LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 96380152501

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 12/10/96
Expires 06/10/97
Revenue Code 18754

Establishment

SUEPER CONSTRUCTION
4615 PRESCOTT AVE
APT 1533
LINCOLN NE 68506

FEES: $150.00

TOTAL $150.00

Permittee

SUEPER CONSTRUCTION
4615 PRESCOTT AVE
APT 1533
LINCOLN NE 68506

Issued By M. Jane Ford
Health Director

2868

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

BC 960117
PID # 02-17-301-002-000 **A**

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

Permit Number: 9638015250 1

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 12401 Babcock Trail (no rural route) City Crete NE, Zip 68333

Legal Description SW 1/4 (1/4) 17 (Section) 8N (Township) SE (Range) Elsner Laksid Est. (Subdivision) (First) (Addition) 1 (Block) 2 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Super Construction Signature Raymond D. Super

Address 4615 Prescott, #1533 City/State/Zip Lincoln, NE 68506

☑ Check if owner designed system Home Phone 489-0744 Work Phone 560-2106

C. Contractor

Name Super Construction Company Name 11

Address 4615 Prescott, #1533 City/State/Zip Lincoln, NE 68506

☐ Check if contractor designed system Work Phone 560-2106

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

Designer Name Ray Super Firm Super Construction Work Phone 560-2106

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 12/9/96 Date frwd 12/9/96 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/9/96 Date frwd 12/9/96 ACTION ☒ Approved ☐ Disapproved Signature TC
3. **City or County Engineer** Date rec'd 12/9/96 Date frwd 12/9/96 ACTION ☒ Approved ☐ Disapproved Signature Jim Plough

6/24/97 by J.C.H

Installation Final Written Approval

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

Date SEPTEMBER 15, 2000

Business Office Use Only 3082

Date Rec'd 12-9-96

Amt Paid #150.00

Rec'd By CW Cash/Check No. 591

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 12401 Bobwhite Tr. (no rural route) City Crete NE, Zip 68333

Owner Ray Sueper Addresss 4615 Prescott, #1533; Lincoln, NE 68506

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 12-7-96 to 12-7-96 Weather: Precipitation 0 Temperature 45°

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	26"	12/7	9:30	12/7	1:30	12/7	1:30	12"	12/7	5:30	30	1/2"	60
2	26"	"	"	"	"	"	"	"	"	"	"	1/2"	60
3	26"	"	"	"	"	"	"	"	"	"	"	1/2"	60
4	26"	"	"	"	"	"	"	"	"	"	"	1/2"	60
5	26"	"	"	"	"	"	"	"	"	"	"	1/2"	60
6	26"	"	"	"	"	"	"	"	"	"	"	1/2"	60

Sum of Percolation Rates: 360

Average of Rates: 60 min/in

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Ray Sueper

Phone: 489-0744

Address 4615 Prescott, #1533
Lincoln, NE 68506

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Confirmed Wgmore 6/4/97

Signature of Reviewing Official Jerrold C. Wood R.E.H.S. Date DECEMBER 9, 1996

FORM 23-101 10-96

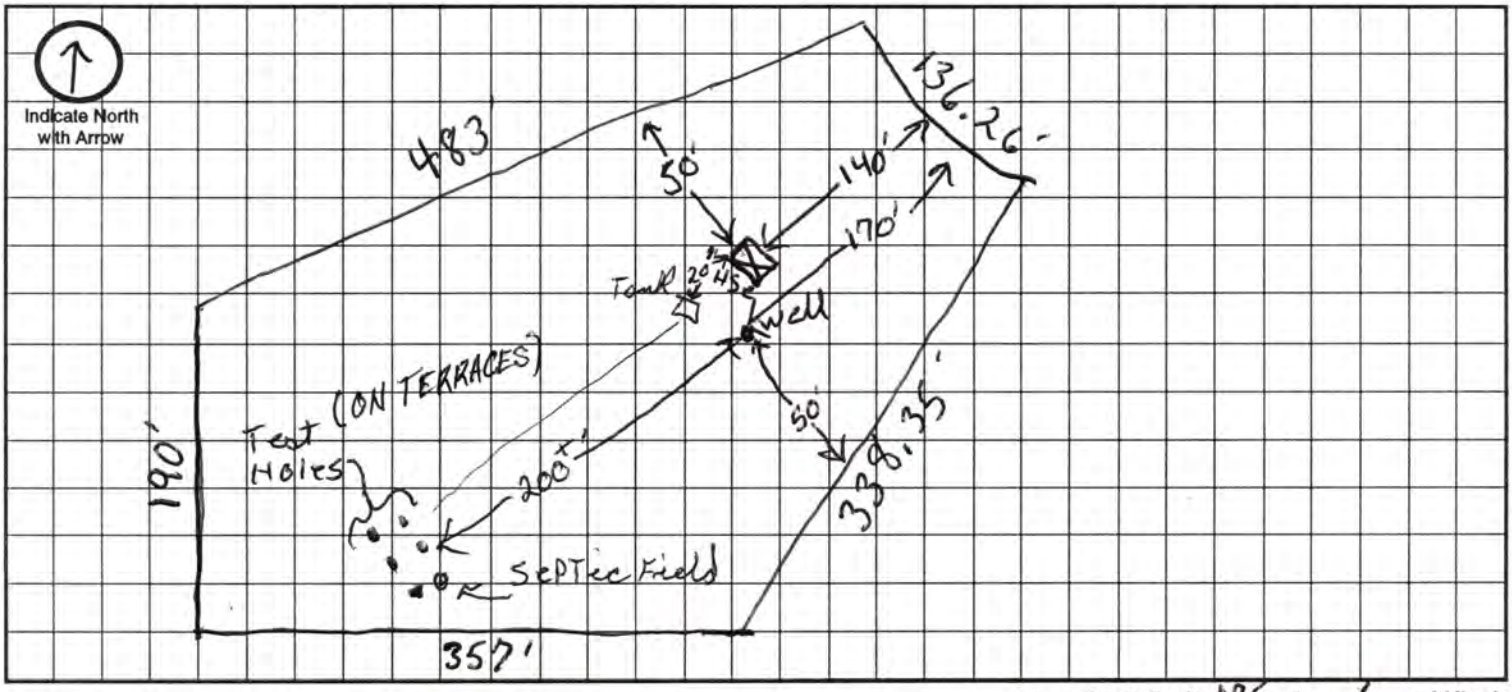
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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: 175 ft. = 6 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 12401 Bobwhite 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 +20'60 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 990 sq. ft.

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

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

Total Length of Laterals 330 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 N/A ☒	50 ☑	NA ☑	~~25~~ N/A ☐	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 N/A ☐	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☑
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Raymond L. Sueper Date 11-20-96

Installer Raymond L. Sueper Date 11-20-96

FORM 23-102 10-96

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

Jerry Hood

D

Permit Number: 963801525O1

Sewage Disposal System
As Built Plans & Specifications

Date 6-5-97

System Location (Indicate correct number and street)
Address 12401 Bob White Trail (no rural route) City Crete NE, Zip 68333

A. Building Sewer
1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18" in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 60' ft.
   stream NA ft.
   pressure line NA ft.
   property line 90' 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 _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☑ below grade NA in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12" in.
8. Distances to: Well or suction line 105' ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 55' ft.

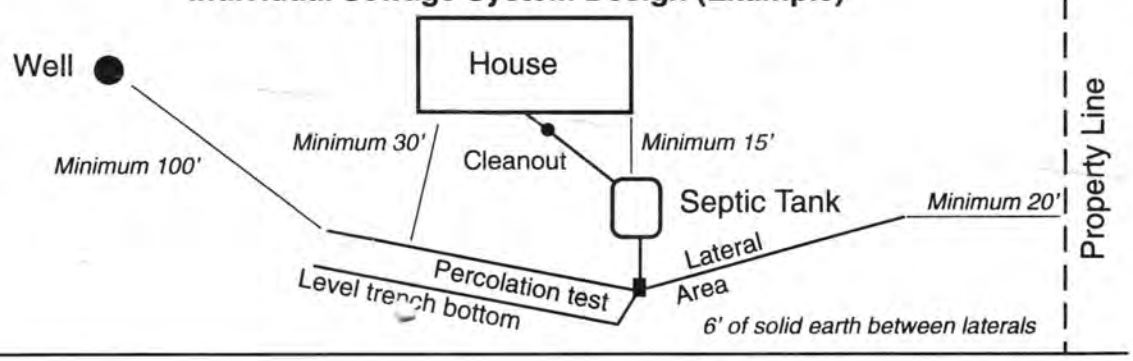
C. Distribution Box
1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 6' ft.

D. Absorption Field
(Provide as-built drawings on back of this form)
1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 18"
   or perforated pipe: _____
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100' ft. 100' ft.
   50' ft. _____ ft. _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 0 in/100 ft.
   Average depth 40" in
4. Filter material: gravel
   Depth of material 22" in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line NA ft.
   Property line 23' ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

Lancaster County

County Assessor
Property Information Mini-Sheet

InterLinc

Parcel ID:	02-17-301-002-000	**Photo**	**Map**
Owner Name:	JOHNSON, MARK A & REBECCA		
Owner Address:	12401 BOB WHITE TRL CRETE NE 68333		
Situs Address:	12401 BOB WHITE TRL RURAL		
Taxing District:	0094 RURAL		
Property Class:	RLOT RURAL PLATTED LOT		

Legal Description:

ELSNER LAKESIDE ESTATES BLOCK 1 LOT 2

	Total	Land	Building	Misc.
Assessed:	172,700	28,050	139,003	5,647

Neighborhood:	AG303	**Land Use:**	S232 SUB.GRV.WEL.SEP.AVE.		
Acres:	3.020	**Zoning:**	AG AGRICULTURE		
Lot Type:	LT	**Width:**	0	**Depth:**	0

Sale Data:

Instrument #	Sale Date	Sale Price
96-033715	08/16/1996	19,985
95-025504	08/21/1995	0
95-020875	07/17/1995	0
94-048901	10/21/1994	0
94-039899	08/14/1994	0
01-019117	04/11/2001	185,000

Miscellaneous Improvements:

Type	Description	Unit	Number of Units	Year In
UGS	UNDERGROUND SP	UT	1.00	1997
WDK	WOOD DECK	SF	234.00	1999

Residential Building Characteristics

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 12401 Bob White Trail

Twp 8N Range 5E Section 17 1/4 SW 1/4 Block 1 Lot 2 Addition ELSNER LAKESIDE EST 1ST ADD.

Directions to Property In Elsner Lakeside Estates located approx 10 miles west of Hwy 77 on Pella corner

Location of Well South in front of house approx 30ft Tap Location: Inside ☐ Outside ☐

Location of Sewage System Behind house approx 30 ft from corner N.W. Year Installed

	NAME	ADDRESS	PHONE
Present Owner:	Ray - Carol Dugas		
Tenant/Buyer:			
Return to:	Paul Kardell	Home Real Estate 2855 So 70th St	437-7506

Signature of Applicant Paul C Kardell by Address 2855 So 70th Date 2/ /

Dugas - Mark - Rebecca Johnson Lincoln NE 68506

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 3/13/01

Initials

Amount $150.00 ✓ 50¢ Pd 3/14/01

Check No. 15335 ✓ # 15337 ✓

DATA ENTRY

Date / /

Case No.

Initials

PRELIMINARY STATUS--By Doug Smith **DATE:** 03/19/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ /ml	☐ /ml
Nitrate	☒ ppm	☐ ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date / / by

Date / / by

Date / / by

Comments: No visible malfunctions of sewage system noted. Recommend that septic tank be checked to determine if it needs pumping.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Doug Smith Date 03/22/01

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

Nebraska Health and Human Service
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

MAR 2 1 2001

Laboratory Report Printed on: **March 20, 2001**

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

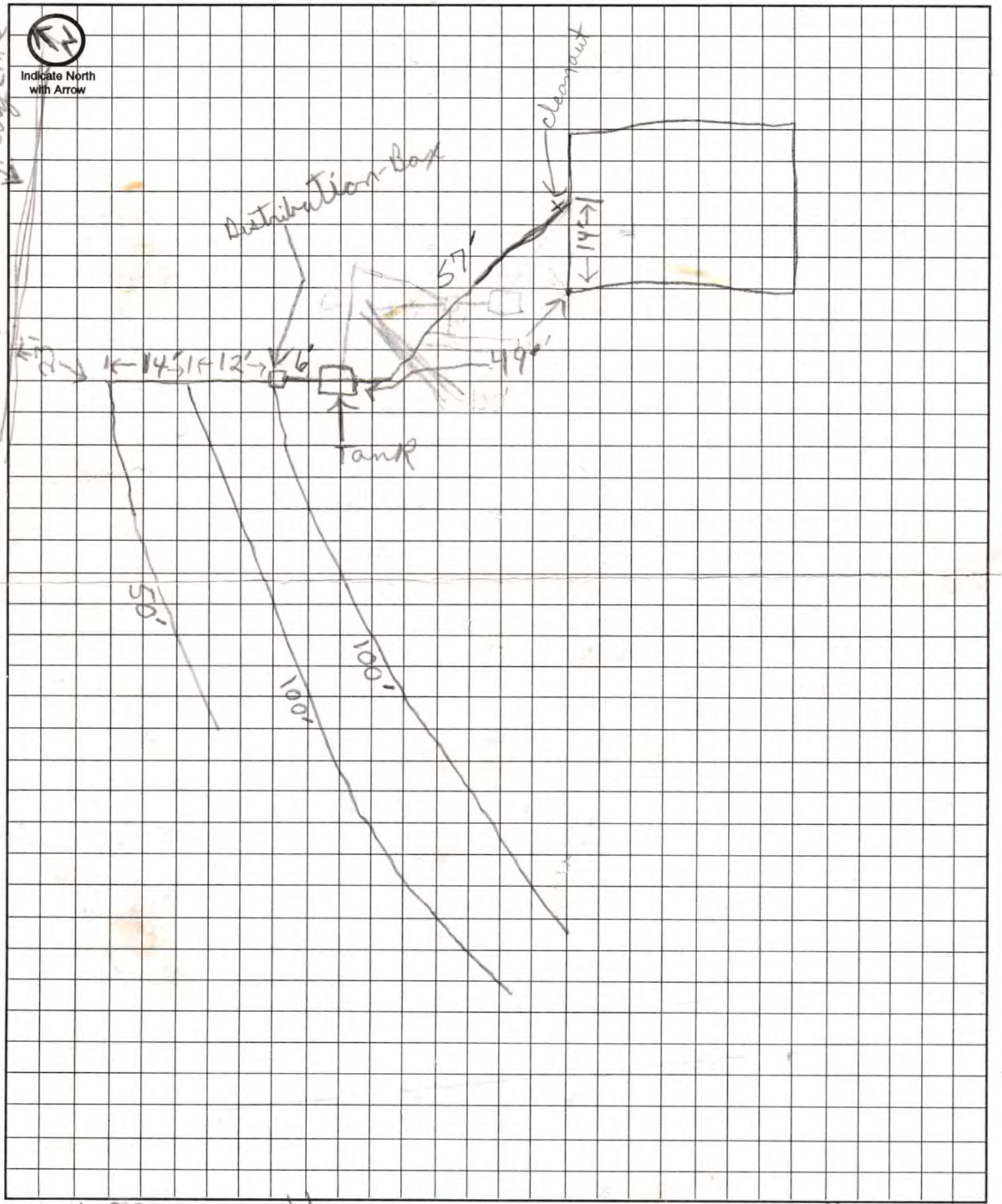
Laboratory Number: **P17119-52**
Sampled By: **DOUG SMITH**
Location: **12401 BOBWHITE TRL**
Sample Point:

Date Collected **19-Mar-2001 10:30 AM**
Date Received: **19-Mar-2001**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	03/20/01	KC
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	03/20/01	KC

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-2541.

As Built Drawing



6-4-97 By Harold Casemet 47?-6313 home 432-2494 cell

Approximate Scale: ~5' ft. = 1 grid line/s