Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

003746

3140 N STREET [illegible] NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380280101

Issued 03/31/04
Expires 10/01/04
Revenue Code 3157

Establishment

BRUCE SCHWARTZ
T9N R7E SEC 32
SILVER SPRINGS ADDN BLK 5 LOT 3
10000 CROMWELL DR

FEES: $200.00

Permittee

BRUCE SCHWARTZ
10201 CROMWELL DR
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

MAR 3 1 2004

A

Permit Number: 04380280101

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 10000 CROMWELL DRIVE (no rural route) City LINCOLN NE, Zip 68516

Legal Description NW (1/4) NE (1/4) 32 (Section) 9N (Township) 7E (Range) SILVER SPRINGS (Subdivision) ADDN (Addition) 5 (Block) 3 (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 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 (402) 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 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 3/31/04 Date frwd 4/1/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/1/04 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4-04 Date frwd 4-04 ACTION ☒ Approved ☐ Disapproved Signature _____

1/4/04 Tank, liner + lateral

Installation Final Written Approval

By _____

Date 1/12/05

Business Office Use Only

Date Rec'd 03/31/04
Amt Paid 200.00
Rec'd By ~~to~~ ~~Cash~~/Check No. 22906

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

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

B

Permit Number: 04380 2801

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10000 CROMWELL DRIVE City LINCOLN NE, Zip NE 68516
(no rural route)

Owner BRUCE SCHWARTZ Addresss 10201 CROMWELL / LINCOLN NE 68516

Soil Type (SCS): JUDSON SILT LOAM Percolation Rate: 21 min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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"	3-22	8:00	3-22	5:00	3-23	3:49	12"	3-23	4:19	30	.75	.025
2	36"	3-22	"	3-22	"	"	"	"	"	"		1.0	.033
3	36"	3-22	"	"	"	"	"	"	"	"		1.5	.050
4	36"	3-22	"	"	"	"	"	"	"	"		1.5	.050
5	36"	3-22	"	"	"	"	"	"	"	"		3.0	.100
6	36"	3-22	"	"	"	"	"	"	"	"		.75	.025

Sum of Percolation Rates: .308
Average of Rates: .051
Rate Used for Calculation: 21 MIN/IN

Person Conducting Percolation Tests

Name: Jeff KREIFELS ACTION PDS
Phone: 423-6560
Address 4401 So 84th
Lincoln NE 68502

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood Date APRIL 1, 2004

FORM 23-101 10-96

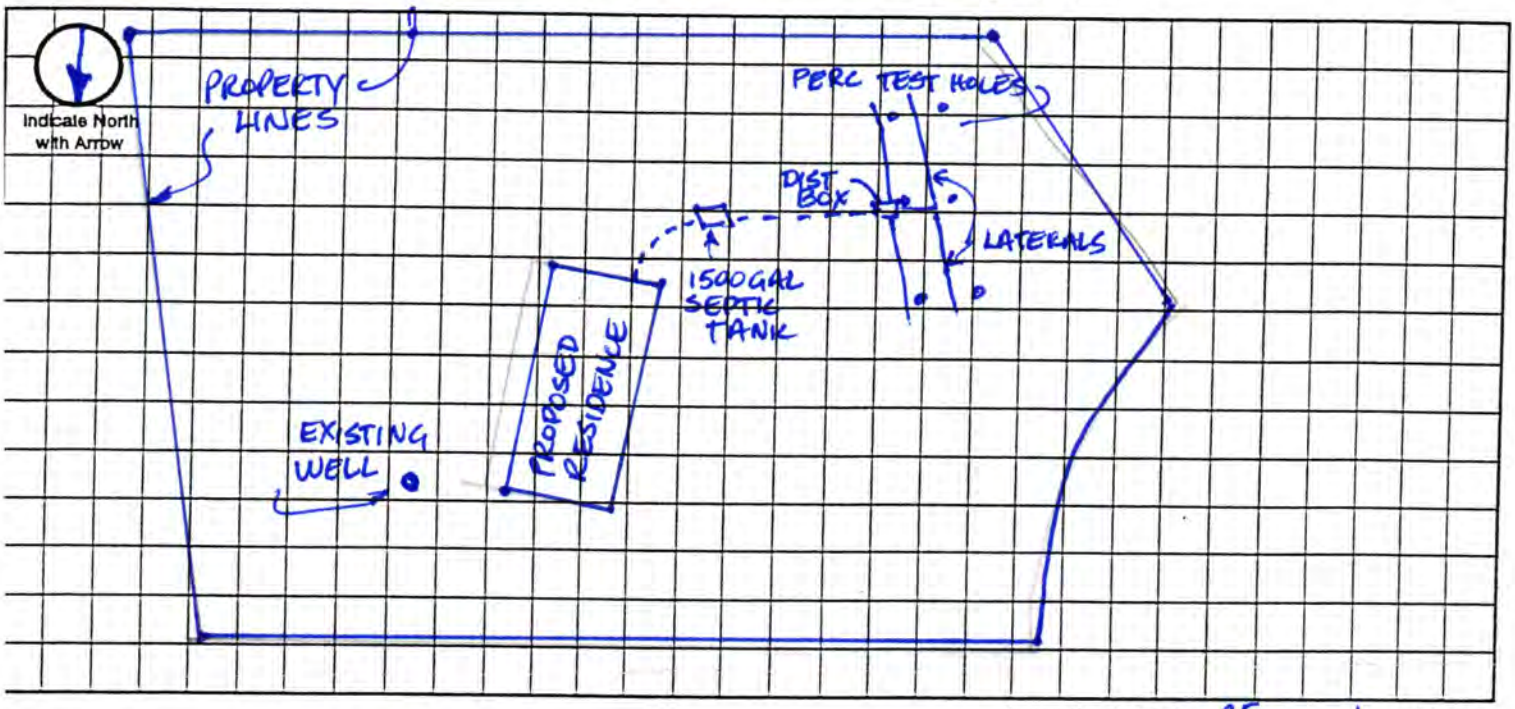
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 04380280

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 10000 CROMWELL DRIVE City LINCOLN NE, Zip NE 68516

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 21 (min. per inch) Soil Type: JUDSON SILT LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 750 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 188 ft. Number of Trenches _____ Trench Width 4'

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 ☑	☑

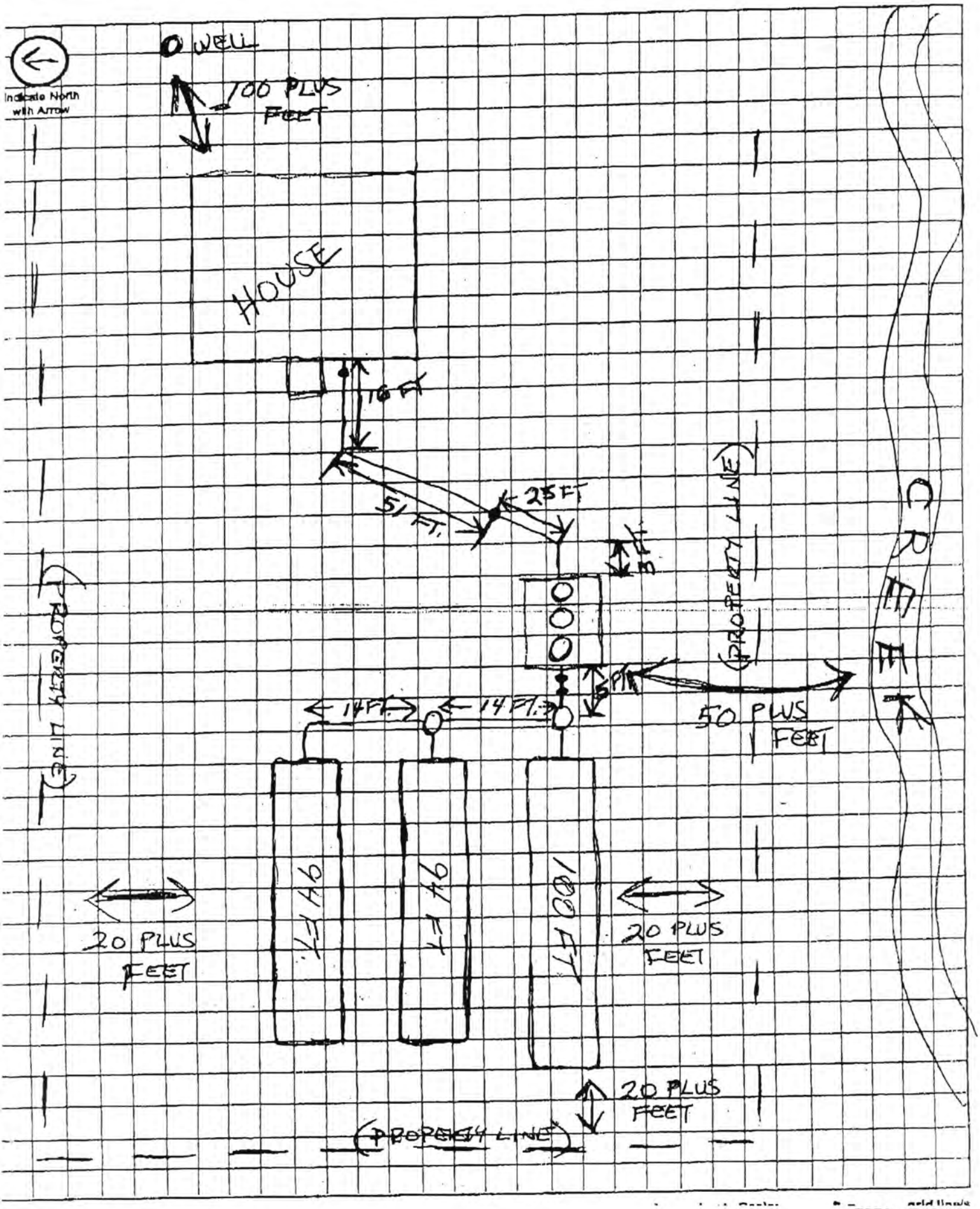
E. Required Signatures

Home Building Contractor _____ Date _____

Installer [illegible] Action Public Date _____

J1

As Built Drawing



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 1-10-05

Bruce Schwartz

System Location (Indicate correct number and street)

Address 10,000 Cromwell (no rural route) City Lincoln NE, Zip NE

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 1' in.
3. Distance between dwelling and septic tank: 95 ft.
4. Number of clean-outs: 2
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. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☑ below grade 6 in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 3 in.
8. Distances to: Well or suction line 50 + ft.
   Stream 50 + ft.
   Pressure line 50 + ft.
   Property line 50 + ft.

C. Distribution Box

1. Material: PLASTIC
   Number available outlets: 3
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 5 ft.

D. Absorption Field

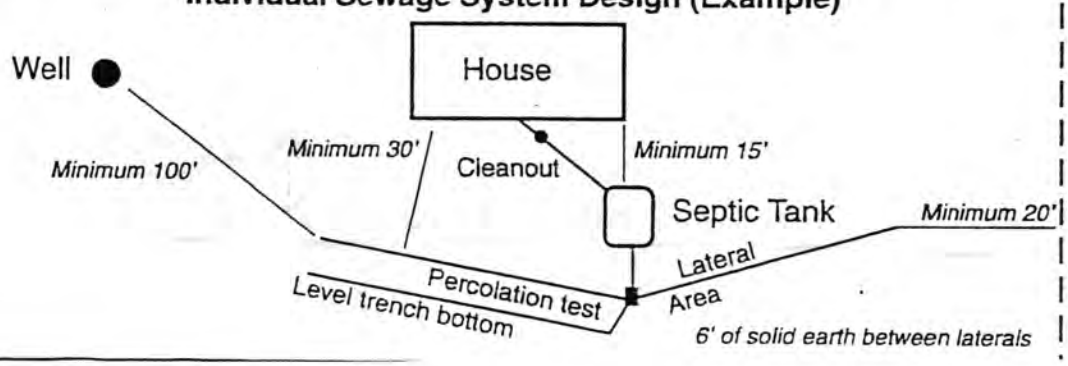
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATOR
2. Lateral lines: Number 3
   Length of each line: 100 ft. _____ ft.
   94 ft. 94 ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope _____ in/100 ft.
   Average depth 3' in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line 100 + ft.
   Stream 50 + ft.
   Pressure line 50 + ft.
   Property line 50 + ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

Lot 3, Blk 5

Moser Well Drilling and Service Inc.

Marvin Moser
Hickman, NE

Bill Moser
Roca, NE

Allen Moser
Hickman, NE

Chris Thornton
Hickman, NE

Hickman, Nebraska 68372
Phone: (402) 792-2515
Lincoln: 477-7291

Pumps & Well Supplies - Trenching - Drilling

Date: 10/29/99 Well #: 131-99 Driller: Bill

Owner/Builder: Mark & Vicki Davidson (well made for Bill Livengood, Sr) Phone # 421-7997

Location: 10000 Cromwell Dr., Lot #3 in Silver Springs which is just South of 56th & Rokeby Rd., on the West side.

0- 5 Black clay
5- 15 Brown clay
15- 30 Red shale
30- 45 Blue shale
45- 70 Red and orange shale
70-140 Medium fine yellow sandstone
140-155 Medium to medium coarse yellow sandstone
155-165 Very coarse tan sandstone and gravel
165-172 Medium sandstone and shale
172-187 Very coarse tan sandstone and gravel
187-200 Medium coarse tan sandstone

Depth: 192' Elevation:

Casing Information

Type: pvc Thickness: 200#
Length: 172' Diameter: 4"
Bore Size: 8.5" SWL: 80' M
PWL: GPM: 100 w/air

Filler Pack: 25-165'
Grout: 6-25'

Screen

Length: 10' + 10' Diameter: 4"
Type: pvc wop; slotted Slot: .030; .025
Area of:
Screen(s): 172-192'
Pack: 165-193'
Type of Pack: "B"

Chemical Analysis

Total Chlorides:
Hardness:
Nitrates:
Bacteria:
Iron:

STATE & CTY SENT 11/9/99

Lancaster/Grant

T.N. 9 R.E. 7 SEC. 32

Reg# G-122622 7/28/03

131-99.max

NOV 1 0 1999

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. _____

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELL

Legal Description: Sec. 29 T. 9 R. 7 Block ____ Lot ____ Addition SILVER SPRINGS ADDITION 10000 Cromwell Dr.

Owner _____ Address _____

LOG OF WELL	
Depth Ft to:	Description
0- 5	BLACK CLAY
5- 15	BRN CLAY
15- 30	RED SHALE
30- 45	BLUE SHALE
45- 70	RED & ORANGE SHALE
70-140	MED FINE YEL SS
140-155	MED TO MED CRS YEL SS
155-165	VERY CRS TAN SS & GRAVEL
165-172	MED SS & SHALE
172-187	VERY CRS TAN SS & GRAVEL
187-200	MED CRS TAN SS

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 192'

Date Completed 10/29/99

Casing: Length, Ft. 172' :Dia. In. 4"

Wall Thickness, Inc. .214" :Type PVC

Screen: Length, Ft. 20' Dia. In. 4"

Type PVC WOP & SLOT, Slot Size .030 & .025

Drop Pipe: Length, Ft. 120' Dia. In. 1 1/4"

Water Level, Surface to top of water, Ft.:

Static 80' M, Pumping 85' EST

Yield: 20 gpm, Measured XX, Est. ____

Chlorination Completed Yes XX No ____

The above information including "Log of Well" is a true record of the job performed by me.

Driller _____
(Signed)

Address: P. O. BOX 308
HICKMAN, NE 68372-0308

Date: 9 NOVEMBER 1999

Remarks _____

DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record _____