LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380119001

Issued 06/28/94
Expires 12/28/94
Revenue Code 18754

FEES: $150.00

TOTAL $150.00

15961 N 141

Establishment
JOETTE KAPKE
T12N R8E SEC 33
LOT 9
16201 N 141 STREET

Permittee
JOETTE KAPKE
7200 TWIN 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"

441-Food

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~~ 441 Food

A

FILING FEE: $_____

FILE NO._____

DATE: June 27 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. 12N ; Range 8E ; Section 33 ;
   Block _____ : Lot 9 I.T. : Addition NW¼ 33-12-8
   Street Address 16201 North 141st Waverly Nebraska
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: -0- ft.

Innovative Homes and Design Inc.
Janette K Kopke
Signature of Applicant (Owner or Lessee)

7200 Twin Oaks Road Lincoln NE 68516
Address

(Do not write below this double line) OFC-489-5500

1. Health Department: Date Rec'd. 6/27/94. Date Frwd. 6/28/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/28/94. Date Frwd. 6/28/94. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spier
3. City or County Engineer: Date Rec'd. 6/28/94. Date Frwd. 6/28/94. ACTION: Approved ☑ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-27-94 by: rm
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-25-94 By: Ron Magnuson

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

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
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Lincoln, Nebraska 68502
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 16201 N. 141st

Location: Township 12 N ; Range 8 E ; Section & ¼ Section 9 SE ¼
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: 5-29-94 to 5-30-94 . Weather: Precip. 0 Temp. 85°.

OWNER: Innovative Homes

Address: 16201 N. 141st

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./Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	5-29	1:00 pm	5-30	8:30 Am	5-30	8:30 Am	6"	12:30 pm	5"	30m	1"	
2	36"	5-29	1:00 pm	5-30	8:30 Am	5-30	8:30 Am	6"	12:30 pm	4 3/4"	30m	1 1/4"	
3	36"	5-29	1:00 pm	5-30	8:30 Am	5-30	8:30 Am	6"	12:30 pm	5 5/8"	30m	3/8"	
4	36"	5-29	1:00 pm	5-30	8:30 Am	5-30	8:30 Am	6"	12:30 pm	5"	30m	1"	
5	36"	5-29	1:00 pm	5-30	8:30 Am	5-30	8:30 Am	6"	12:30 pm	5"	30m	1"	
6	36"	5-29	1:00 pm	5-30	8:30 Am	5-30	8:30 Am	6"	12:30 pm	5 1/4"	30m	3/4"	

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

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln NE. Phone 464-0638

Precast

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: June 27, 1994

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hood
Signature of Reviewing Official

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: June 27, 1994

355 ft.
3 | 1064
9
16
12
14
275

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 1064 sq.ft.

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: 6-27-94

FILE NO. _____

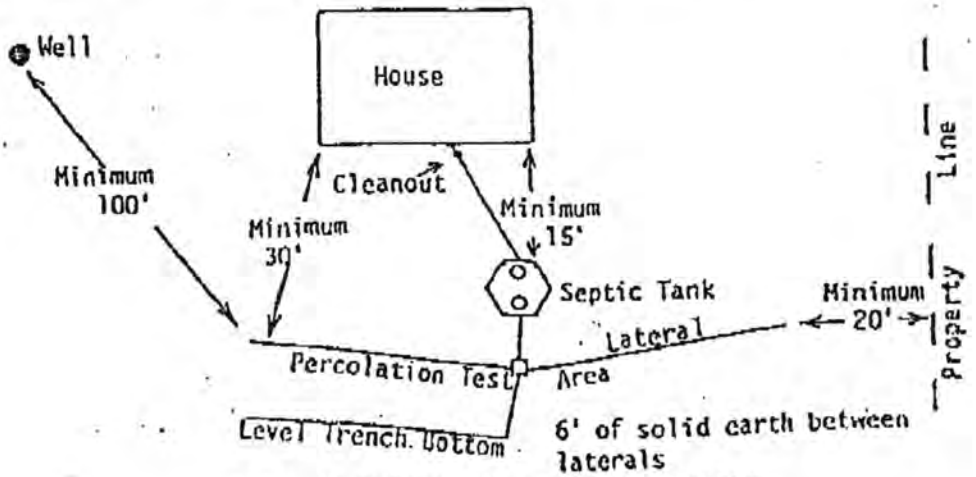
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 20 in.
3. Distance between dwelling and septic tank 130 ft.
4. Number of clean-outs 2.
5. Distances to: Well or Suction Line 180' ft.; Stream No ft.; Pressure Line No ft.; Property Line 200' ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments (2)
2. Capacity 1000 gal gals.;
3. Factory Built: Yes ☑ No ☐ (Company Precast)
4. Manholes: Over Inlet; diam. _____ in. Over Outlet; diam. _____ in. Riser Above ☑ Below ☐ Grade 2 in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade Same in.
8. Distances to: Well or Suction Line 200 ft.; Stream No ft.; Pressure Line No ft.; Property Line 200' ft.

C. DISTRIBUTION BOX:
1. Material Plastic; Number - available outlets 5
2. Factory Built: Yes ☑ No ☐ (Company _____)
3. Distance from Septic Tank 20' 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 100, 100, 80, _____, _____ ft.; Total length of laterals 280' ft.; Distance between lateral lines 12 ft.
3. Trench dimensions: Width 3 ft.; Slope 0 in/100 ft.; Average Depth 24 in.
4. Filter Material: Gravel Depth of Material 12 in.
5. Distances to: Well or Suction Line 350' ft.; Stream No ft.; Pressure Line No ft.; Property Line 300' ft.



441-8030

TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

16201 N. 141st.

