LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380136101

Issued 10/17/95
Expires 04/17/96
Revenue Code 18754

Establishment
LESLIE KORTE
T8N R6E SEC 31
LOT 12
5665 W SPRAGUE ROAD

FEES: $150.00

TOTAL $150.00

Permittee
LESLIE KORTE
316 S 46 ST
LINCOLN NE 68510

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"

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $_____

FILE NO._____

DATE: 10/13/95

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 6E ; Section 31 ;
   Block _____ : Lot 12 IT : Addition _____
   Street Address 5665 WEST SPRAGUE ROAD

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: OVER 500 ft.

Lee Kotte
Signature of Applicant (Owner or Lessee)

316 So 46 68510
Address

WORK 472-6343
HOME 488-6887

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/13/95 . Date Frwd. 10/16/95 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/16/95 . Date Frwd. 10/16/95 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. 10/16/95 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits
Date: 11/7/95 by: J.C.H. Need drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/16/95 By: Jerrold C. Hood

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

FORM 23-43

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

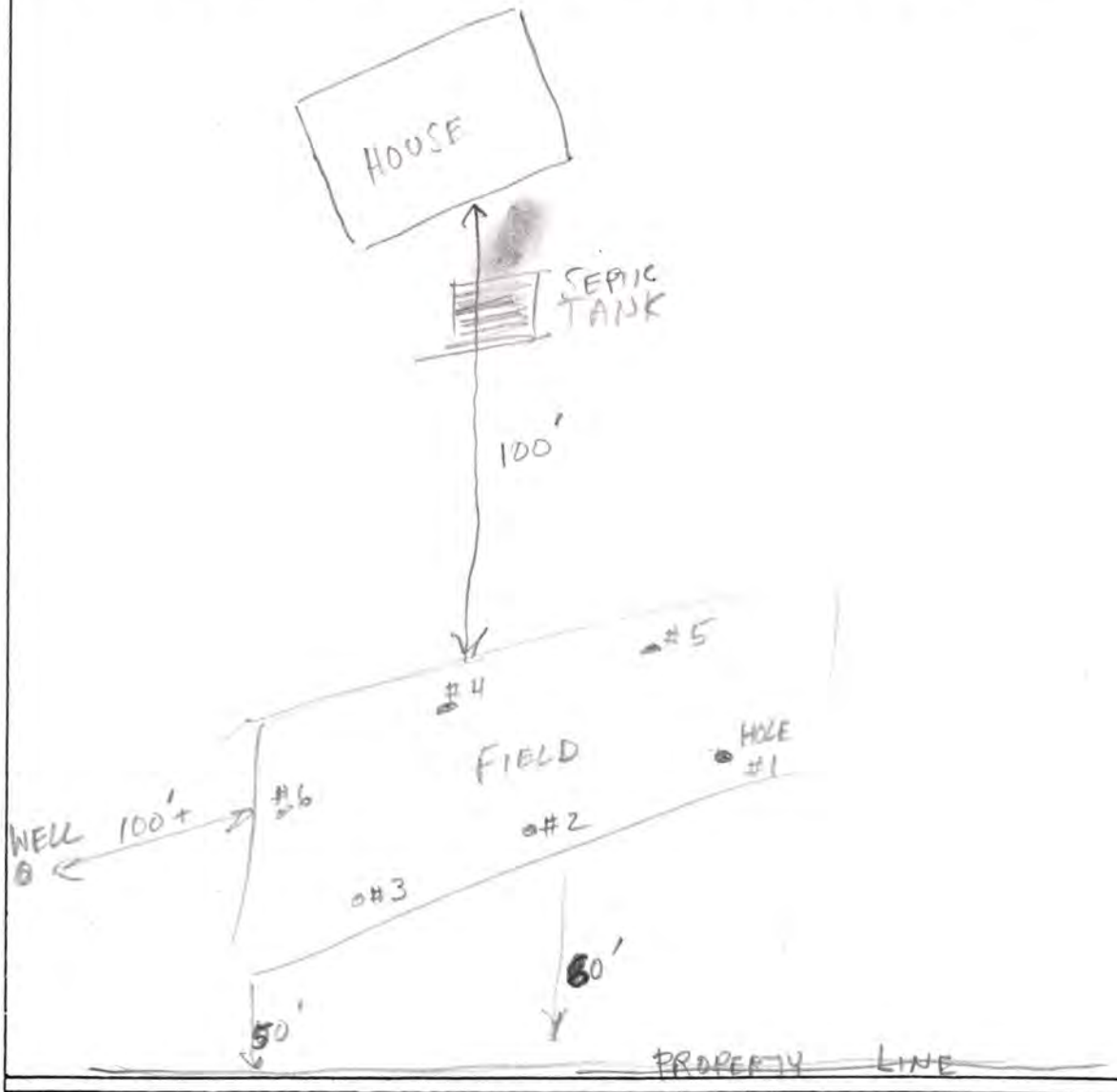
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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: OCTOBER 16, 1995

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 214 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 641 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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 850 ft. x 284 ft. Area: 5.58 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10/6/95 to 10/7/95. Weather: Precip. 0 Temp. 75°.

OWNER: _____

Address: _____

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	10/6	5:00	10/7	5:00	10/7	5:00	7"	5:30	4 1/4	30	2 3/4	
2	"	"	"	"	"	"	"	"	"	4 7/8	"	2 1/8	
3	"	"	"	"	"	"	"	"	"	6 3/8	"	5/8	
4	"	"	"	"	"	"	"	"	"	6	"	1	
5	"	"	"	"	"	"	"	"	"	6 1/8	"	7/8	
6	"	"	"	"	"	"	"	"	"	5 3/4	"	1 1/4	

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Confirmed 11/7/95
Soil Type (SCS): MORRILL CLAY LOAM
Date: OCTOBER 16, 1995

Approved Percolation Rate (a)
A. 21 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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: NOV 7 1995
5665 Sprague Rd.

FILE NO. _____

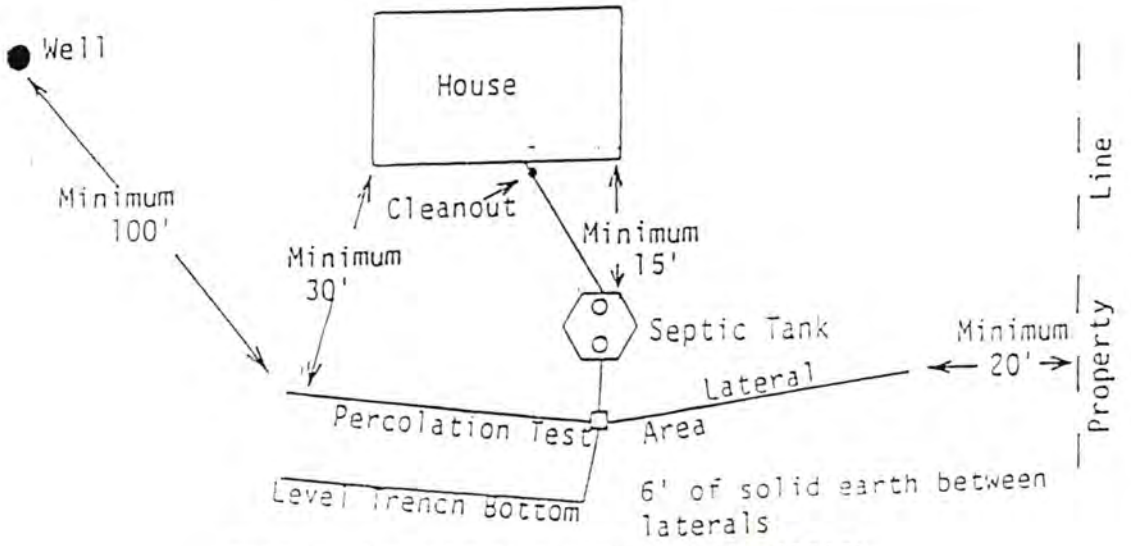
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 24 in.
3. Distance between dwelling and septic tank 39 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line OVER 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

B. SEPTIC TANK:
1. Material CONCRET; No. of compartments 1.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company pre-CAST)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☒ Grade 12 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line OVER 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

C. DISTRIBUTION BOX:
1. Material HAN-COR; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company HAN-COR)
3. Distance from Septic Tank 53 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 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other ____.
2. Lateral Lines:
Number 3; Length of each line 20, 100, 100, ____, ____ ft.;
Total length of laterals ____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width 3 ft.;
Slope 3 in/100 ft.; Average Depth 24 in.
4. Filter Material: GRAVEL
Depth of Material 12 in.
5. Distances to:
Well or Suction Line OVER 100 ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

PERMIT

(402) 441-8000

Permit No. 98390060501

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-EXTEND SEWAGE FROM NEW
TO EXISTING SEPTIC SYSTEM<$400-NO FEE

Issued 11/16/98
Expires 05/16/99
Revenue Code 3157

Establishment

LESLIE KORTE
T8N R6E SEC 31
LOT 12
5665 W SPRAGUE ROAD

FEES:

Permittee

LESLIE KORTE
316 S 46 ST
LINCOLN NE 68510

TOTAL $.00

Issued By: Health Director
Lincoln-Lancaster County Health Department

008294

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

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date: 11/15/98	File No.:

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 T8N Range R6E Section 31 1/4 Section _____
   Block _____ Lot 12 Addition _____
   Street Address 5665 WEST SPRAGUE ROAD

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

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

4. **Description of proposed alteration, extension or repair:** EXTENT SEWAGE FROM NEW HOUSE TO EXISTING SEPTIC SYSTEM

5. **Work to be done by:** ☒ owner ☐ contractor's name _____

6. **Estimated project:** (a.) Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name LES KORTE Address 316 So 46th Phone 488-6887
Applicant Signature (owner or lessee) Les Korte

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

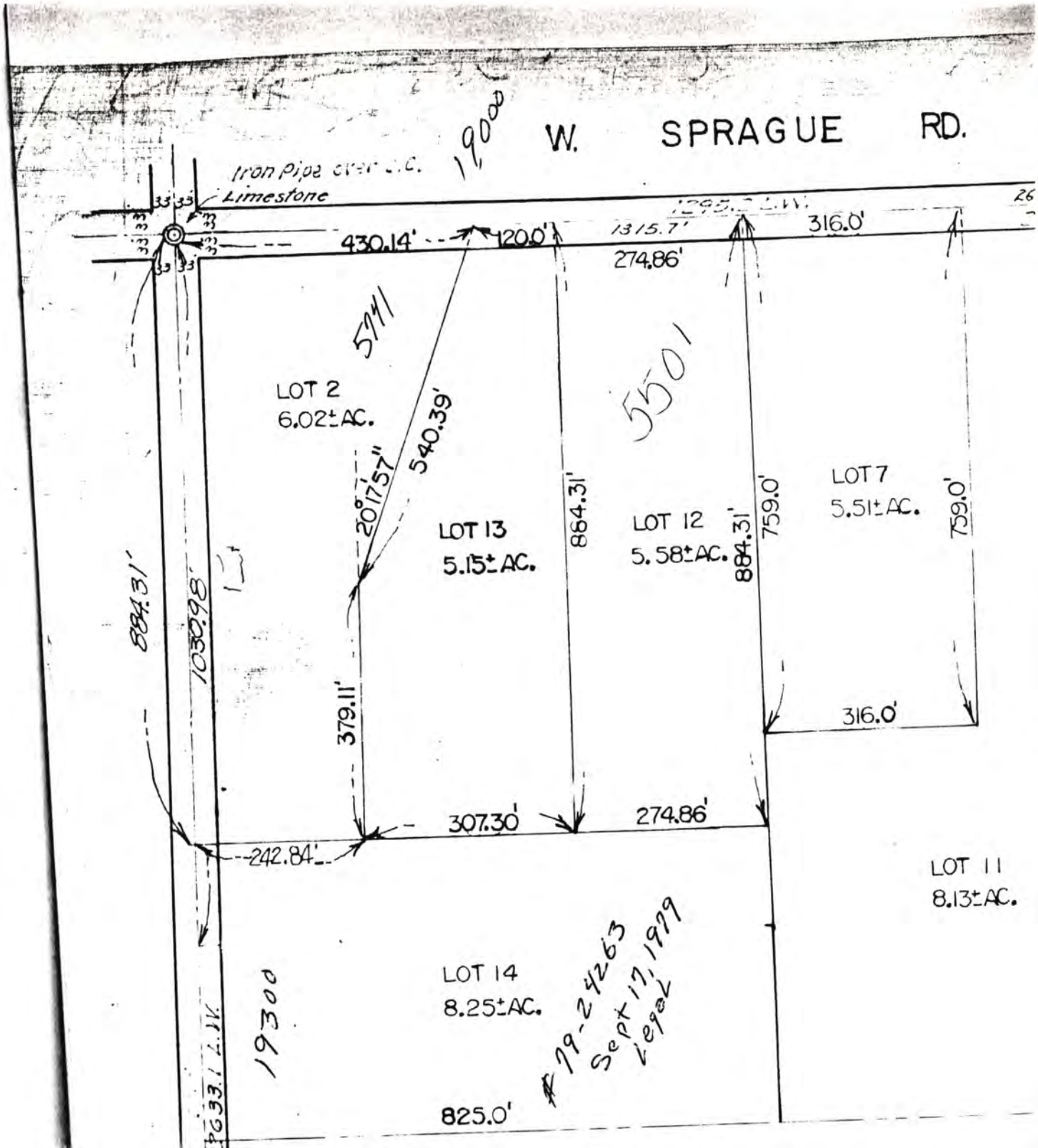
Date rec'd 11/16/98 REVIEW: ☒ approved ☐ disapproved By: Jerrold C. Hood

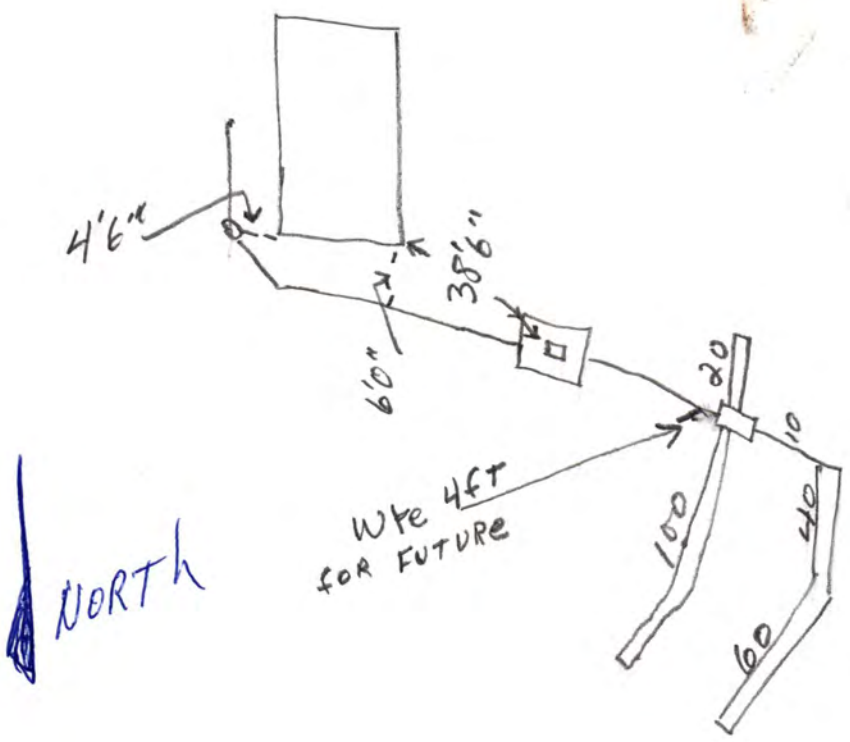
Site visits:
Date 11/16/98 By J.C. Hood
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 11/20/98 By Jerrold C. Hood

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

White - EH Pink - Business Office Revised 1/98


W. SPRAGUE RD.
1900
Iron Pipe over L.C.
Limestone
33
33
33
33
33
33
33
430.14'
120.0'
1315.7'
316.0'
274.86'
5911
5501
LOT 2
6.02± AC.
540.39'
20°17'57"
LOT 13
5.15± AC.
LOT 12
5.58± AC.
LOT 7
5.51± AC.
884.31'
1030.98'
864.31'
884.31'
759.0'
759.0'
379.11'
316.0'
307.30'
274.86'
242.84'
LOT 11
8.13± AC.
19300
LOT 14
8.25± AC.
#79-24263
Sept 17, 1979
Legal
825.0'


4'6"
35'6"
6'0"
20
10
Wte 4FT
FOR FUTURE
100
40
60
NORTH