Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008845

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380318701

Issued 04/28/06
Expires 04/28/07
Revenue Code 3157

Establishment: JAMES SCHWARTMAN
T11N R7E SEC 10 QTR NE
SE 1/4 OF NE 1/4
12755 N 84 ST-WAVERLY

FEES: $275.00

Permittee: JAMES SCHWARTMAN
7400 SW 27 ST
LINCOLN NE 68523

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

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

A

Permit Number: 06380318701

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 12755 N 84th (no rural route) City WAVERLY NE, Zip 68517

Legal Description SE NE 10 11N 7E
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 James SCHWARTMAN Signature _____

Address 7400 SW 27th City/State/Zip LINCOLN NE 68523

☐ Check if owner designed system Home Phone _____ Work Phone 402 770-6739

C. Contractor

Name LEONARD HARPER Company Name HARPER WELL & PLUMBING INC

Address 220 7th St P.O.Box 15 City/State/Zip ADAMS, NE 68301

☑ Check if contractor designed system Work Phone 402 432-2204

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 400 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 4/28/06 Date frwd 5/1/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-1-06 Date frwd 5-1-06 ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-1-06 Date frwd 5-1-06 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 12/13/06

Business Office Use Only
Date Rec'd 4-28-06
Amt Paid 275.00
Rec'd By TW Cash/Check No. 4197

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: 06380318 7

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12755 N W 84th (no rural route) City WAVERLY NE, Zip 68517

Owner Jim Schwartzman Addresss

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM. Percolation Rate: min./inch

Date of Tests 4/18 to 4/19 Weather: Precipitation — Temperature 80°

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	24"	4/18	11:00	4/18	4:30	4/19	8:30	16"	4/19	11:00	30	1"	
2											39	1"	
3											32'	1"	
4											39'	1"	
5											40	1	
6											40	1	

Person Conducting Percolation Tests

Name: Hagemeier Plumbing Inc
Phone: PO Box 15
Address Adams NE 68301

Sum of Percolation Rates:
Average of Rates:
Rate Used for Calculation: 36 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date 4/20/06

FORM 23-101 10-96

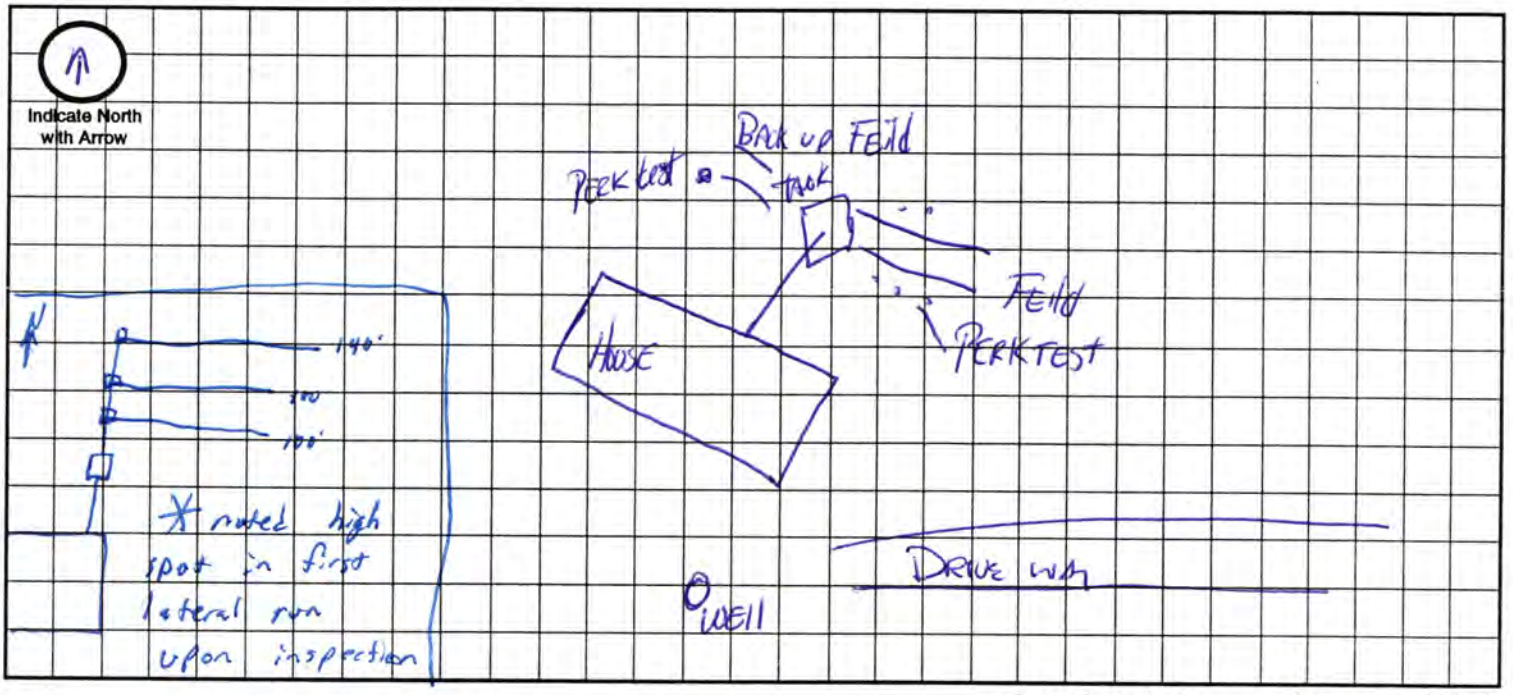
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 06380318701

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) 12755 NORTH 84TH ST City WAVERLY NE, Zip 68517

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 36 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1100 sq. ft.

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

Capacity of Septic Tank ~~1000~~ 1250 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed _____

Total Length of Laterals ~~140~~ 367' or 275' ft. Number of Trenches 2 Trench Width 36" or 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 owner Date _____

Installer [signature] Date 4/28/06

FORM 23-102 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System
As Built Plans & Specifications

Date 12-12-06

System Location (Indicate correct number and street)
Address 12755 N W 84th (no rural route) City WAVERLY NE, Zip 68462

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 8" in.
3. Distance between dwelling and septic tank: 105 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 300+ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1750 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 16" in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 18" in.
8. Distances to: Well or suction line 300+ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 4
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 10' ft.

D. Absorption Field

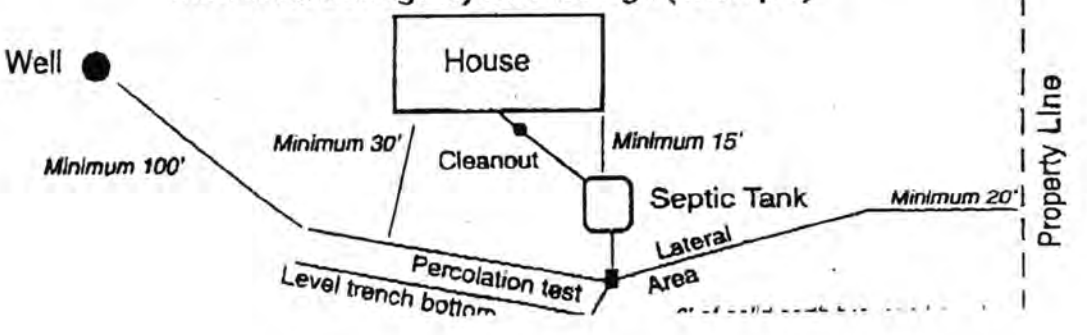
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 36
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 110 ft. 110 ft.
   130 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 1/4 in/100 ft.
   Average depth 3' in
4. Filter material: BACKFILL
   Depth of material _____ in.
5. Distances to: Well or suction line 350+ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

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

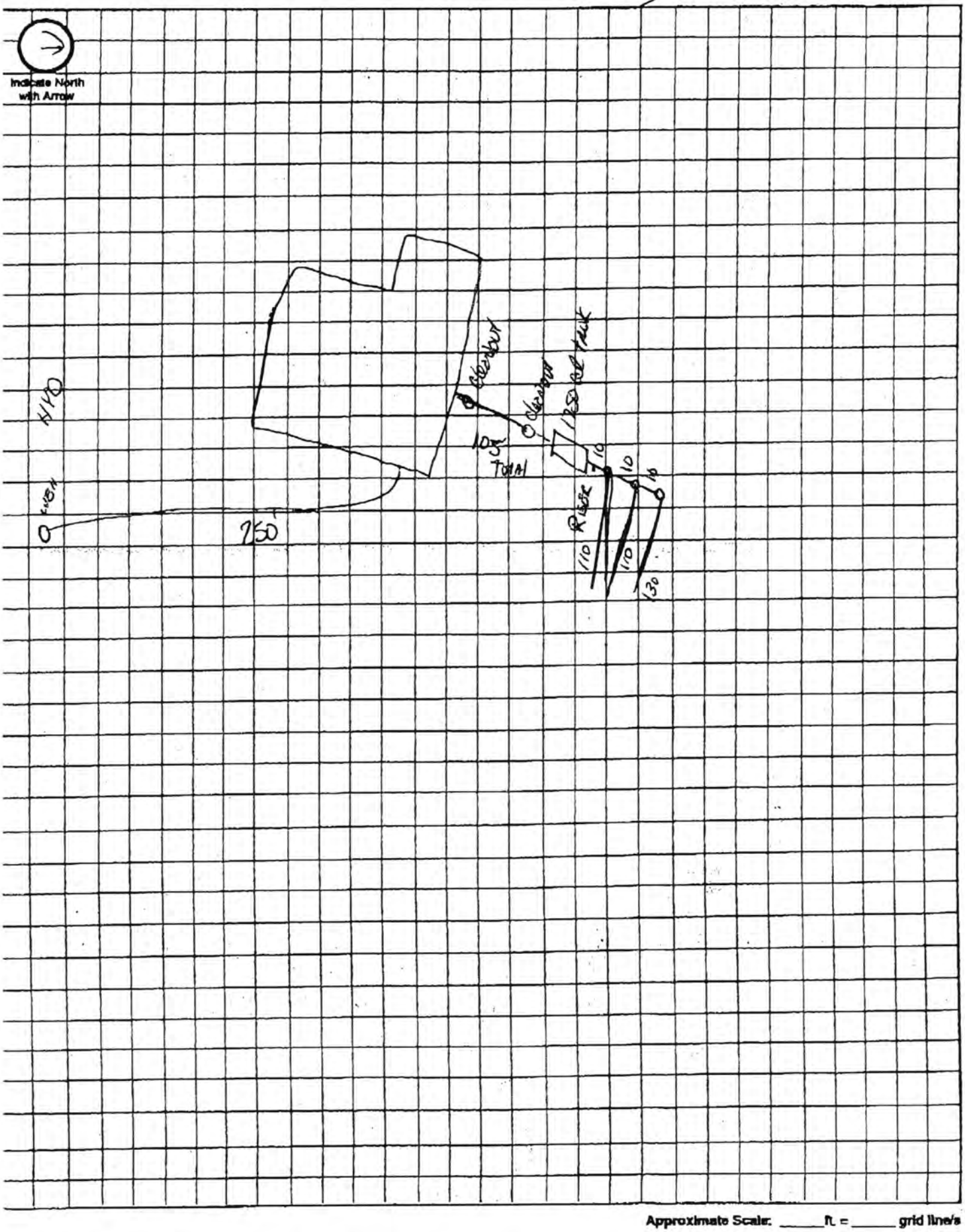
Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing

12755
Well #4



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