Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

GREG ROCKE
T9N R5E SEC 14
COUNTRYSIDE ESTS BLK 2 LOT 2
6700 SW 72 ST

Permittee

GREG ROCKE
5620 BRISTOL CT
LINCOLN NE 68512

Permit # 01380234401

Issued 08/06/01
Expires 02/06/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted], Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

016192

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

A

Permit Number: 013802344

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 6700 SW 72nd St (no rural route) City Lincoln NE, Zip

Legal Description 14 9N 5E Countryside Estates 2 9
1/4 1/4 Section Township Range Subdivision Addition 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 Greg Roke Signature John Kramer for Greg Roke

Address 5620 Bristol Ct City/State/Zip Lincoln Ne 68512

☐ Check if owner designed system Home Phone 423-8602 Work Phone

C. Contractor

Name John P. Kramer Company Name Kramer Enterprises LLC

Address 4600 Renfro Dr City/State/Zip Lincoln Ne 68526

☐ Check if contractor designed system Work Phone 489 9209

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

Designer Name John P. Kramer Firm Kramer Enterprises LLC Work Phone 489-9209

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 8/6/01 Date frwd 8/6/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/6/01 Date frwd ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 8-6-01 Date frwd 8-6-01 ACTION ☒ Approved ☐ Disapproved Signature

11/21/01 L.C.H.
11/20/01 NEED DRAWING L.C.H.

Installation Final Written Approval

By Doug Ammel

Date 10/24/02

Business Office Use Only
Date Rec'd 8-6-01
Amt Paid #200.00
Rec'd By MF Cash/Check No. 3092.

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

C

Permit Number: 013802344

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6200 SW 72nd St City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

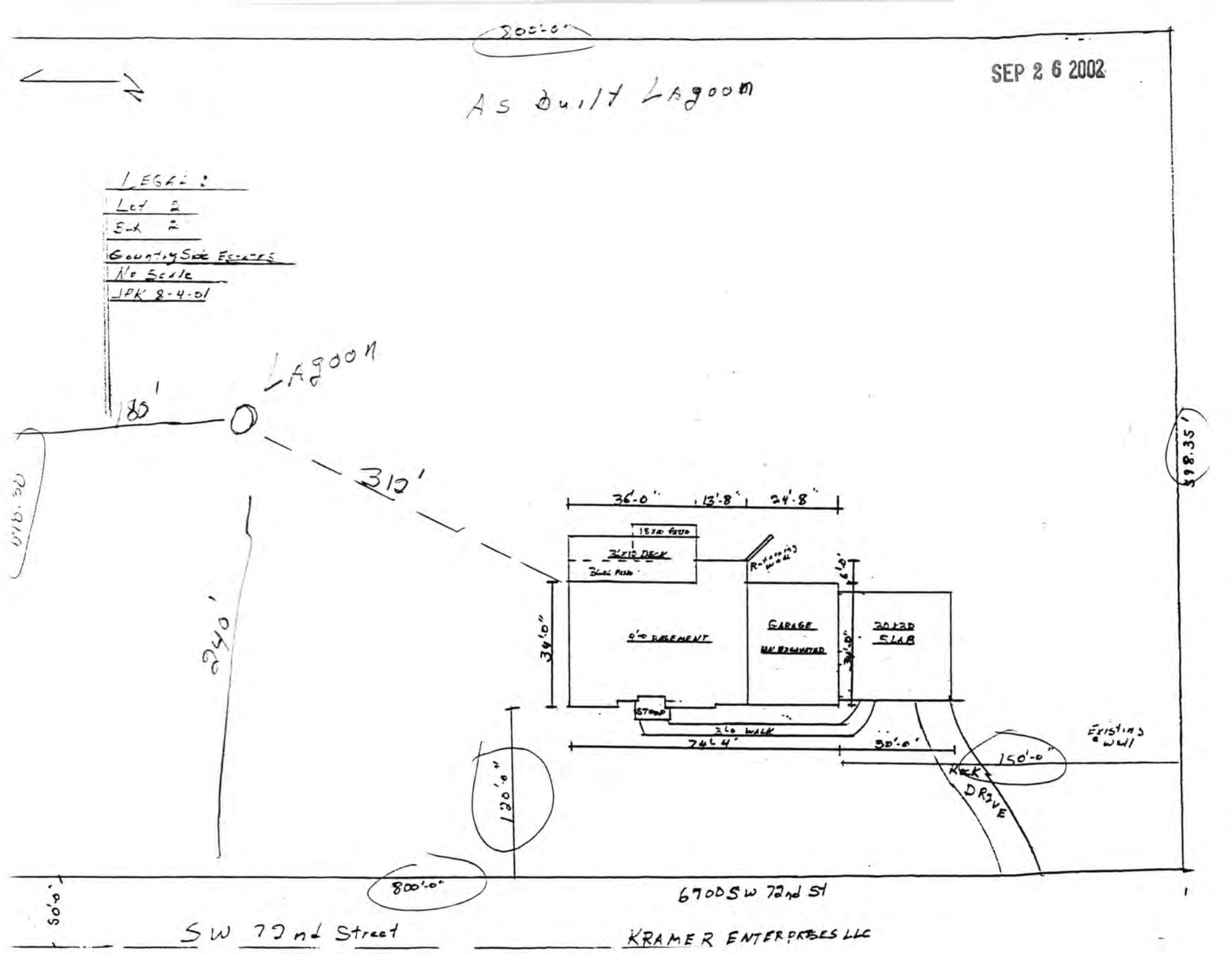
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 8-6-01

Installer _____ Date 8-6-01

FORM 23-102 10-96

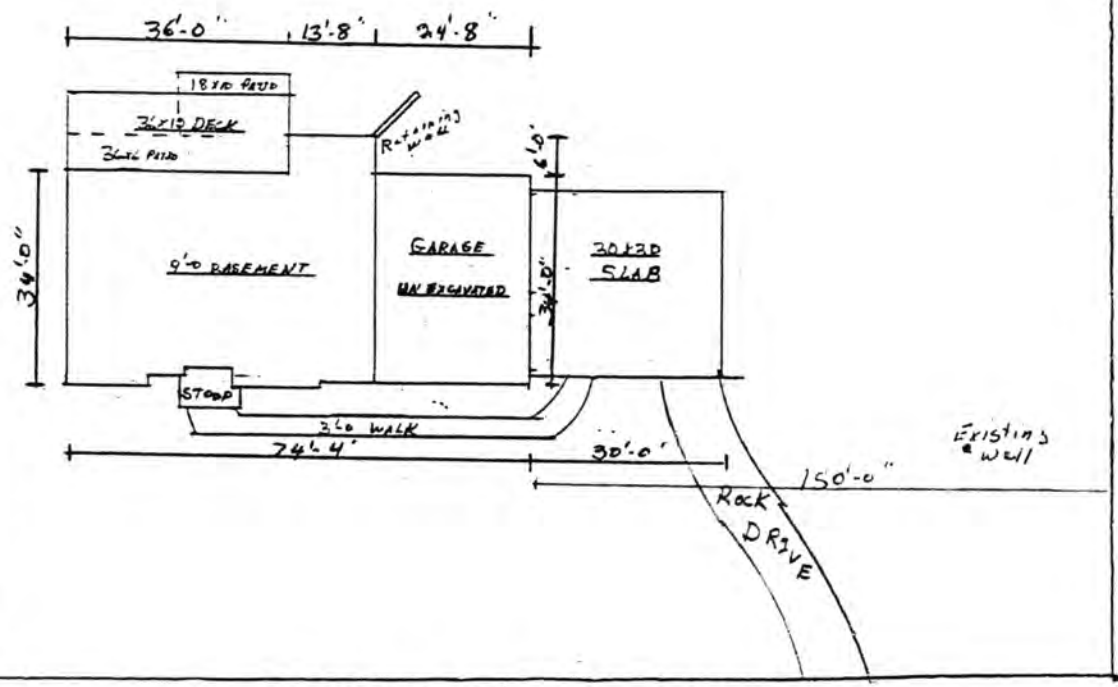

800'-0"
N
SEP 2 6 2002
As Built Lagoon
LEGAL:
Lot 2
S-X 2
County Side Estates
No Scale
JPK 8-4-01
Lagoon
80'
310'
240'
318.30
598.35'
36'-0"
13'-8"
24'-8"
18" FOOD
3'x12' DECK
3" SLAB PITCH
R-11 BATT WALL
6'-0"
34'-0"
9'-0" BASEMENT
GARAGE
NOT EXCAVATED
20'x20' SLAB
34'-0"
STOOP
3'-0 WALK
74'-4"
30'-0"
150'-0"
EXISTING WELL
ROCK DRIVE
120'-0"
800'-0"
50'-0"
6700 SW 72nd St
SW 72nd Street
KRAMER ENTERPRISES LLC

800'-0"

N

LEGAL:
Lot 2
Blk 2
Country Side Estates
No Scale
JPK 8-4-01

LAGOON



598.35'

800'-0"

50'-0"

6700 SW 72nd St

SW 72nd Street

KRAMER ENTERPRISES LLC

1

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-780

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LO

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: 9-11-92

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

Legal Description of Property: TWP. 9N ; RANGE 5E 6th pm SECTION SE 1/4 15 ; BLOCK —

LOT 52 ; ADDITION — ; Street Address 6700 S.W. 91ST, DENTON, NE.

Directions to Property RT 1 1/2 MILE N. OF DENTON, APPROXIMATELY 6 MILES SOUTHWEST OF LINCOLN.

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed 1979

	NAME	ADDRESS	PHONE
Present Owner:	DAVID KASL	6700 S.W. 91ST, Denton, NE 68339	797-7695
Tenant/Buyer:			
Return to:	SECURITY FEDERAL SAVINGS	6801 O ST., SUITE 100 (LYSO)	

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

Signature of Applicant Kelly Zatarski Address 6801 O ST., SUITE 100 Lincoln, NE 68510

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HEALTH DEPARTMENT USE ONLY

Date Received 09/14/92 Received $150.00 Check ☑ #687 Cash ☐

PRELIMINARY STATUS--DATE 9/22/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☑	Date 9/22 by JL
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒ 0.1 ppm	☐	Disapproved:	☐	Date _____ by ____

Comments: If the well seal (cap) continues to deteriorate, it will need to be replaced. If the tank has not been pumped in several years, it should be checked, if necessary it should be pumped

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Gerald C. Wood R.E.H.S. DATE OCTOBER 2, 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