LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380188101

Issued 11/03/98
Expires 05/03/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment

DAVID DIAMANT
T9N R7E SEC 32
SILVER SPRGS-2ND ADD BLK 4 LOT 1
10001 CROMWELL DR

Permittee

DAVID DIAMANT, MD
6403 S 66 ST
LINCOLN NE 68516-3655

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008258

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

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

A

Permit Number:

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 10001 CROMWELL DRIVE (no rural route) City LINCOLN NE, Zip 685

Legal Description 32 (1/4) (1/4) Section 9N Township 9E Range SILVER SPRINGS 2ND ADD. Subdivision 4 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 DAVID DIAMANT Signature _____

Address _____ City/State/Zip LINCOLN / NE / 68516

☐ Check if owner designed system Home Phone 423-~~95~~ 4567 Work Phone N/A

C. Contractor

Name MANZITO INC Company Name _____

Address 3341 PIONEERS BLVD., ~~SUITE~~ City/State/Zip LINCOLN, NE 68506

☐ Check if contractor designed system Work Phone 483-2302

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 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 10/27/98 Date frwd 11/2/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/2/98 Date frwd 11/2/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11-2-98 Date frwd 11-2-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

5/25/99 Need Drawing for C.O.

Installation Final Written Approval

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

Date JUNE 9, 1999

Business Office Use Only

Date Rec'd 10/26/98
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 024683

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

Also well

B

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

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

Fax 483-9494

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10001 CROMWELL DR. City LINCOLN NE, Zip [redacted]

(no rural route)

Owner David Diment Address 6401 So 66 68516

Soil Type (SCS): Juc Percolation Rate: 32 min./inch

Date of Tests 9-8- to 9-9-98 Weather: Precipitation 0 Temperature 90s

Lot 4 Blk 4 Silver Springs

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	9/8	2:00	9/9	9:30	9/9	1:30	32	9/9	2:00	30	1	30
2			P		A		P	31⅞		P		1.125	27
3								30				.875	34
4								30⅛				.75	40
5								32⅜				.875	34
6								32½				1.25	24

Person Conducting Percolation Tests

Name: Brad Southwick

Phone: 430-7606

Address 17201 So 72

Hickman, Ne 68372

Sum of Percolation Rates: 1 & 9

Average of Rates: 32

Rate Used for Calculation: 32 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

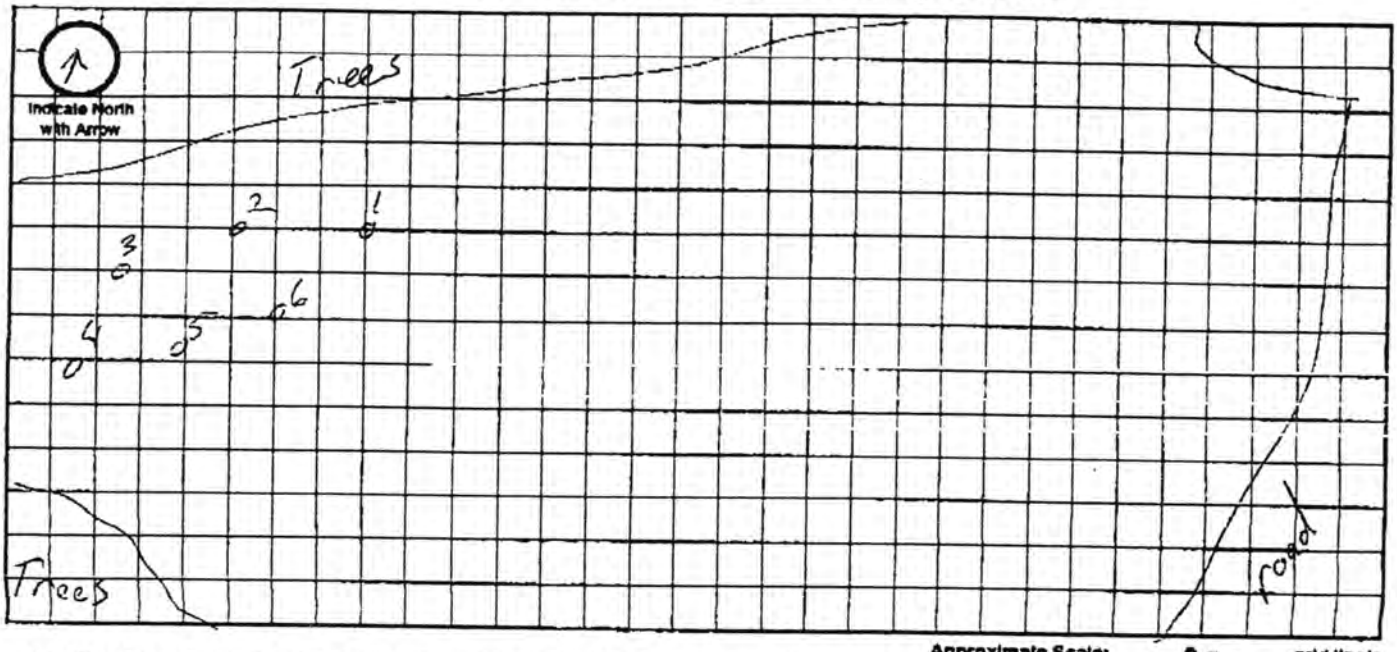
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 32 (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: _____

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 344 / 258 ft. Number of Trenches 4 / 3 Trench Width 3 ft / 4 ft

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 _____ Date _____

Installer _____ Date _____

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

C

Permit Number:

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.

Indicate North with Arrow

[SEE ATTACHED SITE PLAN]

Approximate Scale: 1" ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 10001 CROMWELL DRIVE City LINCOLN NE, Zip _____

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: _____

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 ☐	☐

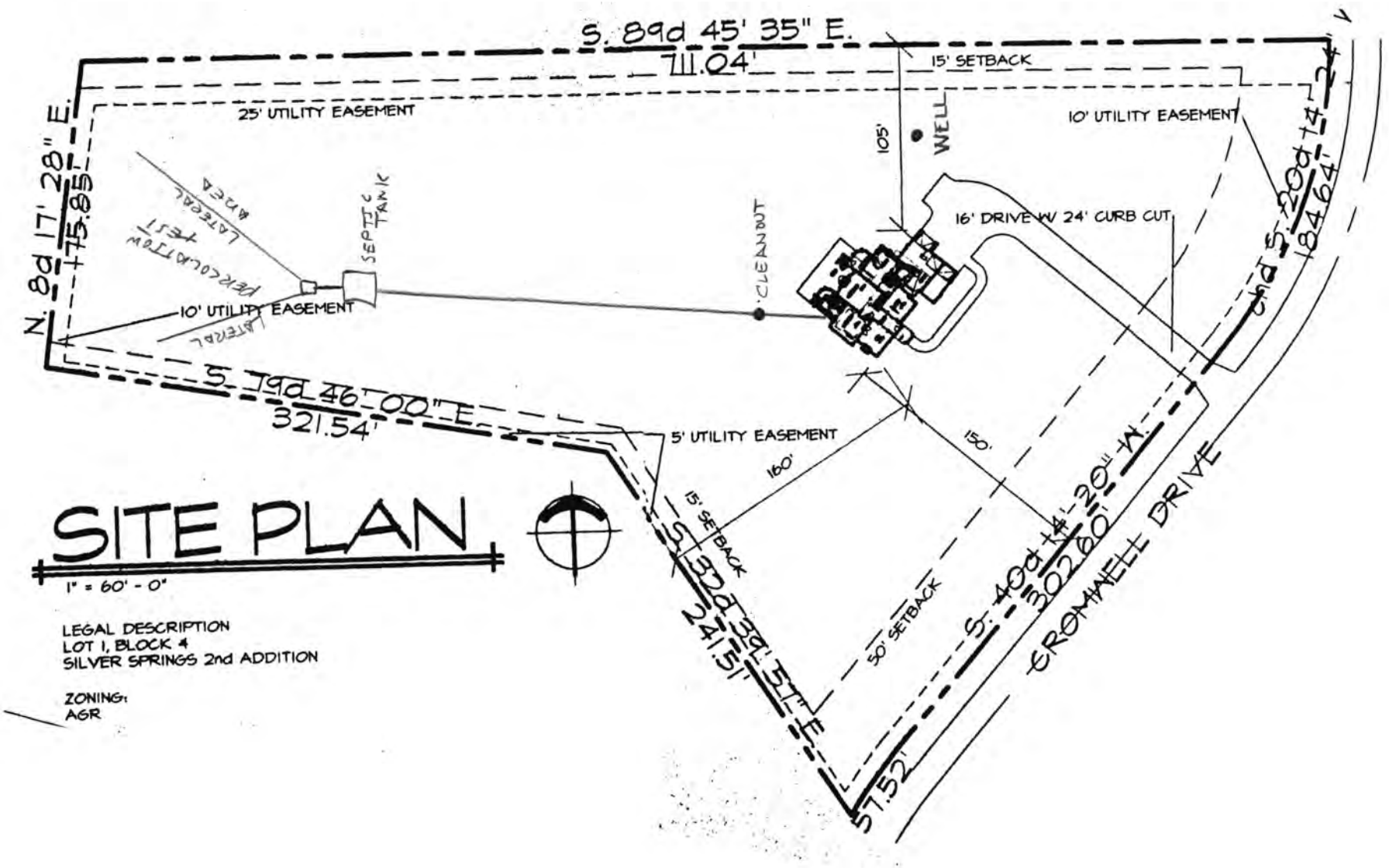
E. Required Signatures

Home Building Contractor _____ Date 10-19-98

Installer _____ Date 10-19-98

FORM 23-102 10-96

C



SITE PLAN

1" = 60' - 0"

LEGAL DESCRIPTION
LOT 1, BLOCK 4
SILVER SPRINGS 2nd ADDITION

ZONING:
AGR

MAY 2 8 1999

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 5-24-99.

System Location (Indicate correct number and street)

Address 10001 Cromwell (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: class 160
   Diameter: 4 in.
2. Distance above basement floor: 4" in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 70' ft.
4. Number of clean-outs: —
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: precast TWO tanks
   Number of compartments: ____
2. Capacity: 1000 gal. ea.
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: 6-10 in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 18 ft.

D. Absorption Field

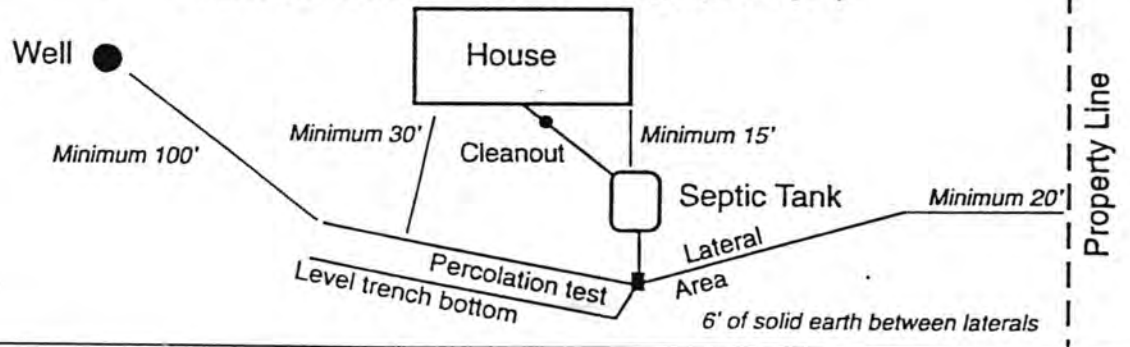
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 15"
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 100 ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 36-24 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line 120 ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

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

Permit No._____

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - $75.00
- ☐ Annual Permit for an existing well - $50.00
- ☐ Permit to repair or alter existing well involving opening of well - $25.00

1. Well Site Address 10001 CROMWELL DR. City LINCOLN, NE Zip 685
   (No Rural Route Please)
   Legal description of property:
   Twp____; Range____; Section____; Block 4; Lot 1; Addition SILVER SPRINGS 2ND ADD.
2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____
3. Distance to Public Water Supply N/A feet.

Signature of Owner _____

Print Name DAVID DIAMANT
Current Address _____

Current Home Phone ~~423-9531~~ 423-4567
Work Phone N/A

Signature of Contractor Tim

Print Name MANZITO INC.
Address 3341 PIONEERS BLVD, SUITE 1

Home Phone 483-2302
Work Phone 483-2302
Cellular Phone 560-7657

Sewage Permit Applied for: ☒ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request
Please Do Not Write Below This Line

Approval Process: Lincoln Municipal Code 8.44

1. Health Department — Date received 10/27/98; Date forwarded 10/28/98 — ACTION ☒ Approved ☐ Disapproved Signature: Jerold C. Hood
2. Building & Safety — Date received ____/____/____; Date forwarded ____/____/____ — ACTION ☐ Approved ☐ Disapproved Signature: _____
3. City Engineer — Date received ____/____/____; Date forwarded ____/____/____ — ACTION ☐ Approved ☐ Disapproved Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date:____/____/____By_____
Date:____/____/____By_____
Date:____/____/____By_____

Installation Final Written Approval
By:_____
Date:____/____/____

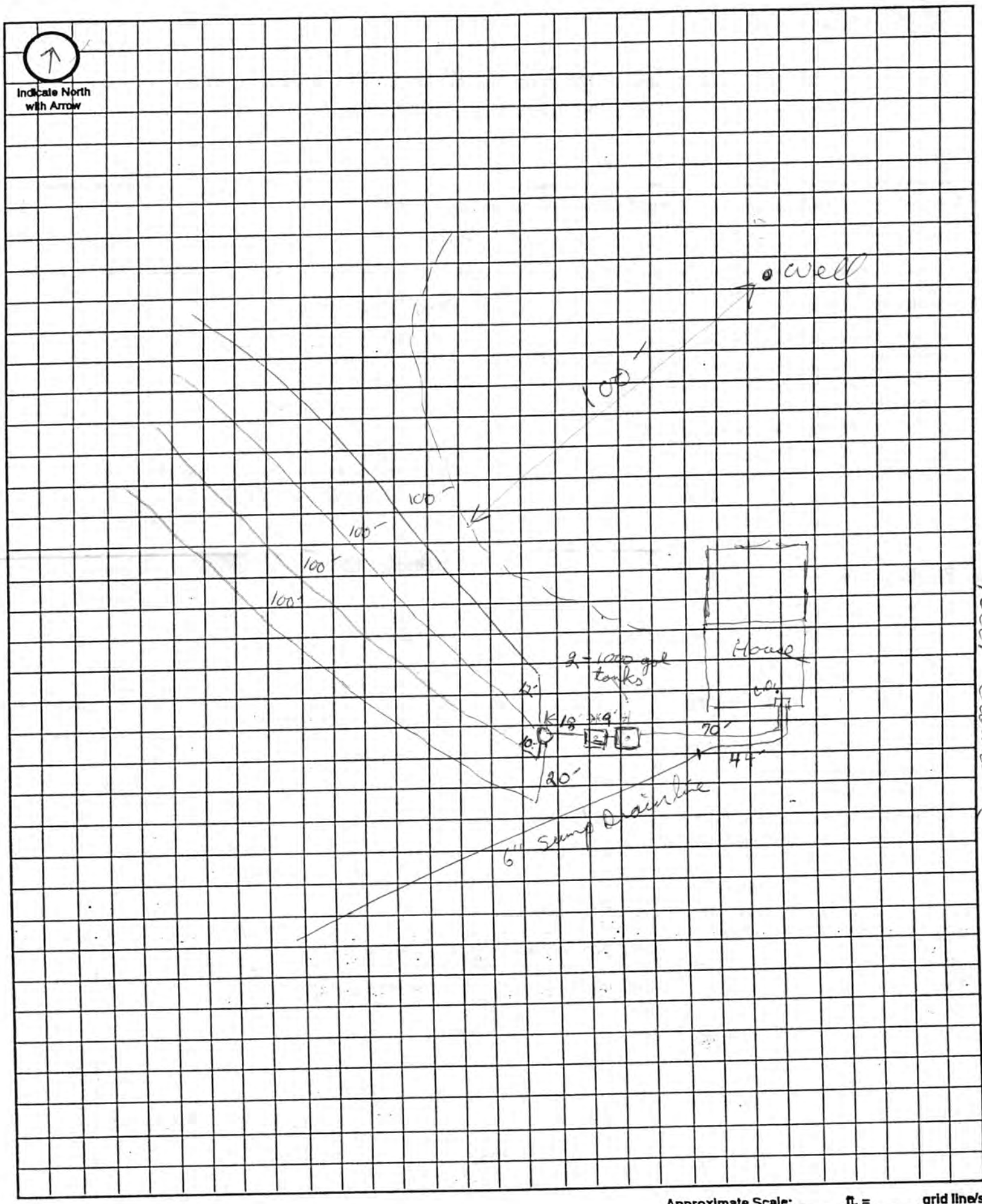
Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

Nitrate Level_____mg/L
Chloride Level_____mg/L
Bacteriological Analysis Satisfactory
Yes_____ No_____
Other_____

Business Office Use Only
Date Rec'd: 10/26/98
Amt Paid: $ 75.00
Rec'd By ____ ~~Cash~~/Check No. 024683

Abd Septic

As Built Drawing by Larry Schwarck



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