Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380222401

Issued 07/31/00
Expires 01/31/01
Revenue Code 3157

FEES: $150.00

Establishment

BRUCE SCHWARTZ
T9N R7E SEC 32 QTR NE
SILVER SPRINGS ADDN BLK 2 LOT 2
10500 CROMWELL DR

TOTAL: $150.00

Permitee

BRUCE SCHWARTZ
10201 CROMWELL DR
LINCOLN NE 68516

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013569

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 (no rural route) City LINCOLN NE, Zip NE 68516

Legal Description NE 1/4 1/4 32 Section 9N Township 7E Range SILVER SPRINGS ADD. Subdivision 2 Addition 2 Block 2 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 BJK	

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. 4503

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. 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	~~+3/4~~ 1.75	34
2	"	"	"									2.5	24
3	"	"	"									1.75	34
4	"	"	"									2.25	27
5	"	"	"									2	30
6	"	"	"									2.75	22

Sum of Percolation Rates: 171
Average of Rates: 28.5
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): WYMORE SILTY CLAY LOAM

Date: JULY 28, 2000

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

Gerrald C. Hoff
Signature of Reviewing Official

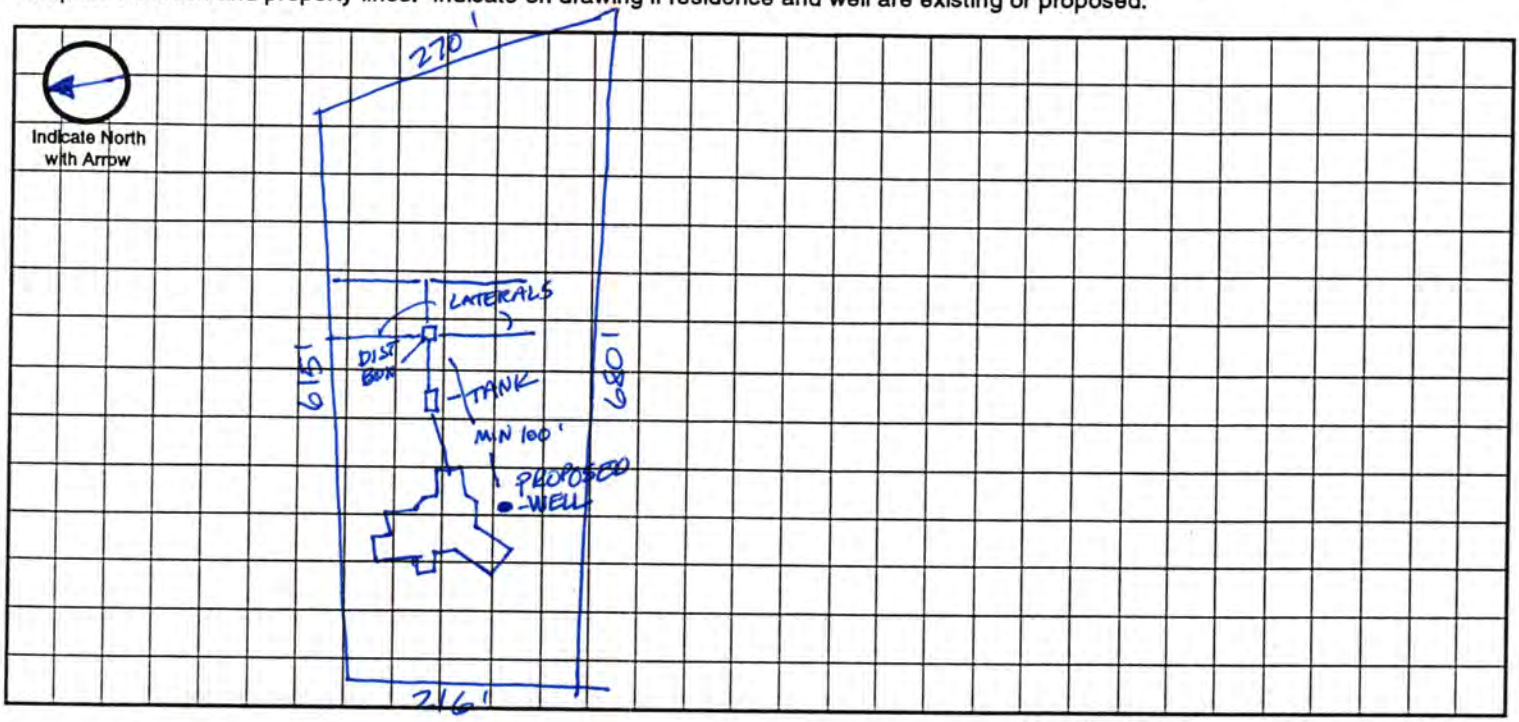
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 0038 02 24

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) 10500 CROMWELL DR. 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 28.5 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 4 Number of Distribution Laterals per Bed 1

Total Length of Laterals 250 ft. Number of Trenches 4 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 Schwartz Date 7-28-00

Installer Schwartz Const. Date 7-28-00

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:

Sewage Disposal System

As Built Plans & Specifications

Date 10,500 Cromwell

System Location (Indicate correct number and street)

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

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)

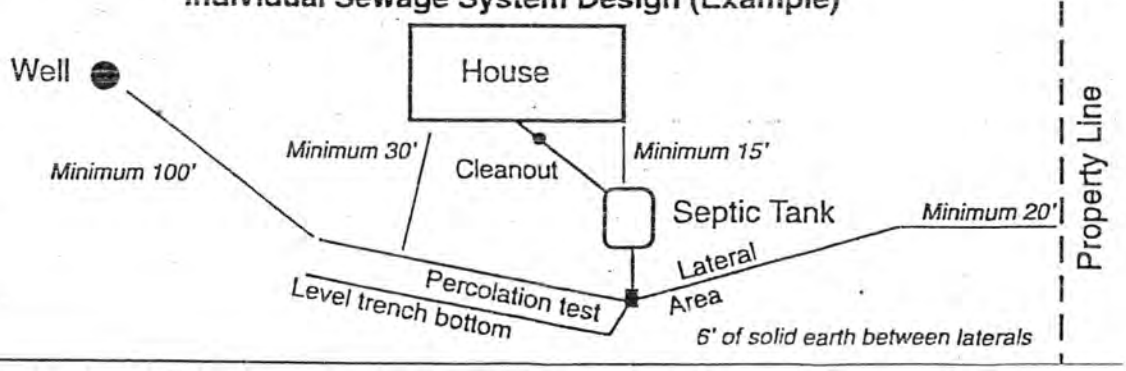
1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 2'
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: ~~85~~ ft. 85 ft.
   ~~85~~ ft. ~~65~~ ft., _____ ft.
3. Trench dimensions: Width 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 we were already down in soil. All other sides must not go deeper than depth of "perc. test".

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

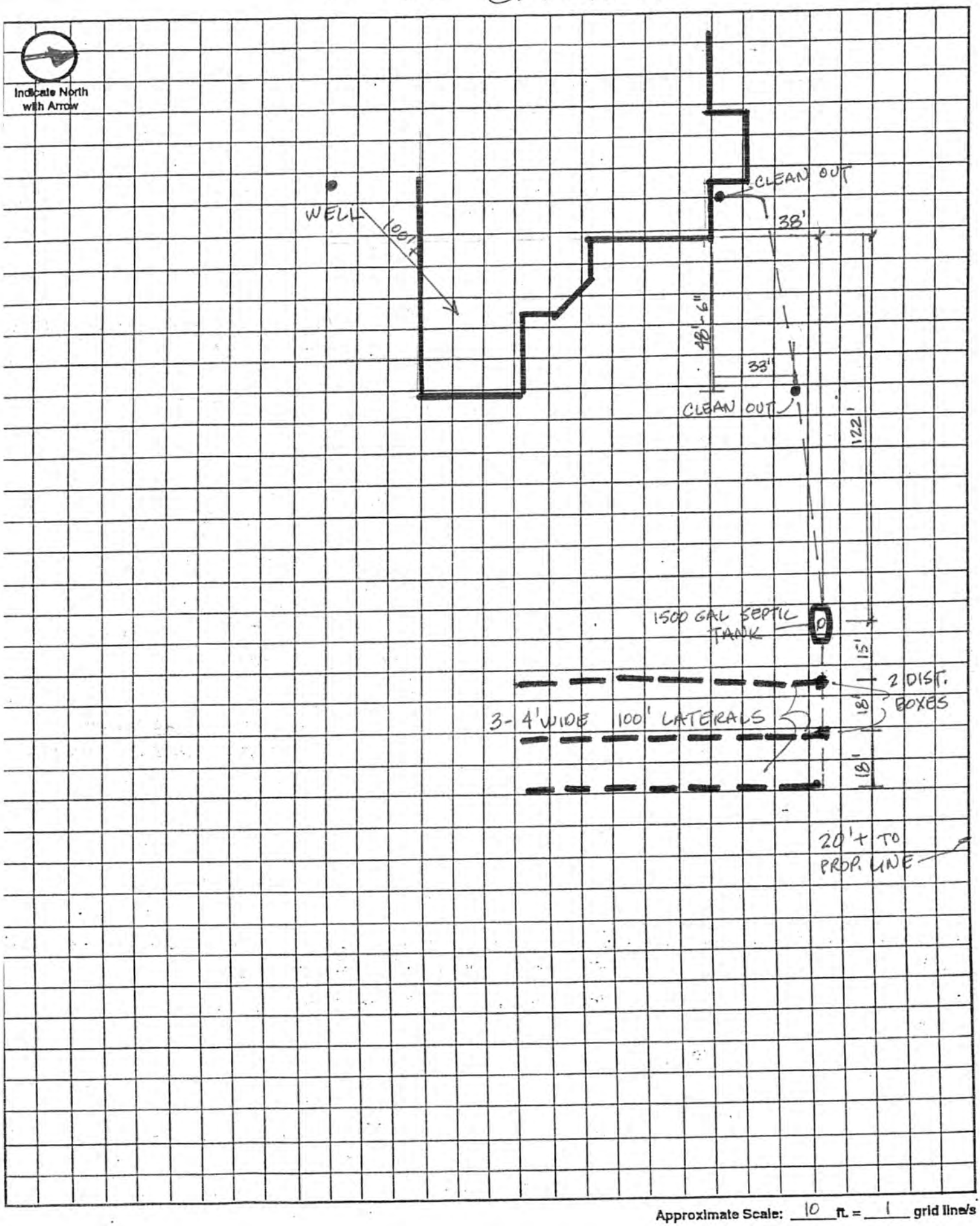
Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing

10500 Cromwell



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