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 # 00390067901

Issued 10/10/00
Expires 04/01/01
Revenue Code 3157

Establishment

JOE SWARTZ
T10N R8E SEC 14 QTR NW
STEVENS CREEK-E1/2 LOT 1
16801 ADAMS ST

FEES: $100.00

Permitee

JOE SWARTZ
16801 ADAMS ST
LINCOLN NE 68527

TOTAL: $100.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013812

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

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

Septic System

Lincoln-Lancaster County HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. 003900679

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

DATE: 9-20-00

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. 10 N ; Range 8E ; Section 14 ;
Block W ½ NE¼ ; Lot 1 ; Addition
Street Address 16805 (16805)

2. Property Use: Residential ☒; Commercial ☐
No. Bedrooms 3 Describe
Other Use ☐
Describe Sharpsburg soil - same as location at 16801 with "perc test"

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

4. Description of proposed alteration, extension or repair: replace 200' lateral with 1 filtrator in 4' wide trench + replace D box + 38' sewer from tank to D box

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 2900.00

Larry Schwank
Signature of Applicant (owner or lessee)

6200 Old Cheney Rd.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 10-10-00
Filing Fee: $ 100.00

2. Site Visits:
Date: 10-13-00 by: [illegible]
Date: by:
Date: by:

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: oct-19-00 by: Ron Mayhew

Rec'd 10/10/00 # 2663 $100 cc Also New

OCT 17 2000

D

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

replace 200' lateral

Sewage Disposal System

As Built Plans & Specifications

Date 10-13-00

System Location (Indicate correct number and street)

Address 16805 Adams (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished 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
3. Distance from septic tank: _____ ft.

D. Absorption Field

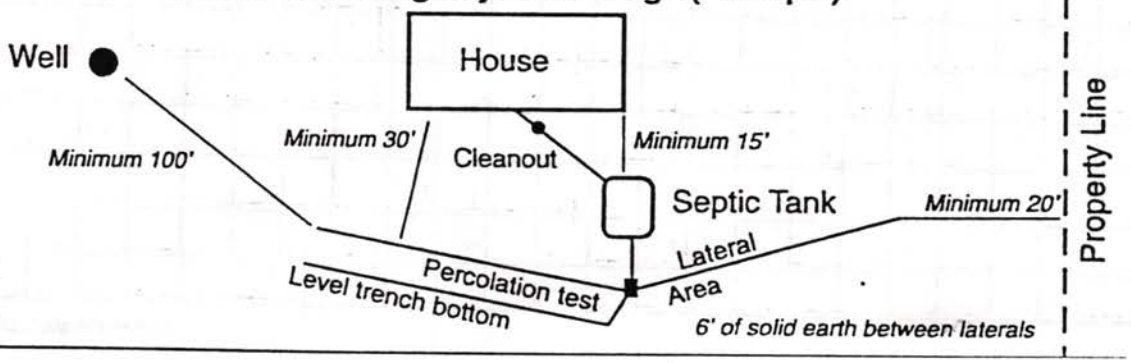
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 16" Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 102 ft. 102 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope — in/100 ft.
   Average depth 36 in
4. Filter material: _____
   18" Depth of material Road Gravel in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)

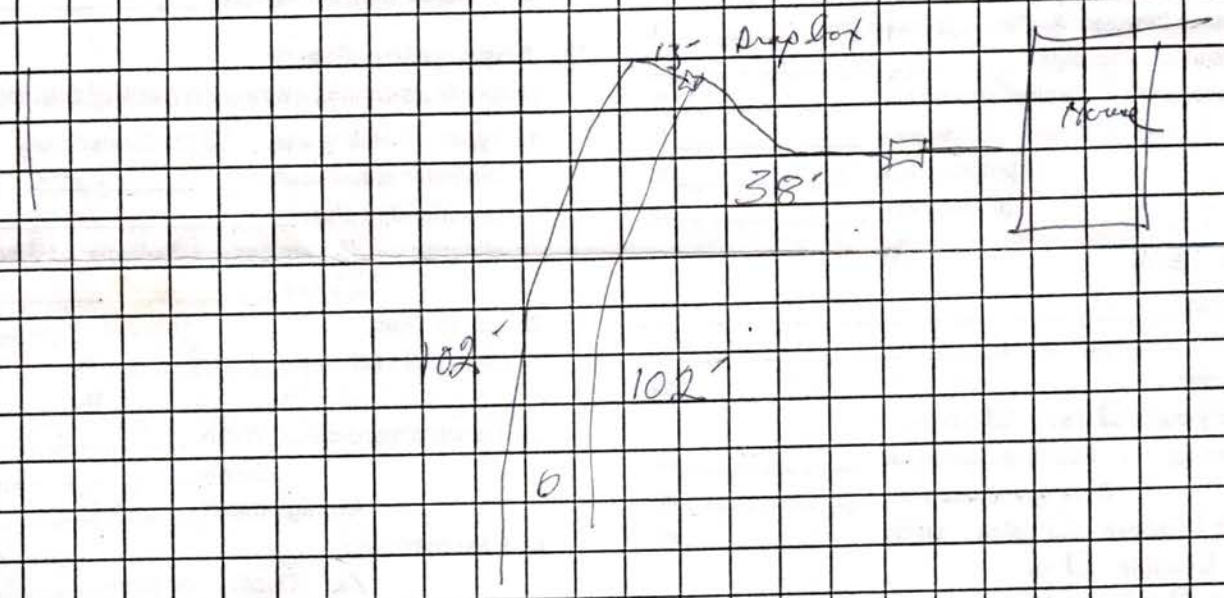


FORM 23-103 10-96

As Built Drawing

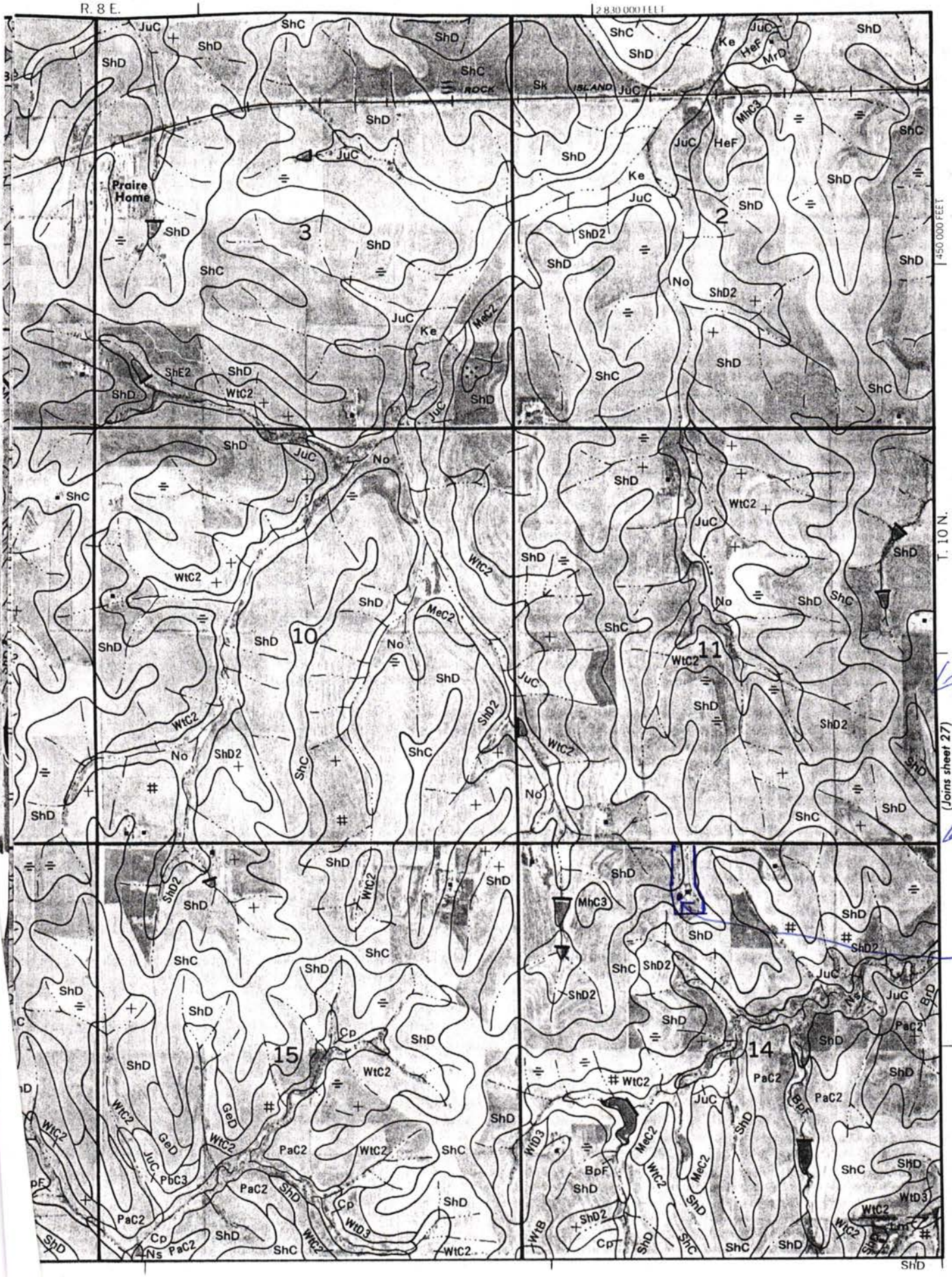
by Larry Schwanek
16805 Adams
replace 200' Infiltrator

Indicate North with Arrow



Approximate Scale: _____ ft. = _____ grid line/s

NEBRASKA — SHEET NUMBER 26



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 16805 Adams

Parcel ID Lot - 14 - NW - 14 - 10 - 8 (i.e. 99-99-999-999-999)

Twp____ Range____ Section____ 1/4____ 1/4____ Block____ Lot____ Addition____

Directions to Property 16805 Adams

Location of Well N/A Tap Location: Inside ☐ Outside ☐

Location of Sewage System West Side of House Year Installed 2001

Site Hazards (dogs, etc.)____

	NAME	ADDRESS	PHONE
Present Owner:	ROBERT + Jean CASSIDY	SAME	781-2112
Tenant/Buyer:			525-3837
Return to:			(Fax)

Signature of Applicant [signature] Address 16805 Adams Lincoln, NE Date 12/22/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 12/24/03 Amount 200.00 Check No. 6348 Initials ns

DATA ENTRY Date__/__/__ Case No.____ Initials____

PRELIMINARY STATUS--By Ron Maynard Rural Water Dist. **DATE:** 12/24/03

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

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date__/__/__ by____

Date__/__/__ by____

Date__/__/__ by____

Comments: Recommend checking to see if septic tank needs pumping. A permit to add 200 Lf of lateral field lateral has been inspected and approved in October of 2000. There is no record of the sewer line or septic tank on file. Thus, a provisional approval See Attached Letter ☐

FINAL STATUS Public water supply

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

Approved by Ron Maynard, RS Date 12/24/03

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