Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380226101

Issued 11/14/00
Expires 05/14/01
Revenue Code 3157

FEES: $200.00

Establishment

BRUCE SCHWARTZ
T9N R7E SEC 32
SILVER SPRINGS BLK 2 LOT 1
10600 CROMWELL DR

TOTAL: $200.00

Permitee

BRUCE SCHWARTZ
10201 CROMWELL DR
LINCOLN NE 68516

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013901

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

A

Permit Number: 00380226|

10600 Cromwell Dr

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 LOT 1 BLK 2 SilverSprings (no rural route) City Lincoln NE, Zip 68516

Legal Description NE 1/4 (1/4) 32 (Section) 9N (Township) 7E (Range) SilverSprings Addn (Subdivision) 2 (Addition) 1 (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 Schwartz Const. Signature Bruce Schwartz

Address 10201 Cromwell City/State/Zip Lincoln NE 68516

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

C. Contractor

Name Same as above Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name Same as above 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 _____ SIZE

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 1/31/00 Date frwd 2/1/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 2/1/00 Date frwd 2/1/00 ACTION ☒ Approved ☐ Disapproved Signature Mike
3. **City or County Engineer** Date rec'd 2-1-2K Date frwd 2-1-2K ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

11/14/00 O.K. J.C.H.
11/14/00 need last two laterals separated at box. J.C.H.

Installation Final Written Approval

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

Date MARCH 13, 2001

Business Office Use Only

Date Rec'd 01/31/00

Amt Paid 225.00 - 1/2 well No Application

Rec'd By _____ Cash/Check No. 4138

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

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. 00380226l

PROPERTY WHERE SOIL TESTED:

Location: Township 9-N ; Range 7-E ; Section & ¼ Section 32 NE¼
Property Dimensions: 679 ft. x 256 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: 1-13-00 to 1-14-00. Weather: Precip. 0 Temp. 47°

OWNER: SCHWARTZ CONST.

Address: 10201 CROMWELL DR.

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"	1/13	1 PM	1/13	5 PM	1/14	11 AM	6"	11:30 AM	5"	30	1"	30
2	↓							6"		5¼"	30	¾"	40
3								6"		2"	30	4"	7.5
4								6"		4"	30	2"	15
5								6"		3½"	30	2½"	12
6								6"		4"	30	2"	15

Sum of Percolation Rates: 119.5
Average of Rates: 19.92
Mean of Rates: _____

BRUCE SCHWARTZ
Signature of Person Conducting Test

Address 10201 CROMWELL DR. Phone 432-0815

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

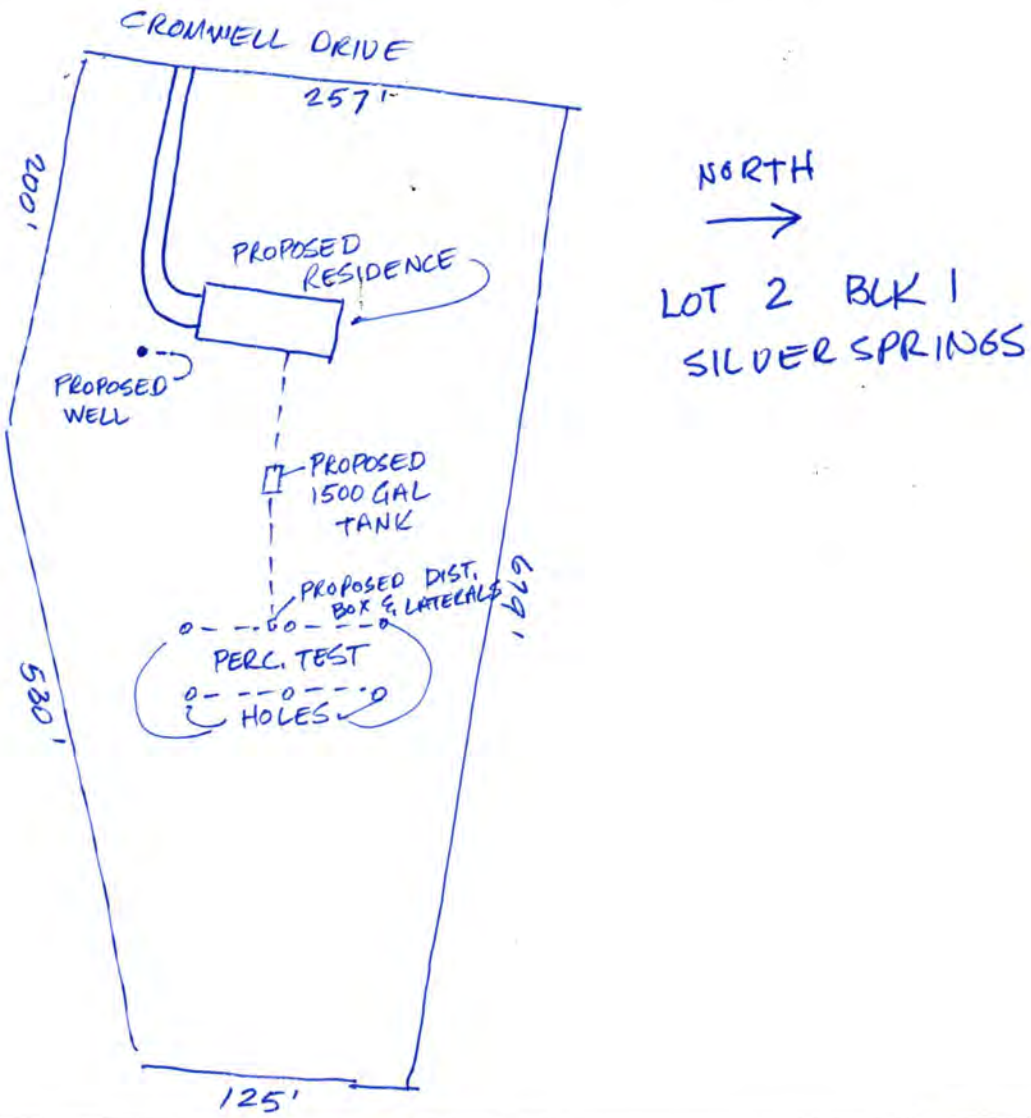
Date: _____

Approved Percolation Rate (a)
A. 40 min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official

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. _____

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



REVIEWING ACTION

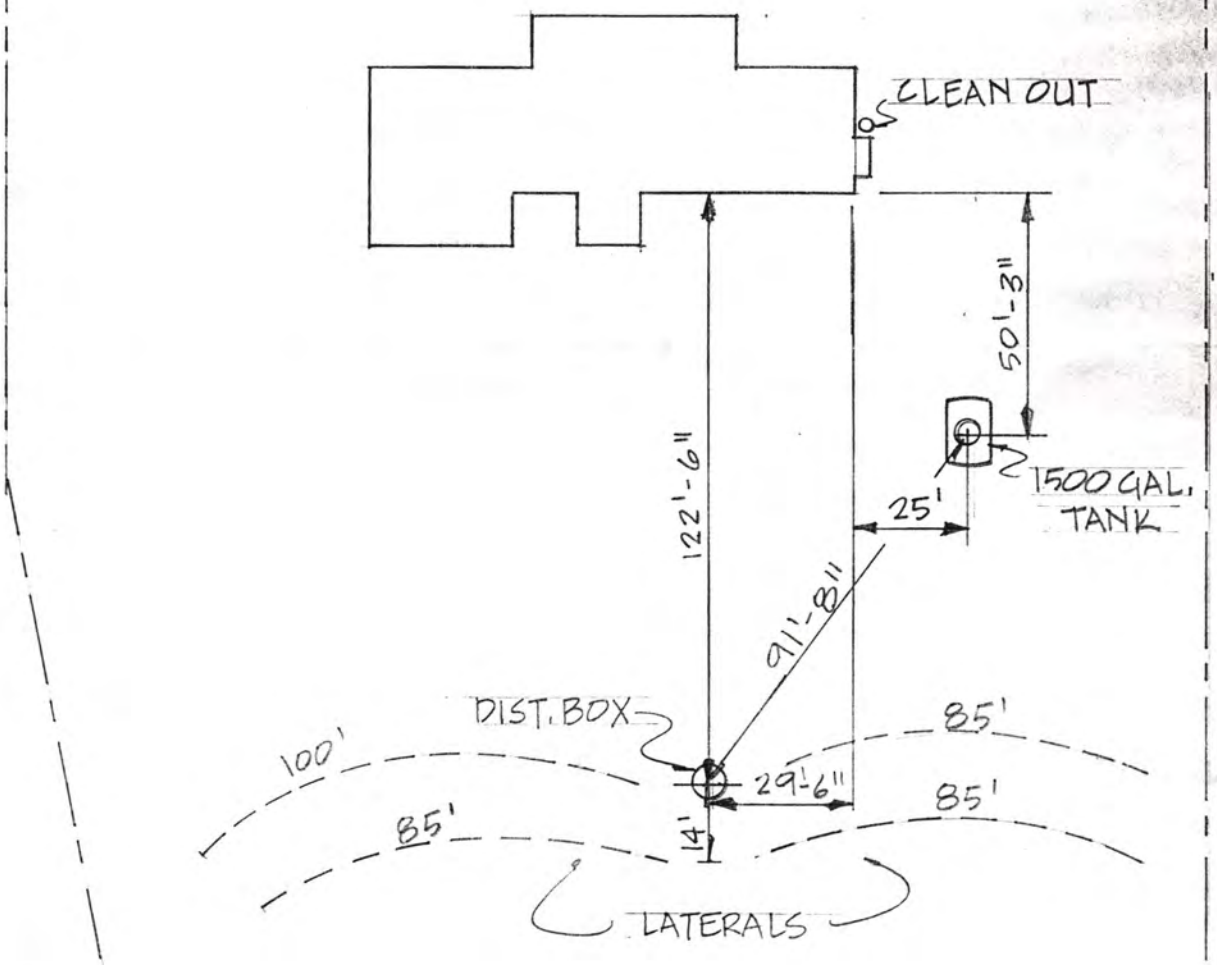
1375

Remarks: Schwartz Const. is installer & Gen. Contractor

Date: 1-31-00

Minimum Design Requirement
1. Capacity of Septic Tank 1500 gals.
2. Total Length of Laterals 280 ft.
3. With a Trench Width of ~~24~~ 48 in.
4. Total Area of Lateral needed 1375 sq.ft.

_____ _____
Signature of Reviewing Official



10600 CROMWELL DR.
SEPTIC SYSTEM
INSTALLED 11-14-2000

NORTH