Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380224501

Issued 10/10/00
Expires 04/01/01
Revenue Code 3157

Establishment

JOE SWARTZ
T10N R8E SEC 14 QTR NW
STEVENS CREEK-E1/2 LOT 4IT
16801 ADAMS ST

FEES: $200.00

Permitee

JOE SWARTZ
16801 ADAMS ST
LINCOLN NE 68527

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

013831

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

A

Permit Number: 00380226

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 1680[illegible] Adams (1680) (no rural route) City Lincoln NE, Zip 68527

Legal Description W½ NE¼ 14 10N 8E Stevens Creek 4 I.T.
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 Joe + Teresa Swartz Signature [signature]

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone 781-2286 Work Phone 770-5444

C. Contractor

Name Ken Apthorp 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 Larry Schajaack Firm Schajaack Trenching Work Phone 489-7294

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 10-10-00 Date frwd 10-10-00 ACTION ☒ Approved ☐ Disapproved Signature [signature]

2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-12-00 Date frwd 10-12-00 ACTION ☒ Approved ☐ Disapproved Signature [signature]
Check Floor Plans

3. **City or County Engineer** Date rec'd 10-12-00 Date frwd 10-12-00 ACTION ☒ Approved ☐ Disapproved Signature [signature]
10-13-00, min out of floodplain

Installation Final Written Approval

By [signature]

Date Oct-19-00

Business Office Use Only

Date Rec'd 10/10/00
Amt Paid 200.00
Rec'd By [illegible] Cash/Check No. 2663

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

Also Repair

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

B

Permit Number: 0038 02246

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 16805 Adams (no rural route) City Lincoln NE, Zip 68527

Owner Joe Swartz Addresss Same

Soil Type (SCS): Clay Percolation Rate: 26 min./inch

Date of Tests 9-19 to 9-20-00 Weather: Precipitation ½" overnite Temperature 63°

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	30	9-19	12:50	9-20	10:30	9-20	1:00	16½		1:30	30	1	30 mpi
2								17⅛				1⅛	27
3								15¼				1⅛.	27
4								17½				1½	20
5								15				1	30
6								16				1¼	24
													158

Sum of Percolation Rates: 158

Average of Rates:

Rate Used for Calculation: 26 min/inch

Person Conducting Percolation Tests

Name: Larry Schwarck

Phone: 489-7294

Address 8200 Old Cheney Rd.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Sharpsburg soil

Signature of Reviewing Official Ron Mayer Date 10-10-00

FORM 23-101 10-96

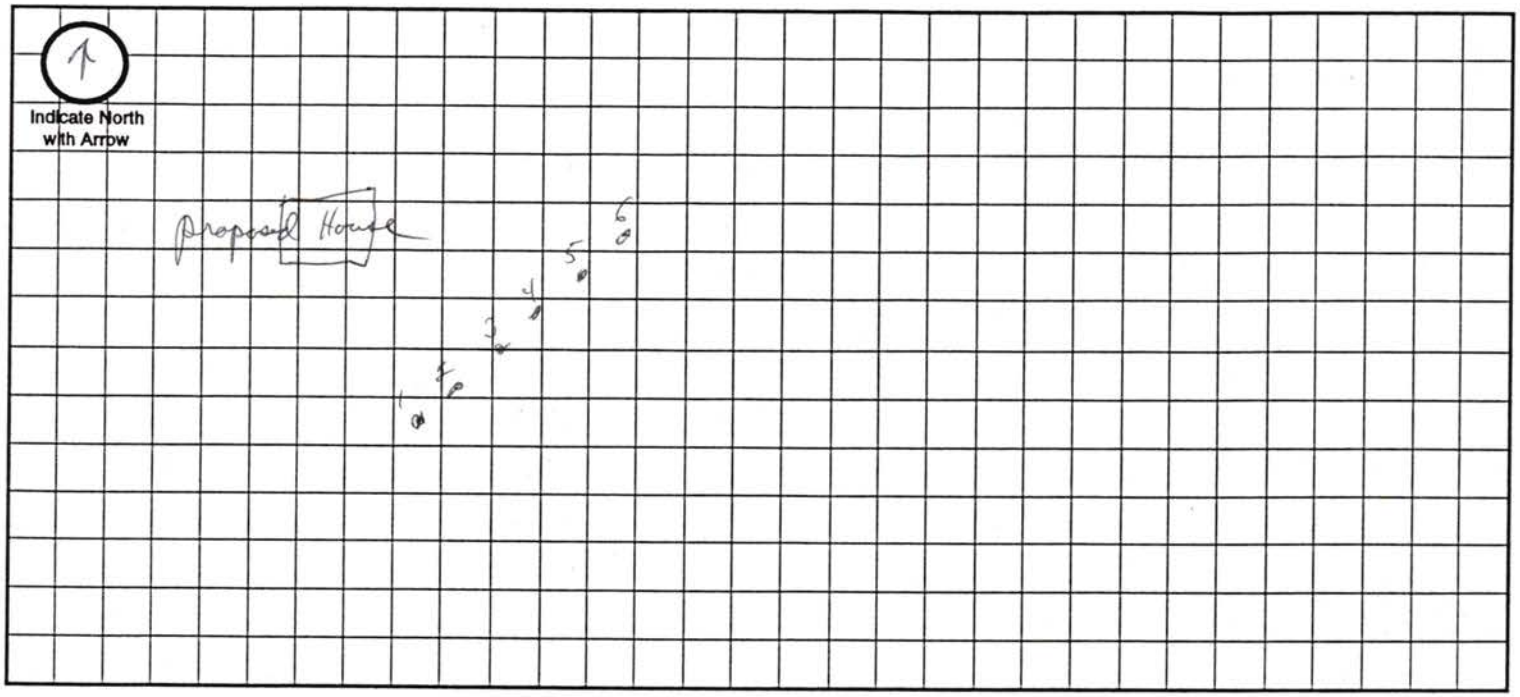
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380246

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) 16805 Adams City Lincoln NE, Zip 68527

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 26 (min. per inch) Soil Type: ~~Gary~~ Sharpsburg Land Slope: 2% %

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

Total Square Feet of Field Required: 750 sq. ft. ~ 190 lineal ft. ~~480~~ 450

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

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

Total Length of Laterals 200 ft. Number of Trenches 2 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

X Home Building Contractor _____ Date 9-20-00

Installer Larry Schwank Date 9-20-00

FORM 23-102 10-96

OCT 17 2000

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 10-13-00

System Location (Indicate correct number and street)

Address 1600 S Adams (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: _____ 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
   Number of compartments: _____
2. Capacity: 1000 gal.
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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: plastic Drop box
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

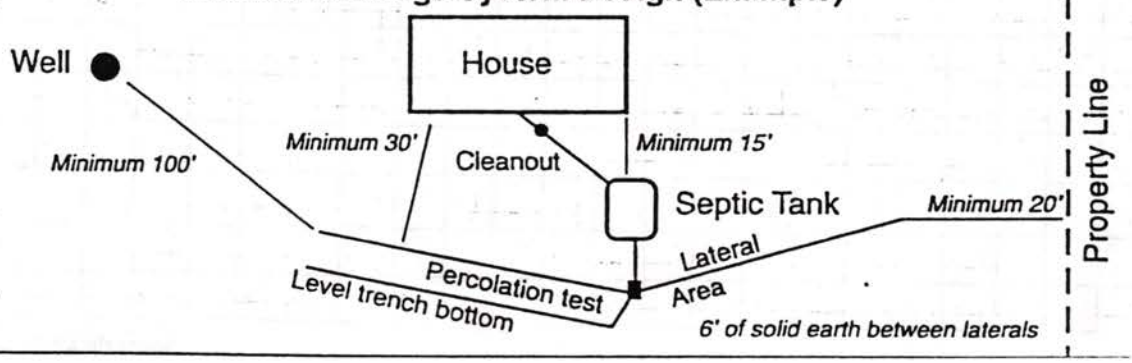
(Provide as-built drawings on back of this form)

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

Indicate North with Arrow

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

Individual Sewage System Design (Example)



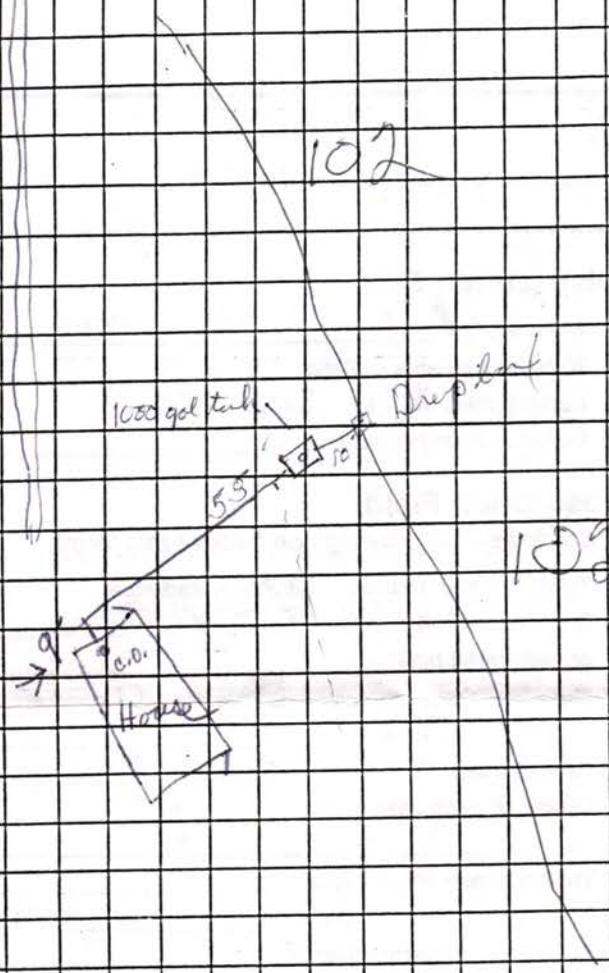
FORM 23-103 10-96

As Built Drawing

by Larry Schwarck for Joe Swarts
10-13-00

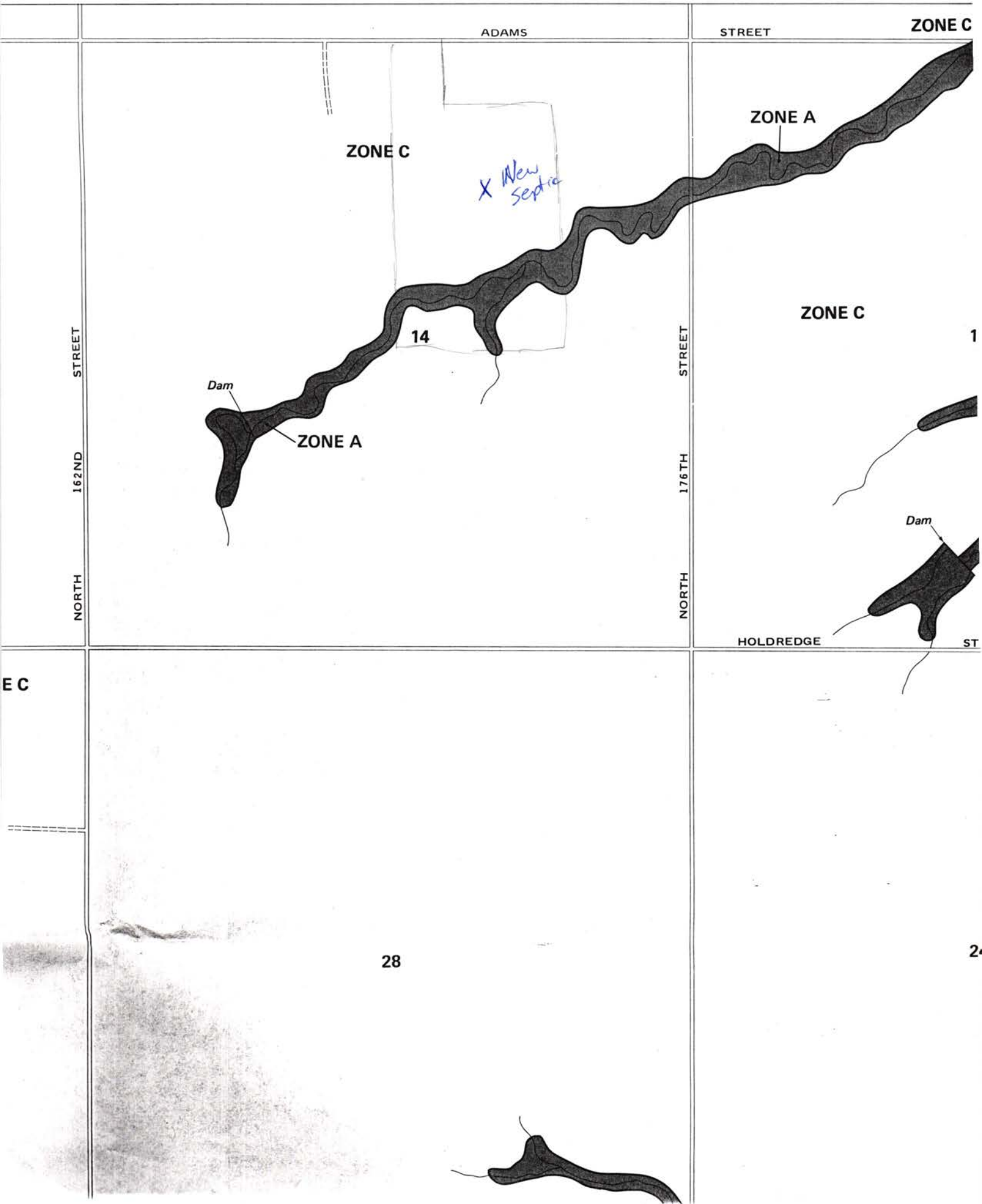
16807 Adams

Indicate North with Arrow



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


R. 8 E.
2 830 000 FEET
1 450 000 FEET
T. 10 N.
Prairie Home
ROCK ISLAND
3
2
10
11
15
14
(Joins sheet 27)
Adam
Region replace
new septic
176


ADAMS
STREET
ZONE C
ZONE A
ZONE C
X New Septic
14
Dam
ZONE A
162ND
STREET
NORTH
176TH
STREET
NORTH
ZONE C
1
Dam
HOLDREDGE
ST
E C
28
2