LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 89SB0006401

Issued 11/01/89
Expires 05/01/90

ESTABLISHMENT

RON BEHRENS
T8N R5E SEC 17
ELSNER'S LAKESIDE PLK 2 LOT 5
1ST ADDITION

FEES: Permit 018754 $60.00

Total $60.00

PERMITTEE

RON BEHRENS
1925 OSWELL ST
CRETE NE 68333

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

8938000064

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☑

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60.00

FILE NO. _____

DATE: _____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8N ; Range 5E ; Section 17 ;
   Block 2 : Lot 5 : Addition ELSNER'S LAKESIDE ESTATES 1ST ADDITION
   Street Address _____

2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐

4. Distance to public sewer: NA ft.

Ron Behrens
Signature of Applicant (Owner or Lessee)

1925 Boswell, Crete, Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/31/89. Date Frwd. 11/6/89. ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-6-89. Date Frwd. 11-6-89. ACTION: Approved ☑ Disapproved ☐ Signature: Paul Bouma

3. City or County Engineer: Date Rec'd. 11/6/89. Date Frwd. 11/6/89. ACTION: Approved ☑ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/27/90 by: J.C.H
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL*
Date: 9/27/90 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

* CHECK PERCOLATION PAGE

FORM 23-43

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

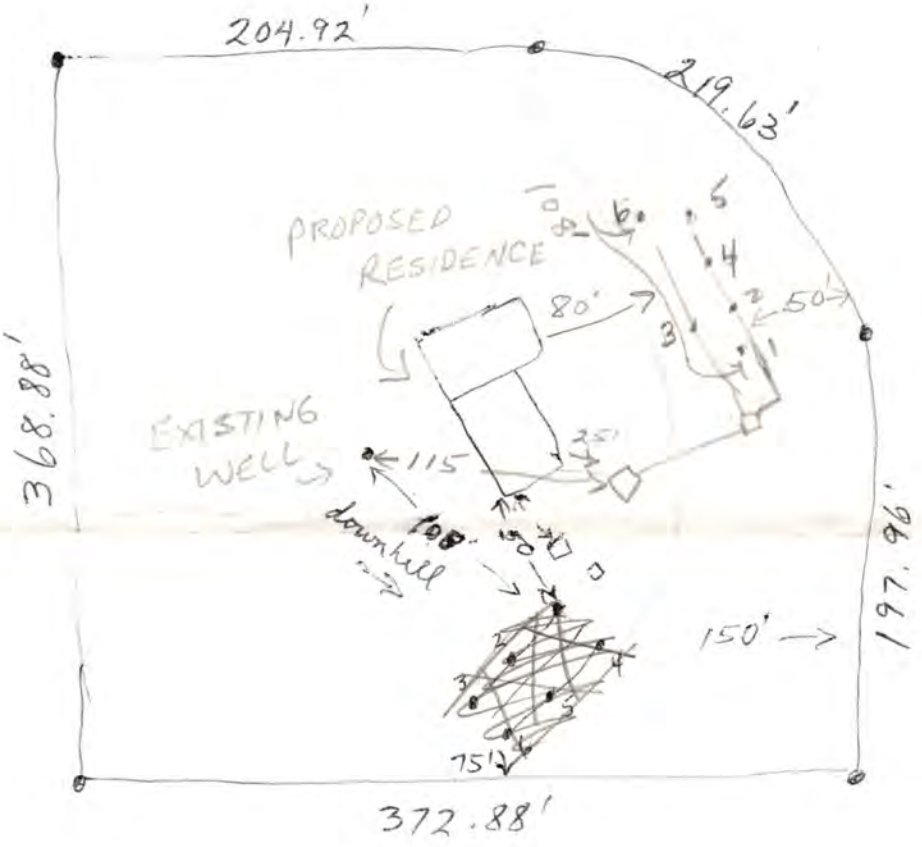
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 143 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 570 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 5E ; Section & ¼ Section 17 SW.
Property Dimensions: 369 ft. x 373 ft. Area: 3+ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☑ ; Clay Loam ☐ .
Dates of Tests: 10/19 to 10/20. Weather: Precip. occasional sprinkles Temp. 50°.

OWNER: Ron Behrens

Address: 1925 Boswell, Crete, Ne

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		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	10/19	10:30 am	10/20	10:30 am	10/20	2:30 pm	6	3:00	3	30	3	
2	"	"	"	"	"	"	"	6	"	3 1/2	"	2 1/2	
3	"	"	"	"	"	"	"	6	"	3 3/8	"	2 5/8	
4	"	"	"	"	"	"	"	6	"	4 1/2	"	1 1/2	
5	"	"	"	"	"	"	10:30 am	6	11:00 am	5	"	1	
6	"	"	"	"	"	"	10:30	6	11:00	4 7/8	"	1 1/8	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Ron Behrens
Signature of Person Conducting Test

Address 1925 BOSWELL Crete, Ne Phone 826-4584

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: Concern about large amount of lime indicates poor percolation

Soil Type (SCS): _____

Date: _____

Jerrold C. Hoob
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

D

DATE: _____

FILE NO. _____

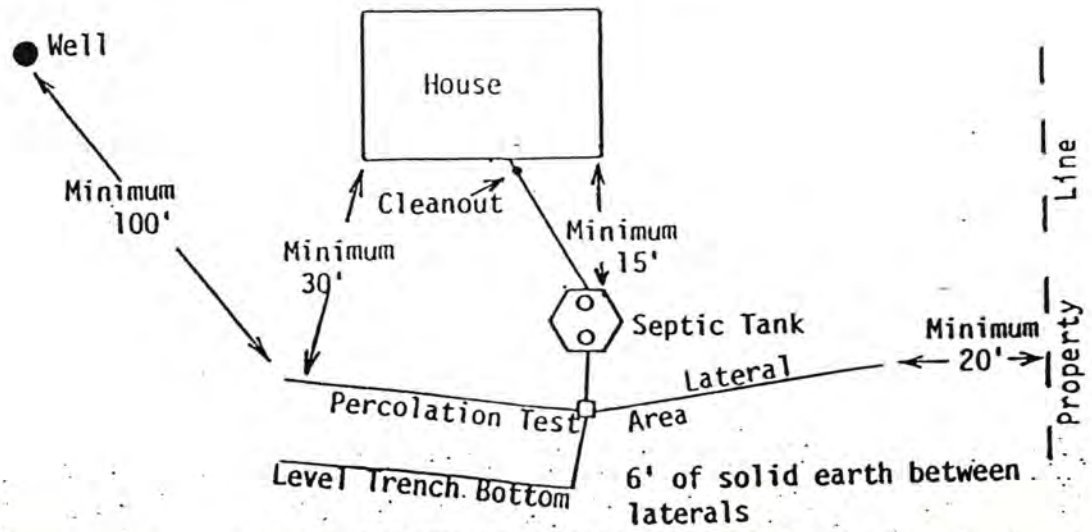
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 51 ft.
4. Number of clean-outs 0.
5. Distances to:
Well or Suction Line 100 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 6.
2. Factory Built: Yes ☒ No ☐
(Company _____)
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 12 or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 96, 55, _____, _____, _____ ft.;
Total length of laterals 150 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 0 in/100 ft.; Average Depth 30 in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line * ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

006

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

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

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 9-2-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 8N; RANGE 5E; SECTION 17; BLOCK 2

LOT 5; ADDITION ELSNER LAKESIDE ESTATES; Street Address 12251 BOBWHITE TRAIL

Directions to Property Call owners CRETE NE 68333

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	RONALD D. & ORLENE R. KEHRENS		826-4584
Tenant/Buyer:			
Return to:	SECURITY FEDERAL	P.O. BOX 80609 LINCOLN NE	68501

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant ED Workman Security Federal Address P.O. Box 80609 Lincoln NE 68501

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 3, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE SEPTEMBER 8, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☒	Date 9/8/92	by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 9/11/92	by J.C.H.
Nitrate <0.1ppm	☒	☐	Disapproved:	☐	Date _____	by ____

Comments: _____

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald C. Hood R.E.H.S. DATE SEPTEMBER 16, 1992

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL 9/11/92 11:02A.M. (MO./DAY/YR./HOUR (9-16)) BY J.C. Hood (17-28)

ADDRESS OR LOCATION LOT 5, BLK 2, ELSNERS LAKESIDE ESTATES, SEC. 17, T8N, R5E (29-41)

NAME AND ADDRESS OF OWNER RON BEHRANS

LINCOLN-LANCASTER COUNTY ENVIRONMENTAL HEALTH

2200 ST. MARY'S AVENUE

LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)

0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)

1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 142-2192 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY ET (76-79)

IN SEP 11 P12:15 '92

OUT SEP 12 P3:37

WATER CHEMISTRY

STATE LAB NO. 152-4816

COMPLETE INFORMATION BELOW

DATE COLLECTED 9 (MO.) 11 (DAY) 92 (YEAR) 11:02 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RONALD BEHRANS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 17 TWNSHP 8 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE – N less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY ET

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED SEP 14 1992

RECEIVED SEP 11 1992 PM

Closing 7-19-93. 024

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-8000 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

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

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 7-7-93

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 8N; RANGE 5E; SECTION 17; BLOCK 2

LOT 5; ADDITION ELSNER LAKESIDE ESTATES; Street Address 12251 Bobwhite Trail

Directions to Property Call owners Crete, NE 68333

10½ miles W of 77+33, N end of Lake directly west of Tudor house. On hill, indoor pool

Location of Well _____ Tap Location: Inside ☒ Outside ☐

Location of Sewage System _____ Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	Ronald + Orlene Behrens		826-4584
Tenant/Buyer:	Peter Dowban		
Return to:	Columbus Federal	770 N. ~~Chestnut~~ Colfax Suite 125	68525

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Maryann McIntyre Address 6940 "O" Suite 300

ReMax Prof. Lincoln, NE 68510

V#1204

HEALTH DEPARTMENT USE ONLY

Date Received 7/9/93 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--DATE JULY 12, 1993

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 7/12/93 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by _____
Nitrate <0.1 p.p.m	☒	☐	Disapproved:	☐	Date _____ by _____

Comments: _____

See Attached Letter ☐

'INAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☒	Approved: ☒	Provisional Approval: ☐
PPROVED BY	Jerrold C. Hood R.E.H.S.	DATE	JULY 16, 1993

pproval or disapproval is based on written standards for construction, location and ater quality. Inspection is based on visible construction and operation at the time of nspection. Approval or provisional approval does not imply or express a guarantee of ystem operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

3.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

026

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ DAY ____ SAMP/DAY ____
(4) (5) (6-7)

ACCOUNT NO. ____ ADD. TESTS 2 (1. FL 2. N 3. BOTH 4. TPC)
(16-22) (23)

DATE COLL. 7/12/93 11:56AM BY J. C. Hood
MO./DAY/YR./HOUR (9-16) (17-28)

ADDRESS OR LOCATION LOT 5, BLK 2, ELSNER
(29-41)
RIVERSIDE ESTATES

NAME AND ADDRESS OF OWNER RONALD BEHRENS
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 14886 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE mf (69-75)

ANALIZED BY ____ (76-79)

IN
JUL 12 P2:03

OUT
'93 JUL 13 P3:24

'93 JUL 13 P5:37

REPORTED

'93 JUL 12 P2:03

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 156095

DATE COLLECTED 7 (MO) 12 (DAY) 93 (YEAR) 11:56 A.M (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RONALD BEHRANS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 17 TWNSHP 8 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

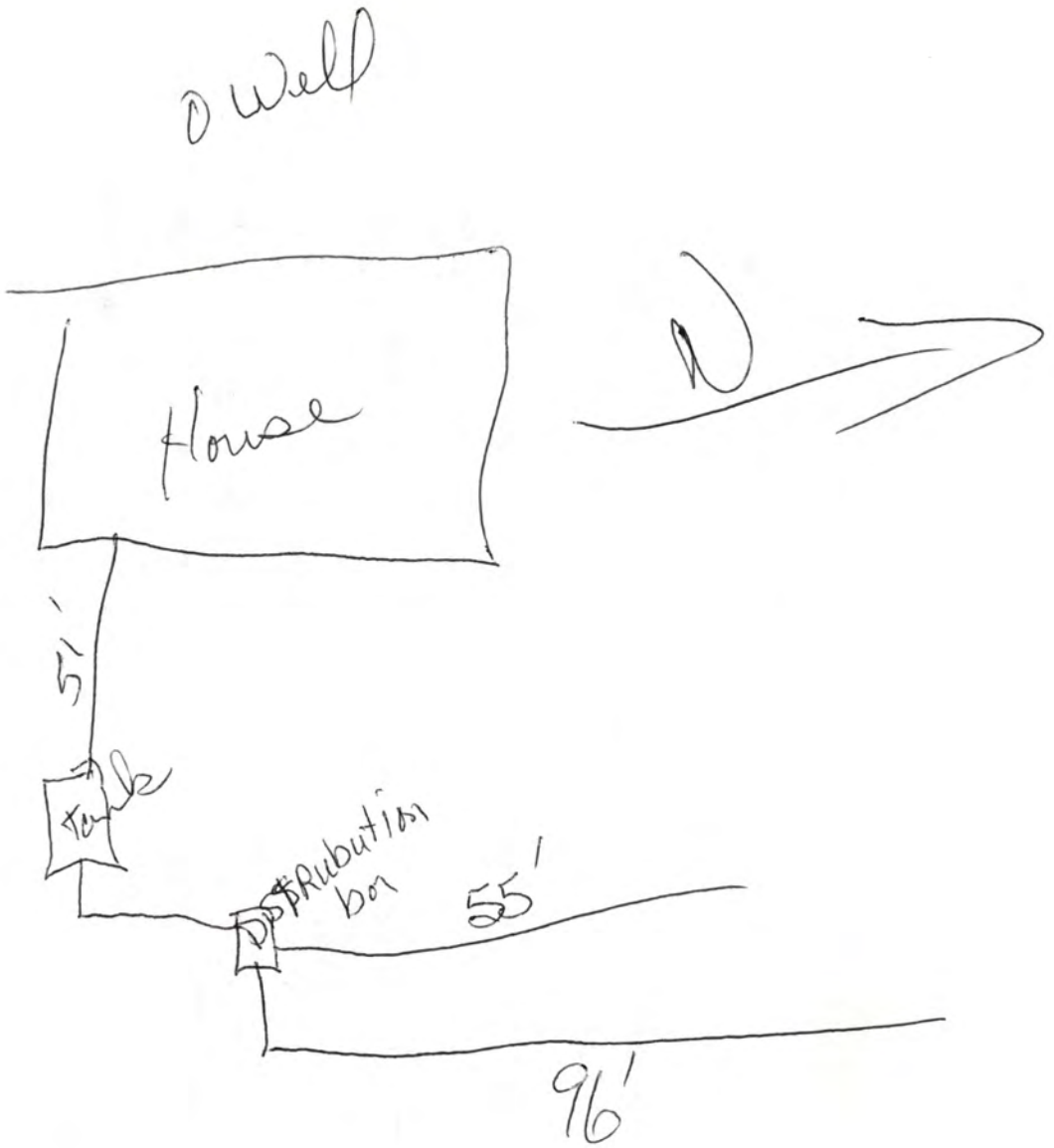
NITRATE — N Less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINE

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88


Well
House
5'
Tank
Distribution box
55'
96'