Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380217301

Issued 04/18/00
Expires 10/18/00
Revenue Code 3157

Establishment

JIM SUEPER
T8N R5E SEC 17
ELSNERS LAKESIDE-1ST BLK 3 LOT 2
15400 RED WING DR-CRETE

FEES: $150.00

Permitee

JIM SUEPER
RR0002
BOX 000155A
CRETE NE 68333

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

012979

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

A

Permit Number: 003802173

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 ~~12300 Bobwhite Trail~~ 15400 RAD WING DRIVE (no rural route) City Crete NE, Zip 68333

Legal Description 1/4 1/4 Section 17 Township 8N Range 5E Subdivision Elsners Lakside ESTATES Addition 1ST. ADD Block 3 Lot 2

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Jim Sueper Signature Jim Sueper

Address RR#2, Box 155A, Crete City/State/Zip Crete, NE 68333

☐ Check if owner designed system Home Phone 826-5423 Work Phone 826-4323

C. Contractor Ray Sueper

Name Sueper Construction INC. Company Name Sueper Const. INC.

Address 12401 Bobwhite Tr. City/State/Zip crete, NE 68333

☑ Check if contractor designed system Work Phone 826-1533

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

Designer Name Sueper Const. INC Firm _____ Work Phone 826-1533

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 3/22/00 Date frwd 4/18/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Nooy
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-18-00 Date frwd 4-18-00 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 04/18/00 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature

9/10/01 Line tank - lateral need drawn

Installation Final Written Approval

By _____

Date 9/13/01

Business Office Use Only

Date Rec'd 03/22/00

Amt Paid 150.00

Rec'd By _____ ~~Cash~~/Check No. 1768

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

Lincoln-Lancaster County Health Department
Environmental Health Division
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B

Permit Number: 00380217 3

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ (no rural route) City Crete NE, Zip 68333

Owner Ray Swope Addresss 12401 Bobwhite trail Crete 68333

Soil Type (SCS): STD/Brd Percolation Rate: _____ min./inch

Date of Tests 3/29/00 to 3/30/00 Weather: Precipitation 0 Temperature 50

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	3/29	6:00	3/30	11:30	3/30	3:30	6	3/30	4:00	30	1 3/8	22
2			PM		AM		PM	6		PM		1 5/8	19
3								6				3/4	40
4								6				7/8	34
5								6				1 3/8	22
6								6				5/8	48

Sum of Percolation Rates: 185
Average of Rates: 31/IN
Rate Used for Calculation: 48

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: (402) 475-2462
Address 17201 So 72
Lincoln, Ne 68372

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

B

Permit Number: 003802173

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12300 Bobwhite Trail City Crete NE, Zip 68333

(no rural route) Elsners Lakeside estates

Owner Jim Sueper Addresss RR#2, Box 155A, Crete, NE 68333

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

Date of Tests 2-24-00 to 2-25-00 Weather: Precipitation 0 Temperature 40°

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	27"	2-24	1:00	2-25	6:00	2-25	6:00	—	2-25	10:00	240	13 3/4"	
2	27"											13 3/8"	
3	27"											8"	
4	27"			SAME								5 1/2"	
5	27"											13 1/4"	
6	27"											8 5/8"	
7	27"											7 1/8"	
8	27"											9 1/2"	
9	27"											20 3/8"	

Person Conducting Percolation Tests

Name: Ray Sueper

Phone: 826-1533

Address 12401 Bobwhite Trail

Crete, NE 68333

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

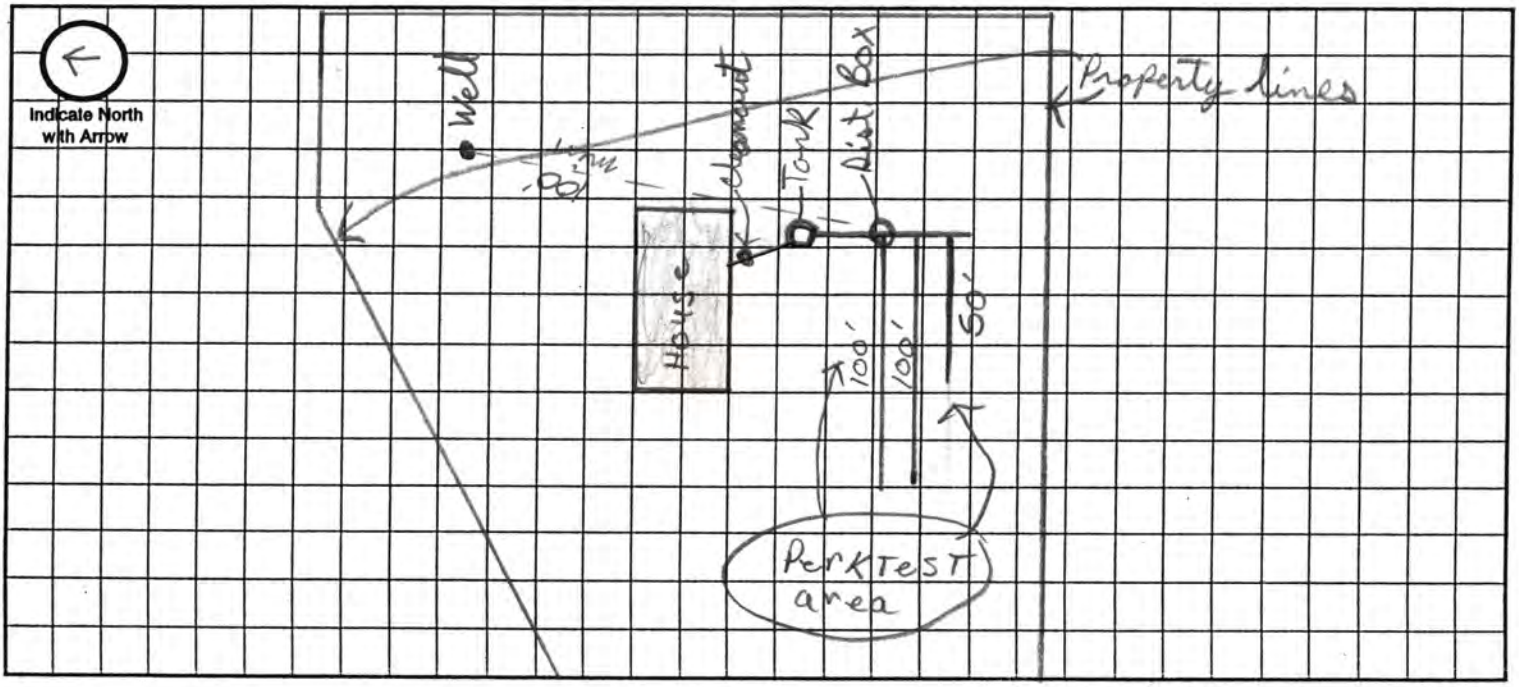
Lincoln-Lancaster County Health Department
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C

Permit Number: 003802173

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) 12300 Bobwhite Trail City Crete NE, Zip 68333
Elsners Lakside Estates

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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: 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 248 ft. Number of Trenches 3 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

Home Building Contractor Raymond Sneeper Date 3-19-00

Installer Raymond Sneeper Date 3-19-00

FORM 23-102 10-96

SEP 1 3 2001

D

Lincoln-Lancaster County Health Department
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3140 "N" Street • Lincoln, NE 68510-1514
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Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 9-11-01

Jim Sweeper Residence

System Location (Indicate correct number and street)

Address Bob White Trail (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: 109 ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line 200' ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 50' ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 12" in.
   Over outlet, diameter 12" in.
   Riser: ☒ above ☐ below grade 1' in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 16 in.
8. Distances to: Well or suction line 200 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 95' ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 24' ft.

D. Absorption Field

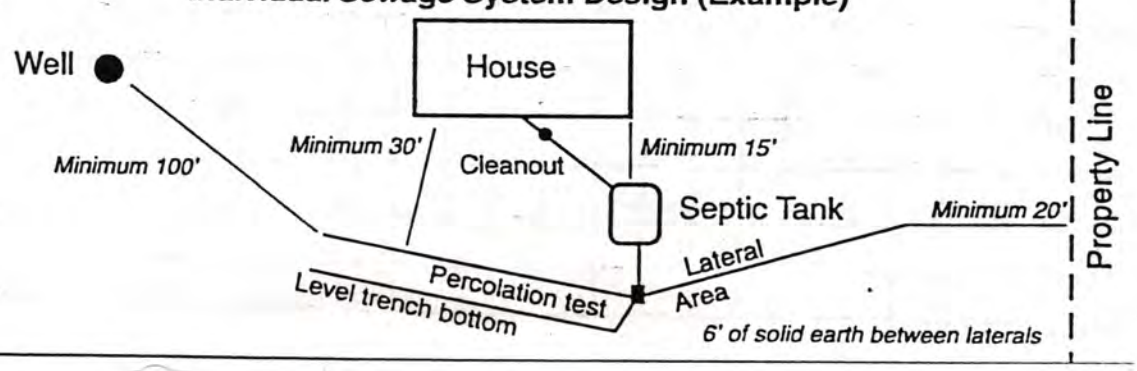
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 4" Filtrator E 24'
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100' ft.
   100' ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope Flat in/100 ft.
   Average depth 3 to 4' in
4. Filter material: Sand
   Depth of material 2' in.
5. Distances to: Well or suction line 250' ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 60' ft.

Indicate North with Arrow

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

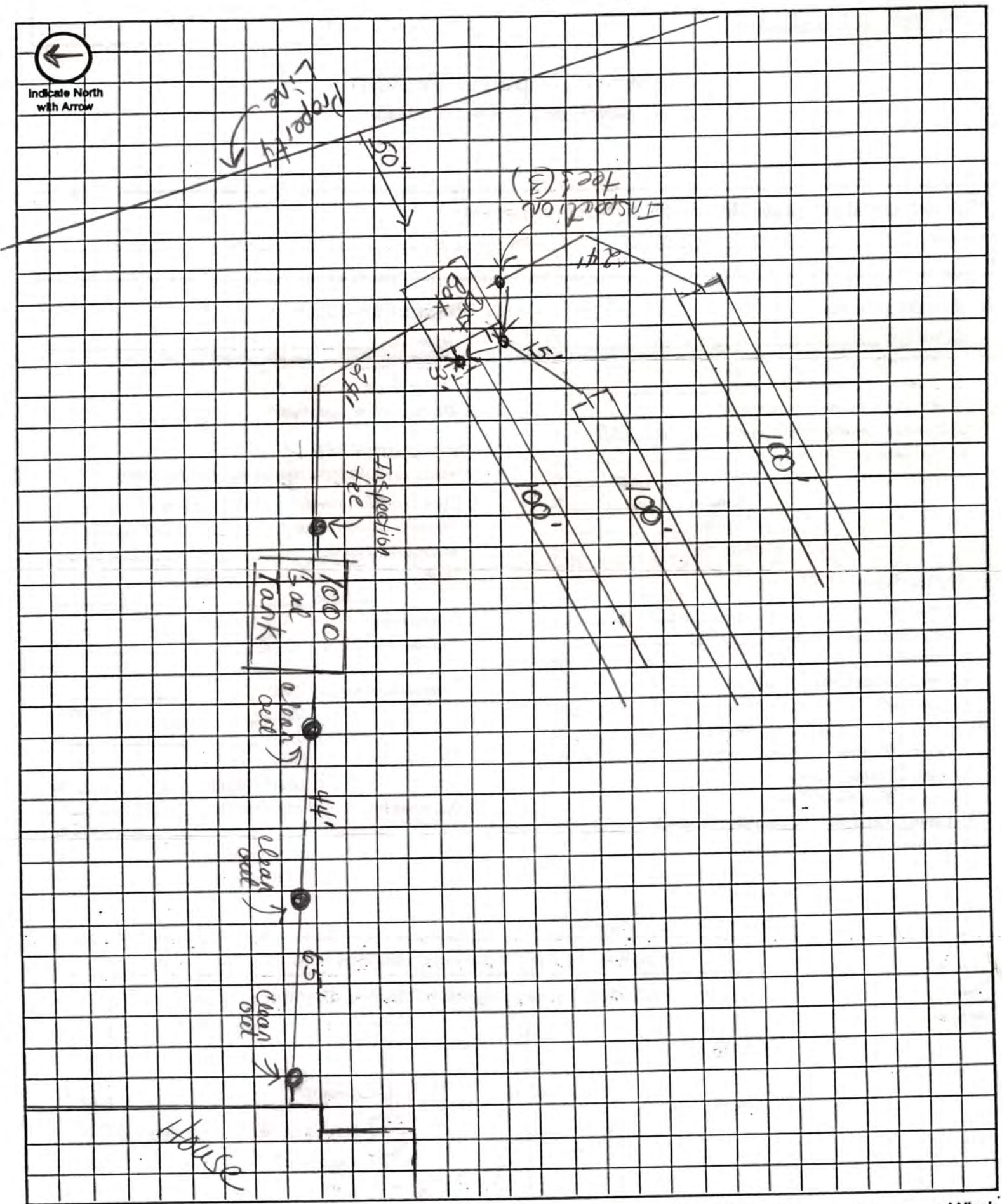
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

12300 Bob White



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