LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2186-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

OCTOBER 10, 1985 — THIS PERMIT EXPIRES

WAYNE M. BURKEY — ISSUED TO

320 NO. 56 STREET LINCOLN, NE 68504 — ADDRESS

T8N; R7E of 6th P.M.; SW¼ of SW¼ of Sec 16; Bk 1; Lot 2; Pester Plains Sub.; 54th & Roca Road — 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

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. 2186-C

DATE: _____

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 of 6th PM, Section 16 (SW¼ of SW¼ of SW¼ of); Block 1 : Lot 8 : Addition Pester Plains Subdivision
   Street Address 54th & Roca Road.

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

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

4. Distance to public sewer: None. ft.

Wayne M. Burkey
Signature of Applicant (Owner or Lessee)

320 No. 56 Lincoln, Ne. 68504
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/10/85. Date Frwd. 4/10/85. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/9/85. Date Frwd. 4/9/85. ACTION: Approved ☒ Disapproved ☐ Signature: Michael J. Oberlander
3. City or County Engineer: Date Rec'd. 4/10/85. Date Frwd. 4/10/85. ACTION: Approved ☒ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 5-3-85 by: sewer line only made
Date: 5-8-85 by: does need final corrections
Date: 9-6-85 by: DMS

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-6-85 By: Ron Maynard

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 ☒

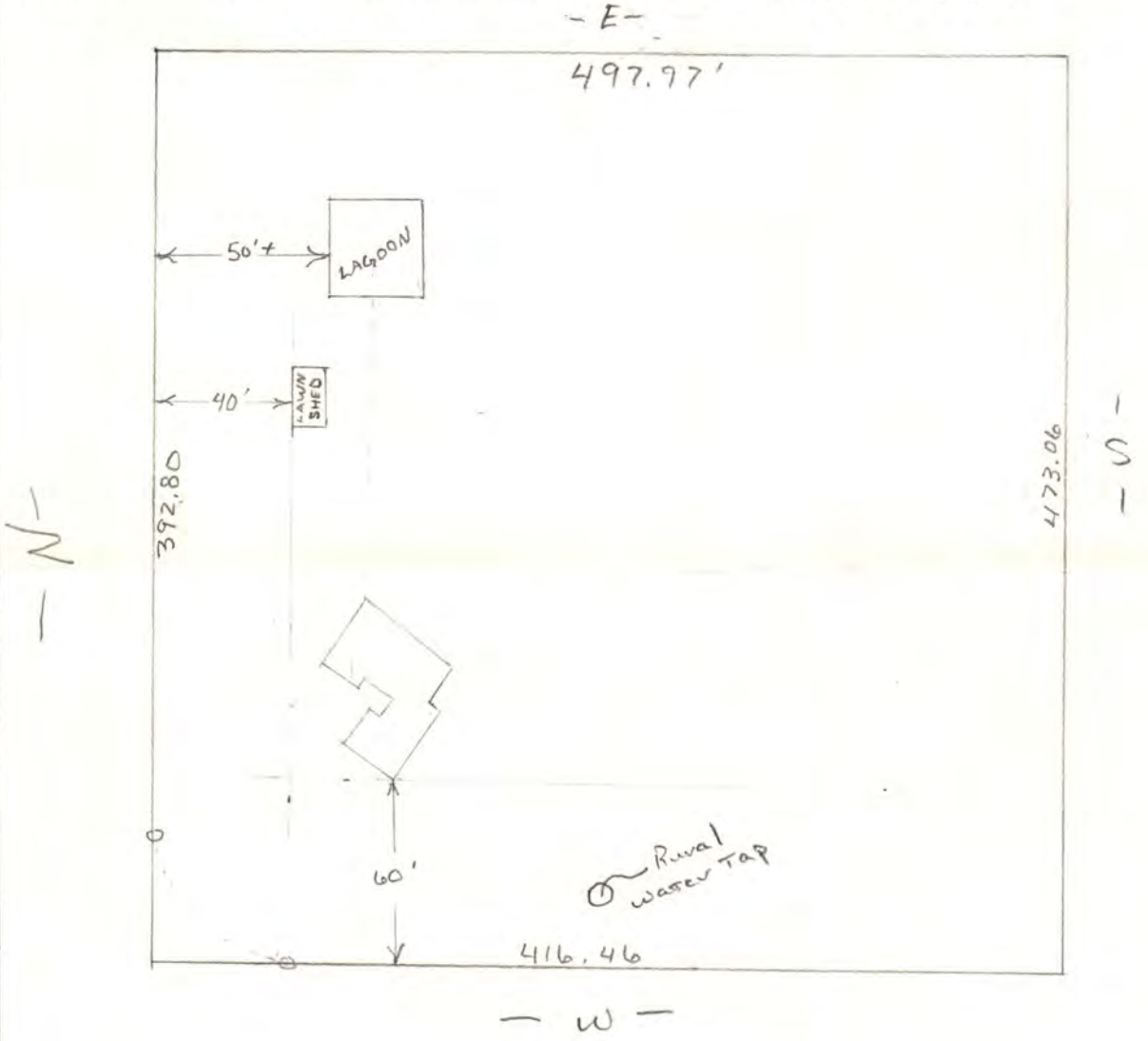
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

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



REVIEWING ACTION

Remarks: NO SOIL PERCOLATION TEST SO LAGOON MUST BE SEALED

Date: APRIL 10, 1985

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.

Jerrold C. Hood
Signature of Reviewing Official

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: 5-25-85

FILE NO. 7203-C

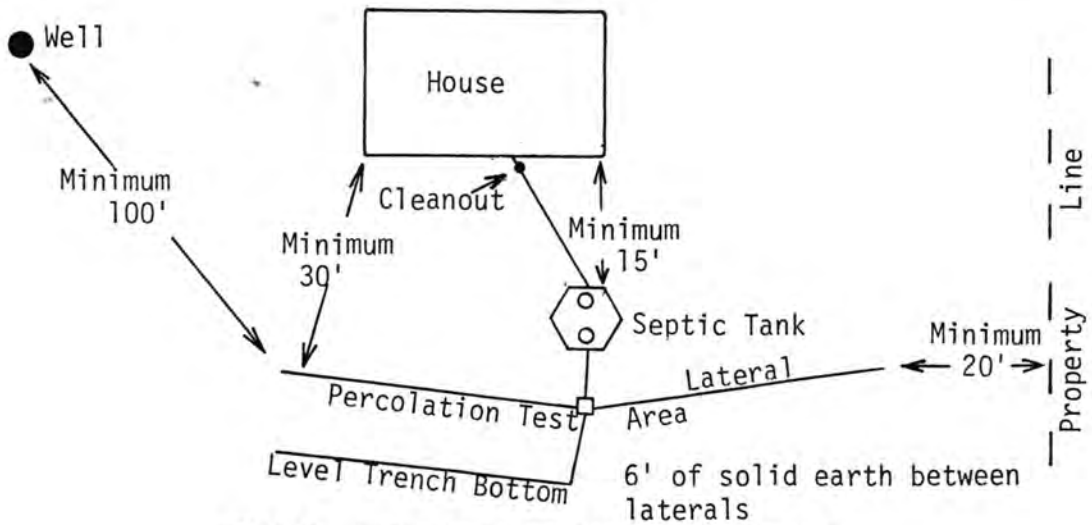
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor_____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank_____ft.
4. Number of clean-outs_____.
5. Distances to:
Well or Suction Line_____ft.; Stream_____ft.; Pressure Line_____ft.; Property Line_____ft.

B. SEPTIC TANK: Lagoon
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

007

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: Sept 9, 1992

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 8N; RANGE 7E; SECTION 16; BLOCK 1

LOT 2; ADDITION Prester Plains Subd LCR; Street Address 5400 ROCA ROAD

Directions to Property ABOUT ½ MILE EAST OF ROCA NEBR. 148th South.

(EAST SIDE OF ROAD, ACOUNTRY SOLD SIGN ON FRONT OF PROPERTY)

Location of Well Bennett RURAL System Tap Location: Inside ☐ Outside ☐

Location of Sewage System LaGoon, (EAST OF DWELLING) Year Installed 1985

	NAME	ADDRESS	PHONE
Present Owner:	Wayne M Burkey	5400 Roca Road	792-2364
Tenant/Buyer:	Albert J Harvey	1825 So 53rd	489-0890
Return to:	Send Copy To, Earl E Grot Albert J Harvey	2855 So 70th 1825 So 53rd Century Realty	489-2857

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

Signature of Applicant Albert J Harvey by Grand Island Realty Address

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 9, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9-10-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 9-10-92 by P.D
Bacteria	☐	☐	Provisional:	☐	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☒	Date _____ by ____

Comments: Do Rural water. Need warning signs. Weeds/grass mowed & sprayed NW Corner of Fence needs to be repaired

See Attached Letter ☐

9-22-92 Problem areas corrected PD

FINAL STATUS

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

APPROVED BY Paul Duff DATE 9-22-92

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

54th & Rosa Road
Wayne Burkey

AS BUILT DRAWING OF SYSTEM

DATE 5-25-85 INSTALLER Paul von Gillern

