Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 01380239901

Issued 11/08/01
Expires 05/08/02
Revenue Code 3157

Establishment

BRUCE SCHWARTZ
T9N R7E SEC 11
HIMARK ESTS-7TH ADDN LOT 3
9600 MERION CIRCLE

FEES: $200.00

Permittee

BRUCE SCHWARTZ
10201 CROMWELL DR
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000253

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

A

Permit Number: 01302399

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 9600 Merion Circle (no rural route) City LINCOLN NE, Zip 68516

Legal Description 11 (1/4) 9N (1/4) 7E (Section, Township, Range) HIMARK ESTATES (Subdivision) 7TH (Addition) 3 (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 _____

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 Company Name BRUCE SCHWARTZ CONST.

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

☐ Check if contractor designed system Work Phone 402-432-0815

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

Designer Name JEREMY Firm DESIGN ASSOC. Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 5 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 11/8/01 Date frwd 11/8/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-8-01 Date frwd 11-8-01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11-8-01 Date frwd 11-8-01 ACTION ☒ Approved ☐ Disapproved Signature _____

6/3/04 per J.C.H need growing
5/6/04 Sewer to fit pump location J.C.H

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date OCTOBER 11, 2004

Business Office Use Only

Date Rec'd 11/08/01
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 2302

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

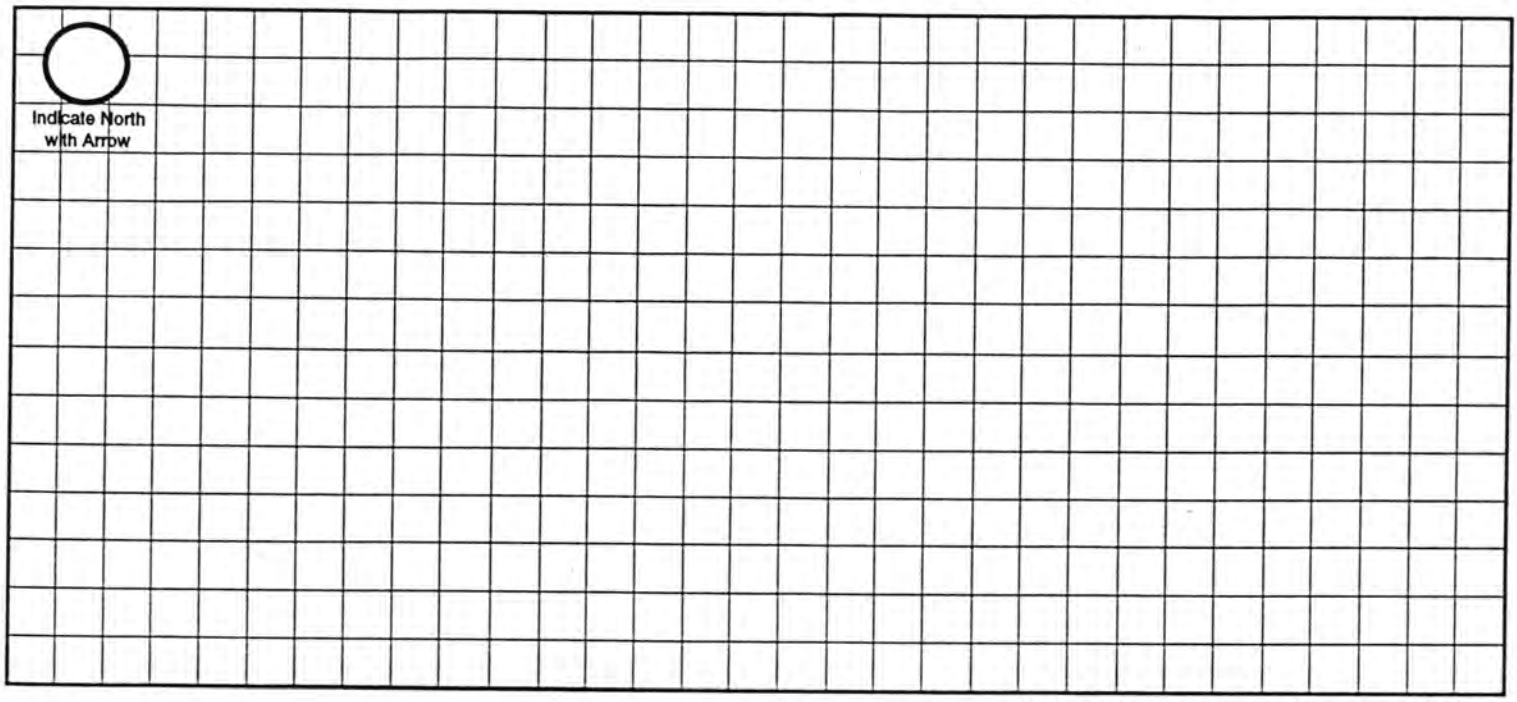
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802399

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

A. System Location (Indicate correct number and street)

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

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☑ Other Lagoon

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 11-8-01

Installer _____ Date 11-8-01

FORM 23-102 10-96

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

D

Permit Number: 01380239901

Sewage Disposal System

As Built Plans & Specifications

Date 10-1-2004

System Location (Indicate correct number and street)

Address 9600 MERION CIRCLE (no rural route) City LINCOLN NE, Zip 68526

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: — in.
   or distance below basement floor: 30 in.
3. Distance between dwelling and septic tank: 123 ft.
4. Number of clean-outs: 1
5. Distances to: (well) or suction line 1 ft.
   stream — ft.
   pressure line — ft.
   property line 80 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1750 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 8 in.
   Over outlet, diameter 8 in.
   Riser: ☒ above ☐ below grade 2 in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 22 in.
8. Distances to: (Well) or suction line 240 ft.
   Stream — ft.
   Pressure line — ft.
   Property line 80 ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 253 ft.

D. Absorption Field

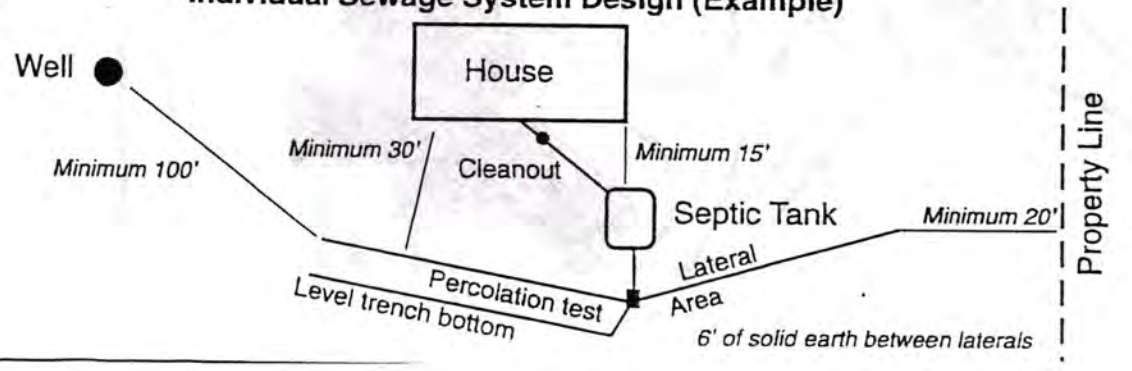
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 20"
   ~~or perforated pipe:~~ HIGH CAPACITY INFILTRATOR
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number 3
   Length of each line: 84 ft. 84 ft.
   84 ft. — ft., — ft.
3. Trench dimensions: Width 84 ft.
   Slope 2 in/100 ft.
   Average depth 30 in
4. Filter material: GRAVEL
   Depth of material 20 in.
5. Distances to: (Well) or suction line 400 ft.
   Stream — ft.
   Pressure line — ft.
   Property line 25 ft.

Indicate North with Arrow

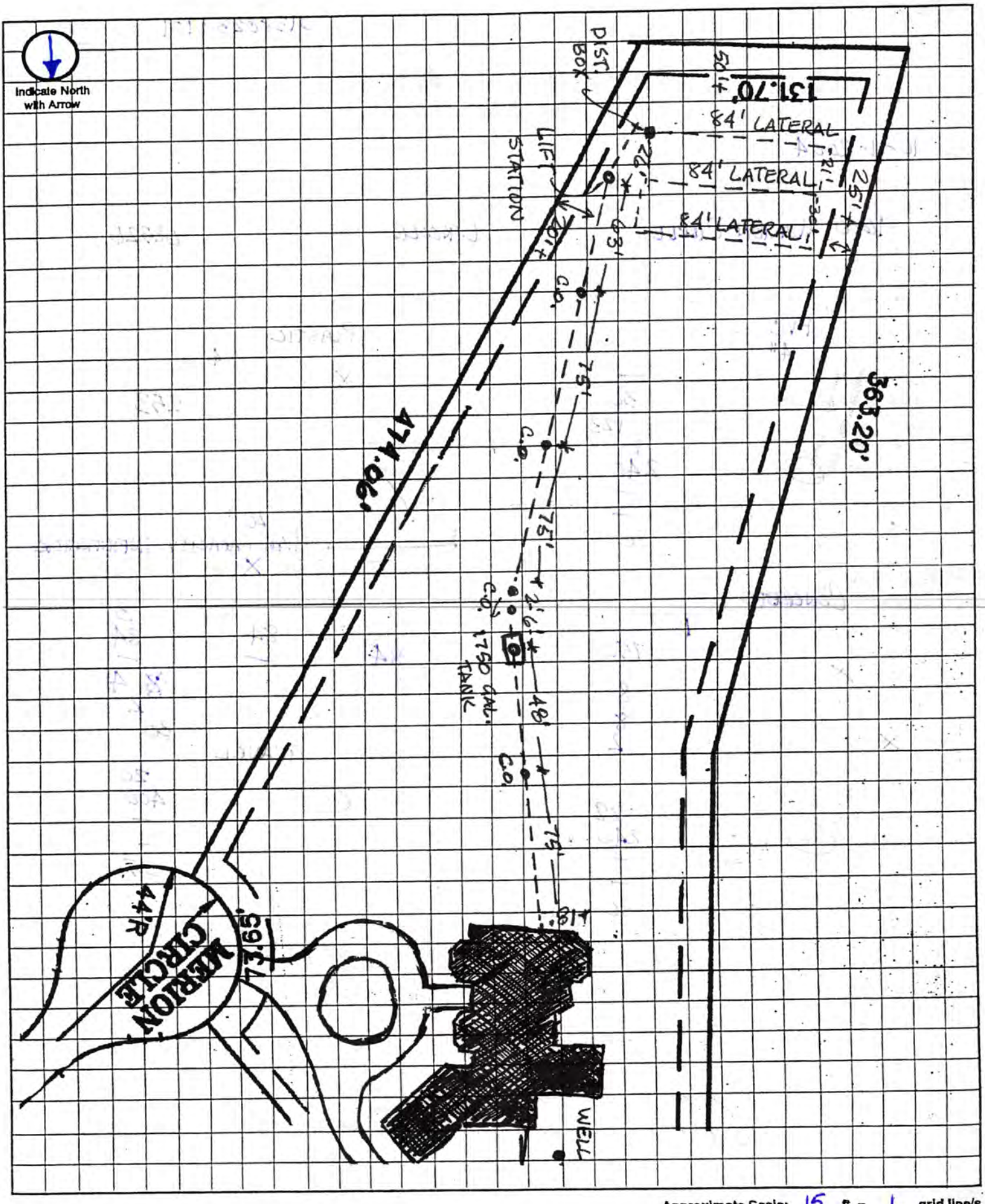
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 15 ft. = 1 grid line/s