LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2298-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 13, 1986 — THIS PERMIT EXPIRES

RICHARD G. BLOCK — ISSUED TO

ROUTE #1, BOX 76-B — ADDRESS

ROCA, NE 68430

T8N; R6E; Sec 6 11; Addition SE¼; Route #1, Roca, NE

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MG	3-13-86	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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

A

FILING FEE: $ 60.00

FILE NO. 2298-C

DATE: 3-13-86

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. 8 N ; Range 6E ; Section 0110 ;
   Block _____ : Lot _____ : Addition SE¼
   Street Address RFD 1 Roca, Ne 68430

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe Trailer Home 14x70

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

4. Distance to public sewer: _____ ft.

South Highway 77
1½ mile South
Turn Pike Corner West
Side

Richard L & B Block
Signature of Applicant (Owner or Lessee)

Roca, Ne 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/13/86. Date Frwd. 3/13/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/13/86. Date Frwd. 3/13/86. ACTION: Approved ☐ Disapproved ☐ Signature: Tony [illegible]

3. City or County Engineer: Date Rec'd. 3/13/86. Date Frwd. 11. ACTION: Approved ☐ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-25-86 by: [illegible] (need Sand + Seal lagoon)
Date: 6/16/86 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/16/86 By: Jerrold C. Hood

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

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

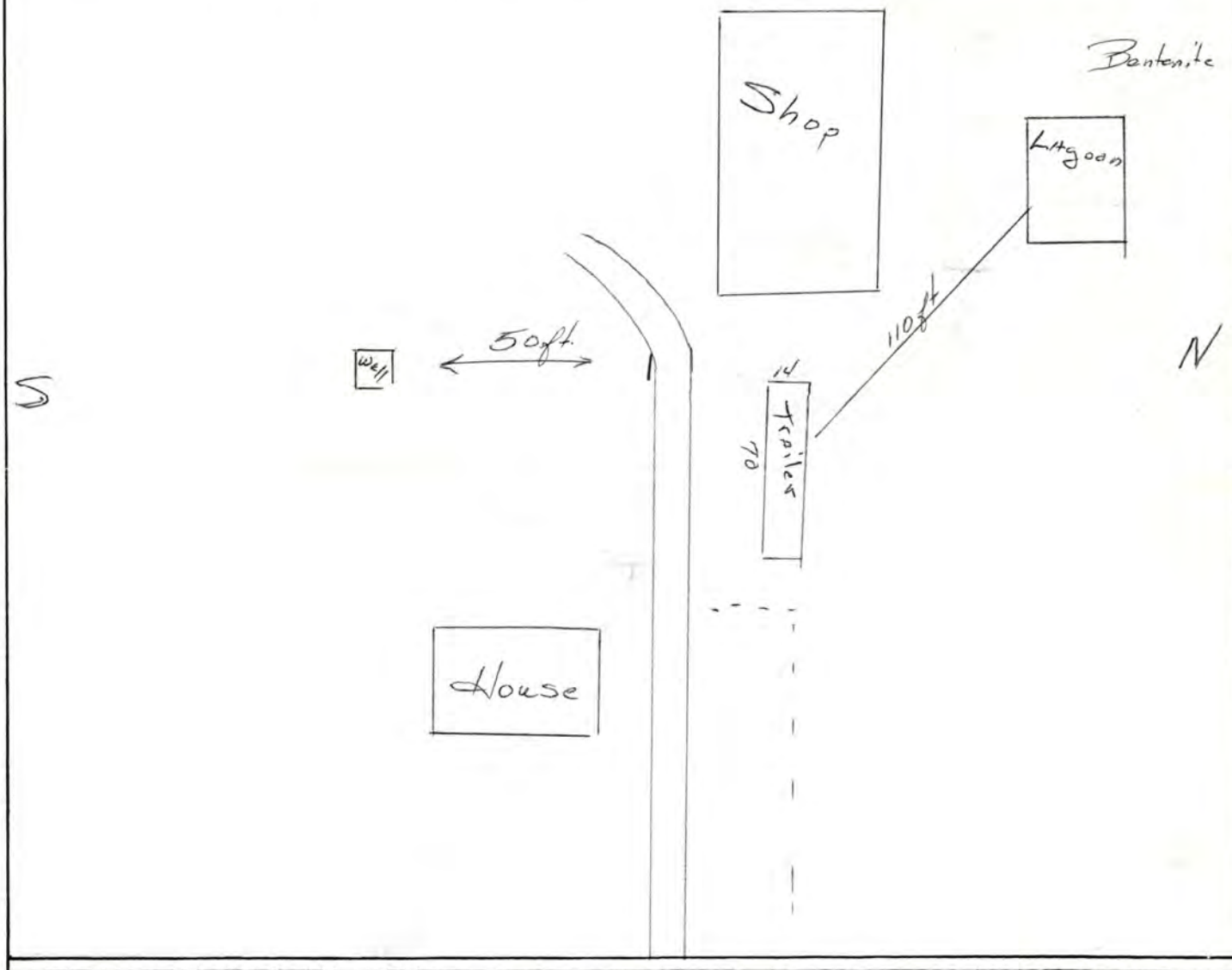
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 7298-C

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: Lagoon must be sealed

Date: _____

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

_____
Signature of Reviewing Official

FORM CONTROL NUMBER 12512

LANCASTER COUNTY
CASH RECEIPT

PAGE 1 OF 1

TRANSACTION CODE	C	R	CASH RECEIPT NUMBER	DATE OF DEPOSIT (MMDDYY)	ACCOUNTING PERIOD (MMYY)	BUDGET FY (YY)
			20731	031386		86

ACTION: [X] ORIGINAL ENTRY (E) [ ] ADJUSTMENT (M)

BANK ACCOUNT: 1

OFFSET CASH ACCOUNT:

COMMENTS: Sewer Permit

REFERENCE INVOICE NUMBER	REFERENCE INVOICE LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV SRCE	JOB NUMBER	REPT. CATEG	BAL SHEET ACCT.	OBJECT	PROVIDER VENDOR CODE	DESCRIPTION	AMOUNT	INC./DEC IND	P/F IND
		011	999				2559										
														[illegible]	60 00		
														Richard G.			
														Block			
														TOTAL	60 00		

PREPARED BY:
NAME _____ TITLE _____

APPROVED BY:
NAME _____ TITLE _____

APPROVED BY:
NAME MTG TITLE _____ DATE 3-13-86

ORIGINAL

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2505-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 20, 1987 — THIS PERMIT EXPIRES

RICHARD G. BLOCK — ISSUED TO

ROUTE #1, BOX 76-B ROCA, NE 68430 — ADDRESS

T8N; R6E; Sec 11 SE¼ — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

R. J. NUERNBERGER, Lancaster County Treasurer

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

MAY 19 1987

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 2505-C

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

DATE: _____

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 8N; Range 6E; Section 11 SE¼;
Block _____; Lot _____; Addition SE¼ of
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: Lagoon - Bentonit Treated Fenced etc

5. Work to be done by: Owner ☐; or Contractor ☒, Harold E. Casement
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 500
b. Labor	$ 700
c. Other	$
TOTAL	$ 1200

Richard H. Block
Signature of Applicant (owner or lessee)

Box 763 Roca, Ne 68430
Address

(Do not write below this line)

REVIEWING ACTION

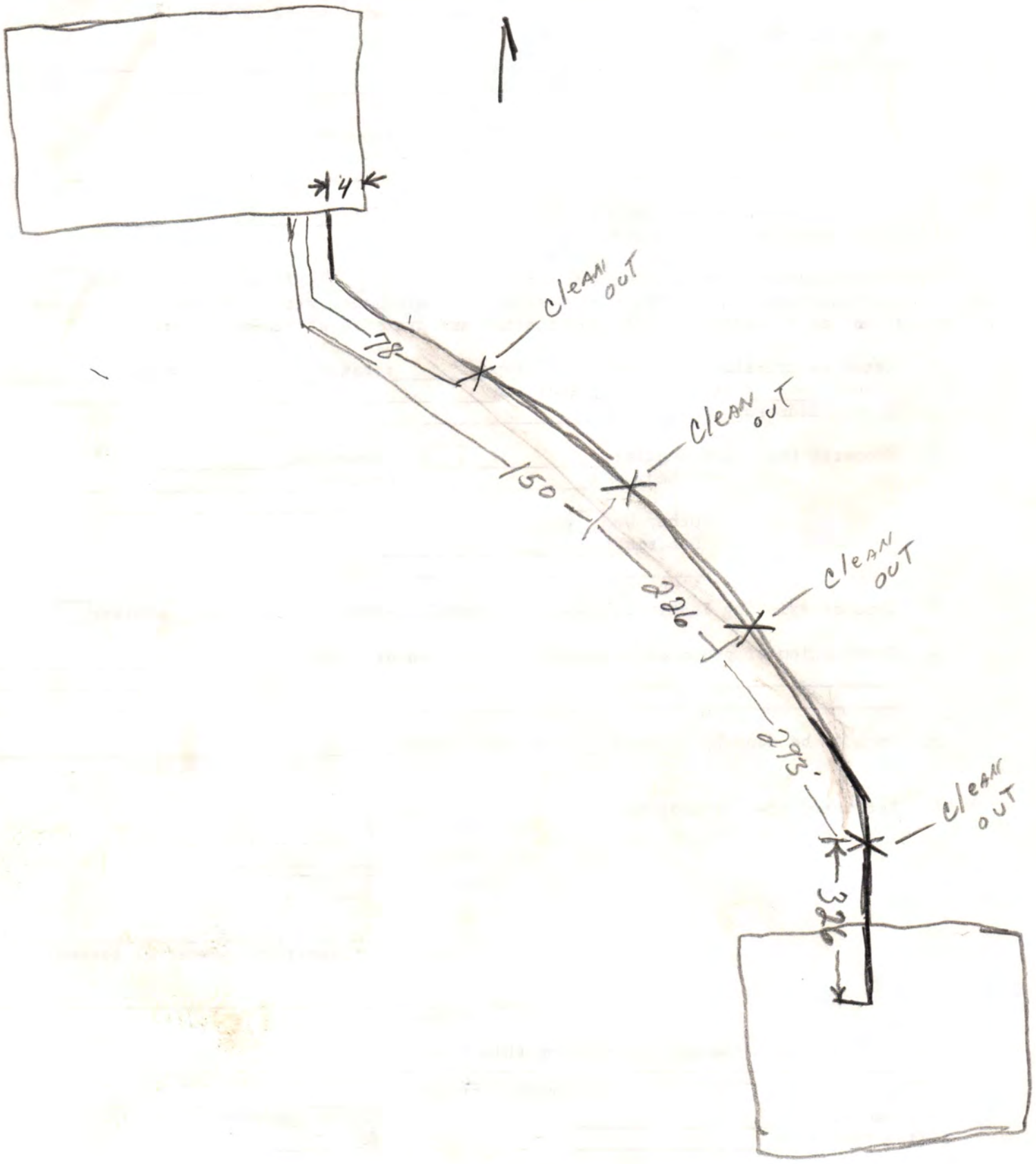
1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 6-15-87 by: (need fence)
Date: 7/27/87 by: L.C.H. Complete
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-16-87 by: Ron Magnuson

Capital City Trenching
6-15-87



FORM CONTROL NUMBER 19708

LANCASTER COUNTY
CASH RECEIPT

PAGE 1 OF 1

TRANSACTION CODE	C	R	CASH RECEIPT NUMBER	DATE OF DEPOSIT	ACCOUNTING PERIOD	BUDGET FY
			25600	M M D D Y Y: 05 19 87	M M Y Y:	Y Y: 87

ACTION: [✓] ORIGINAL ENTRY (E) [ ] ADJUSTMENT (M)

BANK ACCOUNT: 111

OFFSET CASH ACCOUNT:

COMMENTS: L & L Co. Health

REFERENCE INVOICE NUMBER	REFERENCE INVOICE LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV SRCE	JOB NUMBER	REPT. CATEG	BAL SHEET ACCT.	OBJECT	SUB-OBJ	VENDOR/ PROVIDER	AMOUNT	INC./ DEC IND	P/F IND
		011	999				2559										
DESCRIPTION: Sewer permit															30 00		
DESCRIPTION																	
DESCRIPTION																	
DESCRIPTION																	
DESCRIPTION																	
DESCRIPTION																	
DESCRIPTION																	

TOTAL 30 00

PREPARED BY: NAME _____ TITLE _____ DATE _____

APPROVED BY: NAME _____ TITLE _____ DATE _____

APPROVED BY: NAME Steward TITLE _____ DATE 5-19-87

ORIGINAL

Lincoln-Lancaster County Health Department

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

Permit
SEWAGE INSTALLATION
LAGOON

Establishment
RICHARD G BLOCK
T8N R6E SEC 11 QTR SE
LOT 10IT
14005 S 12 ST-ROCA

Permitee
RICHARD G BLOCK
14005 S 12 ST
ROCA NE 68430

Permit # 00380216201
Issued 03/30/00
Expires 09/30/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

012002

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

A

Permit Number: 00380216 2

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 14005 S 12th (no rural route) City Roca NE, Zip 68430

Legal Description SE 1/4 11 1/4 Section 8N Township 6E Range Subdivision Addition Lot 10 I.T. 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 Richard G Block Signature Richard G Block

Address 14005 S 12th City/State/Zip Roca, Ne 68430

☐ Check if owner designed system Home Phone 402-794-4125 Work Phone 432-3914

C. ~~Contractor~~ INSTALLER

Name Rick Brandt Company Name Brandt Excavating Construction

Address 404 Hill - Lincoln City/State/Zip Ne 68402

☒ Check if contractor designed system Work Phone 402-890-9671 & 474-4113

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

Designer Name CONTRACTOR JOHN ROLLIS Firm ROLLIS CONST. Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 3-28-00 Date frwd 3/29/00 ACTION ☒ Approved ☐ Disapproved Signature John F Mann
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/29/00 Date frwd 3/29/00 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 03/29/00 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Wayne Wegmann

5/16/00 - Lagoon + line approved ~~- Fence completion needed~~ NEED LOCKON GATE

Installation Final Written Approval

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

Date JUNE 14, 2000

Business Office Use Only

Date Rec'd 03/28/00

Amt Paid 150 ck

Rec'd By LS ~~Cash~~/Check No. 3964

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: 00380216Z

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 14005 S 12TH ST (no rural route) City ROCA NE, Zip 68430

Owner RICHARD & BLOCK Addresss

Soil Type (SCS): Percolation Rate: N/A min./inch

Date of Tests to Weather: Precipitation Temperature

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)
				N/A									

Sum of Percolation Rates: 0

Average of Rates:

Rate Used for Calculation:

Person Conducting Percolation Tests

Name:

Phone:

Address

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks NO PERC TEST RESULTS. LAGOON MUST BE SEALED. RJB

Signature of Reviewing Official John C Manning Date 3-28-00

FORM 23-101 10-96

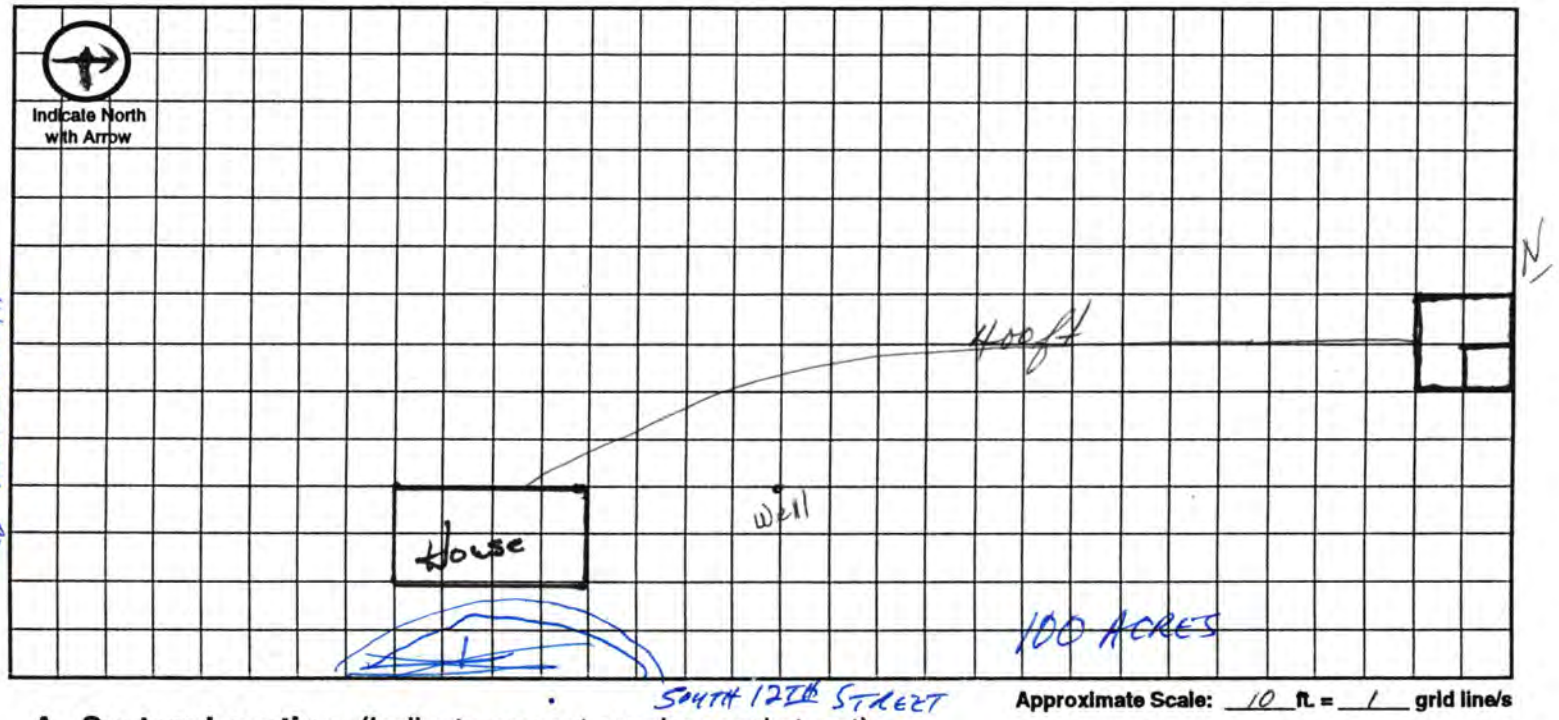
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 003802162

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 14005 S 12 City ROCA NE, Zip 68430

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 _____

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

Home Building Contractor JOHN ROLLS ROLLS CONST Date 3/28

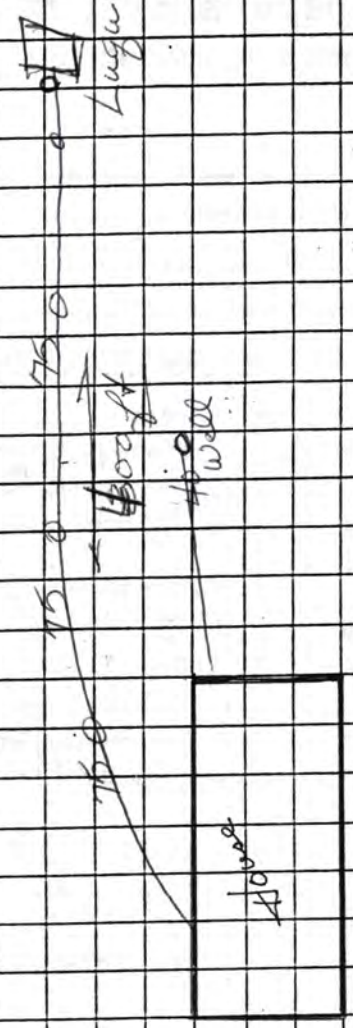
Installer RICK BRANDT, BRANDT EXCAVATING + CONST Date 3/28

FORM 23-102 10-96

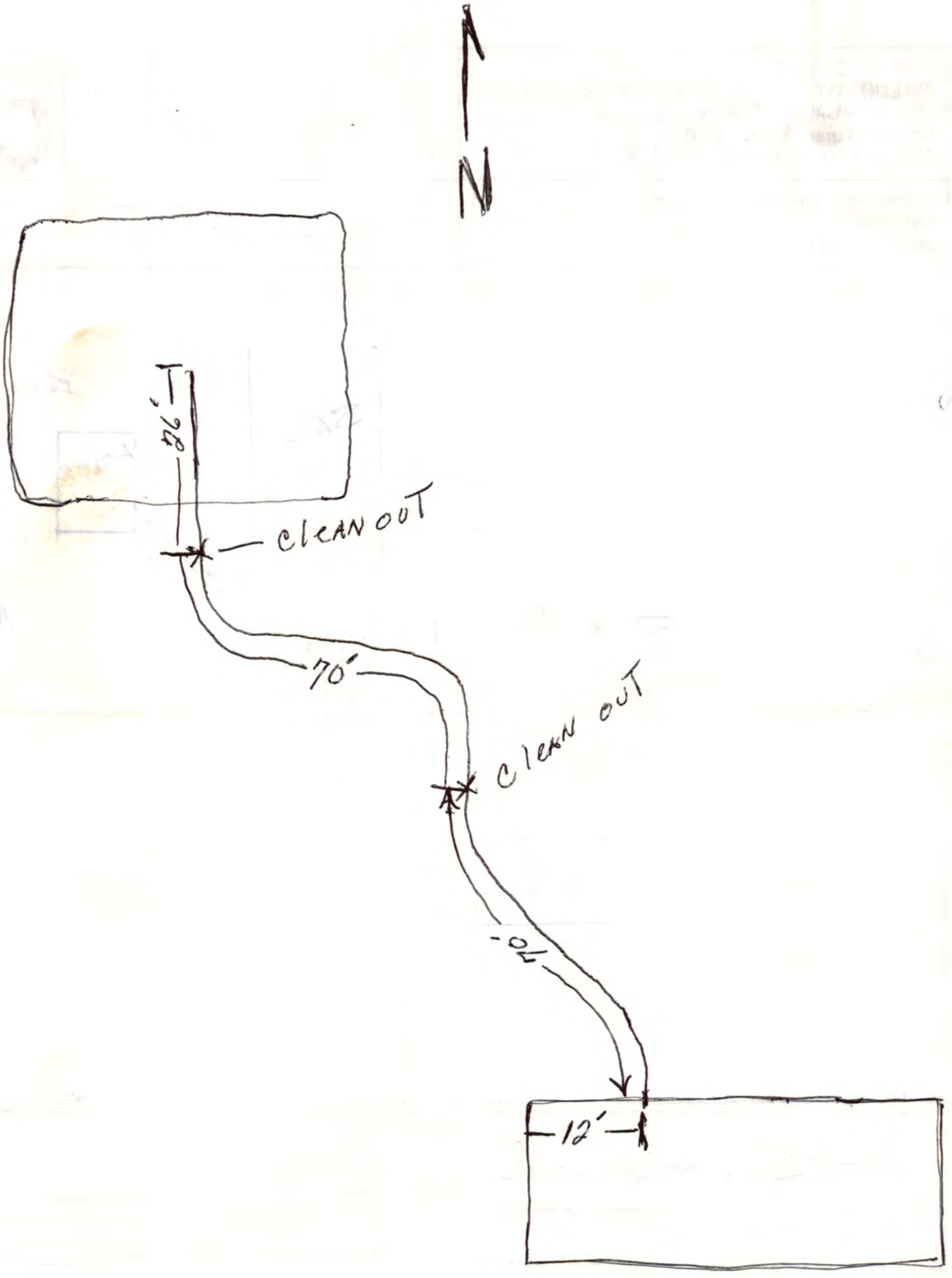
As Built Drawing

N ↑ 3-30-00

Indicate North with Arrow



Approximate Scale: 8 ft. = 1 grid line



(5) Line 4" PVC
3034

Capetal City Trenching
4-25-86