Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

BRUCE SCHWARTZ
T9N R7E SEC 32 QTR NW
SILVER SPRINGS ADDN BLK 2 LOT 5
5233 NEW CASTLE RD

Permittee

BRUCE SCHWARTZ
10201 CROMWELL DR
LINCOLN NE 68516

Permit # 01380233201

Issued 06/15/01
Expires 12/15/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Carole Dwyer
[redacted]
Acting
[redacted], Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

015975

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

A

Permit Number: 013802332

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 5233 NEW CASTLE (no rural route) City LINCOLN NE, Zip 68516

Legal Description SE (1/4) NW (1/4) 32 (Section) T9N (Township) R7E (Range) SILVER SPRINGS ADDN. (Subdivision) 2 (Addition) 5 (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 ~~10201 CROMWELL DR.~~ LINCOLN NE 68516

☐ Check if contractor designed system Work Phone 432-0815

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

Designer Name _____ Firm _____ 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 6/15/01 Date frwd 6/18/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-18-01 Date frwd 6-18-01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6/18/01 Date frwd 6/18/01 ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

Installation Final Written Approval

By Jerrold C. Hood

Date DECEMBER 14, 2001

Business Office Use Only

Date Rec'd 06/15/01

Amt Paid 200.00

Rec'd By lo Cash/Check No. 2130

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

B

Permit Number: 013802332

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5233 NEW CASTLE City LINCOLN NE, Zip 68516
(no rural route)

Owner BRUCE SCHWARTZ CONST Addresss 10201 CROMWELL DR.

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: _____ min./inch

Date of Tests 4-4-01 to 4-5-01 Weather: Precipitation 0 Temperature 68°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36"	4-4-01	1:30P	4-5-01	9:30A	4-5-01	1:30P	36"	4-5-01	2:00P	30	2.25	13.3
2	↓	4-4-01	1:35P	↓	9:35A	↓	1:35P	36"	↓	2:05P	30	1.5	20
3		4-4-01	1:40P		9:40A		1:40P	36"		2:10P	30	2.375	12.6
4		4-4-01	1:45P		9:45A		1:45P	36"		2:15P	30	3.0	10
5		4-4-01	1:50P		9:50A		1:50P	36"		2:20P	30	2.75	10.9
6	↓	4-4-01	1:55P	↓	9:55A	↓	1:55P	36"	↓	2:25P	30	4.0	7.5

Sum of Percolation Rates: 74.3
Average of Rates: 12.38
Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: BRUCE SCHWARTZ
Phone: 432-0815
Address 10201 CROMWELL DR.
LINCOLN NE 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

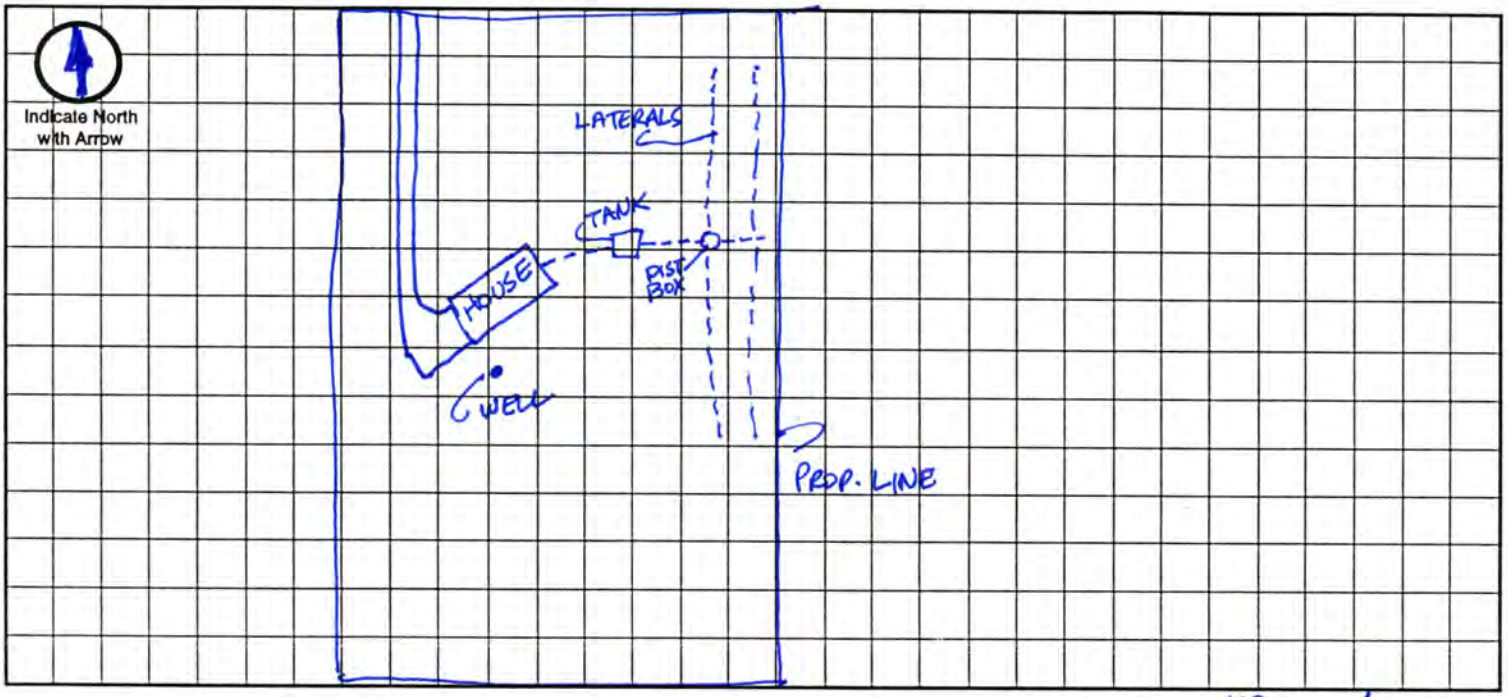
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802 3321

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: 100 ft. = 4 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) BLK 2 LOT 5 / 5233 NEW CASTLE City LINCOLN NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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: EQUALIZER

Capacity of Septic Tank 1750 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 263 ft. Number of Trenches 3 Trench Width 48"

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 Bruce Schulz Date 6-15-2001

Installer Bruce Schulz Date 6-15-2001

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

D

Permit Number: 01380233201

Sewage Disposal System

As Built Plans & Specifications

Date 12-13-01

System Location (Indicate correct number and street)

Address 5233 New Castle (no rural route) City Lincoln NE, Zip 68516

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: – in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: 15 ft.
4. Number of clean-outs:
5. Distances to: well or suction line 140 ft.
   stream 250 ft.
   pressure line – ft.
   property line 90 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 4 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☐ baffle ☒ tee
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line 140 ft.
   Stream – ft.
   Pressure line – ft.
   Property line 90 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 20 ft.

D. Absorption Field

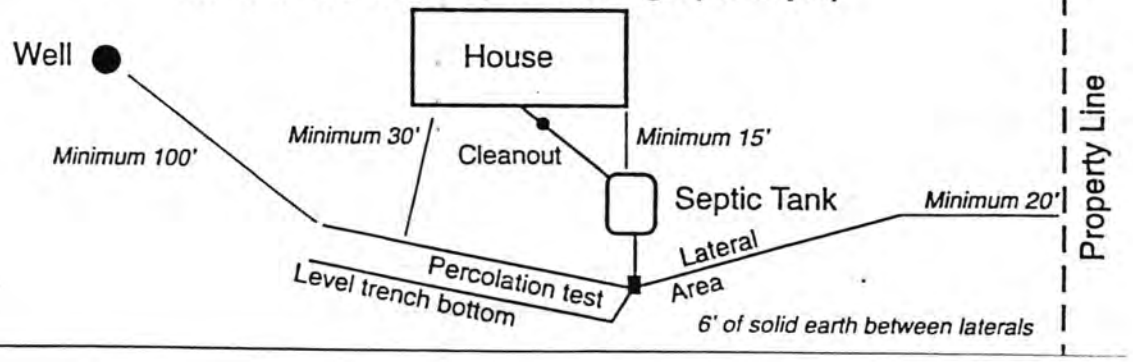
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 32"
   or perforated pipe:
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other
2. Lateral lines: Number
   Length of each line: 100 ft. 80 ft.
   ft. 50 ft., 50 ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 30 in
4. Filter material: Soil
   Depth of material 14 in.
5. Distances to: Well or suction line 190 ft.
   Stream – ft.
   Pressure line – ft.
   Property line 40 ft.

Indicate North with Arrow

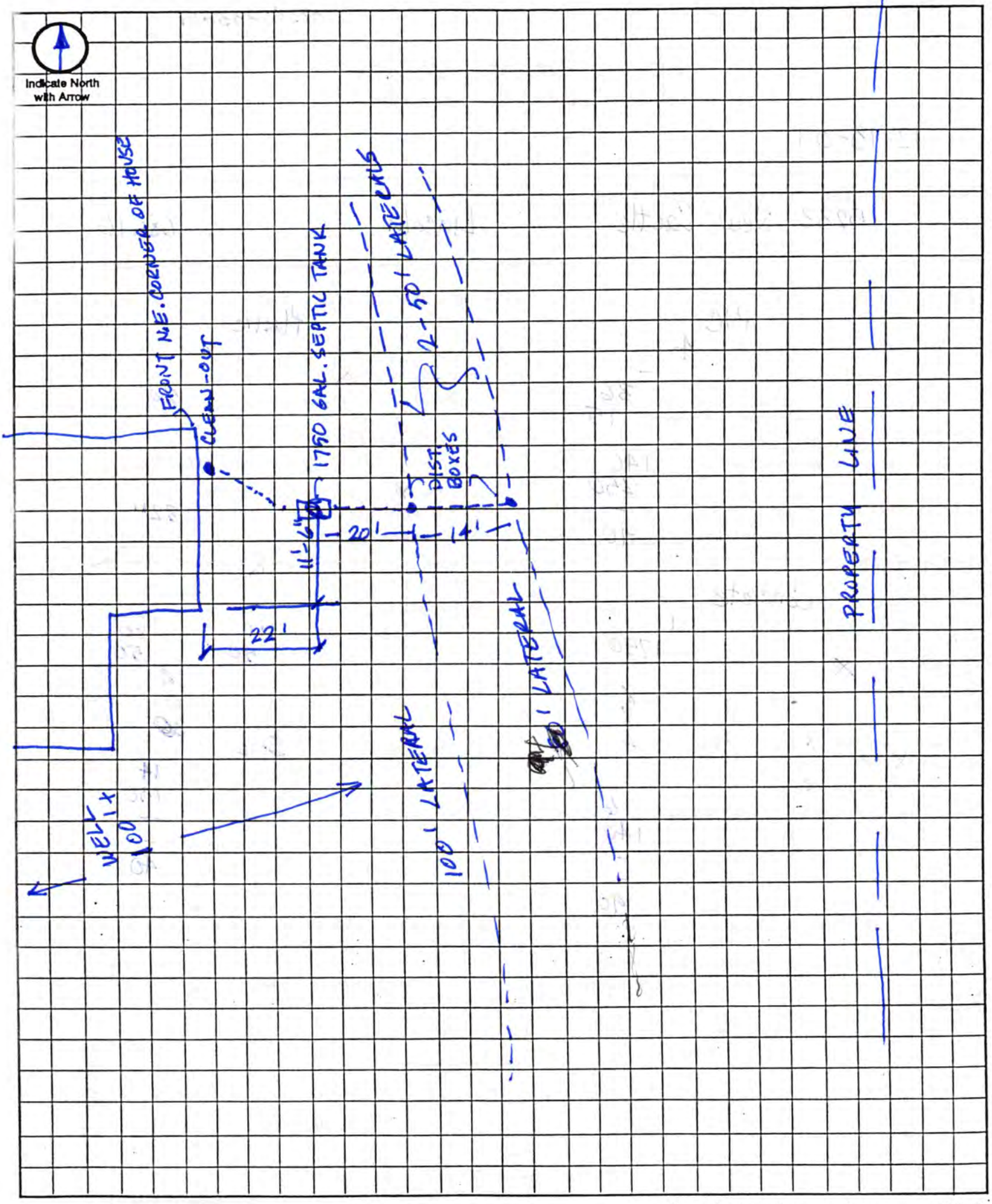
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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