LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 97380163201

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 08/08/97
Expires 02/08/98
Revenue Code 18754

Establishment

MICHAEL SCHOLZ
T8N R5E SEC 17
ELSNER LAKESIDE EST BLK 1 LOT 1
15855 BOBWHITE TRAIL

FEES: $150.00

TOTAL $150.00

Permittee

MICHAEL SCHOLZ
211 HARTLEY ST
LINCOLN NE 68521

5114

Issued By M. Jane Ford
Health Director

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:

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 15855 Bobwhite TRAIL (no rural route) City Crete NE, Zip 68333

Legal Description ____ (1/4) ____ (1/4) 17 (Section) 8.N. (Township) 5.3. (Range) | Elsnor Lakeside Estates (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 Michael E. Scholz Signature Michael E. Scholz

Address 211 Hartley St. City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone 402-474-0661 Work Phone 402-474-0661

C. Contractor

Name Ron Dettmer Company Name Crete Lumber & Farm Supply Co.

Address W Hwy 33 City/State/Zip Crete, NE 68333

☐ Check if contractor designed system Work Phone 402-826-2197

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name BRAD Southwick Firm Southwick Sewer & Drain Work Phone 402-792-2462

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 8/7/97 Date frwd 8/8/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/8/97 Date frwd 8/8/97 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 08/09/97 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Thomas Pearson

4/28/98 Market sewer only, training. JCH

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date MAY 6, 1998

Business Office Use Only 3232

Date Rec'd 08/07/97

Amt Paid 150 CK

Rec'd By LC Cash/Check No. # 3444

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 15855 Bob White TRAIL (no rural route) City Crete NE, Zip 68333

Owner Michael E. Scholz Addresss 211 Hartley St. Lincoln, Ne 68521

Soil Type (SCS): Wymore W+C Percolation Rate: 60 min/in min./inch

Date of Tests 7/15/97 to 7/15/97 Weather: Precipitation 0 Temperature 95°

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 A.m		End P.m.		Start P.m.			End P.m.				
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	32	7/15	9:30	7/15	1:45	7/15	6:00	5 7/8	7/15	6:30	30	3/4	40 min/in
2	34	"	9:31	"	1:46	"	6:02	10 1/8	"	6:32	30	3/4	40 min/in
3	33	"	9:32	"	1:47	"	6:03	6 3/4	"	6:33	30	3/4	40 min/in
4	36	"	9:33	"	1:48	"	6:04	4 7/8	"	6:34	30	1/2	60 min/in
5	34	"	9:34	"	1:49	"	6:06	6 1/4	"	6:36	30	5/8	48 min/in
6	35	"	9:35	"	1:50	"	6:08	5 3/4	"	6:38	30	5/8	48 min/in

Person Conducting Percolation Tests

Name: Michael E. Scholz
Phone: 211 Hartley St.
Address Lincoln, NE 68521

Sum of Percolation Rates:
Average of Rates:
Rate Used for Calculation: 46 MIN/IN

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date AUGUST 8, 1997

FORM 23-101 10-96

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

B

Permit Number: 97380163201

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

Moved percolation 100 ft to the SW of previous percolation site

System Location (Indicate correct number and street)

Address 15855 Bob White TRAIL (no rural route) City CRETE NE, Zip 68333

Owner Michael E. Scholz Addresss 211 Hartley St. Linclon, NE 68521

Soil Type (SCS): Wt C2 Percolation Rate: 48/in min./inch

Date of Tests 11/7/97 to 11/7/97 Weather: Precipitation 0 Temperature 43°

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	35	11/7	8:00 Am	11/7	12:30 pm	11/7	4:30 pm	7 3/8	11/7	5:00 pm	30	1 7/8	16 MIN/IN
2	36	11/7	8:00 Am	11/7	12:30 pm	11/7	4:30 p.m	8 3/8	11/7	5:00 p.m	30	2	15 MIN/IN
3	35	11/7	8:00 Am	11/7	12:30 p.m	11/7	4:30 p.m	8	11/7	5:00 p.m	30	1 1/2	20 MIN/IN
4	35	11/7	8:00 AM	11/7	12:30 pm	11/7	4:30 p.m	5 3/8	11/7	5:00 p.m.	30	1	30 MIN/IN
5	34.5	11/7	8:00 Am	11/7	12:30 pm	11/7	4:30 p.m	7 5/8	11/7	5:00 p.m	30	5/8	48 min/inch
6	36	11/7	8:00 Am	11/7	12:30 p.m.	11/7	4:30 p.m	4 5/8	11/7	5:00 p.m	30	5/8	48 min/inch
7	35	11/7	8:00 Am	11/7	12:30 p.m	11/7	4:30 p.m.	5 1/8	11/7	5:00 p.m.	30	1 1/4	24 MIN/IN

Sum of Percolation Rates:

Average of Rates: 48 MIN/IN

Rate Used for Calculation: 48 MIN/IN

Person Conducting Percolation Tests

Name: Michael E. Scholz

Phone: 402-474-0661

Address 211 Hartley St.
Lincoln NE. SCHOLZ

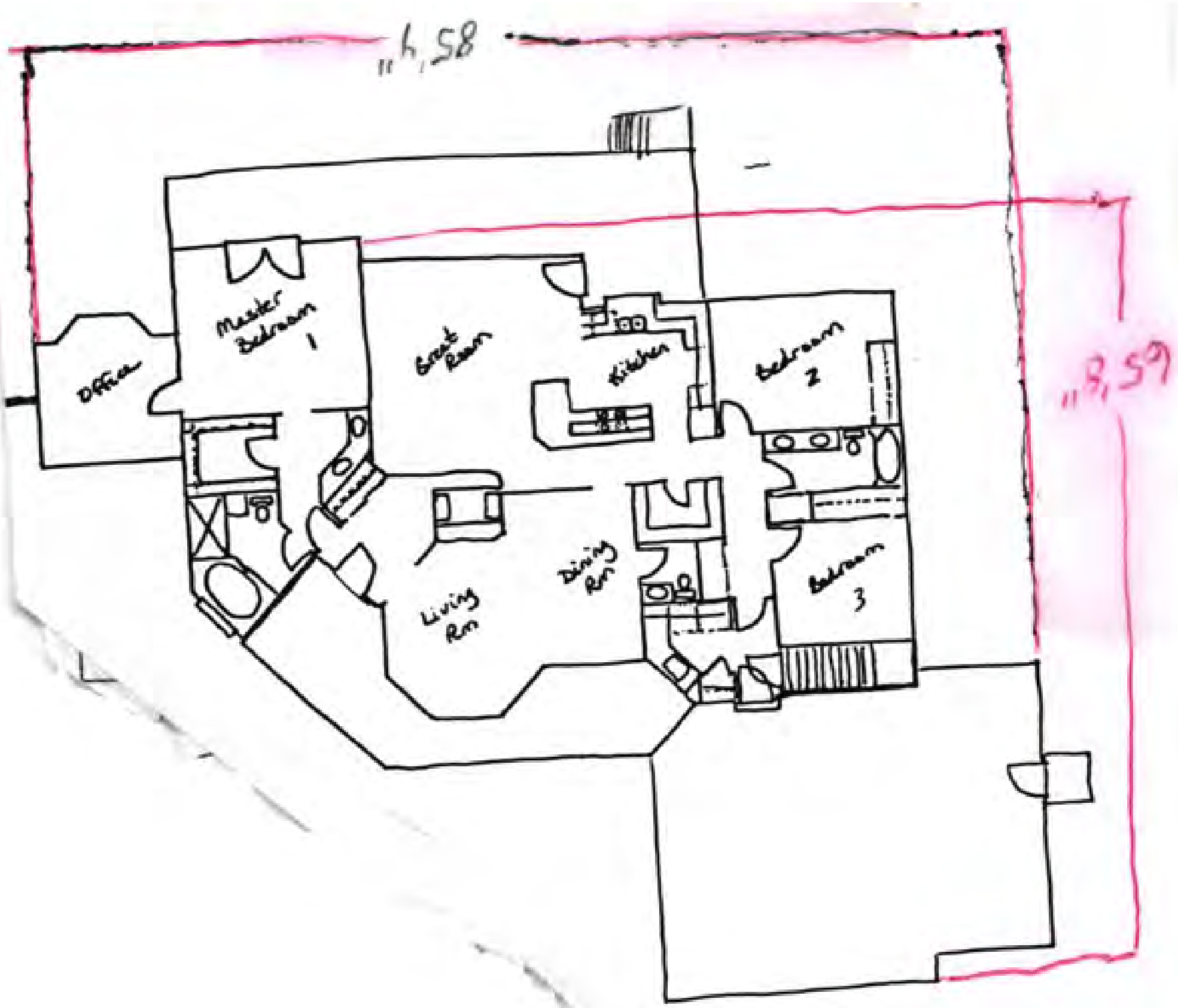
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date 11/10/97

FORM 23-101 10-96


11h,58
11h,59
Master Bedroom 1
Office
Guest Room
Kitchen
Bedroom 2
Living Rm
Dining Rm
Bedroom 3

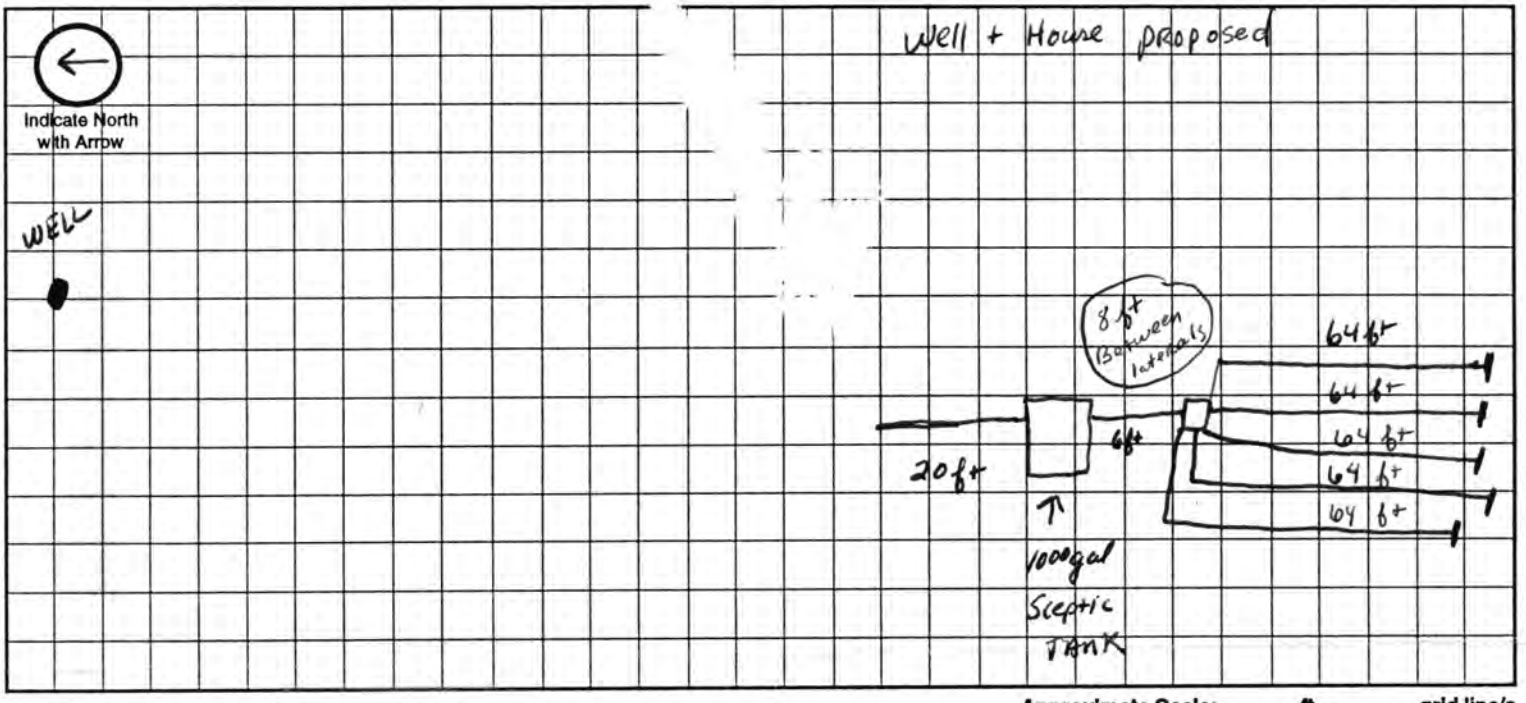
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 15855 Bob White TRAIL City Crete NE, Zip 68333

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate ½ (min. per inch) Soil Type: Wymore (WtC) Land Slope: _____ %

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

Total Square Feet of Field Required: ~~1150~~ 916 sq. ft.

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

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

Total Length of Laterals ~~320~~ 229 ft. Number of Trenches 5 Trench Width 4 ft.

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 Ron Dittmer Date 7-29-97

Installer Crete Feeders & Farm Supply Date 7-29-97

Brad Southard 7-29-97

FORM 23-102-10-96

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 4-28-98

System Location (Indicate correct number and street)

Address 15855 BOB WHITE TRAIL (no rural route) City Creta NE, Zip 68333

A. Building Sewer

1. Material: Sch 40 PVC
   Diameter: 4 in.
2. Distance above basement floor: 40 in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 112 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line > 100 ft.
   stream > 50 ft.
   pressure line > 30 ft.
   property line > 20 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 9 in.
   Over outlet, diameter 15 in.
   Riser: ☐ above ☒ below grade 10 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 40 in.
8. Distances to: Well or suction line > 50 ft.
   Stream > 50 ft.
   Pressure line > 35 ft.
   Property line > 20 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 60 ft.

D. Absorption Field

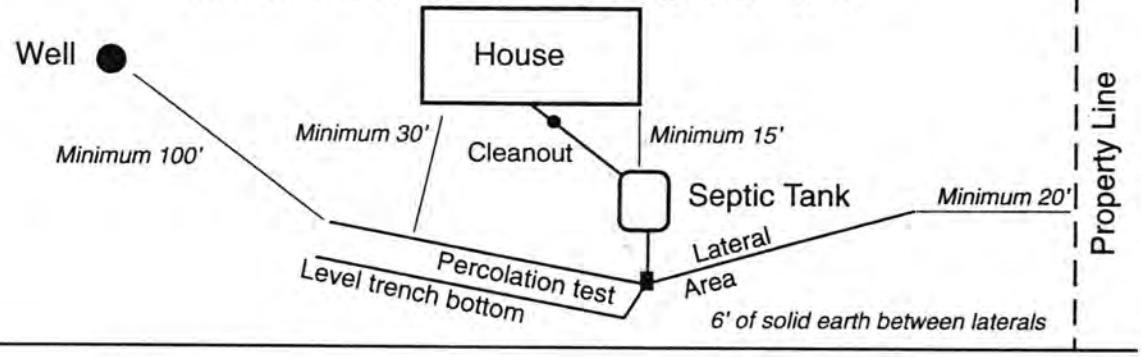
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 83 ft. 83 ft.
   75 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 6 in/100 ft.
   Average depth 38 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line > 100 ft.
   Stream > 50 ft.
   Pressure line > 35 ft.
   Property line > 20 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET . LINCOLN, NE 68510-1514

002127

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
EXTEND EXISTING SEWAGE DISPOSAL SYSTEM

Permit # 03390074901

Issued 04/14/03
Expires 10/14/03
Revenue Code 3157

Establishment

MICHAEL SCHOLZ
T8N R5E SEC 17
ELSNER LAKESIDE EST BLK 1 LOT 1
15855 BOBWHITE TRAIL-CRETE

FEES: $100.00

Permittee

MICHAEL SCHOLZ
15855 BOBWHITE TRL
CRETE NE 68333

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

0339007491 ref

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☐ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 8N Range 5E Section 17 1/4 Section
   Block 1 Lot 1 Addition Elsner Lakeside ~~Estates~~ 1ST ADD
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   ACR 3402
   Street Address 15855 Bobwhite Trail Crete, Ne 68333

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Extend Seepage field 100'x4' Wide

5. **Work to be done by:** ☐ owner ☒ contractor's name Southwick Sewer + Drain

6. **Estimated project:**
   a. Repair, replace or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A "construction permit" is required if the use, operation, location, or type of the system is being change.

NCR 56843 ACR 88504
Print Name Michael Scholz Address 15855 Bobwhite Tr Phone 826-4810
Applicant Signature (owner or lessee)

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 4/14/03 REVIEW: ☒ Approved ☐ Disapproved By: Donald C. Hood

Site visits
Date 4/18/03 By DS
Date ____/____/____ By
Date ____/____/____ By

Installation final written approval
Date 4/18/03 By DS
Field note

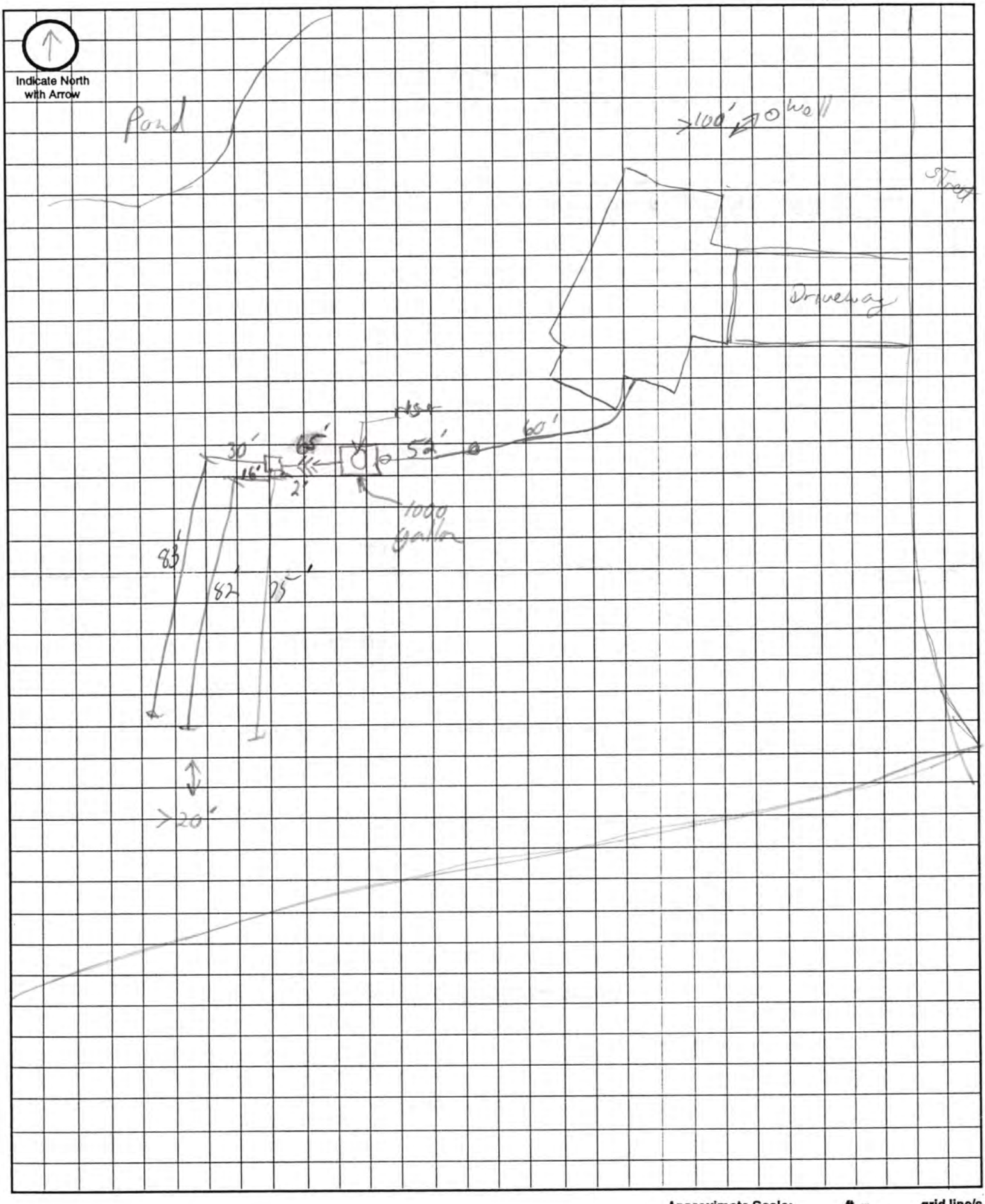
Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 4/14/03 Amount $100.00 Check No. 5055 Initials

White - Division Copy Pink - Business Office Revised 9/00

As Built Drawing

15855 Bobwhite



Approximate Scale: _____ft. = _____ grid line/s