Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 01380241301

Issued 12/13/01
Expires 06/13/02
Revenue Code 3157

Establishment

BRUCE SCHWARTZ
T9N R7E SEC 32
SILVER SPRINGS ADDN BLK 2 LOT 4
10300 CROMWELL DR

FEES: $200.00

TOTAL: $200.00

Permittee

BRUCE SCHWARTZ
10201 CROMWELL DR
LINCOLN NE 68516

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000346

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

A

Permit Number: 01380244 13

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 10300 Cromwell Dr. (no rural route) City Lincoln NE, Zip 68516

Legal Description NW (1/4) NE (1/4) 32 (Section) 9-N (Township) 7-E (Range) Silver Springs Addn (Subdivision) 2 (Addition) 4 (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 S

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 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 _____ 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 10/13/01 Date frwd 10/14/01 ACTION ☒ Approved ☐ Disapproved Signature Jerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12.14.01 Date frwd 12.14.01 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd 10/14/01 ACTION ☒ Approved ☐ Disapproved Signature Mary L. Lacy

Installation Final Written Approval

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

Date JUNE 21, 2002

Business Office Use Only

Date Rec'd 12/13/01
Amt Paid 200.00
Rec'd By LS Cash/Check No. 2338

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

Lincoln-Lancaster County Health Department
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B

Permit Number: 01380241 3

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10300 Cromwell Dr. (no rural route) City Lincoln NE, Zip 68516

Owner Bruce Schwartz Addresss 10201 Cromwell Dr. Lincoln NE 68516

Soil Type (SCS): Wymore Percolation Rate: _____ min./inch

Date of Tests 7-13-01 to 7-14-01 Weather: Precipitation Clear 0 precip Temperature 86°

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"	7-13	4:00	7-13	8:00	7-14	~~11:30~~	6"	7-14	12:00	~~30~~	3.25	~~.325~~ 3.07
2							11:~~35~~			12:05	~~30~~	2.0	.~~4~~ 5
3							12~~:40~~			12:10	~~30~~	2.25	~~.225~~ 4.1 4
4							12~~:45~~			12:15	~~30~~	2.25	~~.225~~ 4.1 4
5							12~~:50~~			12:20	~~30~~	3	~~.3~~ 3.3 3
6							12:20			12:30	10	3.5	~~.35~~ 2.8

Sum of Percolation Rates: 22.9

Average of Rates: 3.8

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

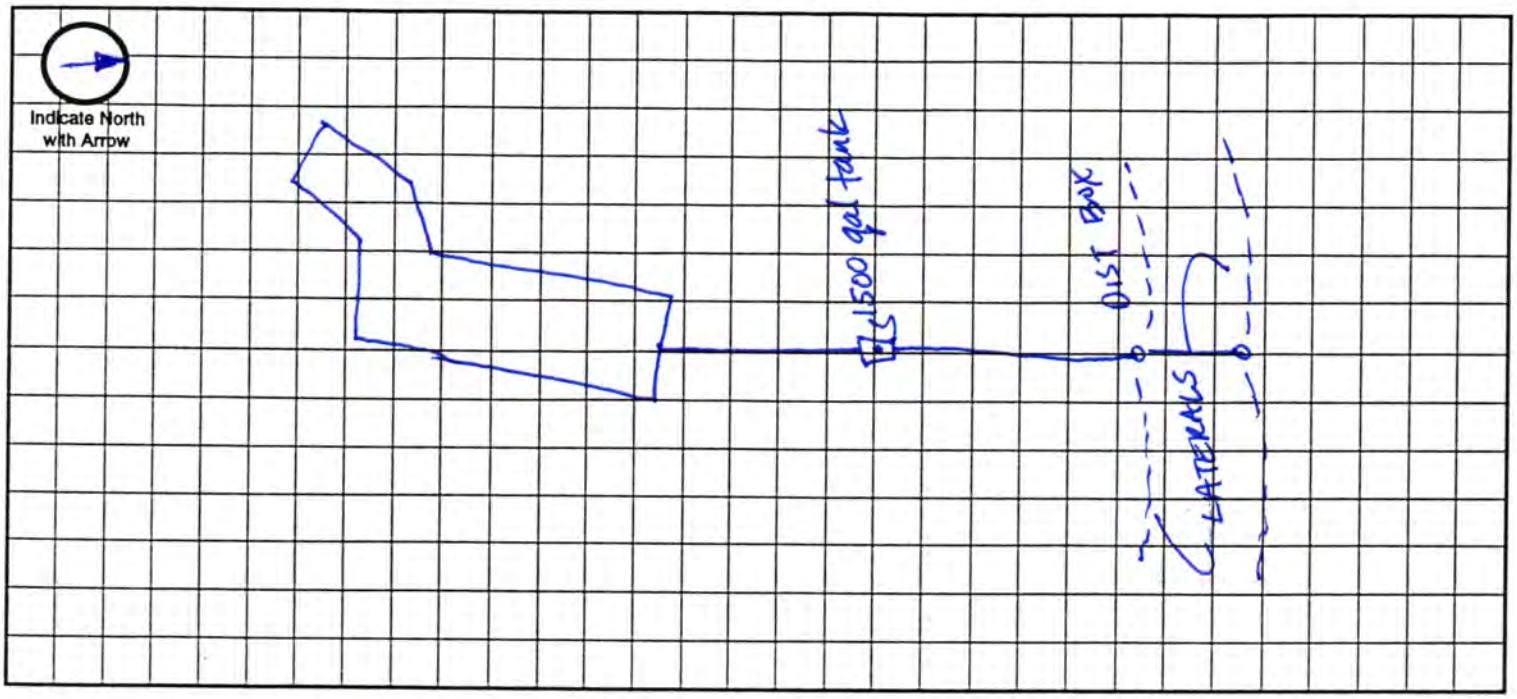
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Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802443

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) 10300 CROMWELL 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 3.8 (min. per inch) Soil Type: Wymore 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 lateral

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

Total Length of Laterals _____ ft. Number of Trenches _____ 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 12-13-01

Installer Bruce Schwartz Date 12-13-01

FORM 23-102 10-96

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

4030d:

D

Permit Number:
01380241301

Sewage Disposal System
As Built Plans & Specifications

Date 6-20-02

System Location (Indicate correct number and street)
Address 10300 Cromwell Dr. (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: 24" in.
3. Distance between dwelling and septic tank: 120 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 150 ft.
   stream – ft.
   pressure line – ft.
   property line 80 ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 8 in.
   Over outlet, diameter 10 in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8" in.
8. Distances to: Well or suction line 200'+ ft.
   Stream – ft.
   Pressure line – ft.
   Property line 100 ft.

C. Distribution Box

1. Material: CONCRETE
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 29'-6" ft.

D. Absorption Field

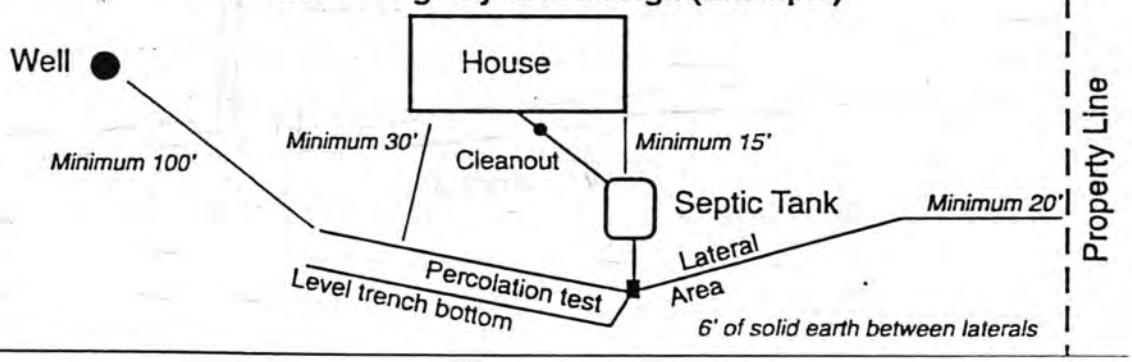
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 30"
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 68 3/4 ft. 75 ft.
   68 3/4 ft. 75 ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 36 in
4. Filter material: SOIL
   Depth of material 20 in.
5. Distances to: Well or suction line 200+ ft.
   Stream – ft.
   Pressure line – ft.
   Property line 30 ft.

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

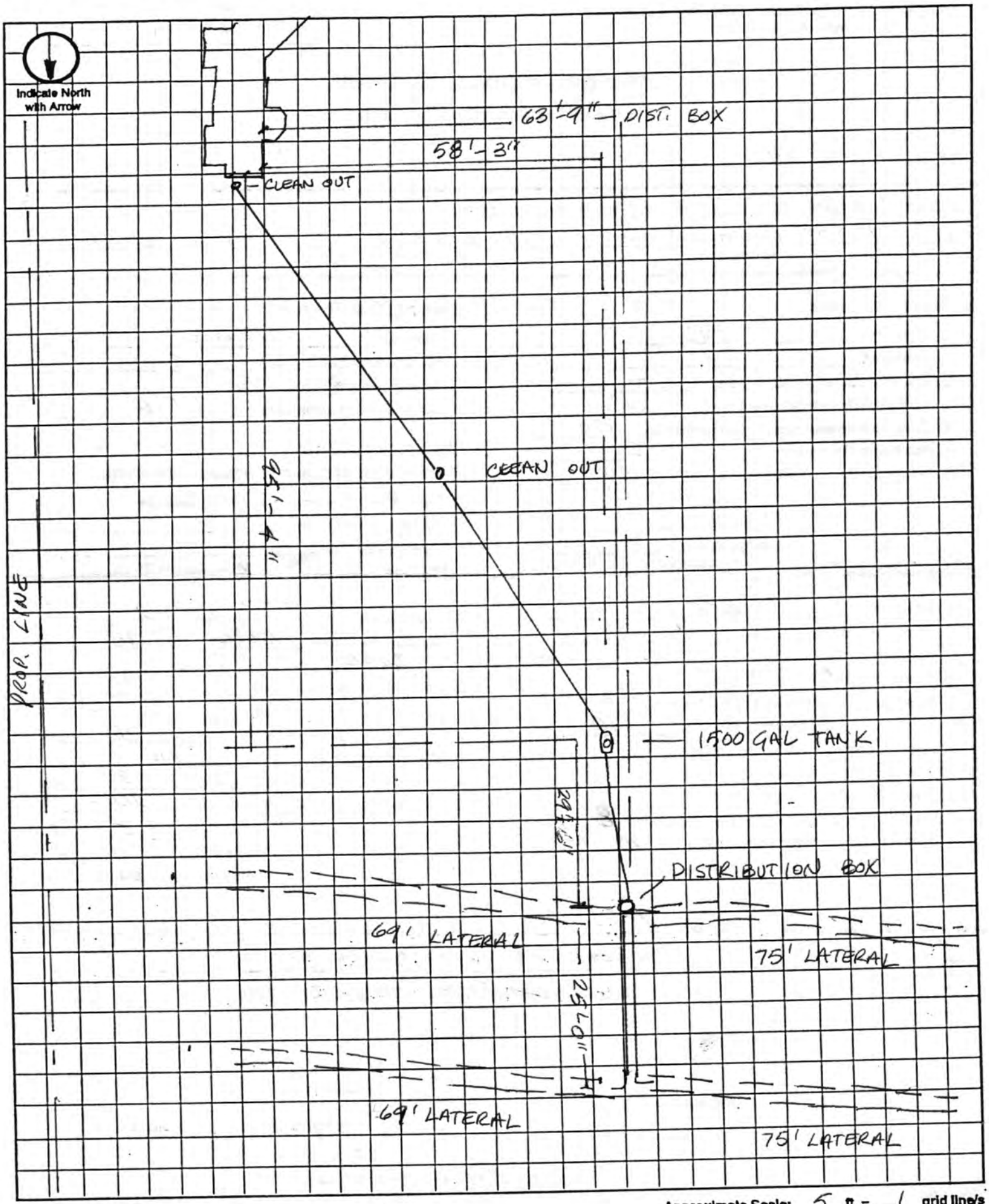
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: 5 ft. = 1 grid line/s