Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM REPAIR PERMIT
No. HS000764

System Type: Standard

Situs: 6301 ROCA RD, RURAL, NE

Issued: 6/14/2013

Expires: 6/14/2014

Description: JOHNATHON PARK ESTATES, BLOCK 1, Lot 2

Owner: STONER, HARVEY A JR & JOAN
6301 ROCA RD
ROCA, NE 68430

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repair is complete to obtain final approval before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

SOUTHWICK LIQUID WASTE
P.O. BOX 191
HICKMAN, NE 68372

SCANNED

H50007649

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☒ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township____ Range____ 1/4____ 1/4____ Section____
   Block 1 Lot 2 Addition Johathon Park Estates
   Parcel ID 15 - 21 - 200 - 009 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 6301 Roca Rd, Roca

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 5 Describe____

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

4. **Description of proposed alteration, extension or repair** Replacing drainfield with lagoon. Leaving existing septic tank in system.

5. **Work to be done by:** ☐ owner ☒ contractor's name SLW - Jason Kubik

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   ◎ A permit is required if the use, operation, location, or type of system is changed.

Print Name Jason Kubik Address 105 Locust Hickman Phone: 402-440-7606

Applicant Signature (owner or lessee) Jason Kubik

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 6/12/13 REVIEW: ☑ Approved ☐ Disapproved By:

Site visits
Date 6/11/13 By
Date __/__/__ By
Date __/__/__ By

Installation final written approval
Date 10/20/14 By
Line a Lagoon-ok

Return application to: Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Owner Harley Stone 780-2827

NO 4/28/14 - no amount

Business Office Use Only

Received: Date: 6/12/13 Amount 195.00 Check No. 1012 Initials BHall

If states once bay is tested - Lagoon liner will be installed. 6/23/14

Revised 3-09

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 498-C

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 8N ; Range 7E ; Section 21 ; Block 1 ; Lot 2 ; Addition Johnston Park Estates.
Street Address _____.

2. Property Use: Residential _____ ☒ Commercial _____ ☐
No. of Bedrooms 3 Describe: _____
Other Use _____
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Larry D. Fuss
Signature of Applicant (owner or lessee)

RR1 Roca Ne 68430
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 8/23/74 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: James Nevelka

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/23/74 by: Jerrold C. Hoak

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 498-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby requests SITE CLEARANCE 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 7E ; Section 21
Block 1 ; Lot 2 ; Addition Johnathon Rock Estates
Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. of Bedrooms 3 . Describe: _____
Other Use _____ ☐
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: Unknown ft.

Larry O Knew
Signature of Applicant (Owner or Lessee)

RR 1 Roca, Ne 68430
Address

Phone Home 792-5216
Bus 477-7191

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7-26-74. ACTION: Approved ☐ Disapproved ☒
Date Frwd. 7-29-74. Signature: James Wieneke

2. Supt. Bldg. Insp.: Date Rec'd. 7/30/74. ACTION: Approved ☐ Disapproved ☐
Date Frwd. 7/30/74. Signature: W W

3. City or County Engineer: Date Rec'd. _____. ACTION: Approved ☐ Disapproved ☒
Date Frwd. 7-30-74. Signature: Walter Hoppe

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD- 43(73) 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 475-6221)

FILE NO. 498-C

PROPERTY WHERE SOIL TESTED: Block 1 Lot 2 Johnston Park Estates
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: 316 ft. x 316 ft.
Area: 3 ± acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☒; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Larry O Knuss
Address RR 1 Roca, Ne 68430

Dates of Tests: 7/6/74 to 7/7/74. Weather: Precip. 0 Temp. 90's

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				
Hole 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./inch)
1	39	7/6	6:30 PM	7/6	11:30 PM	7/7	9:15 AM	27.25	9:45	28"	30	.75	40 / in
2	"	"	"	"	"	"	"	28.5	"	29"	"	.50	60 / in
3	"	"	"	"	"	"	"	28"	"	29"	"	1.00	30 / in
4	"	"	"	"	"	"	"	27.25"	"	28.25"	"	1.00	30 / in
5	"	"	"	"	"	"	"	28.25	"	29"	"	.25	480 / in
6	"	"	"	"	"	"	"	30.00	"	31.75"	"	1.25	18 / in

Sum of Percolation Rates 218 / in
Average of Rates: 36 / in
Mean of Rates: .9583/30

Larry O. Knuss
Signature of Person Conducting Test

Address RR 1
Phone: Roca Ne.
792-5216

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 32 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: 7-26-74

James Shoemaker
Signature of Reviewing Official

FORM HD-33(67) SOIL ABSORPTION
TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 432-7611)

FILE NO. 498-C

PROPERTY WHERE SOIL TESTED:
Location: Township _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: _____
Address _____

Dates of Tests: July 28 1973 to July 30 1973. Weather: Precip. 2 in Temp. 96°

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				
Hole 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./inch)
1	36	23	7:30	30	8:30	30	8:30		9:45		1:15	5	15/IN
2												10	7.5/IN
3												6	12.5/IN
4												4	18.5/IN
5												5	15/IN
6												2	37.5/IN
										1 hour	15 min.		

Ron Bales
Signature of Person Conducting Test

Address 4831 Clifford Dr
Phone: 489-8205

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 17.7 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: August 10, 1973

Gerald C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 498-C

SPECIFICATIONS

DATE: _____

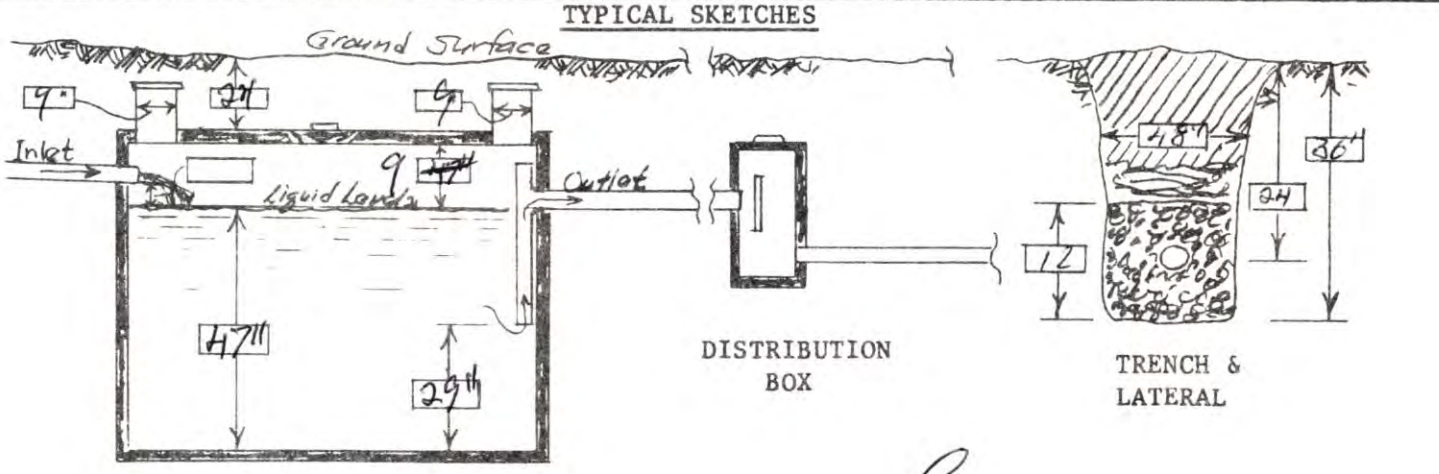
A. BUILDING SEWER:
1. Material PLASTIC; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 68 ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line 50+ ft.;
Stream — ft.; Pressure Line — ft.;
Property Line — ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☐ (Company Pre-Cast)
No ☐
4. Manholes: Over Inlet; diam. 9 in.
Over Outlet; diam. 9 in.
Below Grade 24 in.
5. Inlet: Baffle ☒; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line 150 ft.;
Stream 2 mi. ft.; Pressure Line 300 ft.;
Property Line ~~300~~ 200 ft.

C. DISTRICTION BOX
1. Material Concrete No. available outlets 5.
2. Factory Built: Yes ☐, (Company Pre Cast.
No ☐
3. Dimension: Length ___ in.; Width ___ in.
Depth ___ in.
4. Distance from Septic Tank 3'4" ft.
5. Serial Distribution: Yes ☒, No ☒
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Concrete
2. Lateral Lines: Depth below grade 24 in.
Number 2; Length of each line 100 ft
Total length of Laterals ~~150~~ 200 ft.;
Slope 4 in/100 ft. Diameter of pipe ~~4~~ 6 in.; Shape Half Moon
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth ~~48~~ 36 in.;
Width 48 in.
4. Filter Material: Gravel to Lots Creek Gravel Rock.
Depth of material from trench bottom 36 in.
5. Distances To:
Well or Suction Line 170 ft.;
Stream 2 mi ft.; Pressure Line 300 ft.
Property Line 200 ft.
6. Percolation Rate: 1" in 7 minutes/inch

TYPICAL SKETCHES

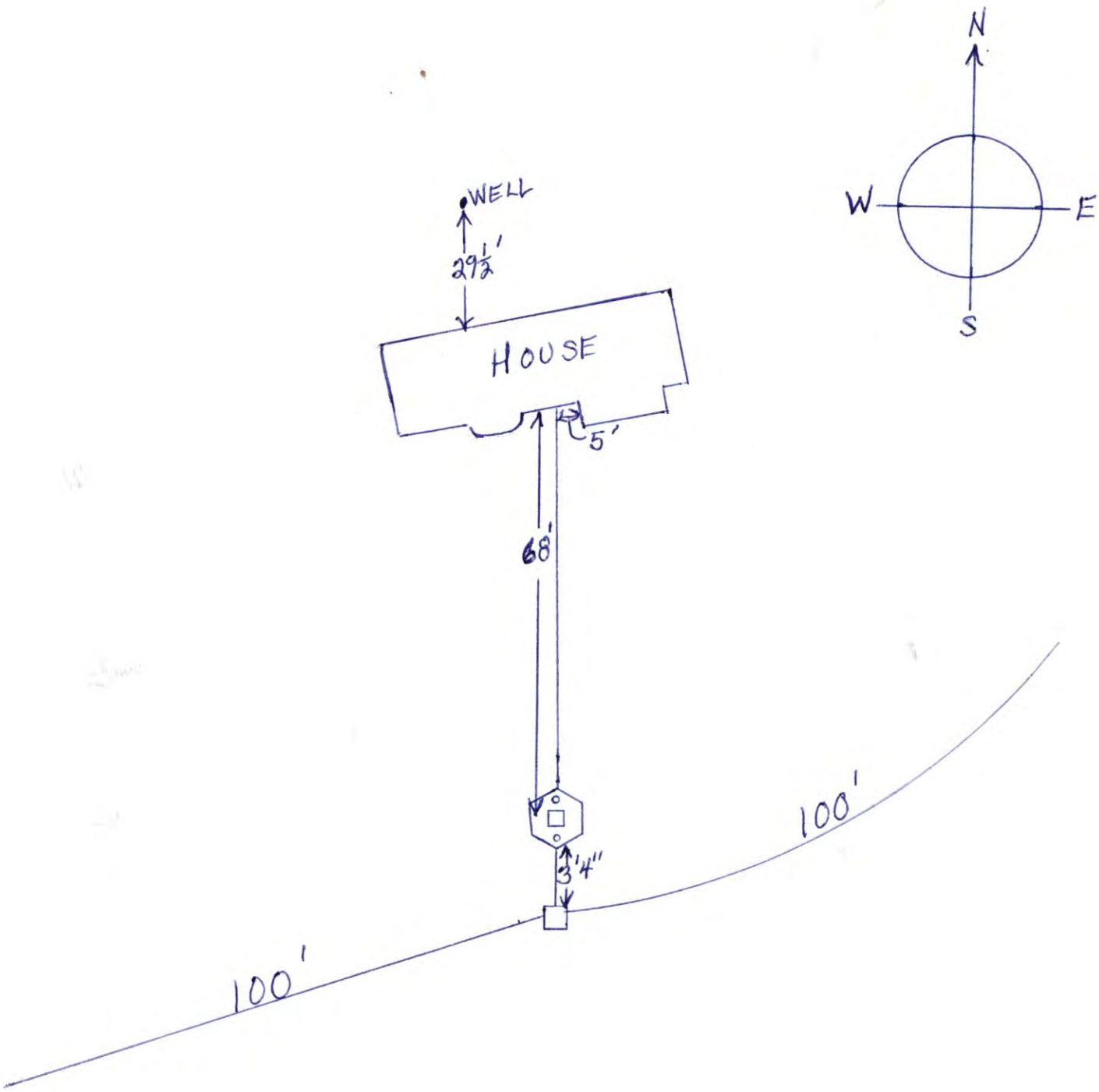


SEPTIC TANK

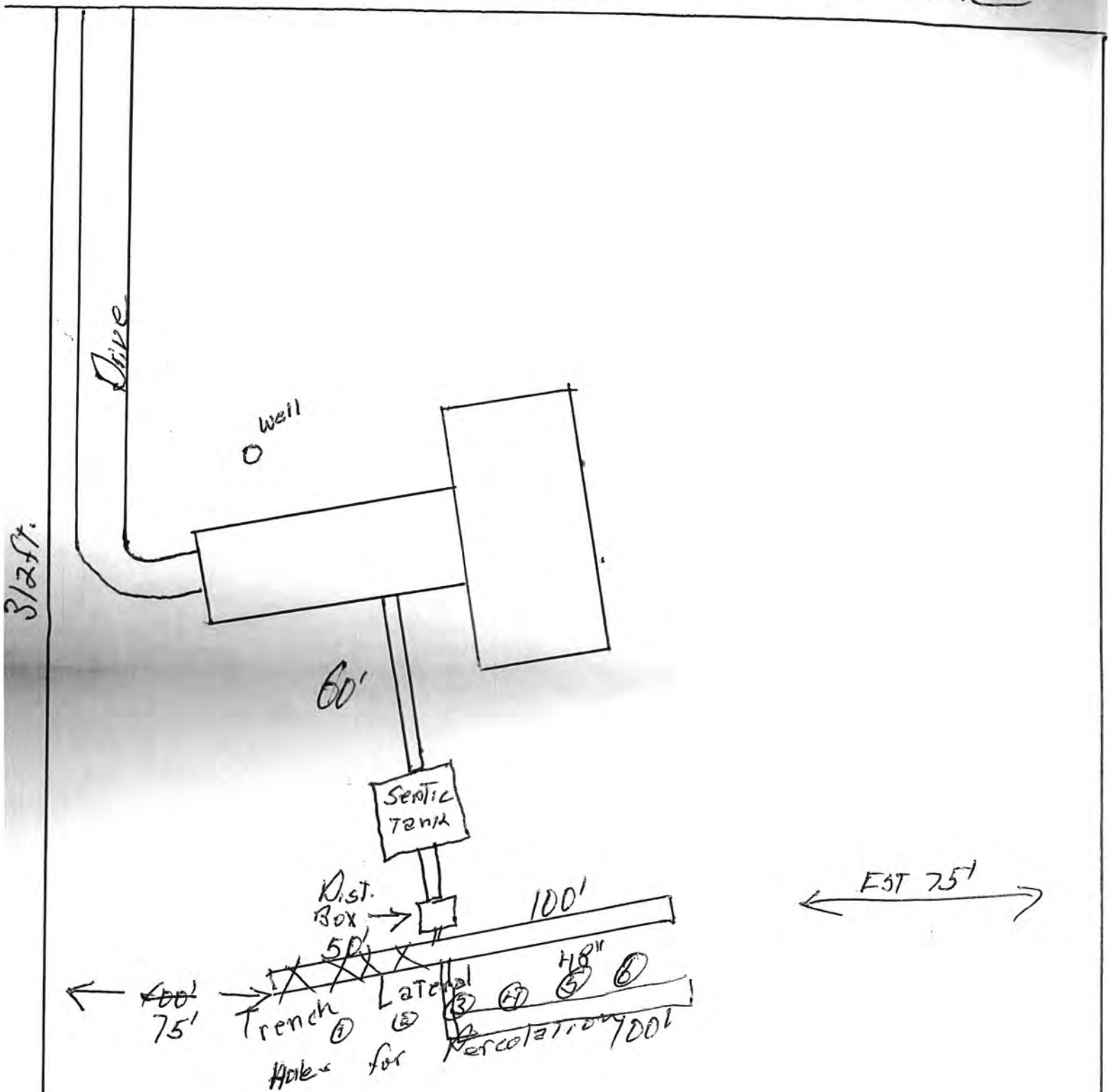
DISTRIBUTION BOX

TRENCH & LATERAL

Larry Trust
Signature of Applicant


N
W
E
S
WELL
29½'
HOUSE
5'
68'
100'
3'4"
100'

Larry Kness
Roca Road
Block 1 Lot 2 Johnston Park Estate



Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

H5000764

The undersigned hereby applies for a permit to: ☒ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township____ Range____ 1/4____ 1/4____ Section____
   Block 1 Lot 2 Addition Johnathon Park Estates
   Parcel ID 15 - 21 - 206 - 009 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 6301 Roca Rd, Roca

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 5 Describe____

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

4. **Description of proposed alteration, extension or repair** Replacing drainfield with lagoon. Leaving existing septic tank in system.

5. **Work to be done by:** ☐ owner ☒ contractor's name SLW - Jason Kubik

6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   ◉ A permit is required if the use, operation, location, or type of system is changed.

Print Name Jason Kubik Address 105 Locust Hickman Phone: 402-440-7606

Applicant Signature (owner or lessee) Jason Kubik

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 6/12/13 REVIEW: ☑ Approved ☐ Disapproved By:____

Site visits
Date 6/11/13 By____
Date __/__/__ By____
Date __/__/__ By____

Installation final written approval
Date __/__/__ By____
Line & Lagoon ok

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 6/12/13 Amount 195.00 Check No. 1012 Initials BH

Revised 3-09