LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 98380188001

Issued 11/03/98
Expires 05/03/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
STEPHEN & LISA MOROCK
T7N R7E SEC 35 QTR NE
CEDAR MEADOWS LOT 1
28701 S 96 ST-FIRTH

TOTAL $150.00

Permittee
STEPHEN & LISA MOROCK
3221 WILDBRIAR LN
LINCOLN NE 68516-2077

Issued By Health Director
Lincoln-Lancaster County Health Department

008263

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

We are CURRENTY LIVING AT 3221 Wildbriar Lane Lincoln NE 68516 ↑ SEND STUFF here

NOV 3 1998

A

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

Permit Number:

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 28701 South 96th (no rural route) City Firth NE, Zip 68359

Legal Description NE 35 7N 7E Cedar Meadows — — —
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 Stephanie Lisa Morock Signature Stephanie Morock

Address 28701 South 96th City/State/Zip Firth NE 68359

☐ Check if owner designed system Home Phone 420 5300 Work Phone 430-5759

C. Contractor

Name Gary Heetderks Company Name Heetderks Construction

Address RT. #1, BOX 96, City/State/Zip ADAMS, NEBRASKA 68301

☒ Check if contractor designed system Work Phone 429-8612

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

Designer Name Contractor Firm Heetderks Construction Work Phone 420-5300

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 10/20/98 Date frwd 11/3/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood

X 2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☐ Approved ☐ Disapproved Signature _____
Delmer Vandeweghe

3. **City or County Engineer** Date rec'd 11/03/98 Date frwd 11/03/98 ACTION ☒ Approved ☐ Disapproved Signature _____

7/31/02 Might need some more attention to little willow trees/etc

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date JULY 31, 2002

Business Office Use Only

Date Rec'd 10/20/98

Amt Paid 150.00

Rec'd By _____ ~~Cash~~/Check No. 5414

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

NOV 3 1998

C

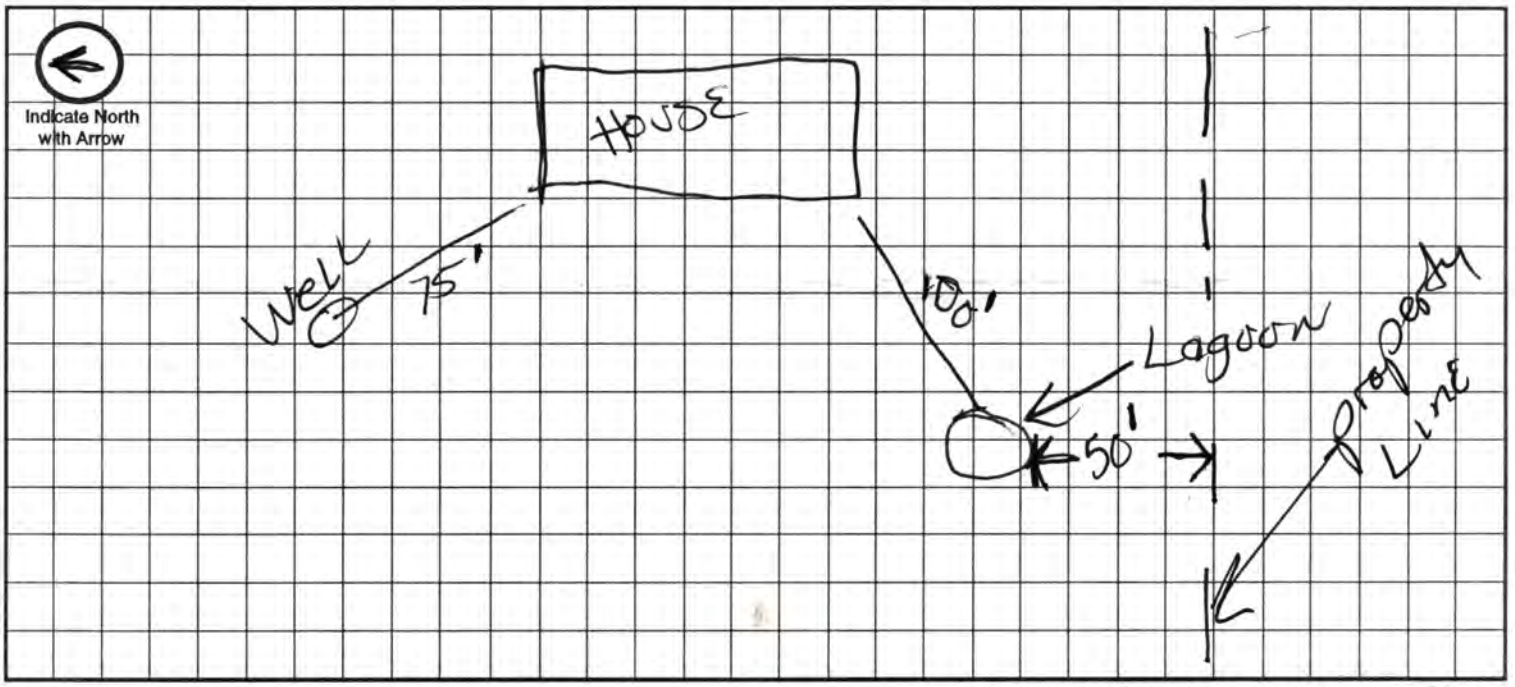
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

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) 28701 South 96th City Firth NE, Zip 68359

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Lagoon

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Lagoon

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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

X Home Building Contractor Larry Stutler Date _____

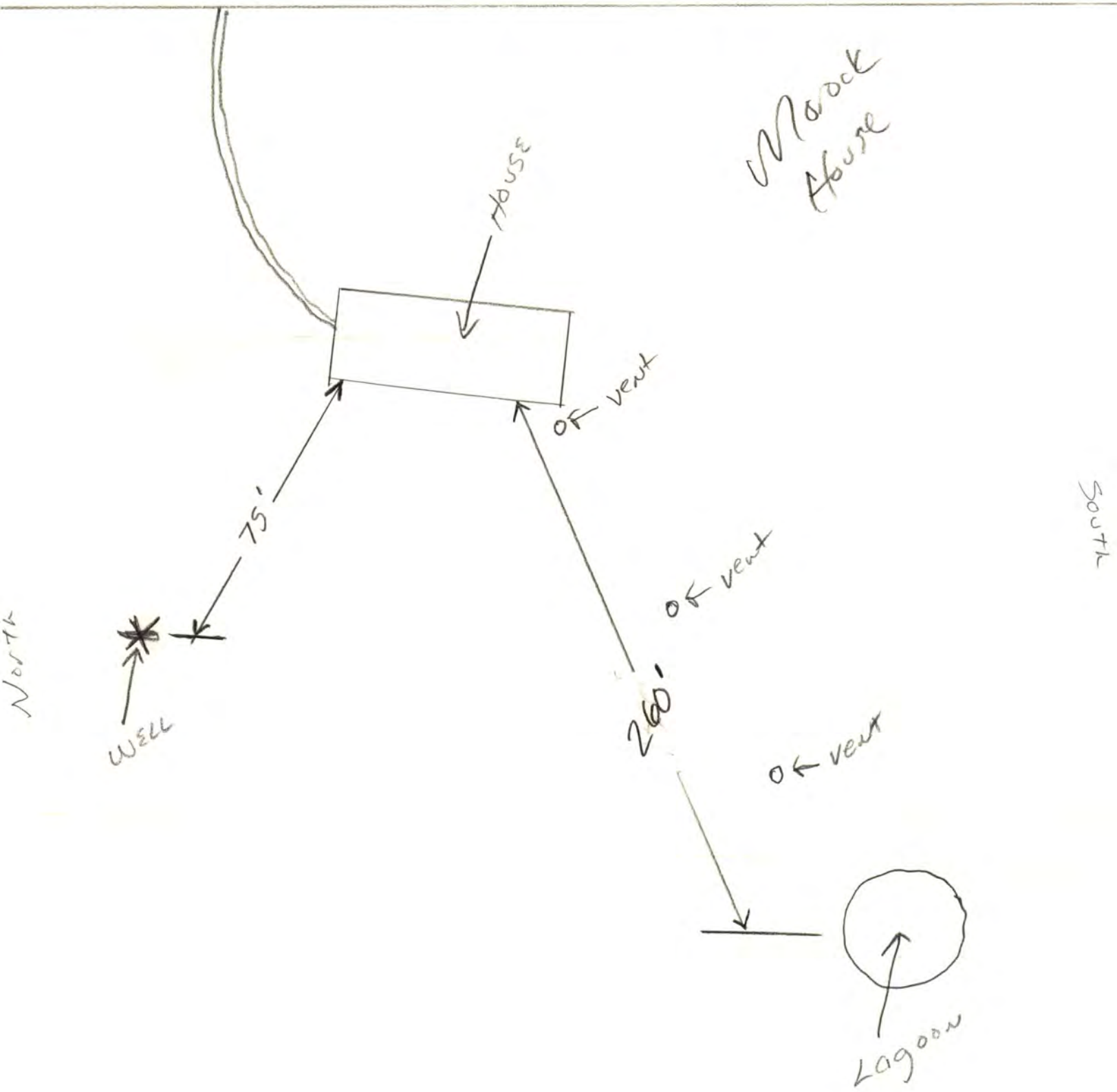
X Installer Dosteing Well & Pump Date _____

FORM 23-102 10-96

EAST

MAY 2 3 2001

South 96th STREET



WEST

ESRI ArcExplorer 2.0

28701 SOUTH 96TH STREET



streets

flood1

N

Thursday, Dec 12 2002

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 S 14th Street
Lincoln, NE 68502
402-471-2122
402-471-2080 (fax)

DEC 13 2002

Laboratory Report Printed on: December 12, 2002

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P21617-15**
Sampled By: **JERROLD HOOD**
Location: **28701 S 96TH ST**
Sample Point:

Date Collected: **11-Dec-2002 02:04 PM**
Date Received: **11-Dec-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	12/12/02	KC
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	12/12/02	KC

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-6435.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

441-8038

Legal Description 7-7-35 Lot 1 Location 28701 So. 96th

Owner/Requestor McROCK

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- X New system, initial
- ____ New system, followup
- ____ Existing system, repair
- ____ Existing system, followup
- ____ Loan approval
- ____ Consultation
- ____ Other (Specify)

REMARKS (3) Unable to verify South property line distance (9) lagoon measured 40' at upper inside edge of dike — both directions. Minimum distance is 43'. Slope of dikes too steep. (11) Ground or seep water in pipe trench and lagoon. Will be necessary to drain lagoon, install curtain drain. Lagoon must be sealed with bentonite or other approved means

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leech Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic X Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Drotzmann Received by: _____

Date: 11-30-98

WA1002

Well/Sewage System Inspection Form

Lincoln-Lancaster County Health Department
3140 "N" Street • Lincoln, NE 68510
402-441-8022

Legal Description T7N R7E Sec35 lot1 **Location** 8701 S. 96th

Owner/Requestor Morock

Type of Inspection:

- ☐ New System - Initial
- ☒ New System - Follow-up
- ☐ Existing System - Repair
- ☐ Existing System - Follow-up
- ☐ Loan Approval
- ☐ Consultation
- ☐ Other (Specify)

Remarks Fence needed w/ gate + signs + D Sheet

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown."

Water System

1. Approved Permit (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System: ☐ Septic ☐ Lagoon

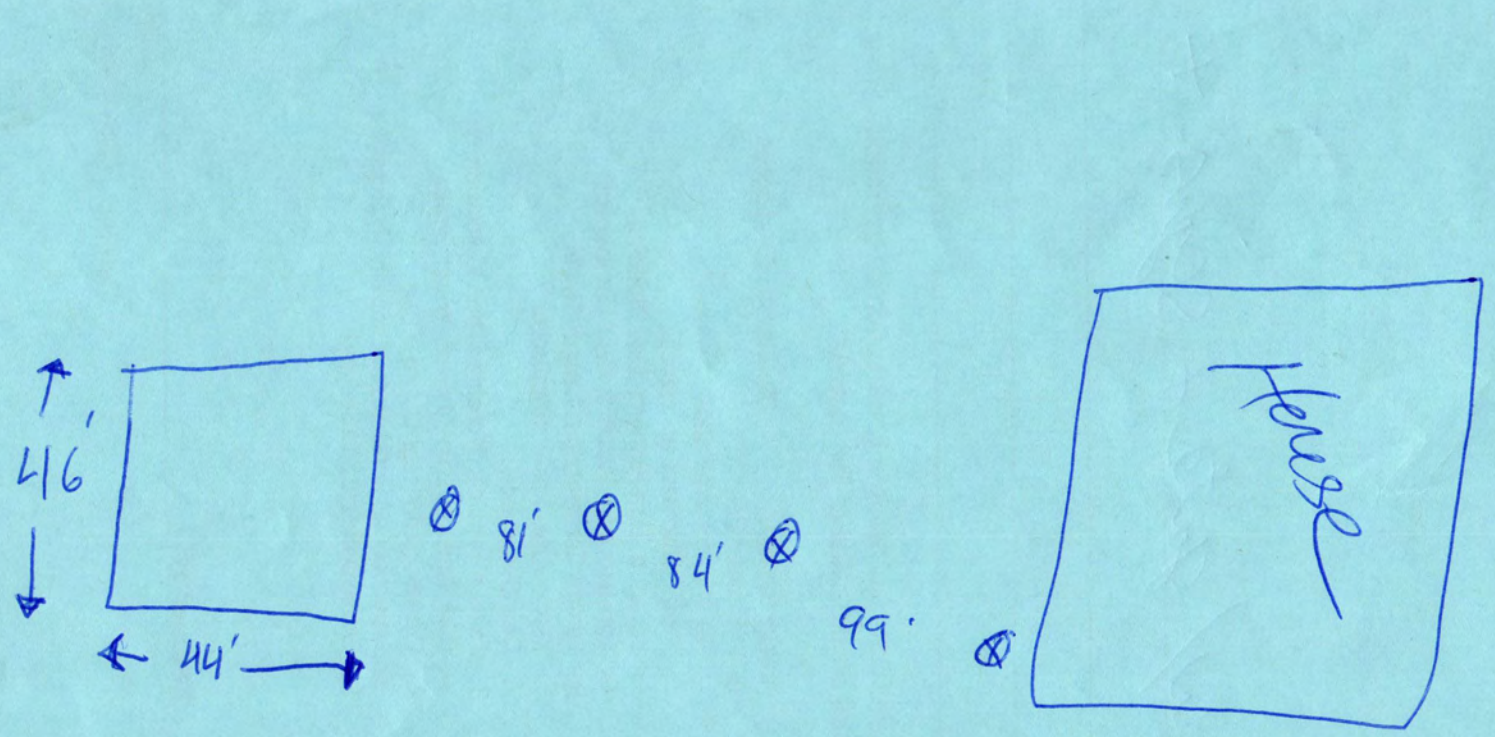
1. Approved Permit (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line, Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspection by: Tim Bauer **Received by:**

Date: 2/26/99

Inspfrm Revised 5/95

2/26/99



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27
3
81