Step CO.

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: JULY 30, 1987

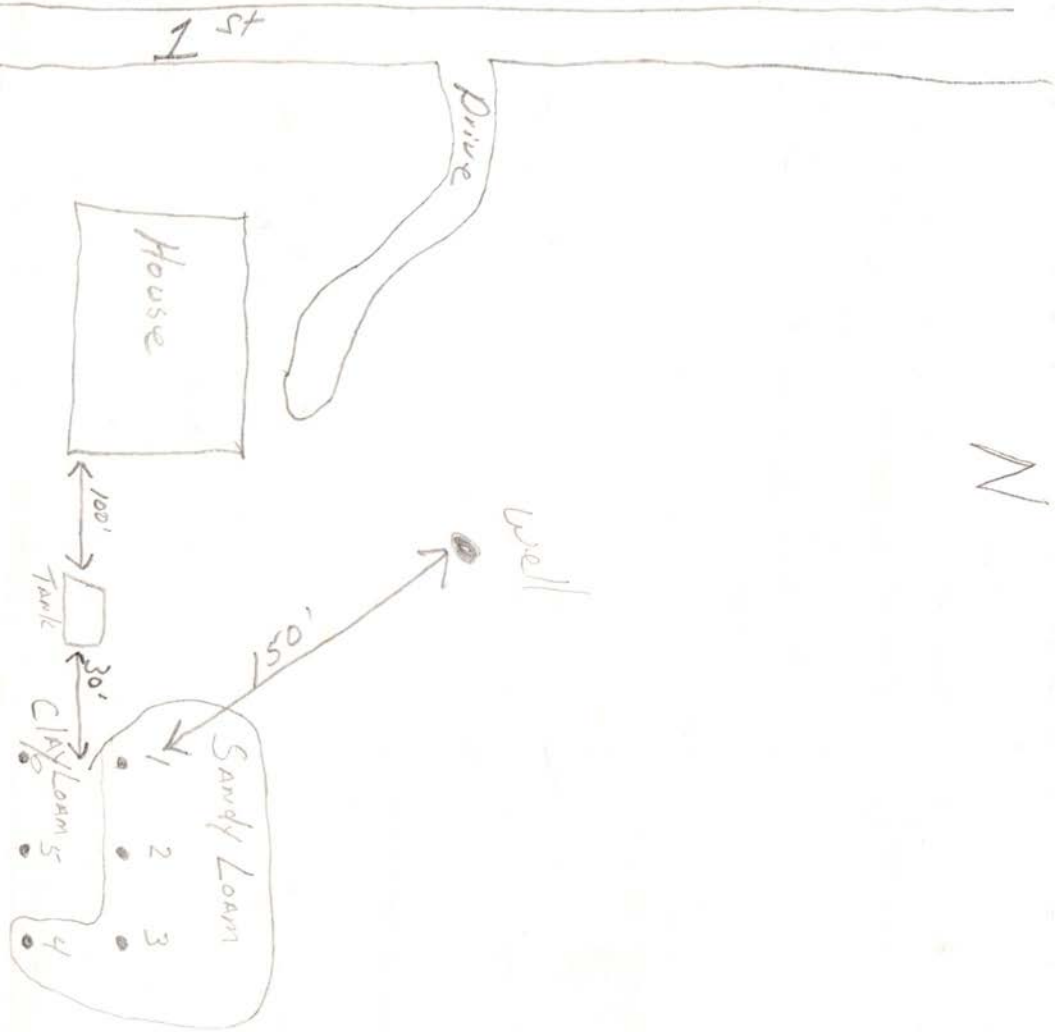
Approved Percolation Rate (a)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

PORTLAND AND MASONRY CEMENTS ● CHEMICAL AND BUILDING LIMES
ASH GROVE CEMENT COMPANY

OVERLAND PARK, KANSAS
(913) 451-8901

OMAHA, NEBRASKA
(402) 341-5234



MEMBER pca PORTLAND CEMENT ASSOCIATION

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. 2538

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

REVIEWING ACTION

Remarks: _____

Date: July 30, 1987

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 967 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official

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: _____

FILE NO. _____

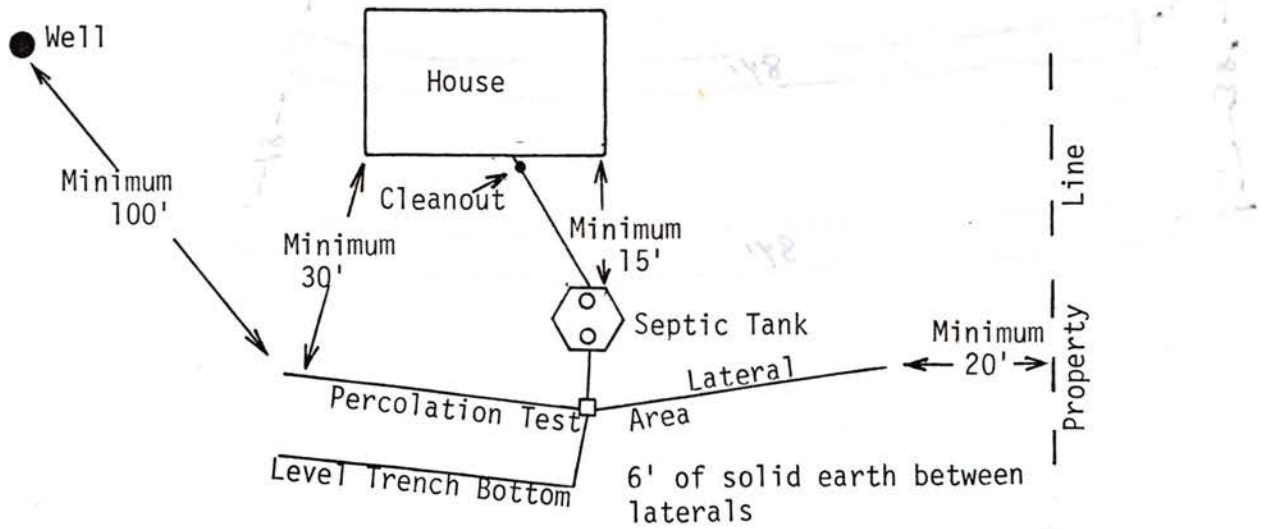
SPECIFICATIONS AS BUILT 7000 NW 1st John Mumgard

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 104 ft.
4. Number of clean-outs 2 .
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material Concrete No. of compartments 1 .
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. 5 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 12 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
3. Distance from Septic Tank 12'4" ft.

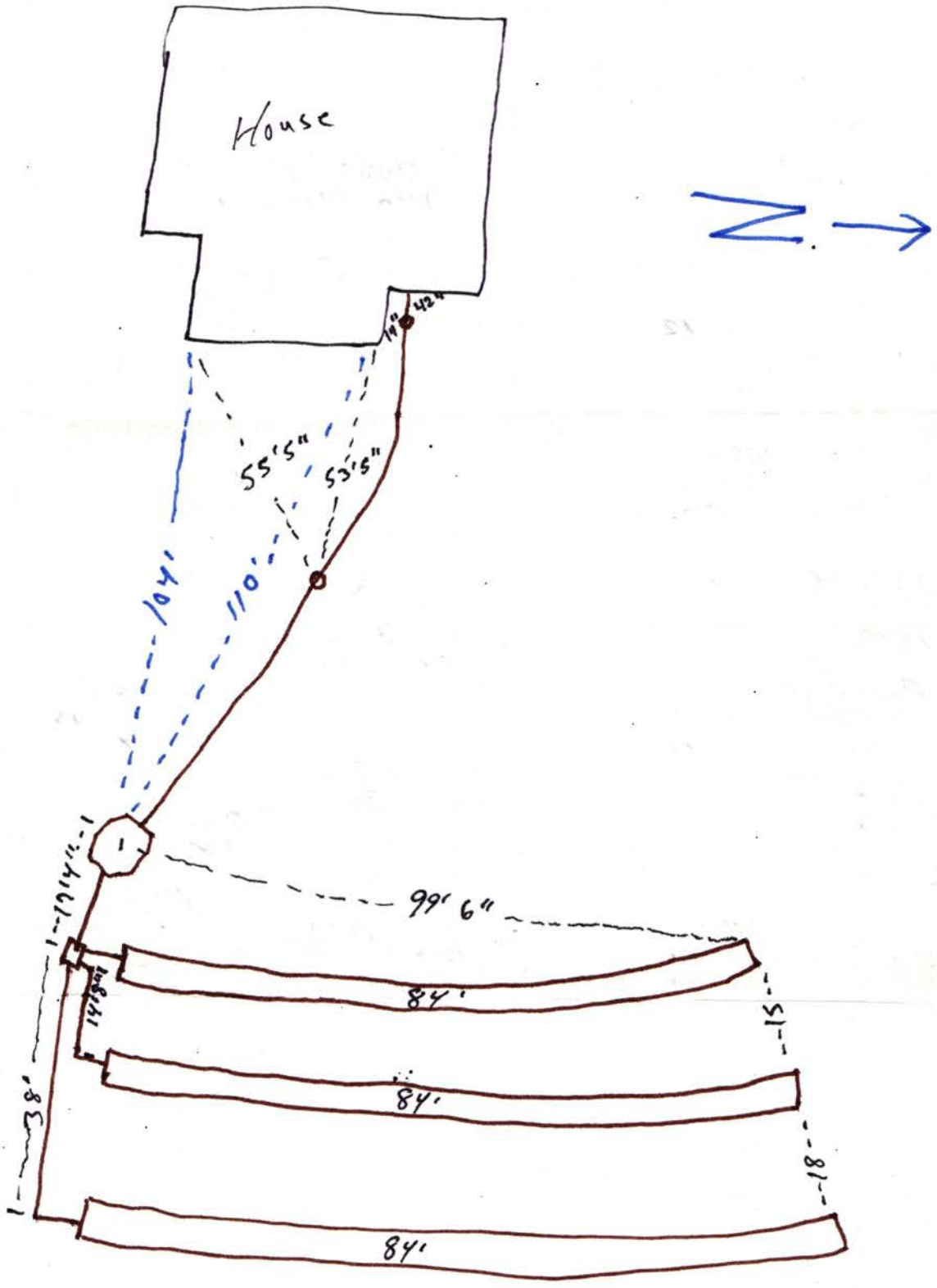
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22" or Perforated Pipe ____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____ .
2. Lateral Lines:
Number 3 ; Length of each line 84 , 84 , 84 , ____ , ____ ft.;
Total length of laterals 252 ft.;
Distance between lateral lines 15 ft.
3. Trench dimensions: Width 4 ft.;
Slope 1 Tenth in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 9-22 INSTALLER Vogt T+T



Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☒ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 7000 North 1st

Twp 11N Range 6E Section 35 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 1/2 mile north of Hwy 34 on North 1st st on the East side

Location of Well North of House 100 FT Tap Location: Inside ☐ Outside ☒

Location of Sewage System South of House 200 FT Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	John Bonnie Schwarz	7000 N 1st Lincoln NE 68521	435 8815
~~Tenant/Buyer:~~			
Return to:	John & Bonnie Schwarz	7000 N. 1st Lincoln, NE 68521	435-8815

Signature of Applicant John Schwarz Address 7000 N 1st Date 5 / 6 / 94

HEALTH DEPARTMENT USE ONLY

Date Received 5 / 12 / 94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Maravant **DATE:** 5 / 13 / 94

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☒

Disapproved ☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: ___

See Attached Letter ☒

FINAL STATUS

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

Approved by Ron Maravant, R.S. Date 5 / 24 / 94

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.