LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2131-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MARCH 6, 1985 — THIS PERMIT EXPIRES

DANNY A. BURKEY — ISSUED TO

RR #1, BOX 106 ROCA, NE 68430 — ADDRESS

T8N; R7E; Sec 16; Bk 1; Lot 1; Pester Plains — LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE 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

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. 2131-C

DATE: 4 Sept. '84

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 16 ;
   Block 1 : Lot 1 : Addition Pester Plains
   Street Address R.R. 1 - Box 106 - Roca, NE. 68430

2. Property Use: Residential ☒ 4 ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe

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

4. Distance to public sewer: 1/2 mile ft.

Lagoon must be sealed

Danny A. Bunday
Signature of Applicant (Owner or Lessee)

R.R. 1 - Box 106 - Roca, NE. 68430
Address

467-4131

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/6/84 . Date Frwd. . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

(2.) Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5 Sept 84 . Date Frwd. 5 Sept 84 . ACTION: Approved ☒ Disapproved ☐ Signature: Michael A. Dekalb, Clerk

3. City or County Engineer : Date Rec'd. 9/7/84 . Date Frwd. 9/7/84 . ACTION: Approved ☒ Disapproved ☐ Signature: L. Vilsonell

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 9/20/84 by: R. C. Hoff
Date: [illegible] by: [illegible]
Date: 7-14-86 by: [illegible] (Sewer line in)

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-23-86 By: Ron Maynard

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

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
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. 2131-C

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
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: 9-1-84 to 9-2-84. Weather: Precip. .79 Temp. 64°.

OWNER: Dave Burkey
Address: Rt. 1 Box 106 Roca Ne. 467-4131

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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	9-1	8:00 Am	9-2	8:10 Am	9-2	8:10 Am	6"	8:40 Am	5 7/8"	30 m	1/8"	.1250
2	36"	9-1	8:00 Am	9-2	8:10 Am	9-2	8:10 Am	6"	8:40 Am	5 7/8"	30 m	1/8"	.1250
3	36"	9-1	8:00 Am	9-2	8:10 Am	9-2	8:10 Am	6"	8:40 Am	5 5/8"	30 m	3/8"	.3750
4	36"	9-1	8:00 Am	9-2	8:10 Am	9-2	8:10 Am	6"	8:40 Am	6"	30 m	0"	0
5	36"	9-1	8:00 Am	9-2	8:10 Am	9-2	8:10 Am	6"	8:40 Am	6"	30 m	0"	0
6	36"	9-1	8:00 Am	9-2	8:10 Am	9-2	8:10 Am	6"	8:40 Am	5 5/8"	30 m	3/8"	.3750
													.166

William Hoogland
Signature of Person Conducting Test
Address 2701 N 27th Phone_____

Sum of Percolation Rates: 160 min/in
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: owner would like to install Lagoon
Soil Type (SCS): WtC2
Date: Sept-4-84

Approved Percolation Rate (a)
A. Not satisfactory for min./inch
B. septic system min./inch
C. _____ min./inch

Ron Mangelsen
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:_____

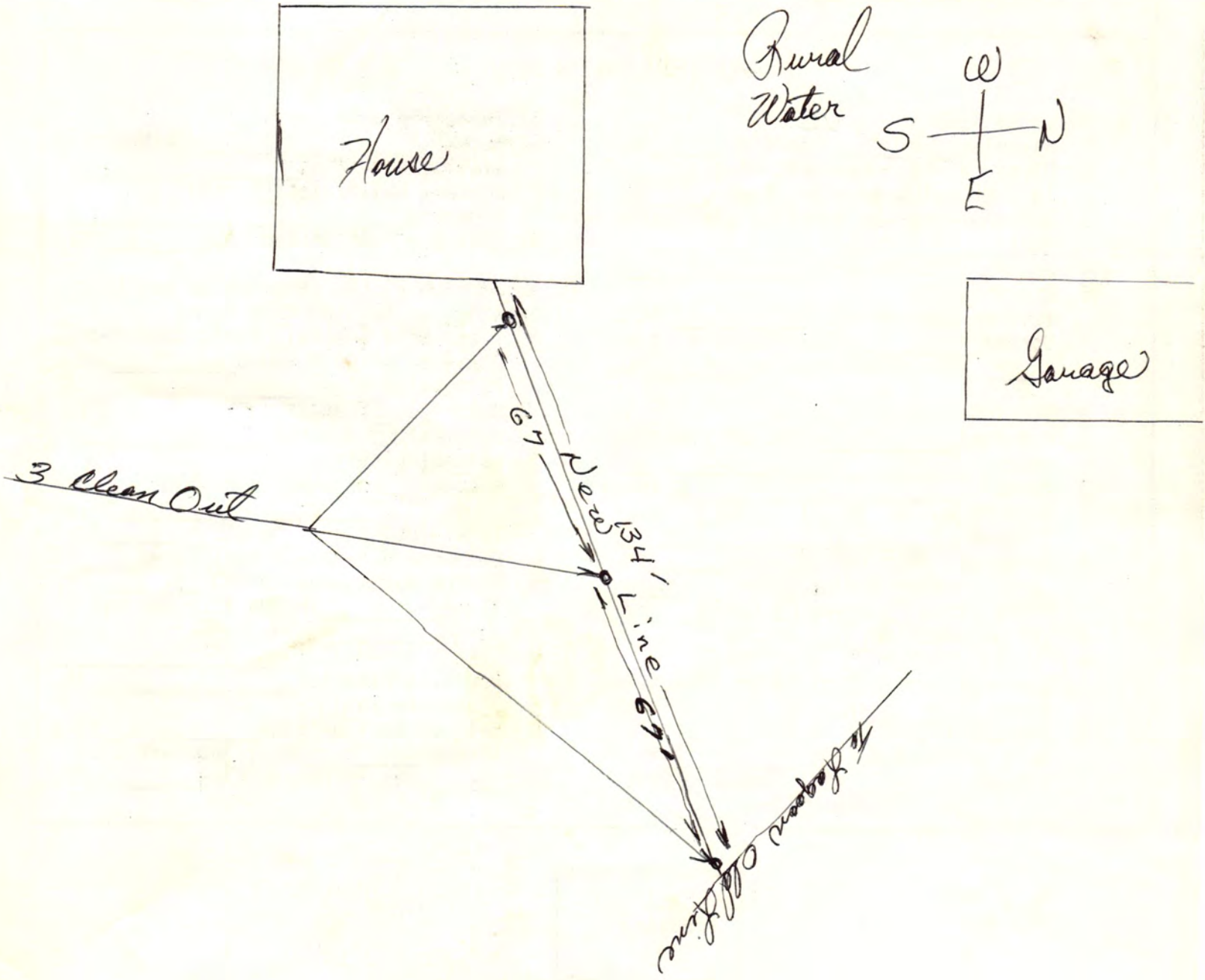
Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed____sq.ft.

_____
Signature of Reviewing Official

T8, R7 , 16

AS BUILT DRAWING OF SYSTEM

DATE 7-14-86 INSTALLER Ron Evans Gilbertson Trenching



005

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: OCT. 28, 1992

☒ Evaluation of the Sewage Disposal System 7E east of 56th ☐ Enclosed is $150.00

Legal Description of Property: TWP. 8 North; RANGE 2W; SECTION 11e; BLOCK 1

LOT 1; ADDITION Pestey Plains Subdivision; Street Address RT. 1 Box 106 Roca, NE 68430

Directions to Property 54TH & Roca Road East side of 54TH ST.

TAN MORTON BLDG. NE. of house on premises

Location of Well ON RURAL WATER Tap Location: Inside ☐ Outside ☐

Location of Sewage System S.E. of MORTON BLDG. Year Installed 1984

	NAME	ADDRESS	PHONE
Present Owner:	Danny A. & Joyce L. Burkey	RT 1 Box 106 Roca NE 68430	792-2693
Tenant/Buyer:			
Return to:	Commercial Federal Mortgage Corp.	1314 "O" ST. Lincoln, NE Suite 210 68508	473-0711

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

Signature of Applicant Danny C. Burkey Address RT. 1 Box 106 Roca, NE 68430

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HEALTH DEPARTMENT USE ONLY

Date Received 10-28-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE OCTOBER 29, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 10/29/92 by LCH
Bacteria	☐	☐	Provisional:	☐	Date _____ by _____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by _____

Comments: _____

See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT 56,000

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE OCTOBER 29, 1992

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

088

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 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 Route #1, Roca, NE 68430

Twp 8N Range 7E Section 16 1/4 ____ 1/4 ____ Block ____ Lot 1 Addition PESTER PLAINS

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	DAVEY & JOYCE BURKEY	Route #1 Roca, NE 68430	792-2693
Tenant/Buyer:	MICHAEL & PATTY PETERS	5410 WYMAN AVE LINCOLN, NE 68512	423-4188
Return to:	SECURITY FEDERAL	P.O. BOX 80109 LINCOLN, NE 68501	474-4444

Signature of Applicant Linda Ingerberg Address _____ Date 3 / 7 / 95

HEALTH DEPARTMENT USE ONLY

Date Received 03 / 08 / 95 Received $150.00 Check ☑ #60722 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 3 / 13 / 95

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☐	☐	Approved ☒	Date ___/___/___ by ___
Bacteria	☐ _____/ml	☐ _____/ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☐ _____ppm	☐ _____ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: _____

_____

_____ See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

WATER SYSTEM: Approved: ☐ **SEWAGE DISPOSAL SYSTEM** Approved: ☒

Provisional Approval: ☐

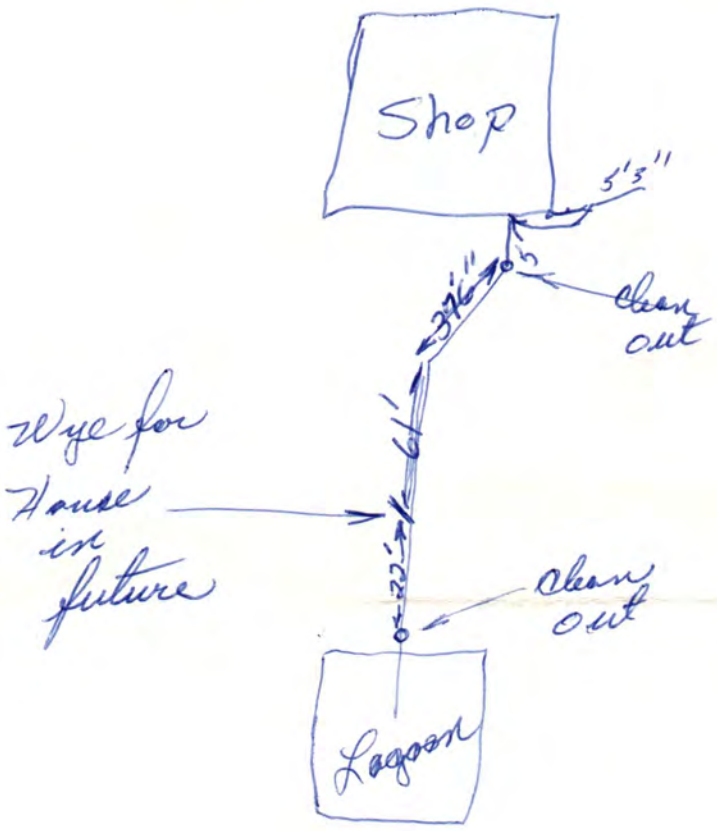
Approved by Jerrold C. Hood R.E.H.S. Date 3 / 13 / 95

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.

10-4-84

Customer
Dave Burkee
S 54th & Loca Road

Rural Water



W
S + N
E