LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

No. 95380134701

.WAGE INSTALLATION

Issued 09/20/95
Expires 03/20/96
Revenue Code 18754

Establishment
BRUCE SCHWARTZ
T9N R7E SEC 32
SILVER SPRINGS ADD BLK 2 LOT 3

FEES: $150.00

TOTAL $150.00

Permittee
BRUCE SCHWARTZ
8800 S 68 ST
LINCOLN NE 68516

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 9-11-95

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 7E ; Section 32 ;
   Block 02 : Lot 03 : Addition SILVER SPRINGS ADDITION
   Street Address 10400 Cromwell Dr

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

Bruce Schwartz
Signature of Applicant (Owner or Lessee)

8800 So. 68th 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/18/95. Date Frwd. 9/19/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9-19-95. Date Frwd. 9-19-95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 9-19-95 Date Frwd. 9-19-95. ACTION: Approved ☐ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/5/95 by: J.C.H.
Date: 8/23/00 by: JCH
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-13-00 By: [signature]

FORM 23-43

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 580 ft. x 220 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: Aug 31 to Sept. 1. Weather: Precip. 0 Temp. 88°

OWNER: Mahmood Arbab
Address: 10400 Cromwell

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"	8/31	6pm	9/1	7am	9/1	7am	12"	7:30	8 1/4"	30	3 3/4"	8.0
2								12"		7 3/4"		4 1/4"	7.05
3								12"		7 1/2"		4 1/2"	6.66
4								12"		8 1/4"		3 3/4"	8.0
5								12"		9 1/2"		2 1/2"	12.0
6								12"		7 1/2"		4 1/2"	6.66

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

Bruce Schmitz
Signature of Person Conducting Test
Address 8800 So. 68th Phone 421-3855

(Do not write below this line)

REVIEWING ACTION

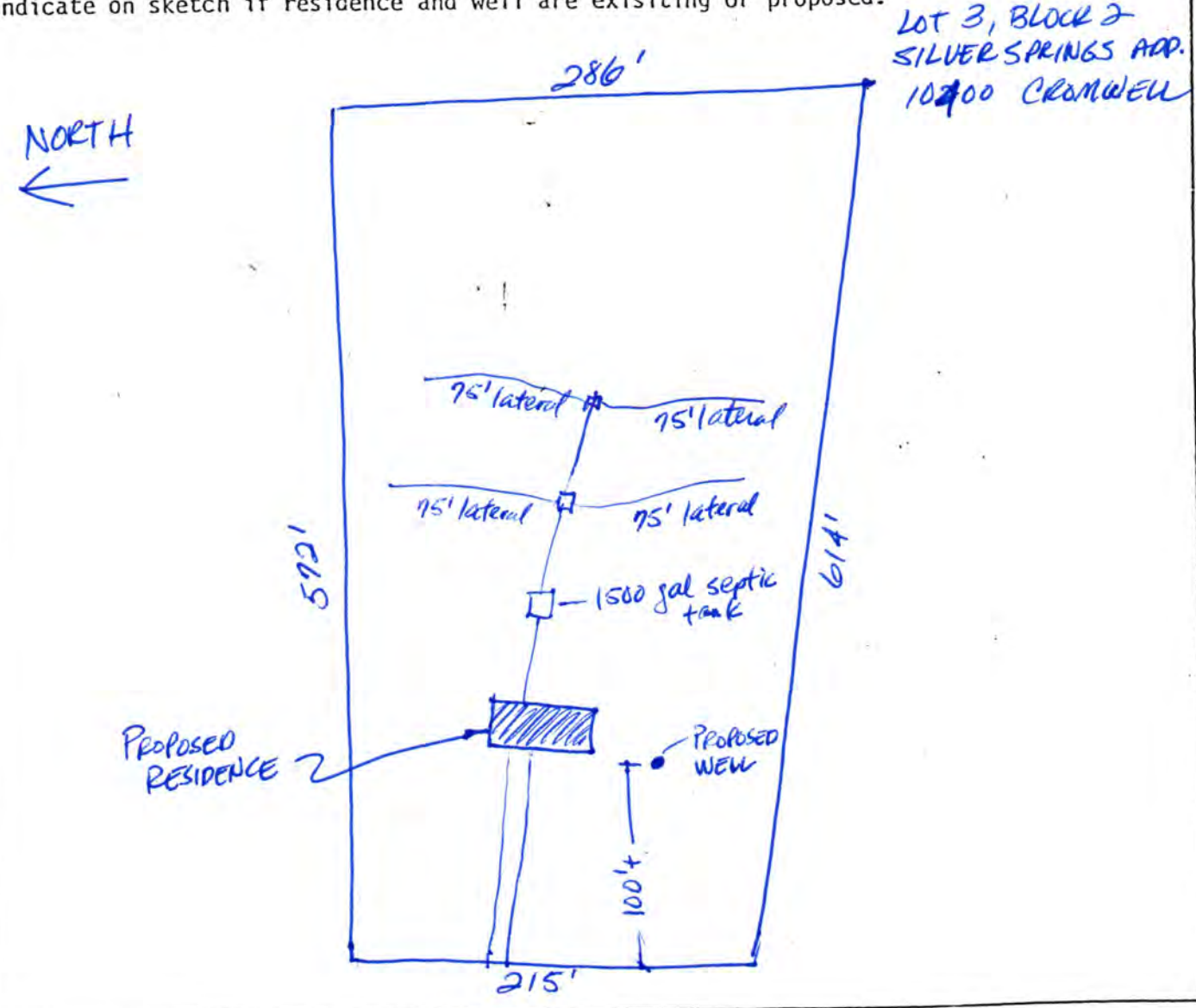
12/5/95
Remarks: Was Wymore Silty Clay Loam
Soil Type (SCS): Hedson Silt Loam *
Date: September 19, 1995
Percolation is actually 8 but it was not fast for Wymore Silty Clay Loam

Approved Percolation Rate (a)
A. 8 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hood
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

Remarks: _____

Date: SEPTEMBER 19, 1995

Minimum Design Requirement
1. Capacity of Septic Tank 1500 gals.
2. Total Length of Laterals 300 ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 455 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477-
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

D

DATE: 11-22-95

FILE NO. Permit # 9538013470 1

10400 Cromwell Drive

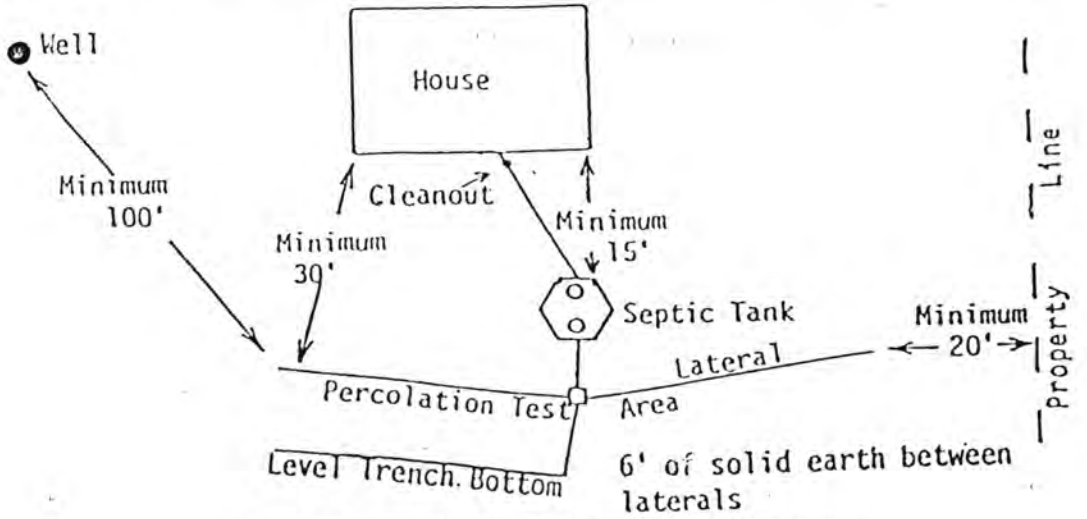
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 36 in.
3. Distance between dwelling and septic tank 104 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 100'+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments ____.
2. Capacity 1500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Precast Products)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 26" in.
8. Distances to:
Well or Suction Line 100'+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 25'+ ft.

C. DISTRIBUTION BOX:
1. Material concrete ; Number available outlets 6 .
2. Factory Built: Yes ☒ No ☐
(Company Precast Products)
3. Distance from Septic Tank 58'-8" ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 18" or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines:
Number 4 ; Length of each line 76 , 72 , 76 , 72 , ____ ft.;
Total length of laterals 296 ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 3 ft.;
Slope 2 in/100 ft.; Average Depth 34 in.
4. Filter Material: gravel
Depth of Material 22 in.
5. Distances to:
Well or Suction Line 100'+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line 25'+ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

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

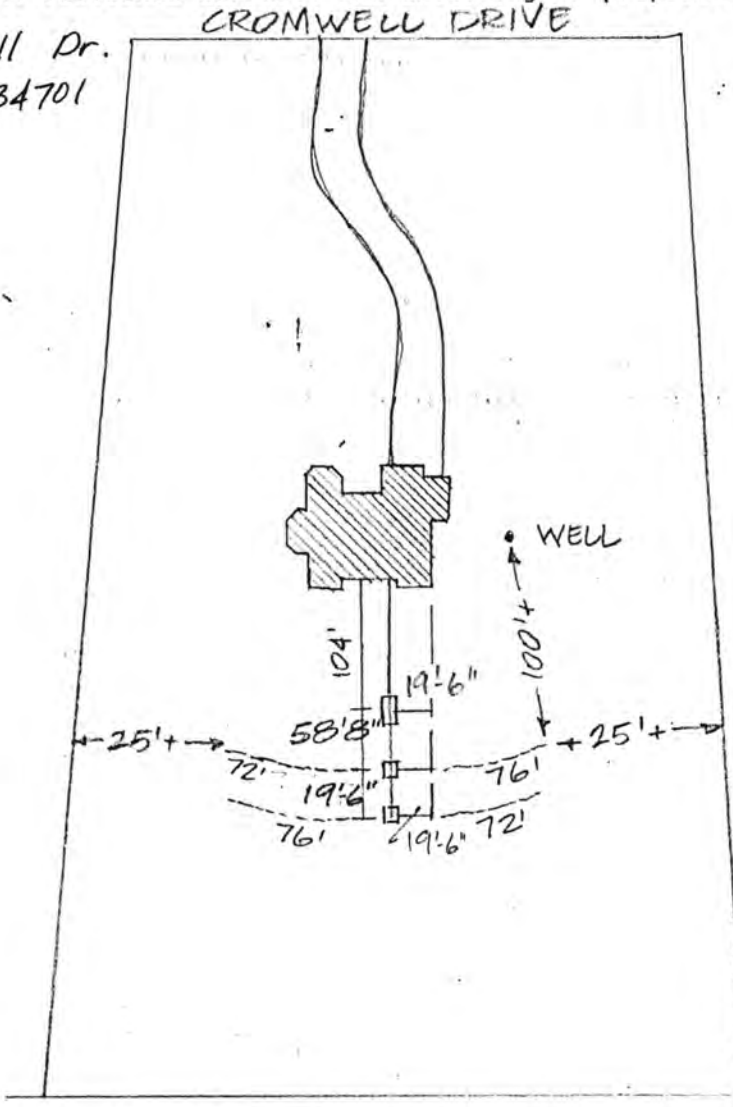
D SHEET

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.

10400 Cromwell Dr.
Permit # 95380134701



REVIEWING ACTION

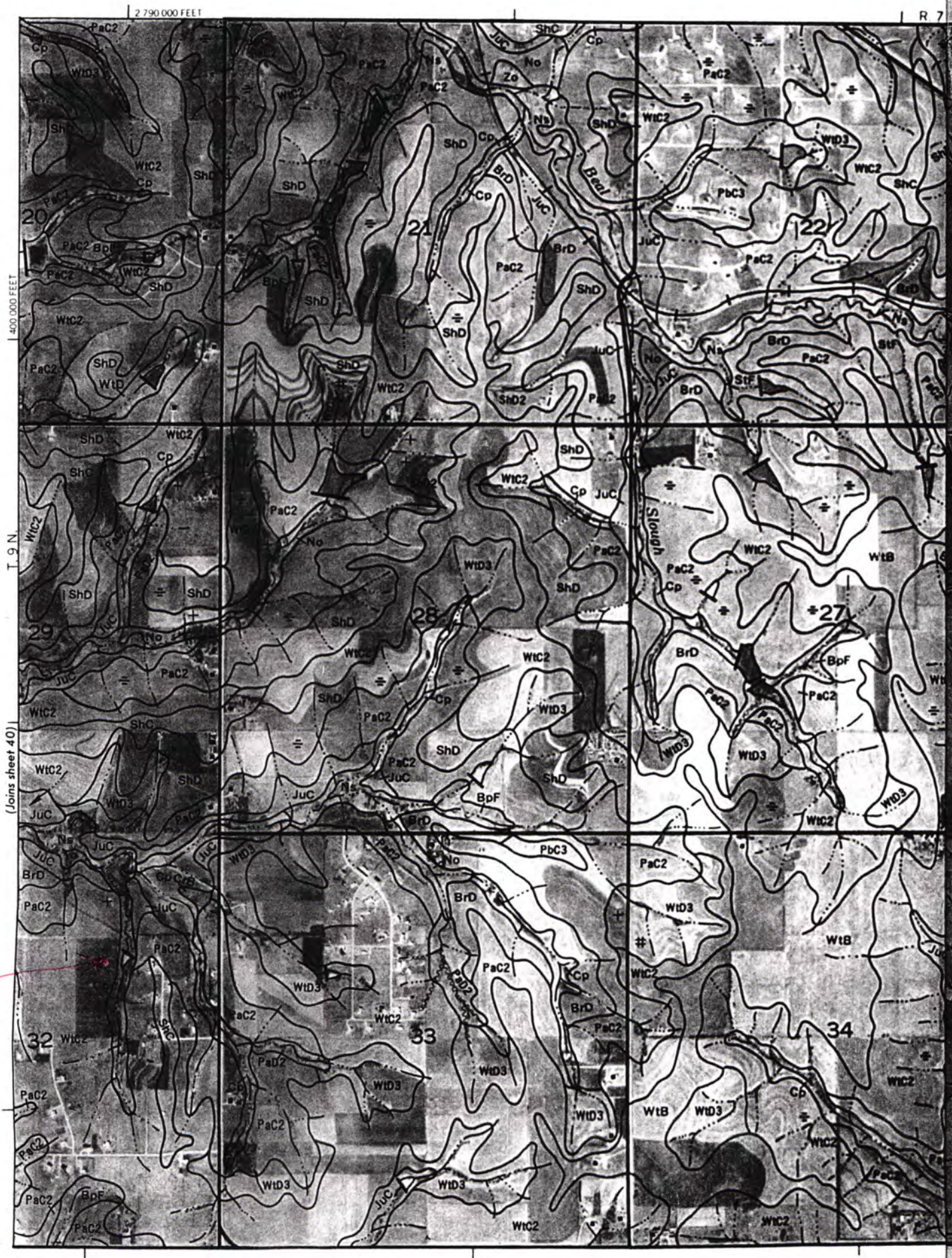
Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1500 gals.
2. Total Length of Laterals 296 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed ____ sq.ft.

_____ _____
Signature of Reviewing Official


2 790 000 FEET
R 7
400 000 FEET
T. 9 N.
(Joins sheet 40)
20
21
22
29
28
27
32
33
34
Slough
Beal
PaC2
WtC2
WtD3
ShD
ShC
JuC
BrD
Cp
No
Ns
Zo
PbC3
WtB
BpF
StF
ShD2
PaD2
WtD
5.56 M
Non Septic
Saltillo