9-10-2008 13:58:28

LLCHD HS000155

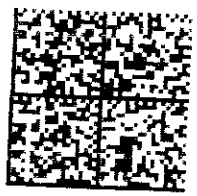


CITY OF LINCOLN
NEBRASKA
MAYOR CHRIS BEUTLER
lincoln.ne.gov

Lincoln-Lancaster County
Health Department
3140 "N" Street
Lincoln, NE 68510-1514

RETURN SERVICE REQUESTED

PRESORTED
FIRST CLASS



047J82005126
$00.394
09/08/2008
Mailed From 68510
US POSTAGE

HS000155

SEP 10 2008

KIMBERLY BETKE
838 SUI
CRETE

681 NFE 1 6081 00 09/09/08
RETURN TO SENDER
BETKE
1029 GROVE AVE
CRETE NE 68333-2349
RETURN TO SENDER

GA005 1 6851[illegible]

CITY OF LINCOLN
NEBRASKA
MAYOR COLEEN J. SENG
lincoln.ne.gov

Lincoln-Lancaster County
Health Department
3140 "N" Street
Lincoln, NE 68510-1514

RETURN SERVICE REQUESTED

SCANNED

SEP 08 2008

PRESORTED
FIRST CLASS

047J82005126
$00.394
09/04/2008
Mailed From 68510
US POSTAGE

RETURN TO SENDER
681 NFE 1 80BI 00 09/06/08
RETURN TO SENDER
BETKE GROVE AVE 6833-2349
1CRETE NE 68333

LLCHD HS000155

A

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

AUG 20 2008

Permit Number: H5000155

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

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Address SW 128th St & Sprague Rd (no rural route) City Crete NE, Zip 68333

Legal Description E ½ of SE ¼ Section 31, Township 8 North, Range 5, East of 6th PM.
(1/4 / 1/4 / Section / Township / Range / Subdivision / Addition / Block / Lot)

Geographical Location (if known): Longitude Lancaster County Latitude

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name BRYCE BETKE Signature X Bryce K Betke

Address 1029 GROVE AV. City/State/Zip CRETE, NE. 68333

☐ Check if owner designed system Home Phone X 402-418-1453 Work Phone X 402-826-7945

C. Contractor

Name GARY L. HOLLY Company Name HOLLY CONTRACTING CO.

Address 71860-567 AV City/State/Zip FAIRBURY NE. 68352

☒ Check if contractor designed system Work Phone 402-587-0120

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 9/2/08	ACTION ☑ Approved	☐ Disapproved
	Date frwd 9/2/08	Signature	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 9/2/08	ACTION ☐ Approved	☐ Disapproved
	Date frwd 9/2/08	Signature	
3. **City or County Engineer**	Date rec'd 9-2-08	ACTION ☒ Approved	☐ Disapproved
	Date frwd 9-2-08	Signature	

Installation Final Written Approval

By

Date

Business Office Use Only

Date Rec'd

Amt Paid

Rec'd By Cash/Check No.

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

9-3-2008 14:16:38

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

C

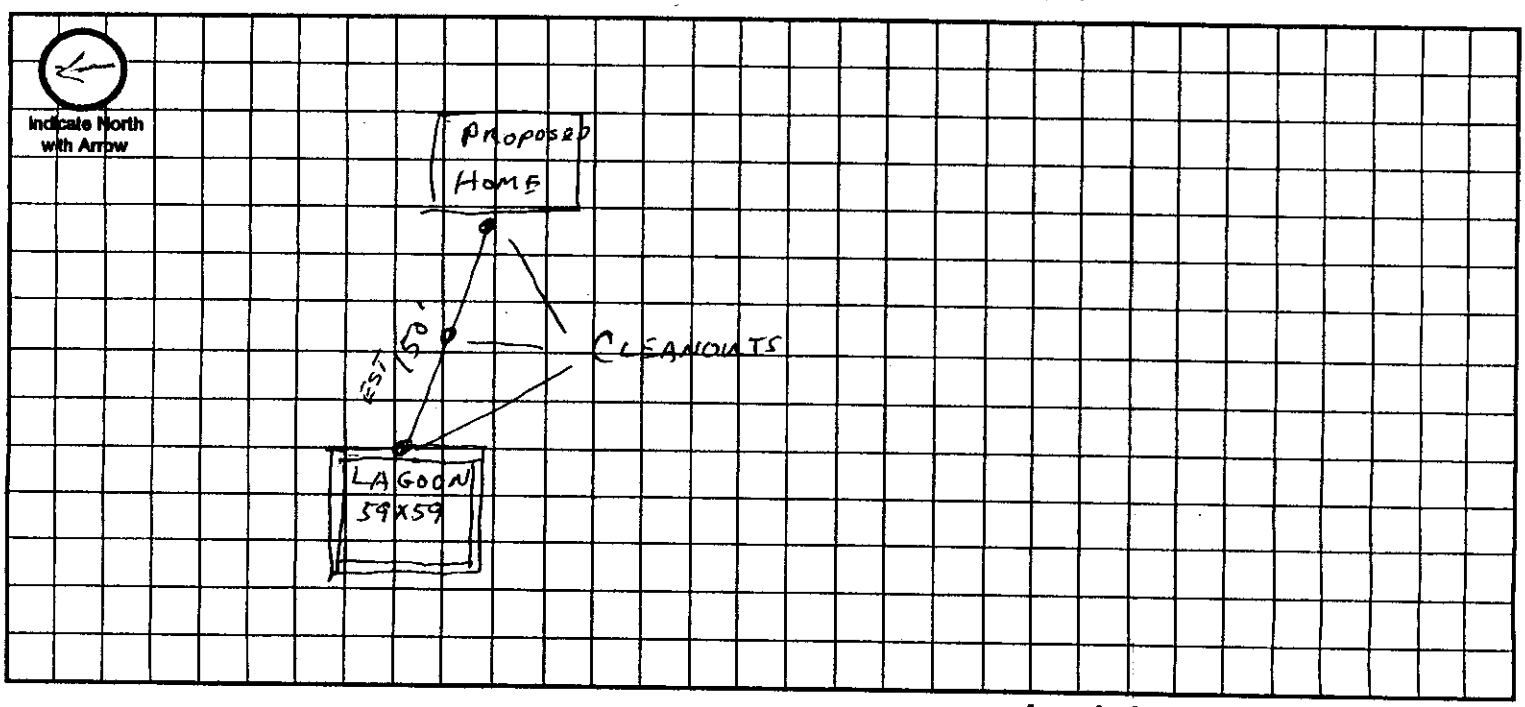
Permit Number: HS000155

SEALED LAGOON

Sewage Disposal System
Preliminary Plan Specifications

BRYCE BETKE

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) X SW 128th St & Sprague Rd City Crete NE, Zip 68333

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other SEALED LAGOON

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 X Bryce Betke Date 8-18-08

Installer Gary Holly, HOLLY CONTRCTING CO. Date 081508

FORM 23-102 10-96

LLCHD HS000155

A

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

AUG 20 2008

Permit Number: HS000155

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 SW 128th St & Sprague Rd (no rural route) City Crete NE, Zip 68333

Legal Description E 1/2 of SE 1/4 Section 31, Township 8 North, Range 5, East of 6th PM.
(1/4 1/4 Section Township Range Subdivision Addition Block Lot)

Geographical Location (if known): Lancaster County Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name BRYCE BETKE Signature Bryce K Betke

Address 1029 GROVE AV. City/State/Zip CRETE, NE. 68333

☐ Check if owner designed system Home Phone 402-418-1453 Work Phone 402-826-7945

C. Contractor

Name GARY L. HOLLY Company Name HOLLY CONTRACTING CO.

Address 71860-567 AV City/State/Zip FAIRBURY, NE. 68352

☒ Check if contractor designed system Work Phone 402-587-0120

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 _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 3/26/08
Amt Paid $155.00
Rec'd By _____ Cash/Check No. 6179

(2 aks) Total = 305.00

CK # 6176 for 150.00 a/c

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

9-3-2008 14:16:46

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

B

Permit Number: HS000155

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

SEALED LAGOON

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address X SW 128th St & Sprague Rd (no rural route) City Crete NE, Zip 68333

Owner BRYCE BETKE Addresss 1029 GROVE AV, CRETE, NE. 68333

Soil Type (SCS): _____ Percolation Rate: _____ 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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

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 Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000155

System Type: LAGOON

Situs: SW. 128th & Sprague Rd.

Legal Description: T08N-R05E-S31-SE

Owner:

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00

Issued: 09/02/2008
Expires: 09/02/2009

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

KIMBERLY BETKE
838 SUMMIT CT
CRETE NE 68333

LLCHD HS000155

A

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

AUG 20 2008

Permit Number: HS000155

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)

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Legal Description E ½ of SE ¼ Section 31, Township 8 North, Range 5, East of 6th PM.
(1/4 / 1/4 / Section / Township / Range / Subdivision / Addition / Block / Lot)

Geographical Location (if known): Longitude Lancaster County Latitude

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name BRYCE BETKE Signature Bryce A Betke

Address 1029 GROVE AV. City/State/Zip CRETE, NE. 68333

☐ Check if owner designed system Home Phone 402-418-1453 Work Phone 402-826-7945

C. Contractor

Name GARY L. HOLLY Company Name HOLLY CONTRACTING CO.

Address 71860-567 AV City/State/Zip FAIRBURY, NE. 68352

☒ Check if contractor designed system Work Phone 402-587-0120

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 Date frwd ACTION ☐ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd ACTION ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd Date frwd ACTION ☐ Approved ☐ Disapproved Signature

Installation Final Written Approval

By

Date

Business Office Use Only
Date Rec'd 3/26/08
Amt Paid $155.00
Rec'd By AL Cash/Check No. 6179

(2 aks) Total = 305.00

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

CK # 6176 for 150.00 aks

8-28-2008 15: 0:56

LLCHD HS000155

A

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

AUG 20 2008

Permit Number: HS000155

Sewage Disposal System

Request for Site Clearance and Permit

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☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

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1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude Lancaster County Latitude

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name BRYCE BETKE Signature Bryce K Betke

Address 1029 GROVE AV. City/State/Zip CRETE, NE. 68333

☐ Check if owner designed system Home Phone 402-418-1453 Work Phone 402-826-7945

C. Contractor

Name GARY L. HOLLY Company Name HOLLY CONTRACTING CO.

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Designer Name Firm Work Phone

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☐ 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

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2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd Date frwd ACTION ☐ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd Date frwd ACTION ☐ Approved ☐ Disapproved Signature

Installation Final Written Approval

By

Date

Business Office Use Only

Date Rec'd

Amt Paid

Rec'd By Cash/Check No.

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

8-26-2008 15: 2:34

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

JAN 05 2009

D

Permit Number: HS 000155

T 8
R 5
S 31 32

Sewage Disposal System

As Built Plans & Specifications

Date DEC 10, 2008 BRYCE BETKE SEALED LAGOON

System Location (Indicate correct number and street)

Address 19855 SW 128th (no rural route) City CRETE NE, Zip 68333

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ 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: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

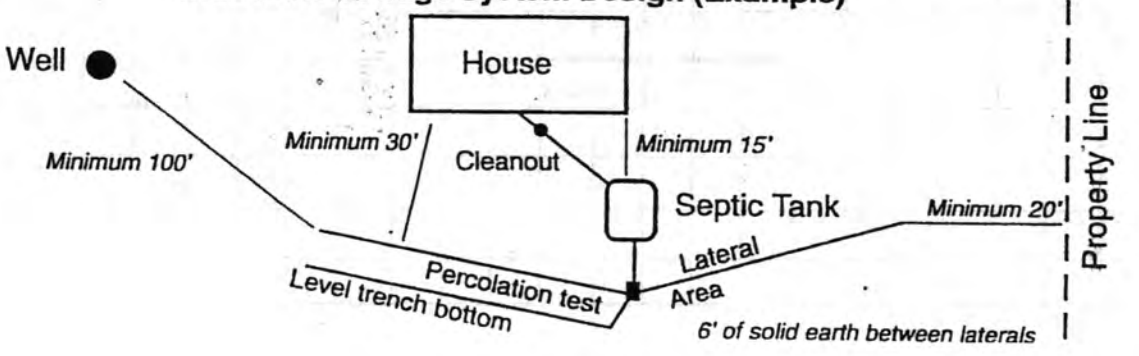
(Provide as-built drawings on back of this form)

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

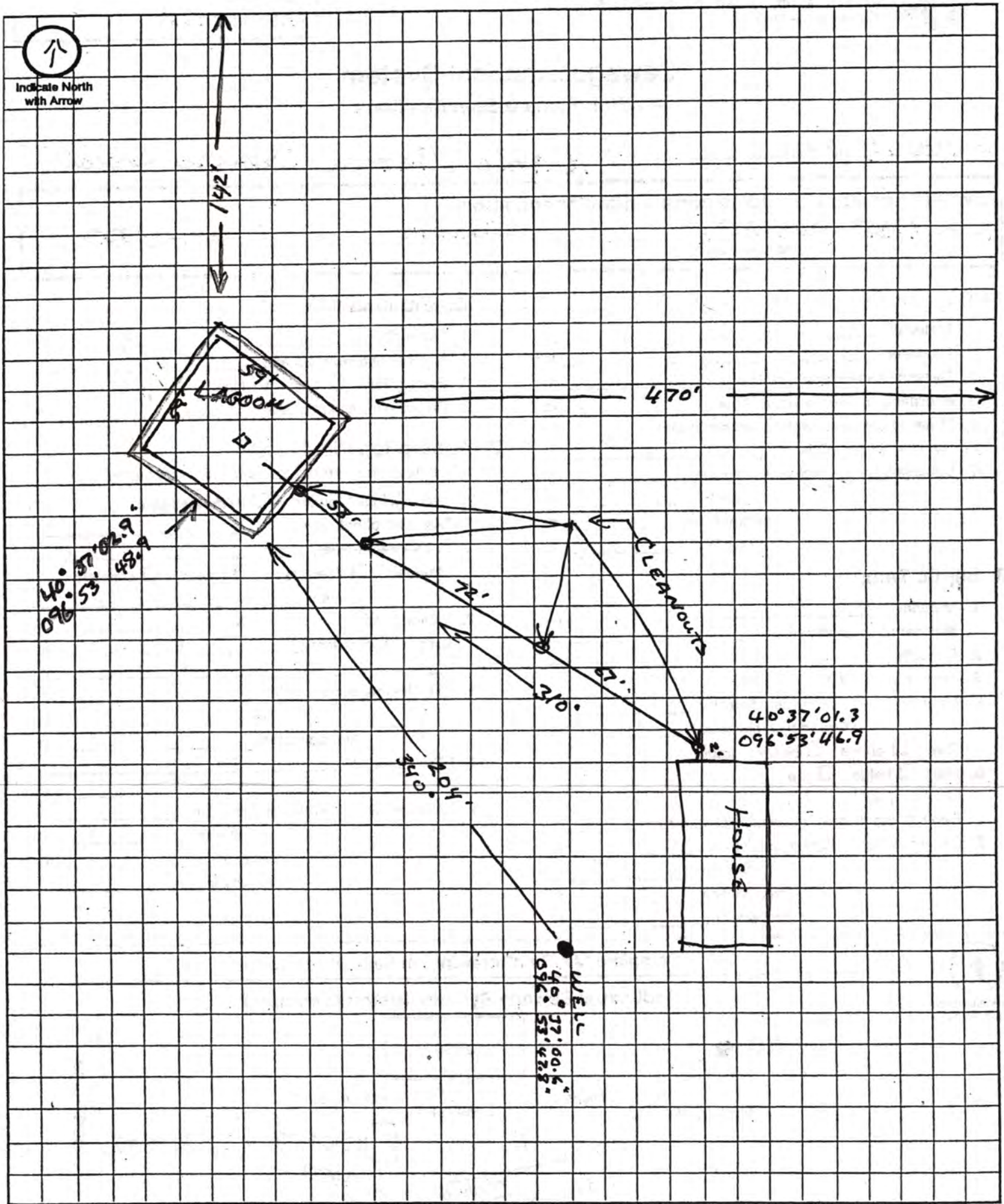
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: NONE 1" = _____ grid line/s

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

SCANNED

A

Permit Number: 5000155

AUG 20 2008

Sewage Disposal System

Request for Site Clearance and Permit

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Name BRYCE BETKE Signature Bryce M Betke

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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 9/2/08 Date frwd 9/2/08 ACTION ☒ Approved ☐ Disapproved Signature
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9/2/08 Date frwd 9/2/08 ACTION ☐ Approved ☒ Disapproved Signature
3. **City or County Engineer** Date rec'd 9-2-08 Date frwd 9-2-08 ACTION ☒ Approved ☐ Disapproved Signature

Installation Final Written Approval

Inst. Lagoon Needs fence 12/4/08 DS

By

Date 12/14/08

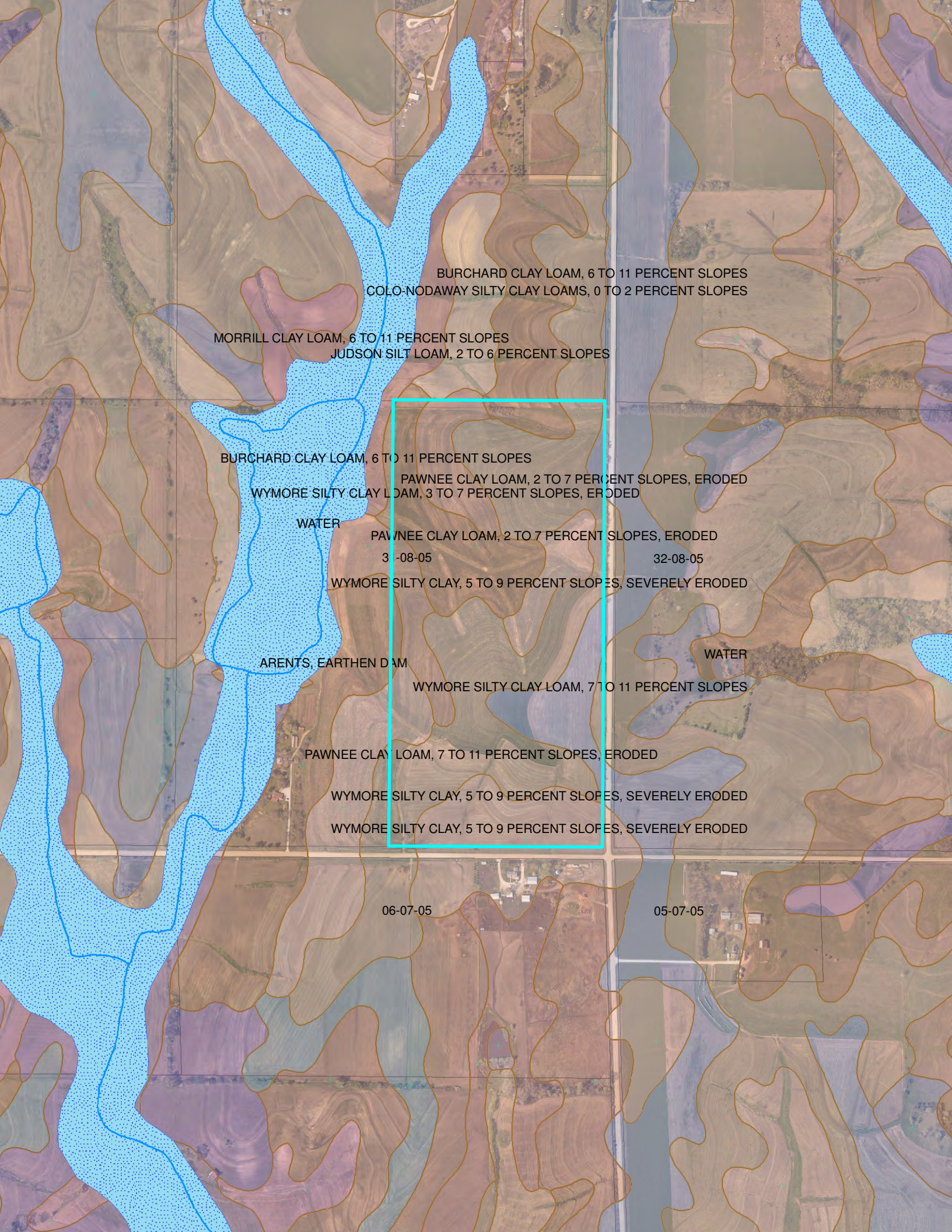
Business Office Use Only

Date Rec'd

Amt Paid

Rec'd By Cash/Check No.

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


BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
WATER
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
32-08-05
32-08-05
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WATER
ARENTS, EARTHEN DAM
WYMORE SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
06-07-05
05-07-05