LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 98380170701

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 01/06/98
Expires 07/06/98
Revenue Code 3157

Establishment

BRUCE SCHWARTZ
T9N R7E SEC 32
SILVER SPRINGS ADDN BLK 4 LOT 3
10201 CROMWELL DR

FEES: $150.00

Permittee

BRUCE SCHWARTZ
9800 S 68 ST
LINCOLN NE 68516

TOTAL $150.00

Gregg Wright MO
Issued By ~~M. Jane Ford~~
Health Director

5841

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: 98380170 7

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 10201 CROMWELL DR (no rural route) City LINCOLN NE, Zip 68516

Legal Description NE NE 32 9N 7E SILVER SPRINGS ADDN. 4 3
(1/4 1/4 Section Township Range Subdivision Addition 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 Schwartz

Address 8800 S. 68th 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 _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 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 1/6/98 Date frwd 1/6/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1/6/98 Date frwd 1/6/98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1-6-98 Date frwd 1-6-98 ACTION ☒ Approved ☐ Disapproved Signature RD Mitham

Installation Final Written Approval

By Paul Mitham

Date 11-30-98

Business Office Use Only
Date Rec'd 01/06/98
Amt Paid 150.00
Rec'd By LO ~~Cash~~/Check No. 3214

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

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. 98380107

PROPERTY WHERE SOIL TESTED:

Location: Township 9-N; Range 7-E; Section & ¼ Section 32.
Property Dimensions: 450 ft. x 450 ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐; Silt Loam ☐; Clay Loam ☐.
Dates of Tests: 1-4-98 to 1-5-98. Weather: Precip. _____ Temp. 31°.

OWNER: Bruce Schwartz

Address: 8800 So. 68th 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"	1/4				1/5	4:00	6"	4:30	3¾"	30	2¼"	13.33
2								6"		4¼"		1¾"	17.14
3								6"		3"		3"	10.0
4								6"		2½"		3½"	8.57 9
5								6"		3¼"		2¾"	10.91 11
6								6"		2¾"		3¼"	9.23

Bruce Schwartz
Signature of Person Conducting Test

Address 8800 So. 68th Phone 421-3855

Sum of Percolation Rates: 69.18
Average of Rates: 11.53
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Judson Silt Loam
Date: JANUARY 6, 1998

Approved Percolation Rate (a)
A. 12 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

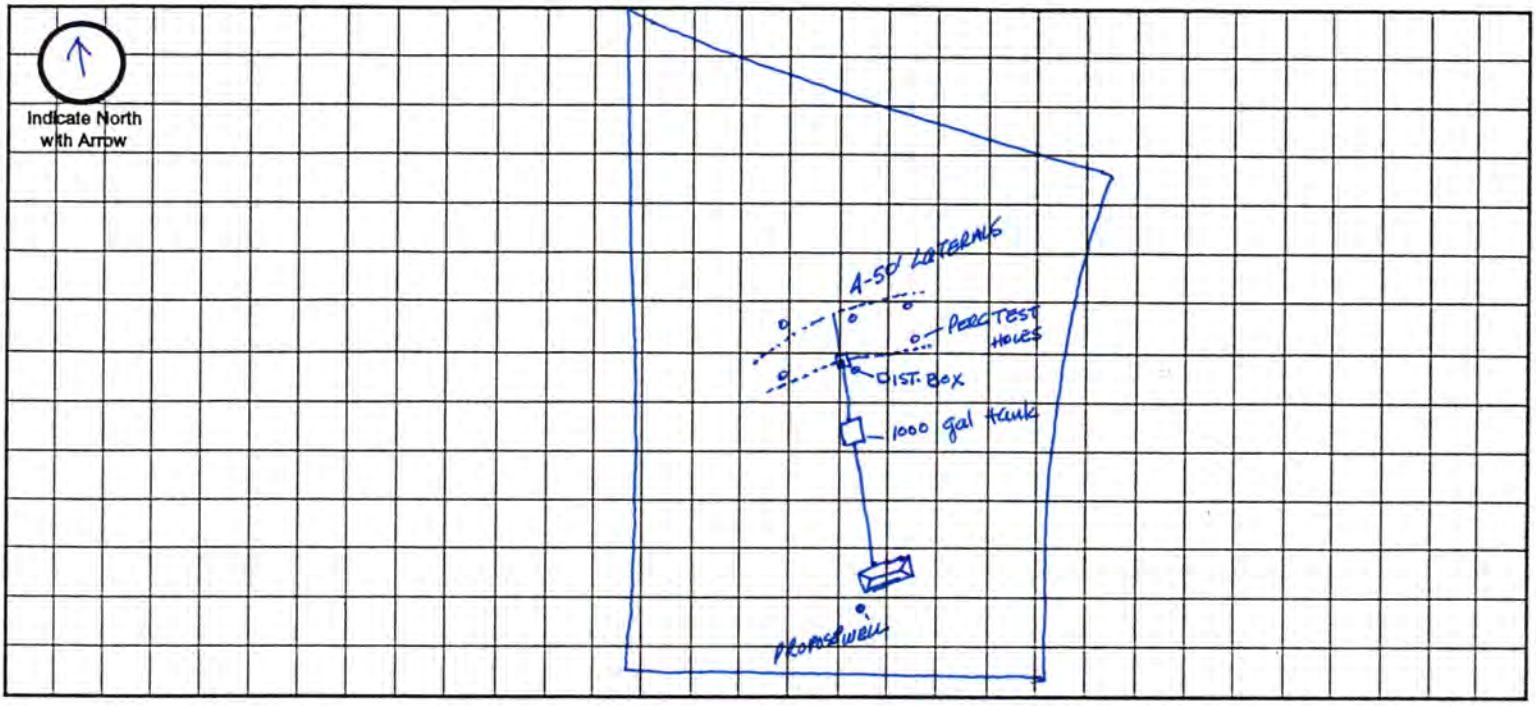
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98380107

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) 10201 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 12 (min. per inch) Soil Type: JUDSON SILT LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 528 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 132 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 CONST Date 1-6-98

Installer BRUCE SCHWARTZ Date 1-6-98

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

D

Permit Number: 98380 1707

Sewage Disposal System

As Built Plans & Specifications

Date 1-6-98

System Location (Indicate correct number and street)

Address 10201 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: 19 in.
3. Distance between dwelling and septic tank: 99 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
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 6x8 in.
   Over outlet, diameter 6x8 in.
   Riser: ☐ above ☒ below grade 4" in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12" in.
8. Distances to: Well or suction line 100' + ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 100' + ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 44' ft.

D. Absorption Field

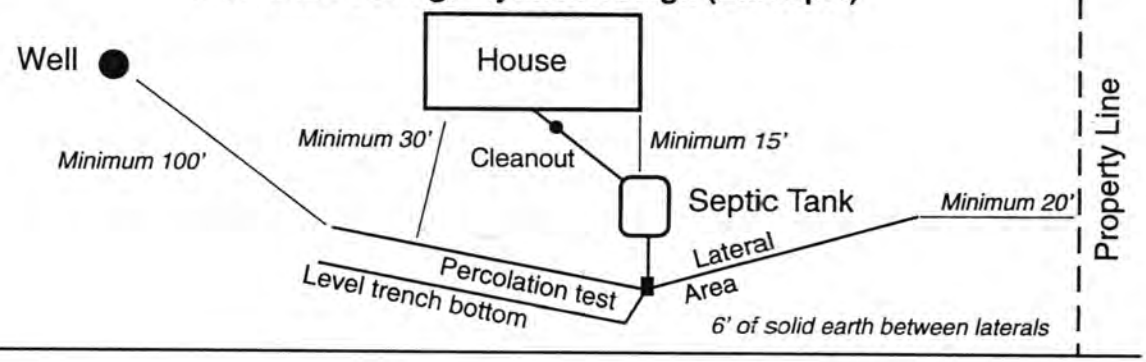
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: INFILTRATOR
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 100 ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 0 in/100 ft.
   Average depth 35" in
4. Filter material: GRAVEL
   Depth of material _____ in.
5. Distances to: Well or suction line 100' + ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 100' + ft.

Indicate North with Arrow

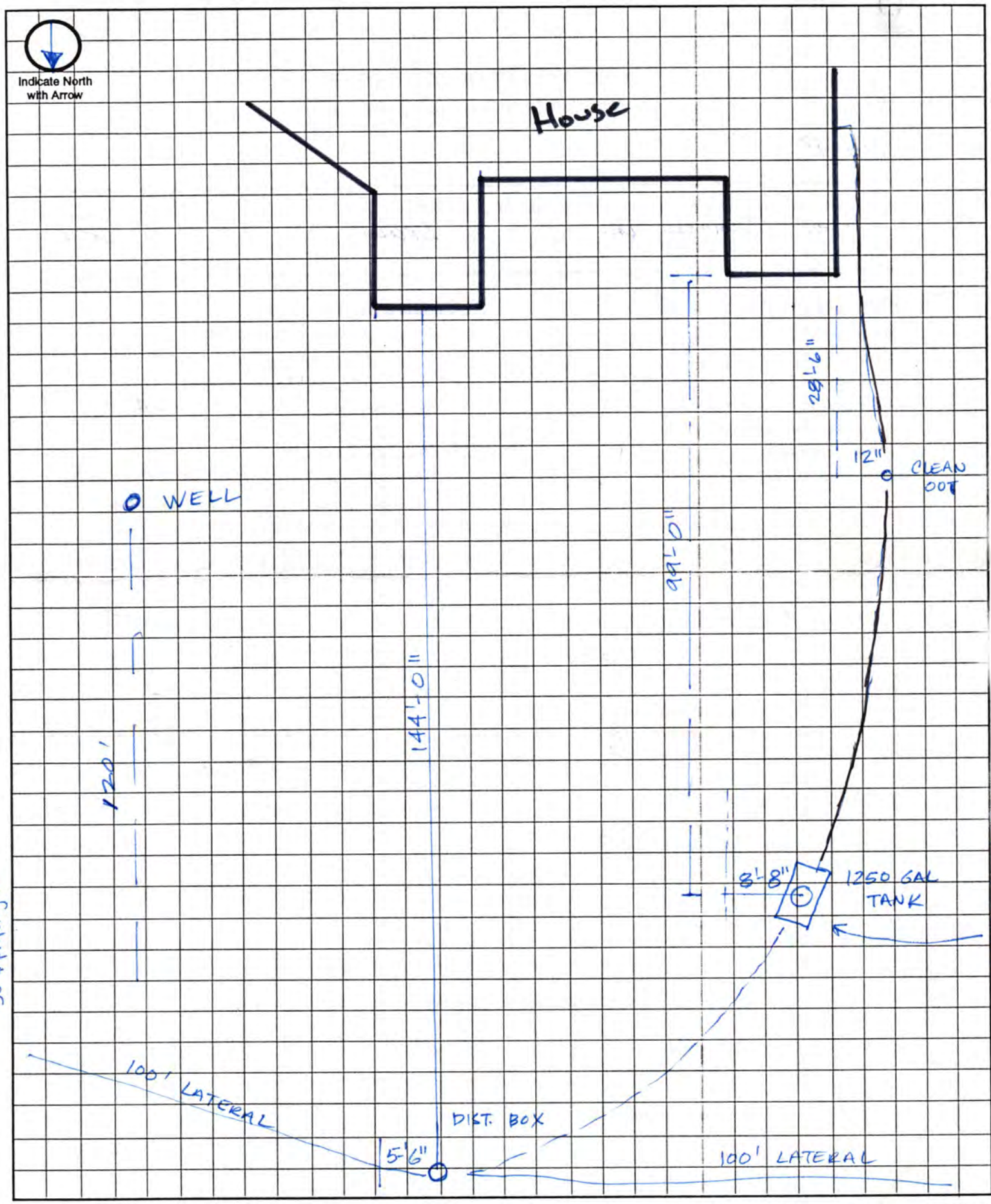
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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