HS002357

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☐ALTER ☑REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 10500 Cromwell Dr.

   Legal Description of Property: Township: 9 Range: 7 Section: 32

   Block _____ Lot _____ SubDivsion _____ Add: _____

   LC

   *Parcel ID 16.32.202.002.000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 5 Does the system have a: ☐ Garbage Grinder ☑ Large Capacity Tub

3. **Type of Present Individual Disposal System** ☑ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** Add 1000 gal. Tank and Install 130' EZ Flow to the exsisting 1200 sqft. laterals and bring System to a 60 Mpi Modern Requirement.

5. Current Type of Lateral- Plastic Ye rand Current Linear Ft. Of Lateral - 300

   Current Tank Gallonage- 1500

6. Print Name Steven C Lewis Address 3300 N 71st st. Phone: 402 432 1082

   Applicant Signature: _____

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received ___/___/___ REVIEW: ☐ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date ___/___/___ By _____

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 1/26/22 Amount 240.00 Check No. CC3846 Initials LC

Revised 4/8/13

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002357

System Type: Standard

Situs: No Site Address Specified

Issued: 1/27/2022

Expires: 1/27/2023

Description: SILVER SPRINGS ADDITION, BLOCK 2, Lot 2

Owner: BROCKMAN, JULIE S REVOCABLE TRUST
10500 CROMWELL DR
LINCOLN, NE 68516

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

STEVEN LEWIS
3300 N 71 ST
LINCOLN, NE 68507

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

A

Permit Number: 0038 02224

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 10500 CROMWELL DRIVE City LINCOLN NE, Zip NE 68516
(no rural route)

Legal Description NE 1/4 1/4 22 Section 9N Township 7E Range SILVER SPRINGS ACRES. Subdivision 2 Addition 2 Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name BRUCE SCHWARTZ Signature Bruce Schwartz

Address 10201 CROMWELL DR. City/State/Zip LINCOLN NE 68516

☒ Check if owner designed system Home Phone 421-3855 Work Phone 432-0815

C. Contractor

Name BRUCE SCHWARTZ ~~CONST.~~ Company Name SCHWARTZ CONST.

Address 10201 CROMWELL DR. City/State/Zip LINCOLN NE 68516

☒ Check if contractor designed system Work Phone 432-0815

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name BRUCE SCHWARTZ Firm SCHWARTZ CONST. Work Phone 432-0815

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☒ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 7/28/00 Date frwd 7/28/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/28/00 Date frwd 7/28/00 ACTION ☒ Approved ☐ Disapproved Signature TL
3. **City or County Engineer** Date rec'd 7/28/00 Date frwd 7/28/00 ACTION ☒ Approved ☐ Disapproved Signature BR

12-11-01 rm

Installation Final Written Approval

By Ron Magnuson

Date 12-11-01

Business Office Use Only

Date Rec'd 7/28/00

Amt Paid $150.00

Rec'd By CW Cash/Check No. 4583

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D Exhibit 4

Permit Number:

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☑ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID): 16-32-202-002-000

Owner: David Brockman Address: 10500 Cromwell Cv. Lincoln

A. Wastewater Piping

1. Material: Sch 40 PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 122 ft.

B. Septic Tank

1. Material: Concrete + Plastic
2. Capacity: 2500
3. Depth to top of tank, below unfinished grade: 6 in.
4. Distance to:
   Well >100' ft.
   Pressure line NA ft.
   Property Line 20' ft.
   Foundation 60' ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 9' ft. S

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless.
   EZ Flow Added. Chamber existing
2. Number of Laterals: 5
3. Length of each lataral (linear): ft. 100 ft. 100 ft. 100 ft. 90 40±
4. Drainfield size: 1785 sq. ft.
5. Distance to:
   Well >100 ft.
   Pressure line NA ft.
   Property line 20 ft.
   Depth of Groundwater >8

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☑ No

If Yes, the Certified Professional must sign below for final approval.

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

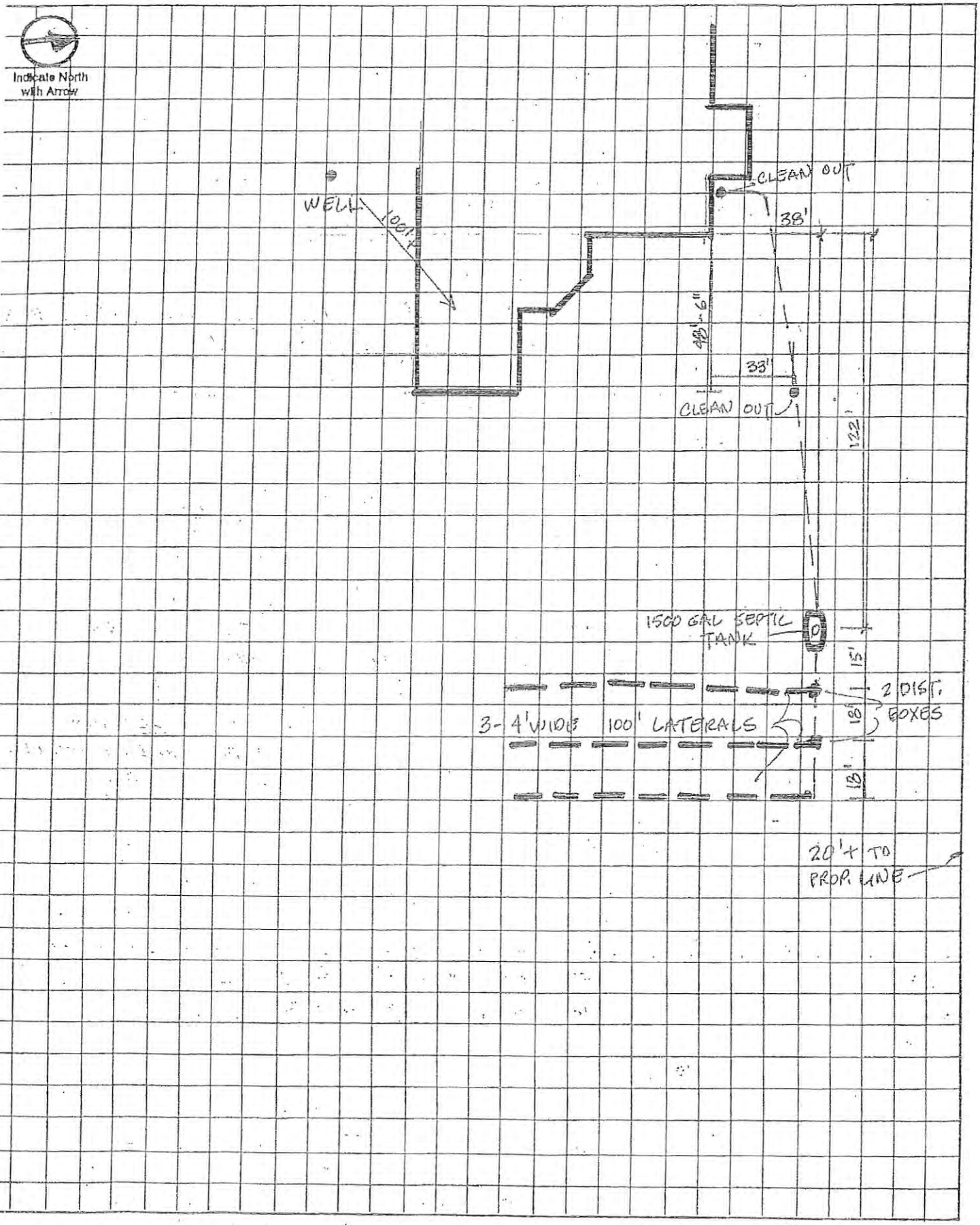
Certified Professional Signature: _____ Date: 2-1-22

Complete As-Built drawing on the back of this form.

Updated 4/11

As Built Drawing

10500 Cromwell



Approximate Scale: 10 ft. = 1 grid line/s

DEPARTMENT 3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS 002357

Onsite Wastewater Treatment System

Inspection Sheet

Date 02/02/22 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 10500 Cromwell Drive City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☐ New System ☒ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Concrete ☐ Holding Tank plastic ☐ Trench

Total square feet of drainfield 1,672 Sq. Ft. Tank Size Original 1,500 gals + 1,000 = 2,500 new tank add

Total length of laterals 430' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☒ Other (describe) New install is E2 flow

No. of Absorption Laterals 5 Width 300' x 3.625 = 1,087 No. of Drop Boxes 1 Distribution Box 1

Levelling Method Used Laser 130' x 4.5 = 585 → 1,672

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial AS Date 1/31/22

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Hunter

Date 02/02/22

Id Note Drawing (See Reverse Side):

Updated 4/15


N40° 432' W096° 30' 022
New 1000 g
Plastic Tank
18' East of
Exsisting Tank
Exsisting 1500 G
Concrete Tank
romwell Dr
40
N
3 x 4 x 100' Laterals Exsisting

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. 003802224

PROPERTY WHERE SOIL TESTED:

Location: Township 9N ; Range 7E ; Section & ¼ Section 32 NE ¼
Property Dimensions: 630 ft. x 230 ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 7-26-00 to 7-27-00 . Weather: Precip. 0 Temp. 87°

OWNER: Bruce Schwartz

Address: 10201 Cromwell Dr. Lincoln 68516

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"	7-26	6 pm	7-27		7-27	11 AM	6"	7-27	11:30 AM	30	~~1.75~~ 1.75	34
2	"	"	"									2.5	24
3	"	"	"									1.75	34
4	"	"	"									2.25	27
5	"	"	"									2	30
6	"	"	"									2.75	22

Bruce Schwartz
Signature of Person Conducting Test

Address 10201 Cromwell Dr. Phone 432-0815

Sum of Percolation Rates: 171
Average of Rates: 28.5
Mean of Rates:

(Do not write below this line)

REVIEWING ACTION

Remarks:

Soil Type (SCS): WYMORE SILTY CLAY LOAM

Date: JULY 28, 2000

Approved Percolation Rate (a)
A. 29 min./inch
B. min./inch
C. min./inch

Gerald C. Wood
Signature of Reviewing Official

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12,500 Cromwell

System Location (Indicate correct number and street)

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

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: @75'
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 2
2. Capacity: 1500 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 100' ~~50~~ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 20 ft.

C. Distribution Box

1. Material: ~~CONCRETE~~ ~~PLASTIC~~ DROP BOX
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: ~~50~~ 15' ft.

D. Absorption Field

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

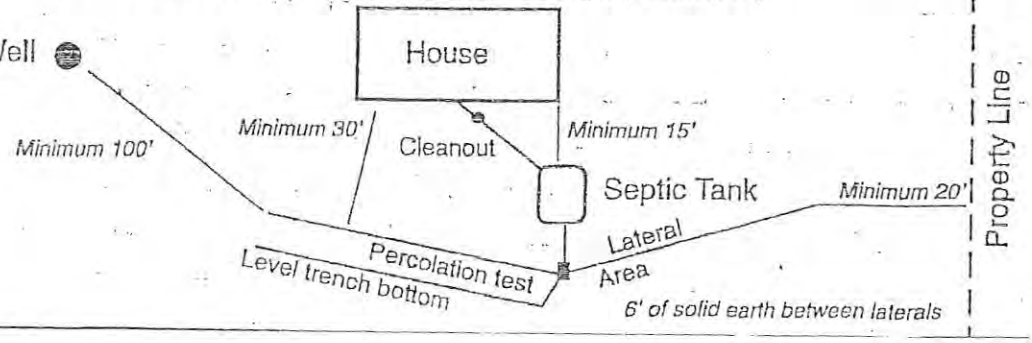
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 2'
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: ~~85~~ ft. ~~85~~ ft.
   ~~85~~ ft. ~~65~~ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0" in/100 ft.
   Average depth ~~36~~ "48" in
4. Filter material: ~~ROAD GRAVEL~~ ~~DIRT SOIL~~
   Depth of material 30" in.
5. Distances to: Well or suction line 100' ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 20 ft.

Note: ok'd because Waiver sandy clay loam soil. All other sides must not go deeper than depth of approx. test.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



HS002357

SCANNED

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   LC

   ***Parcel ID** 16.32.202.002.000 (i.e. 99-99-999-999-999)

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5. **Current Type of Lateral-** Plastic ½ round **Current Linear Ft. Of Lateral -** 300

   Current Tank Gallonage- 1500

6. Print Name Steven C Lewis Address 3300 N 71st St. Phone: 402 432 1082

   Applicant Signature: _____

Please contact LLCHD for the current permit fee for this application.
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3,50

HEALTH DEPARTMENT USE ONLY

☑ Municipal Code 24.38 ☐ County Resolution Number 02-30

Date received 1/12/22 REVIEW: ☑ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date 01/31/22 By DS
Date ___/___/___ By _____

Installation final written approval
Date 02/02/2022 By DS

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 1/26/22 Amount 240.00 Check No. CC3346 Initials LC

Revised 4/8/13