LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 94380115901

SEWAGE INSTALLATION

Issued 04/22/94
Expires 09/22/94
Revenue Code 18754

Establishment

JOETTE KAPKE
T9N R7E SEC 28
KESS ESTATES BLK 4 LOT 2
5901 KESS DRIVE

FEES: $150.00

TOTAL $150.00

Permittee

JOETTE KAPKE
7200 TWIM OAKS RD
LINCOLN NE 68516

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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

FILING FEE: $ 150.00

FILE NO. _____

DATE: April 21 1994

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. 9N ; Range 7E ; Section 28 ;
   Block 4 : Lot 2 : Addition KESS ESTATES ; 5901 KESS DR.
   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: _____ ft. ~~WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATE~~ EXPERIMENTAL SYSTEM. Innovative Homes and Design

Signature of Applicant (Owner or Lessee)

5507 S 38 Lincoln Ne 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/21/94 . Date Frwd. 4/21/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/21/94 . Date Frwd. 4/21/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Gaylain

3. City or County Engineer: Date Rec'd. 4-21-94 . Date Frwd. 4-21-94 . ACTION: Approved ☒ Disapproved ☐ Signature: Glenn Daniels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/2/94 by: J. Cff Tank + distribution box
Date: 11/4/94 by: J. C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/6/94 By: Jerrold C. Hood *

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

* EXPERIMENTAL SYSTEM HENCE APPROVAL IS PROVISIONAL

FORM 23-43

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

Test Location
5901 Kess Dr.

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 7-13-94 to 7-14-94. Weather: Precip. 0 Temp. 85°

Holes - 1-3-4-5-6
Had water in From Pre-Test

OWNER: Wellmann Plumbing
Address: Suit-B 3301 So. 6
434-2400

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"	7-13	6:30 pm	7-14	5:00 pm	7-14	5:00 pm	6"	5:30 pm	6"	30m	0"	
2	36"	7-13	6:30 pm	7-14	5:00 pm	7-14	5:00 pm	6"	5:30 pm	5 3/4"	30m	1/4"	
3	36"	7-13	6:30 pm	7-14	5:00 pm	7-14	5:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	
4	36"	7-13	6:30 pm	7-14	5:00 pm	7-14	5:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	
5	36"	7-13	6:30 pm	7-14	5:00 pm	7-14	5:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	
6	36"	7-13	6:30 pm	7-14	5:00 pm	7-14	5:00 pm	6"	5:30 pm	6	30m	0"	

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

Mike Haagland
Signature of Person Conducting Test

Address 2700 Dawn Ave Lincoln Phone 464-0638
Precast Products Inc.

(Do not write below this line)

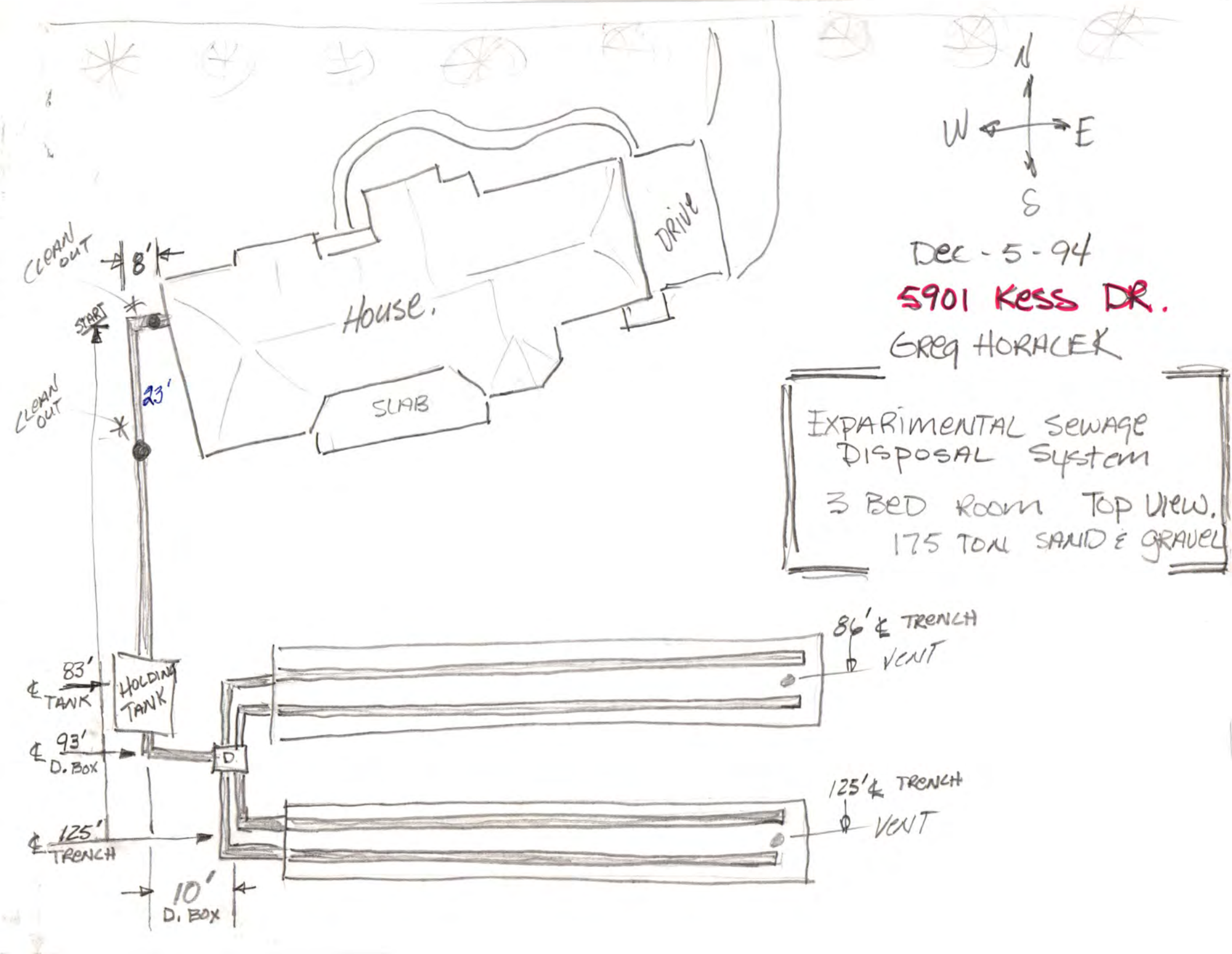
REVIEWING ACTION

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

Remarks: _____
Soil Type (SCS): _____
Date: _____

_____
Signature of Reviewing Official

441-8323

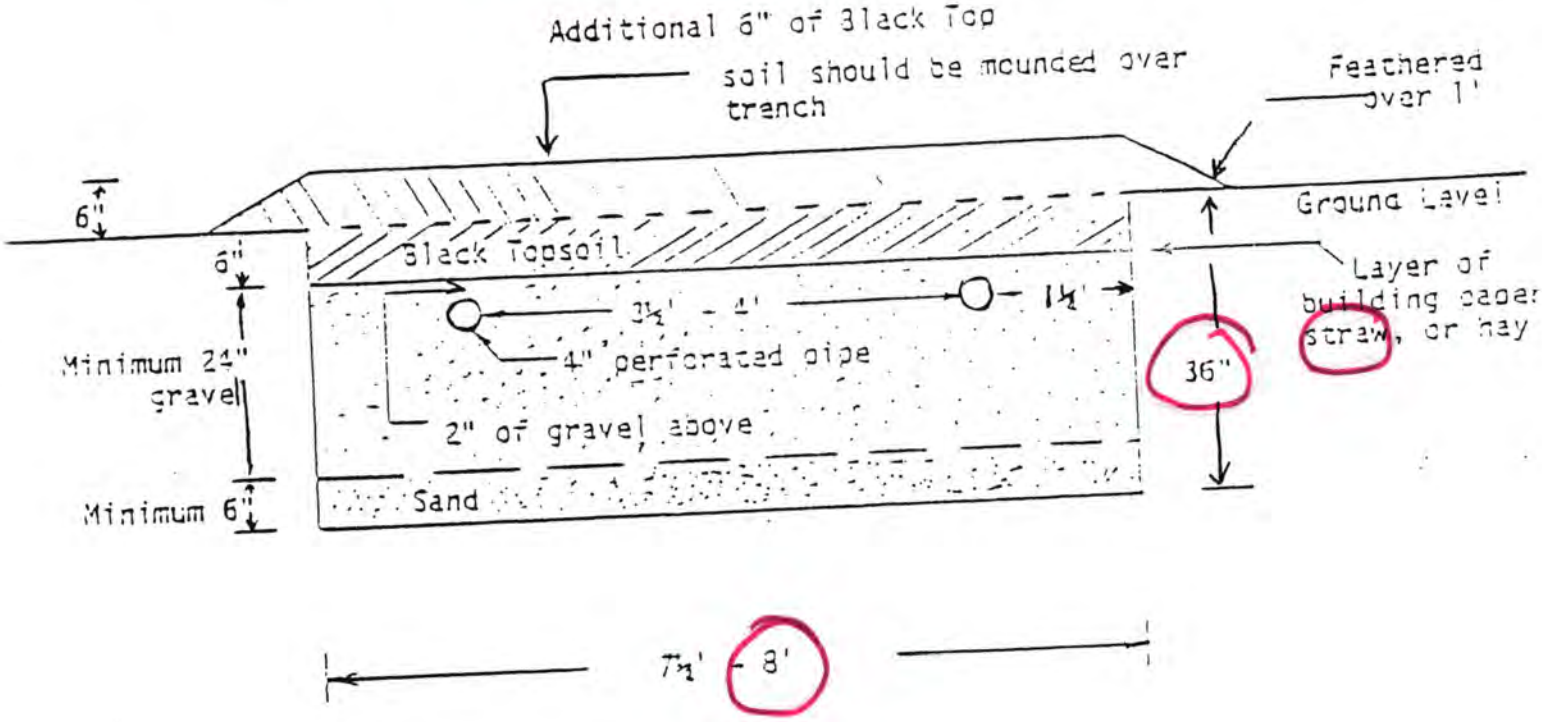

N
W
E
S
Dec - 5 - 94
5901 Kess DR.
Greg HORACEK
EXPARIMENTAL Sewage Disposal System
3 BED Room TOP View.
175 TON SAND & GRAVEL
House.
SLAB
DRIVE
CLEAN OUT
8'
START
23'
CLEAN OUT
83'
℄ TANK
HOLDING TANK
93'
℄ D. BOX
D
125'
℄ TRENCH
10'
D. BOX
86' ℄ TRENCH
VENT
125' ℄ TRENCH
VENT

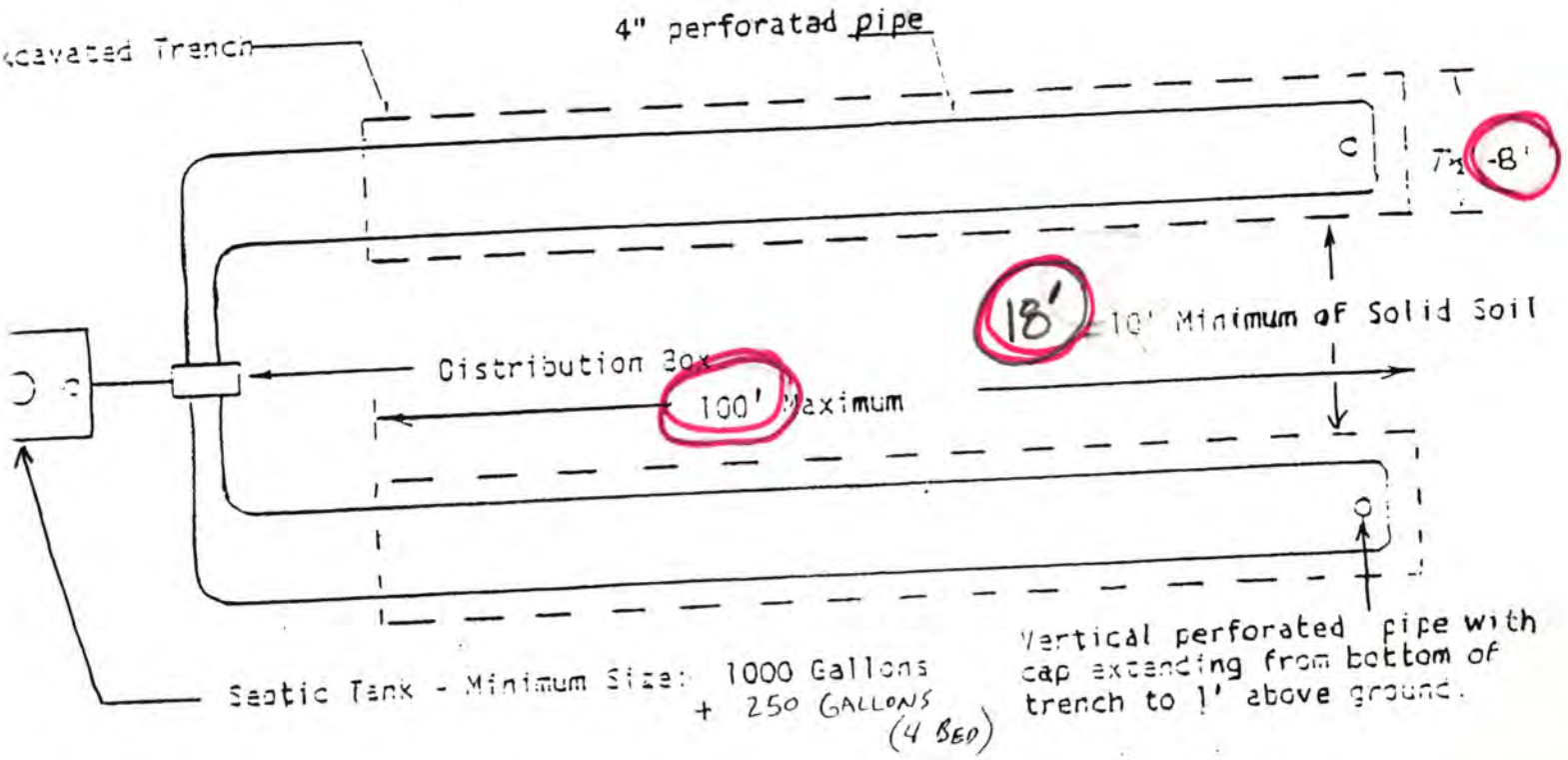
SEEPAGE - EVAPOTRANSPIRATION BED FOR A
2-3 BEDROOM HOME

(Experimental Sewage Disposal System)

Construction Details

A minimum of 1600 square feet is used for a 2-3 bedroom home.
An additional 600 square feet is used for a 4 bedroom home.





LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 94400042301

Issued 04/22/94
Expires 09/22/94
Revenue Code 19851

Establishment
JOETTE KAPKE
T9N R7E SEC 28
KESS ESTATES BLK 4 LOT 2
5901 KESS DRIVE

FEES: $75.00

TOTAL $75.00

Permittee
JOETTE KAPKE
7200 TWIM OAKS RD
LINCOLN NE 68516

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: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ 75.00

FILE NO. _____

DATE: April 21, 1994

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9N : Range 7E : Section 28
   Block 4 : Lot 2 : Addition Kess Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe New Home Construction 5901 Kess Drive
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well Residential Use

Innovative Homes and Design
Signature of Applicant (owner or lessee)

7200 Twin Oaks Rd
Address Lincoln, Ne 68516

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 4/21/94. Action: Approved ☒ Disapproved ☐
   Date Frwd. 4/21/94. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 4/21/94. Action: Approved ☒ Disapproved ☐
   Date Frwd. 4/26/94. Signature: Gary Lyon
3. City or County Engineers: Date Rec'd 4/21/94. Action: Approved ☒ Disapproved ☐
   Date Frwd. _____. Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12/2/94 by J.C. Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/6/94 By: J.C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. _____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9 R. 7 Block 4 Lot 2 Addition KESS ACRES

Owner INNOVATIVE HOMES, INC Address _____

LOG OF WELL	
Depth Ft. to	Description
0- 5	BRN CLAY
5- 40	YLW CALY
40- 45	BLUE CLAY
45- 85	RED, YLW & BLUE SHALE
85- 90	BLACK SHALE
90-120	SANDY YLW & RED SHALE
120-188	FNE YLW SS
188-210	VRY CRS SANDSTONE
210-215	SANDSTONE & SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO CIR

Depth (from ground level), Ft. 210'
Date Completed 5-24-94

Casing: Length, Ft. 195'; Dia. In. 4"
Wall Thickness, Inc. 200#; type PVC

Screen: Length, Ft. 15" Dia. In. 4"
Type WOP, slot Size .030
SLOTTED .025

Drop Pipe: Length, Ft. ___ Dia. In. _____

Water Level, Surface to top of water, Ft.:
Static 105', Pumping _____

Yield: 40 ggm, Measured ☒ , Est. ☐
Chlorination Completed Yes ☒ No ☐

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

Driller /s/ Bill Moser
(Signed)

P.O. BOX 308
Address Hickman, Nebraska 68372

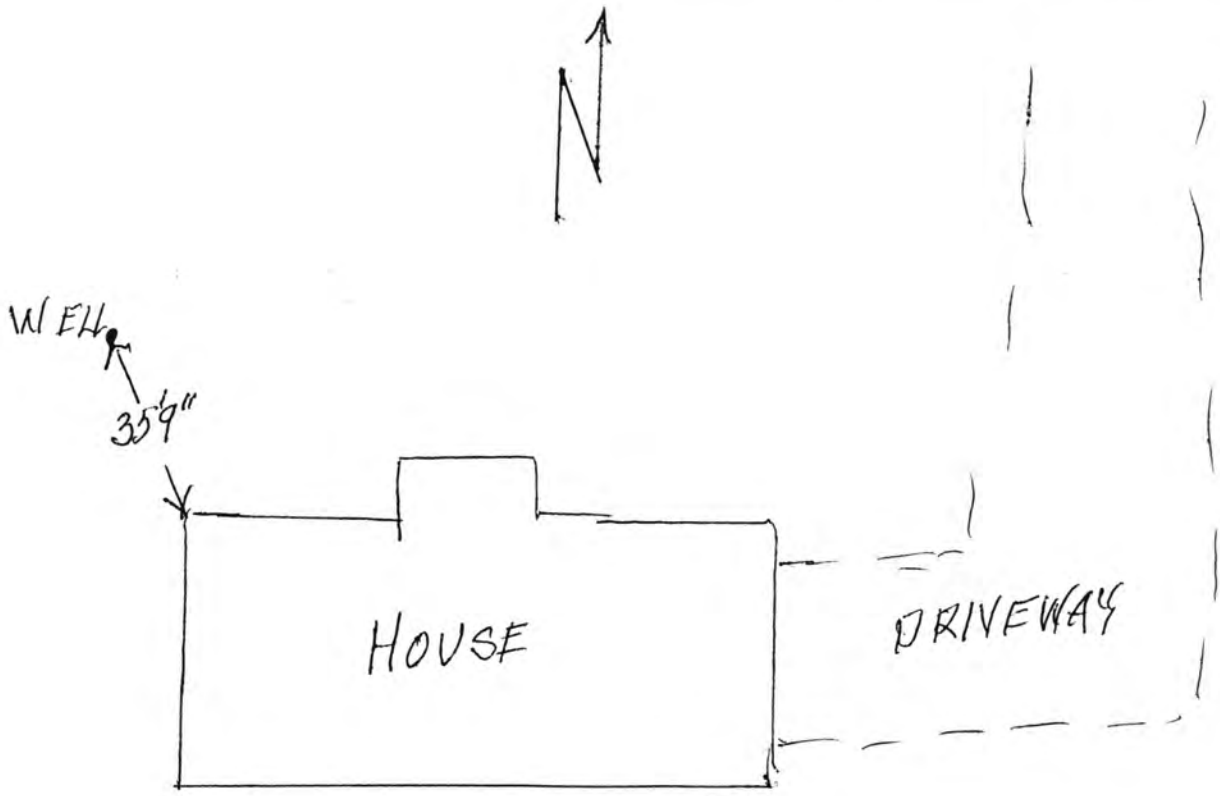
REMARKS NITRATE NITROGEN < 0.1 ppm, BACTERIOLOGICAL O.K.

Date 28 June 1994

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 21-4



AREA OF
SEWAGE SYSTEM