Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380205401

Issued 08/10/99
Expires 02/10/00
Revenue Code 3157

FEES: $150.00

Establishment

THOMAS KORTA
T9N R5E SEC 2 QTR NE
RIDGE PARK-1ST ADDN BLK 2 LOT 2
7155 RED BIRD

TOTAL: $150.00

Permitee

THOMAS KORTA
3636 S 33 ST
LINCOLN NE 68506

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010846

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

A

Permit Number: 993802054

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 9155 ~~RED BIRD~~ 3000 S.W. 72ND ST. City LINCOLN NE, Zip
(no rural route)

Legal Description NE 2 9N 5E 6PM RIDGE PARK 1ST 2 2
1/4 1/4 Section Township Range 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 TOM & JILL KORTA Signature

Address 3636 S. 33RD City/State/Zip LINCOLN, NE 68506

☐ Check if owner designed system Home Phone 402-486-0965 Work Phone

C. Contractor

Name MANZITTO BROS Company Name MANZITTO BROS

Address 3341 PIONEERS BLVD City/State/Zip LINCOLN, NE 68506

☐ Check if contractor designed system Work Phone 402-483-2302

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

Designer Name LARRY SCHWARCK Firm SCHWARCK TRENCHING Work Phone 489-7294

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 7/14/99 Date frwd 7/23/99 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Nood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-23-99 Date frwd 7-23-99 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 7-23-99 Date frwd 7-23-99 ACTION ☐ Approved ☐ Disapproved Signature

9/9/99 need drawing for file

Installation Final Written Approval

By Jerrold C. Nood M.E.H.D.
Date SEPTEMBER 13, 1999

Business Office Use Only
Date Rec'd 07/14/99
Amt Paid 150
Rec'd By Cash/Check No. 626739

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: 9938020544

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

Lot 1 Blk 1
Ridge Park 1st Add

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7155 Red Bird (no rural route) City Lincoln NE, Zip

Owner Kontos Address

Soil Type (SCS): Sharpsburg Silty Clay Loam Percolation Rate: 60 min./inch

Date of Tests 5-4 to 5-5-98 Weather: Precipitation 1/2" just during Test 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	5-4	12:30	5-5	10:10	5-5	1:10	12	5-5	1:40	5/8	30.	
2								15 1/2			1 1/4		
3								6 1/4			1/8		
4								11 1/2			1/2		
5								17 3/4			3/4		
6								12			1/2		
7								13 1/8			5/8		
8								14 7/8			7/8		
9								14			1/8		
								12 1/4			1/2		

Sum of Percolation Rates:
Average of Rates:
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Larry Schwarten
Phone: 489-7294
Address 8200 Old Cheney Rd.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date

FORM 23-101 10-96

Lot 2 Blk 2
Ridge Park 1st Add.

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

C

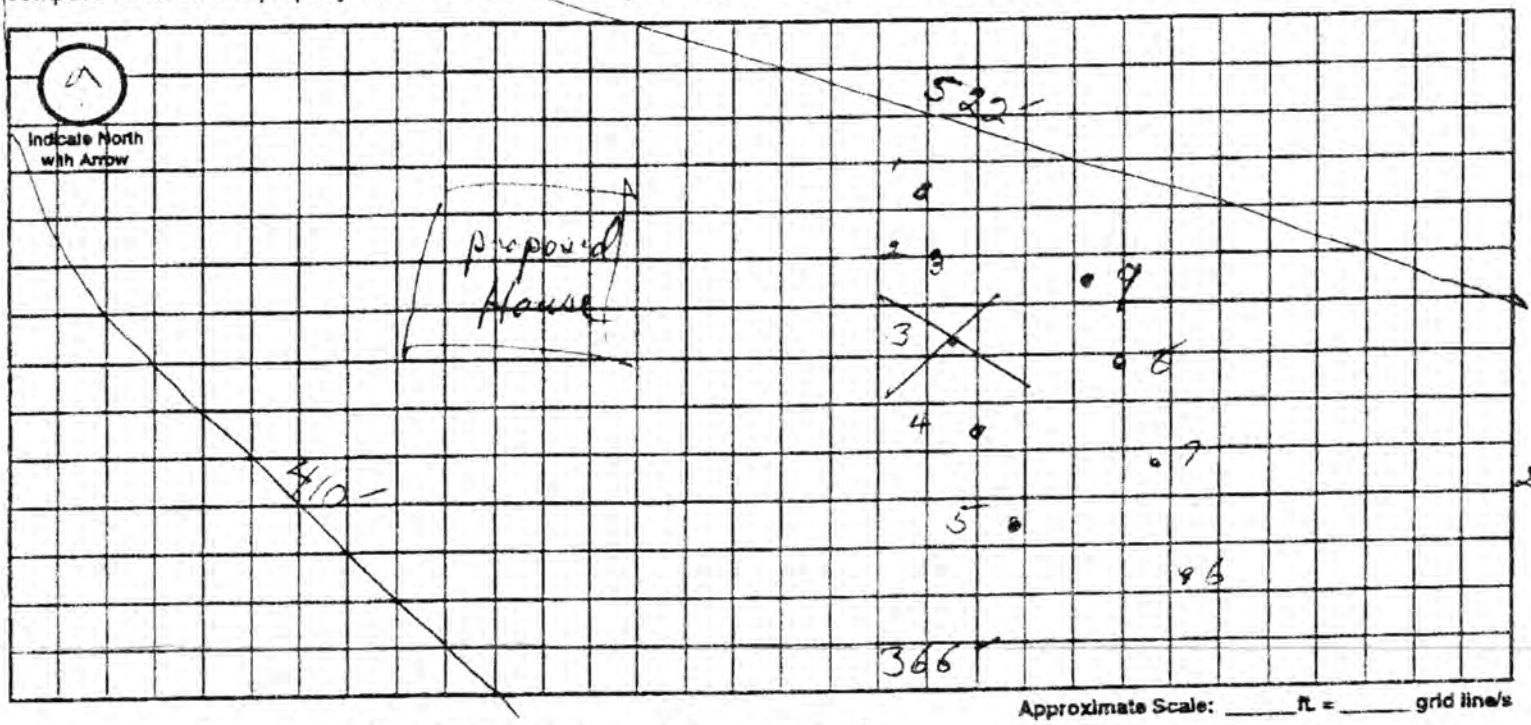
Permit Number: 993802054

Sewage Disposal System

Preliminary Plan Specifications

136'

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) 7155 Red Bird City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Sharpsburg Silty Clay Loam Land Slope: 2 %

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

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

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

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

Total Length of Laterals 247 ft. Number of Trenches _____ 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 _____ Date 7-13-99

Installer Larry Schwarck Date 5-5-99

FORM 23-102 10-96

SEP 1 3 1999

D

Permit Number: 993802054

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

Sewage Disposal System

As Built Plans & Specifications

Date 9-9-99

System Location (Indicate correct number and street)

Address 7155 Red Bird (no rural route) City Lincoln NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 75 ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: _____
2. Capacity: 1250 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8" in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

2

1. Material: plastic
   Number available outlets: _____
2. Factory built: ☑ Yes ☐ No 1st, 2nd
3. Distance from septic tank: 56 + 14 ft.

D. Absorption Field

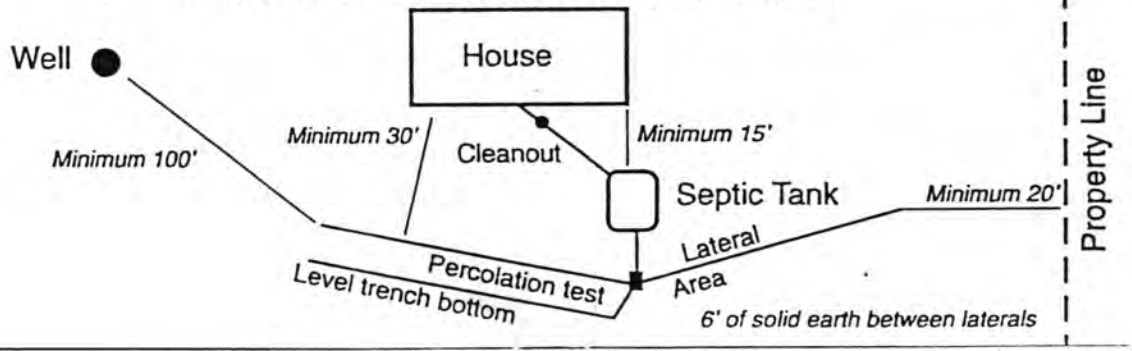
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" Infiltrator 24
   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.
   (100 + 50)
3. Trench dimensions: Width 4 ft.
   Slope 3 in/100 ft.
   Average depth 36 - 18" in
4. Filter material: Road Gravel
   Depth of material 15 in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ 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 HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 99400085001

Issued 08/10/99
Expires 02/10/00
Revenue Code 3162

FEES: $75.00

Establishment

THOMAS KORTA
T9N R5E SEC 2 QTR NE
RIDGE PARK-1ST ADDN BLK 2 LOT 2
7155 RED BIRD

TOTAL: $75.00

Permitee

THOMAS KORTA
3636 S 33 ST
LINCOLN NE 68506

Leon F. Vinci, MPH, Health Director

OST IN A PROMINENT PLACE • NOT TRANSFERABLE

010845

JUL 22 1999

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

Permit No. 99400085

PID# 03-02-208-002-000
entered 3-20-00

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - $75.00
- ☐ Annual Permit for an existing well - $50.00
- ☐ Permit to repair or alter existing well involving opening of well - $25.00

~~7155 RED BIRD~~

1. Well Site Address 3000 SW 72ND ST. City LINCOLN, NE Zip _____
(No Rural Route Please)
Legal description of property:
Twp 9N; Range 5E; Section 2; Block 2; Lot 2; Addition RIDGE PARK 1ST. ADD.
2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____
3. Distance to Public Water Supply N/A feet.

Signature of Owner Thomas M. Korta

Print Name TOM & JILL KORTA
Current Address 3636 So. 33rd Street
Lincoln, NE 68506
Current Home Phone (402)486-0965
Work Phone (402)488-0931

Signature of Contractor

Print Name MANZITO BROS
Address 3341 PIONEERS BLVD, SUITE 1
Home Phone (402) 483-2302
Work Phone (402) 483-2302
Cellular Phone (402) 525-1426

Sewage Permit Applied for: ☒ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request
Please Do Not Write Below This Line

Approval Process: Lincoln Municipal Code 8.44

1. Health Department — Date received 7/22/99, Date forwarded 7/23/99 — ACTION ☒ Approved ☐ Disapproved — Signature: Jerrold C. Wood
2. Building & Safety — Date received 7/23/99, Date forwarded 7/23/99 — ACTION ☒ Approved ☐ Disapproved — Signature:
3. City Engineer — Date received 7/22/99, Date forwarded 7/22/99 — ACTION ☒ Approved ☐ Disapproved — Signature:

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 3/14/00 By Jerrold C. Wood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Wood R.E.H.S.
Date: 3/16/00

Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

Nitrate Level 1.7 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 7/22/99
Amt Paid: $ 75.00
Rec'd By _____ Cash/Check No. 026745

JUL 27 1999

entered 3-20-00

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 994000850

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELL 3000 S.W. 72ND

Legal Description: Sec. 2 T. 9 R. 5 Block 2 Lot 2 Addition RIDGE PARK FIRST ADDITION

Owner TOM KORTA Address 3636 S. 33RD, LINCOLN, NE 68506

LOG OF WELL	
Depth Ft to:	Description
0- 40	LIGHT BRN CLAY
40-138	BLUE CLAY
138-145	VERY FINE SAND
145-162	GRAY SHALE
162-180	FINE TAN SANDSTONE
180-190	FINE TO MED FINE LIGHT
	BRN SANDSTONE
190-200	GRAY SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 190'

Date Completed 7/22/99

Casing: Length, Ft. 170' :Dia. In. 4"

Wall Thickness, Inc. .214 :Type PVC

Screen: Length, Ft. 20' Dia. In. 4"

Type PVC WOP & SLOT Slot Size .020

Drop Pipe: Length, Ft. 120' Dia. In. 1 1/4"

Water Level, Surface to top of water, Ft.:

Static 74', Pumping 95'

Yield: 20 gpm, Measured X. Est.

Chlorination Completed Yes X No

The above informatioin including "Log of Well" is a true record of the job performed by me.

Driller [signature] (Signed)

P. O. BOX 308

Address: HICKMAN, NE 68372-0308

Remarks NITRATE NITROGEN 1.7 p.p.m. BACTERIOLOGICAL O.K.

Date: 26 JULY 1999

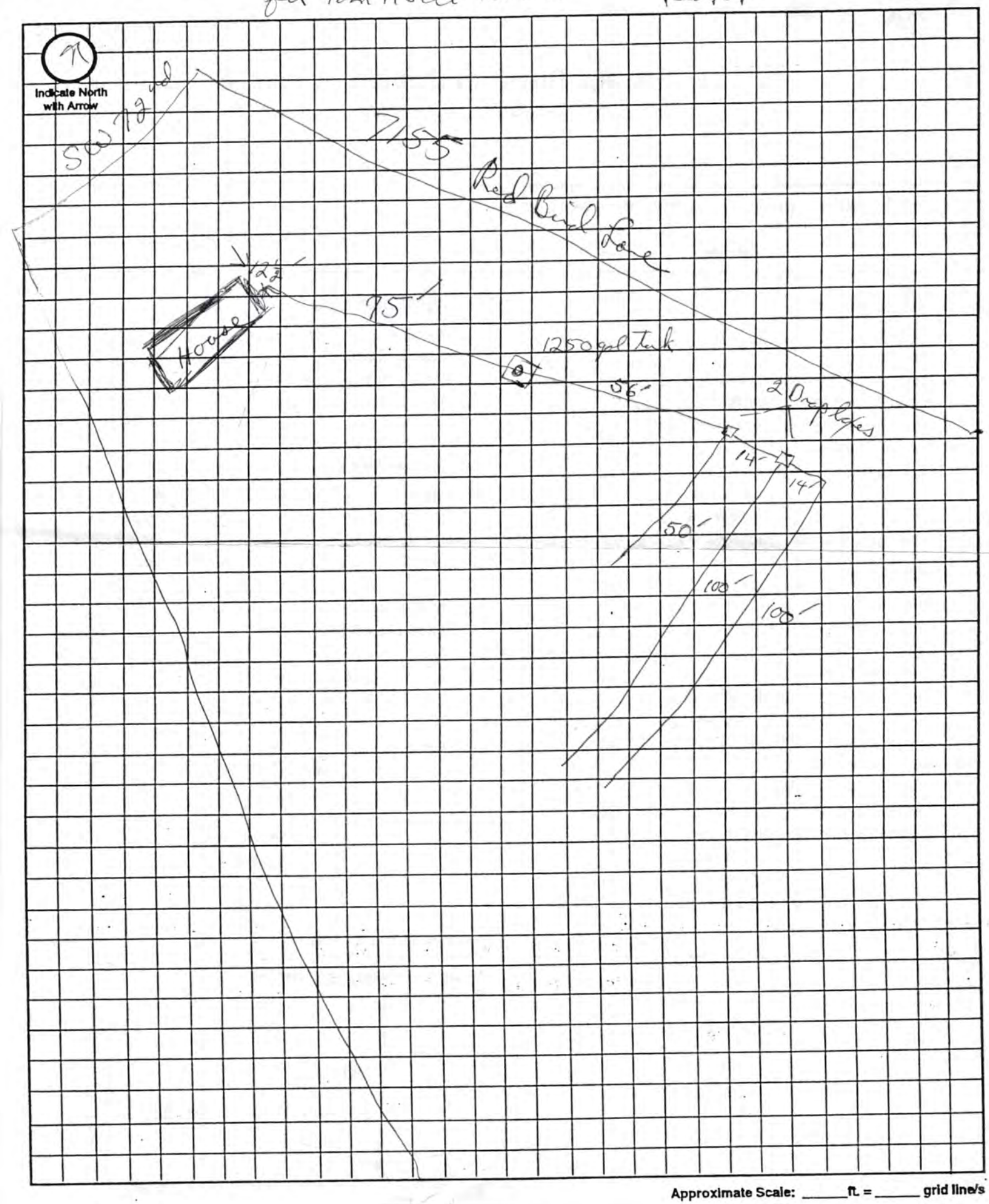
DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record X

As Built Drawing

by Larry Schewarck
for Tom & Jill Korta

9-9-99
Ridge Park 1st Add



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