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: $ 150.00

FILE NO. 903800492

DATE: 6/7/90

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. 8N ; Range 7E ; Section 14 ;
   Block _____ : Lot 20II ; Addition _____
   Street Address 8900 ROCA ROAD

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe ranch with a loft

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

4. Distance to public sewer: Miles ft. ~~TO BE DETERMINED BY SOIL PERCOLATION TEST~~ LAGOON

Paul Porath
Signature of Applicant (Owner or Lessee)

641 So. 21ST, Lincoln 68510
Address % Christo Construction

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/7/90 . Date Frwd. 6/8/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6-8-90 . Date Frwd. 6-8-90 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Blum

3. City or County Engineer: Date Rec'd. 6/8/90 . Date Frwd. 6/8/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-23-90 by: nsd fence
Date: 10/11/90 by: L.C.H. & P.D.
Date: _____ by: _____

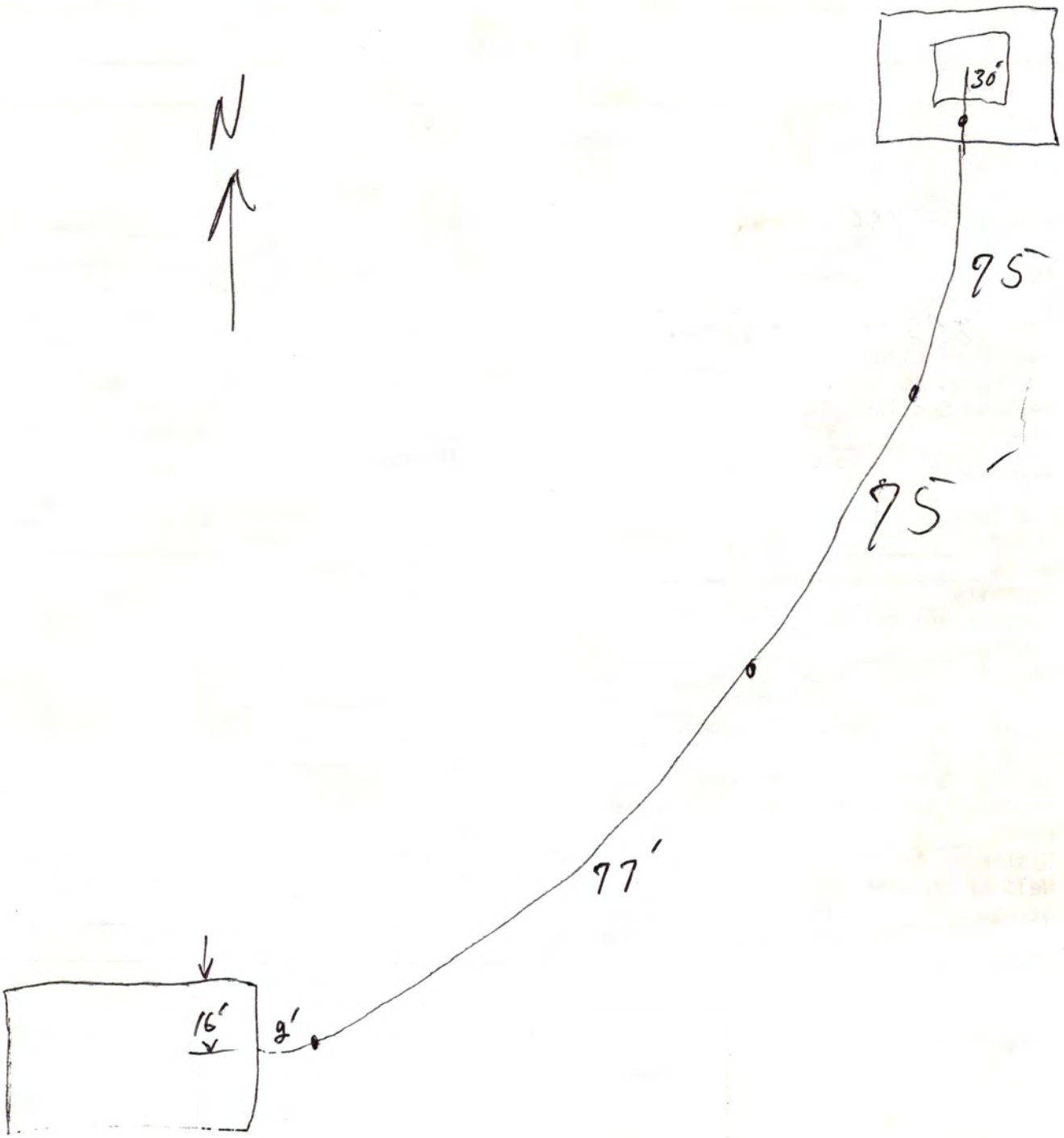
INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/11/90 By: Jerrold C. Hood

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

FORM 23-43

Larry Schwarck

8-23-90



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☐ Evaluation of the Individual Water System Date: _____

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP.____; RANGE ____; SECTION _____; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property East of 68th Street on Roca Road – north side. (Rd/Mail Sign)

Location of Well (Are on rural water) Tap Location: Inside ☑ Outside ☑

Location of Sewage System No. + east of house Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	PAUL PORATH	8900 ROCA RD, ROCA 68	792-2227
Tenant/Buyer:	Dr. PAUL GUIDOS	3510 HIGH St 68506	486-1065
Return to:	Sue Settell, Re/MAX	6940 O St, Suite 300 LINCOLN 68510	467-3000

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Laurence Guidos Address 3510 HIGH St, 68506

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HEALTH DEPARTMENT USE ONLY $150.00

Date Received OCTOBER 17, 1991 Received $75.00 Check ☑ Cash ☐

PRELIMINARY STATUS--DATE OCTOBER 18, 1991

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 10/18/91 by LCH
Bacteria	☐	☐	Provisional:	☐	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

Comments: THE TRIMMING OF THE FEW WEEDS ON THE LAGOON DIKE SHOULD BE COMPLETED. DIKE SHOULD BE SEEDED TO A COMPATIBLE GRASS. See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☐	Approved: ☒	Provisional Approval: ☐

APPROVED BY Leland C. Nash R.S. DATE OCTOBER 18, 1991

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☑ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☐ Evaluation of the Individual Water System ☐ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 8900 Roca Road, Roca, Ne.

Twp 8No. Range 7E Section SE 1/4 14 1/4 ____ Block ____ Lot 20 Addition ____

Directions to Property One mile north of Hickman, 1½ miles east on Roca Road. (Sign)

Location of Well Rural Water Tap Location: Inside ☐ Outside ☐

Location of Sewage System Northeast of house Year Installed 1990

	NAME	ADDRESS	PHONE
Present Owner:	Drs. Annamaria & Paul Guidos	#3 Yellow House Drive Douglasville, Pa. 19518	610-689-9324
Tenant/Buyer:	Ross & Elizabeth Scott	830 South 50th Street Lincoln, Nebraska 68510	488-1735
Return to:	Mary Lancaster, Nebraska-Title (GAYLENE)	5635 O Street, Suite 101 Lincoln, Nebraska 68510	486-4900

Signature of Applicant Elizabeth Sullivan Scott (R. Ross W. Scott) Address 830 So. 50th St. Lincoln, NE 68510 Date 1/17/96

HEALTH DEPARTMENT USE ONLY

Date Received 2/13/97 Received $150.00 Check ☑ Cash ☐ #8334

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 2/14/97

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ _____/ml	☐ _____/ml
Nitrate	☐ _____ppm	☐ _____ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 9/3/97 by L.C.H.
Date 9/22/97 by L.C.H.
Date ___/___/___ by ____

Comments: CATALPAS - NO WARNING SIGNS.
The new little Eastern Red Cedar trees should not be let grow inside the lagoon fence. 9/22/97 L.C.H.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: RURAL WATER Approved: ☐ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ all corrected 11/21/97 J.C.H.
Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 9/22/97

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

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: _____

FILE NO. _____

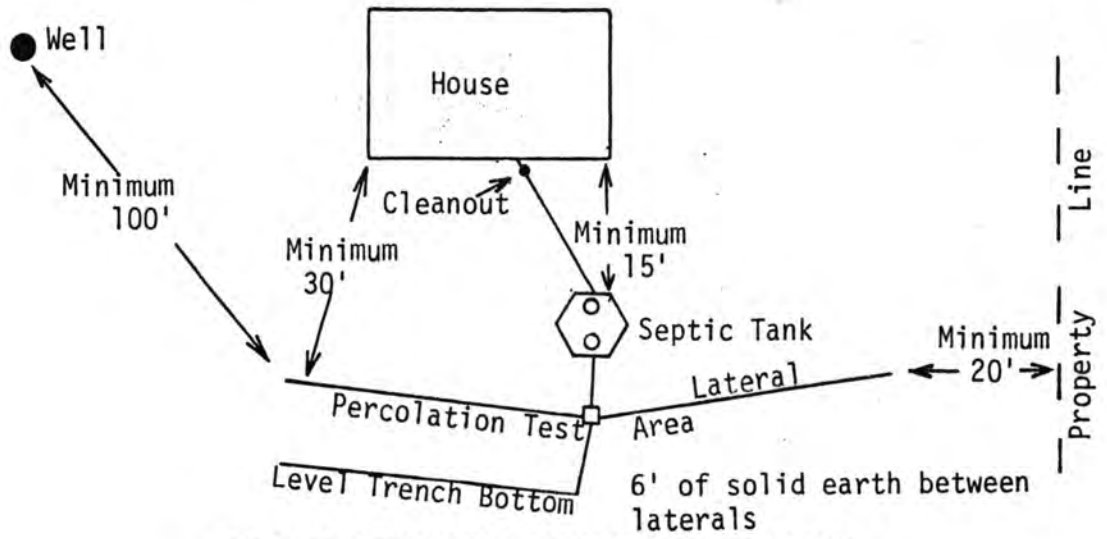
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 265 ft. Lagoon
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

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

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
3. Distance from Septic Tank _____ 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 _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN