# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

**NON TRANSFERABLE**

PERMIT

SEWAGE INSTALLATION

No. 92380080501

Issued 03/16/92
Expires 09/16/92

ESTABLISHMENT

STEPHEN J POTTS
T8N R7E SEC 16
PESTER PLAINS BLK 1 LOT 5
5700 ROCA ROAD

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

STEPHEN J POTTS
5541 S 42 ST CT
LINCOLN NE 68516

Issued By COUNTY HEALTH

| VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE | |
|---|---|
| DATE | AMOUNT |
| 3/18/92 | PAID |

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: $ 152.00

FILE NO. _____

DATE: 2-17-92

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 5 : Addition PESTER PLAINS
   Street Address 5700 Roca Rd.

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

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

4. Distance to public sewer: N/A ft.

Stephen J. Potts
Signature of Applicant (Owner or Lessee)

5541 S. 42 St. Ct.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/12/92. Date Frwd. 3/12/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2/22/92. Date Frwd. 2/24/92. ACTION: Approved ☒ Disapproved ☐ Signature: Mike Oelschlager

3. City or County Engineer: Date Rec'd. 3/11/92. Date Frwd. 3/11/92. ACTION: Approved ☒ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7-29-92 by: Dm
Date: 8-31-92 by: P.D Need drawing
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-8-92 By: Paul

FORM 23-43

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 8 ; Range 7E ; Section & ¼ Section 16 SW¼
Property Dimensions: 248.59 ft. x 942.69 ft. Area: 5.38 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 10-12-91 to 10-13-91. Weather: Precip. 0 Temp. 72°

OWNER: Stephen J. Potts

Address: 5541 S. 42 St, Ct.

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 | 10-12 | 9:00 | 10-12 | 1:00 | 10-13 | 4:15 | 12 1/4 | 4:45 | 12 5/8 | 30 | 3/8 | |
| 2 | 36 | 10-12 | 9:00 | 10-12 | 1:00 | 10-13 | 4:15 | 12 | 4:45 | 12 1/4 | 30 | 1/4 | |
| 3 | 36 | 10-12 | 9:00 | 10-12 | 1:00 | 10-13 | 4:15 | 9 1/2 | 4:45 | 9 3/4 | 30 | 1/4 | |
| 4 | 36 | 10-12 | 9:00 | 10-12 | 1:00 | 10-13 | 4:15 | 10 1/2 | 4:45 | 10 5/8 | 30 | 1/8 | |
| 5 | 36 | 10-12 | 9.00 | 10-12 | 1:00 | 10-13 | 4.15 | 10 7/8 | 4:45 | 11 | 30 | 1/8 | |
| 6 | 36 | 10-12 | 9:00 | 10-12 | 1:00 | 10-13 | 4.15 | 11 1/4 | 4:45 | 11 5/16 | 30 | 1/16 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 1 3/16
Average of Rates: 3.16
Mean of Rates: _____

Stephen J. Potts
Signature of Person Conducting Test

Address 5541 S. 42 St, Ct. Phone 792-2814

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

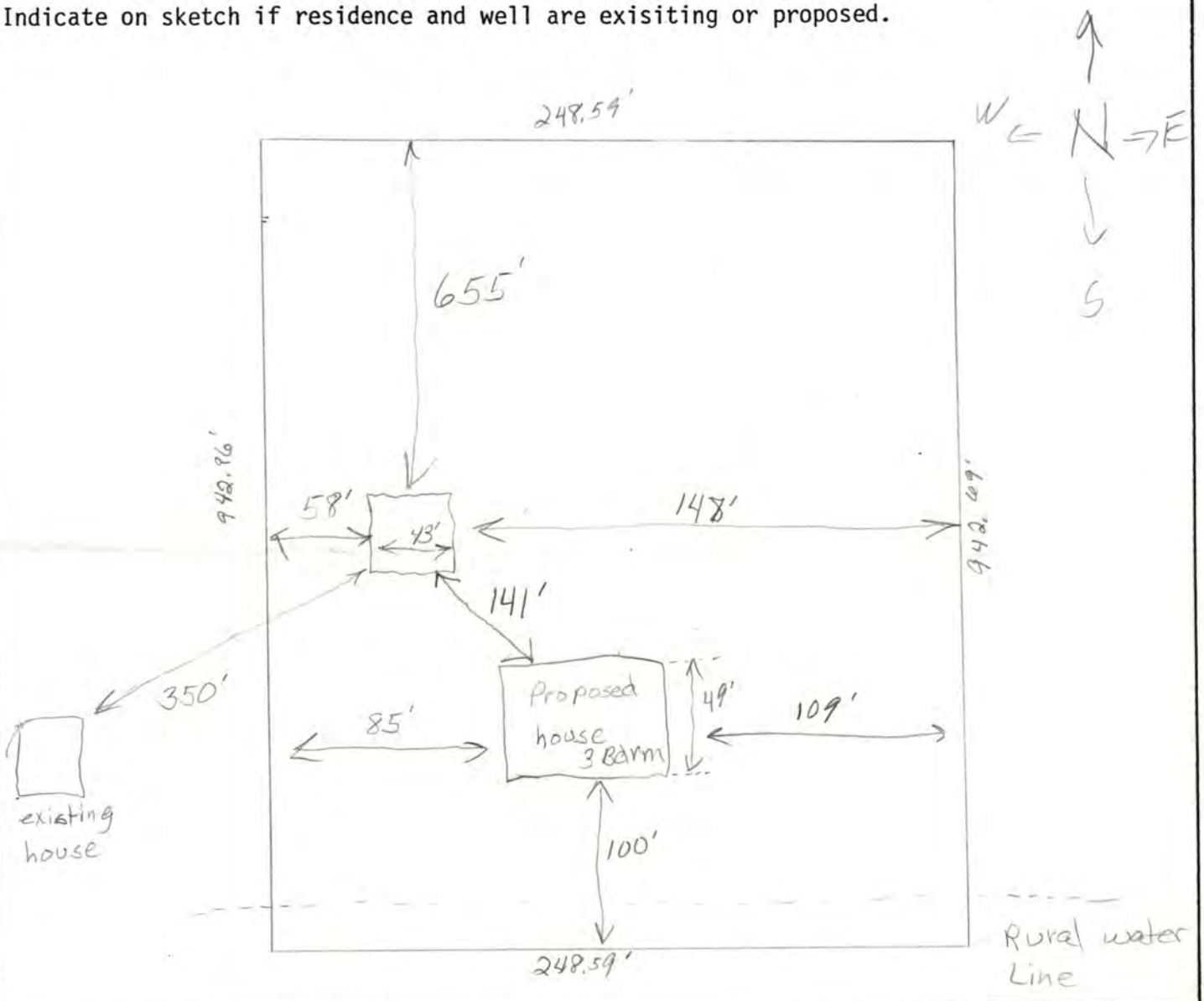
Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

Signature of Reviewing Official

| | |
|---|---|
| FORM 20102-0477<br>PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)<br>City Ordinance No. 9150 ☐<br>County Resolution No. 2832 ☐ | LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT<br>Division of Environmental Health<br>2200 St. Marys Avenue<br>Lincoln, Nebraska 68502<br>Phone: 471-7800<br>**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

# Plot Plan

For Loan Purposes Only

LANCASTER County, Nebraska

ALLIED SURVEYING AND MAPPING, INC.
LAND SURVEYORS
4830 South 44th Street - Lincoln, Nebraska 68516
Phone 483-5008

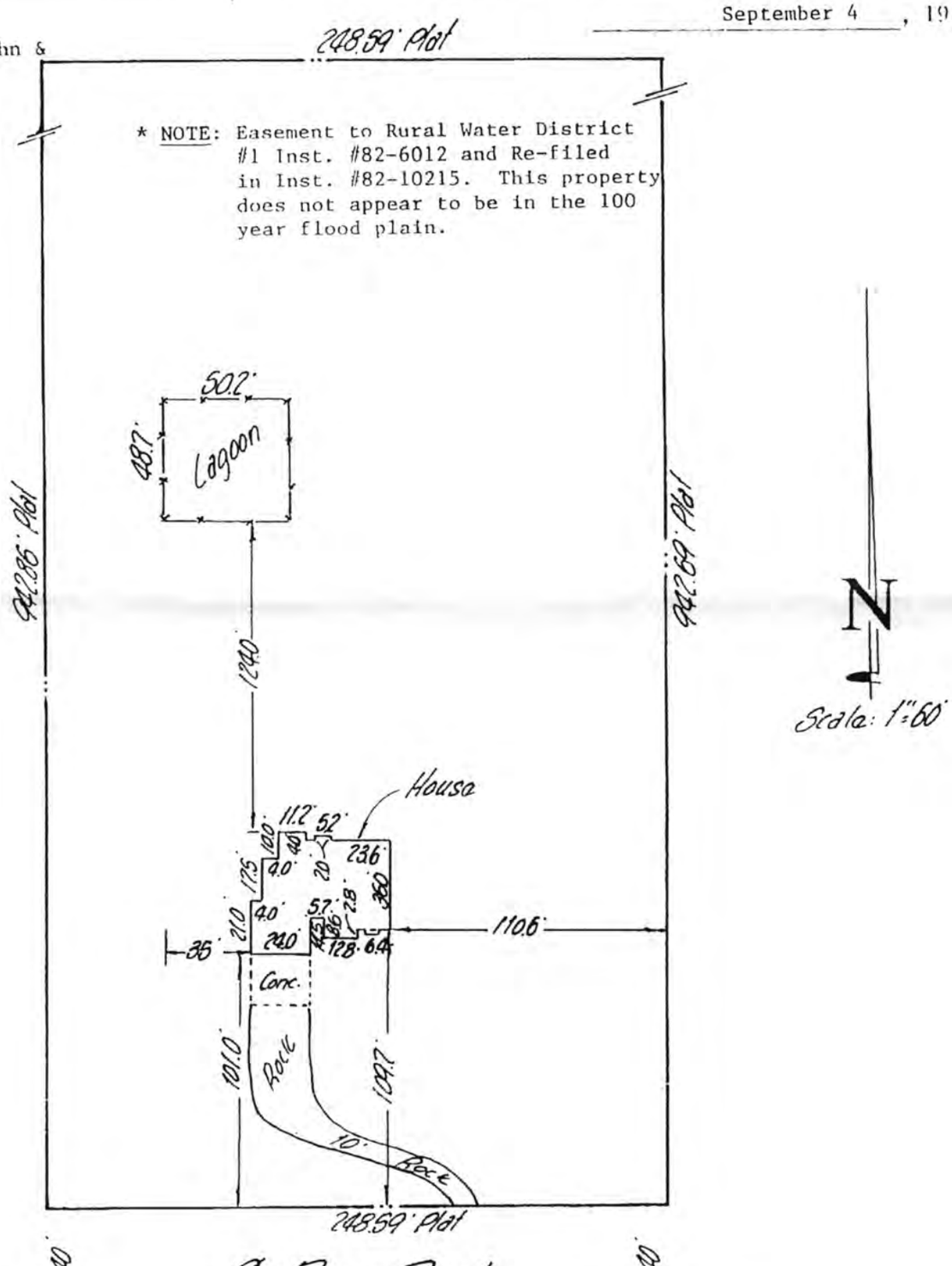
Sheet 1 of 1

5700 Roca Road - Lot 5, Block 1 Pester Plains Subdivision - Lancaster County, Nebraska

Section 16 T 8 N, R 7 E of the 6th P.M.

Job No. 16485
Buyer/Stephen John & Angela Joy Potts
92-4370

September 4, 19 92




LOCATION CERTIFICATION

This inspection and the accompanying plat are true and correct to the best of our knowledge and belief and were prepared for mortgage title insurance only. This does not constitute a boundary survey and is subject to any inaccuracies that a subsequent boundary survey may disclose; no property corners were set, and is not to be used or relied upon for the establishment of any fence, structure or other improvements.

DENNIS D. SIMONDS LS. 343

, Date September 4, 19 92

DENNIS D. SIMONDS L.S. 343

005

# 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 5700 ROCA Rd.

Twp 8N Range 7E Section 16 1/4 ___ 1/4 ___ Block ___ Lot 5 Addition Roster Plains

Directions to Property 2 miles N and of Hickman on 68th st. 3/4 miles West of 56th st on ROCA Rd.

Location of Well none Rural water Tap Location: Inside ☐ Outside ☐

Location of Sewage System North side of house 124' Year Installed 1992

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Stephen J. Potts<br>Angie T. Potts | 5700 ROCA Rd<br>" " ROCA, NE 68430 | 792-2814 |
| Tenant/Buyer: | | | |
| Return to: | | | |

Signature of Applicant Stephen J. Potts Address 5700 ROCA Rd Date 11/19/93

Angie J. Potts ROCA NE 68430

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**HEALTH DEPARTMENT USE ONLY**

Date Received 11/23/93 Received $150.00 Check ☒ Cash ☐

**PRELIMINARY STATUS--By** Jerrold Hood **DATE:** 11/29/93

RURAL WATER DISTRICT

| 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 11/29/93

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.

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