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. 90380013101

Issued 05/16/90
Expires 11/16/90

ESTABLISHMENT
ROGER KOZISEK
T9N R6E SEC 17
PESTER RIDGE ESTATES BLK 3 LOT 3

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE ROGER KOZISEK
6617 ROCKWOOD LN
LINCOLN NE 68516

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
	PAID

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

9038 001 31

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: $_____

FILE NO._____

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. 9N ; Range 6E ; Section 17 ;
   Block 3 : Lot 3 : Addition Pester Ridge ESTATES
   Street Address 2200 Pester Ridge

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

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

4. Distance to public sewer: _____ft.

Roger L Kozisek
Signature of Applicant (Owner or Lessee)

6617 Rockwood Lane, Lincoln, Ne. 68516
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/15/90. Date Frwd. 5/18/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/21/90. Date Frwd. 5/21/90. ACTION: Approved ☒ Disapproved ☐ Signature: Mel Godwin
3. City or County Engineer : Date Rec'd. 5/18/90. Date Frwd. 5/18/90. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 8/23/90 by: L.C.H. ~~Need drawing. Well not in yet~~
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/31/90 By: Jerrold C. Hood

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

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
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B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 N ; Range 6 E ; Section & ¼ Section 17 NE ¼.
Property Dimensions: 410 ft. x 371 ft. Area: 3½ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: April 29 '90 to April 29, 1990. Weather: Precip. 0 Temp. 70's.

OWNER: Roger / mary Kozisek
Address: 6617 Rockwood Lane Lincoln, Ne. 68516

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	3'	4/14	18:00	4/14	23:00	4/15	14:30	24"	15:00	23½	30	½"	
2	3'	4/14	18:00	4/14	23:00	4/15	14:30	24"	15:00	23¼	30	¾"	
3	3'	4/14	18:00	4/14	23:00	4/15	14:30	24"	15:00	23½	30	½"	
4	3'	4/14	18:00	4/14	23:00	4/15	14:30	24"	15:00	23½	30	½"	
5	3'	4/14	18:00	4/14	23:00	4/15	14:30	24"	15:00	23¼	30	¾"	
6	3'	4/14	18:00	4/14	23:00	4/15	14:30	24"	15:00	23¼	30	¾"	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Roger L Kozisek
Signature of Person Conducting Test

Address 6617 Rockwood Ln, Lincoln Phone 423-3770

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____
Soil Type (SCS): Wymore Silty Clay Loam
Date: May 15, 1990

Jerrold C. Hood
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 ☒

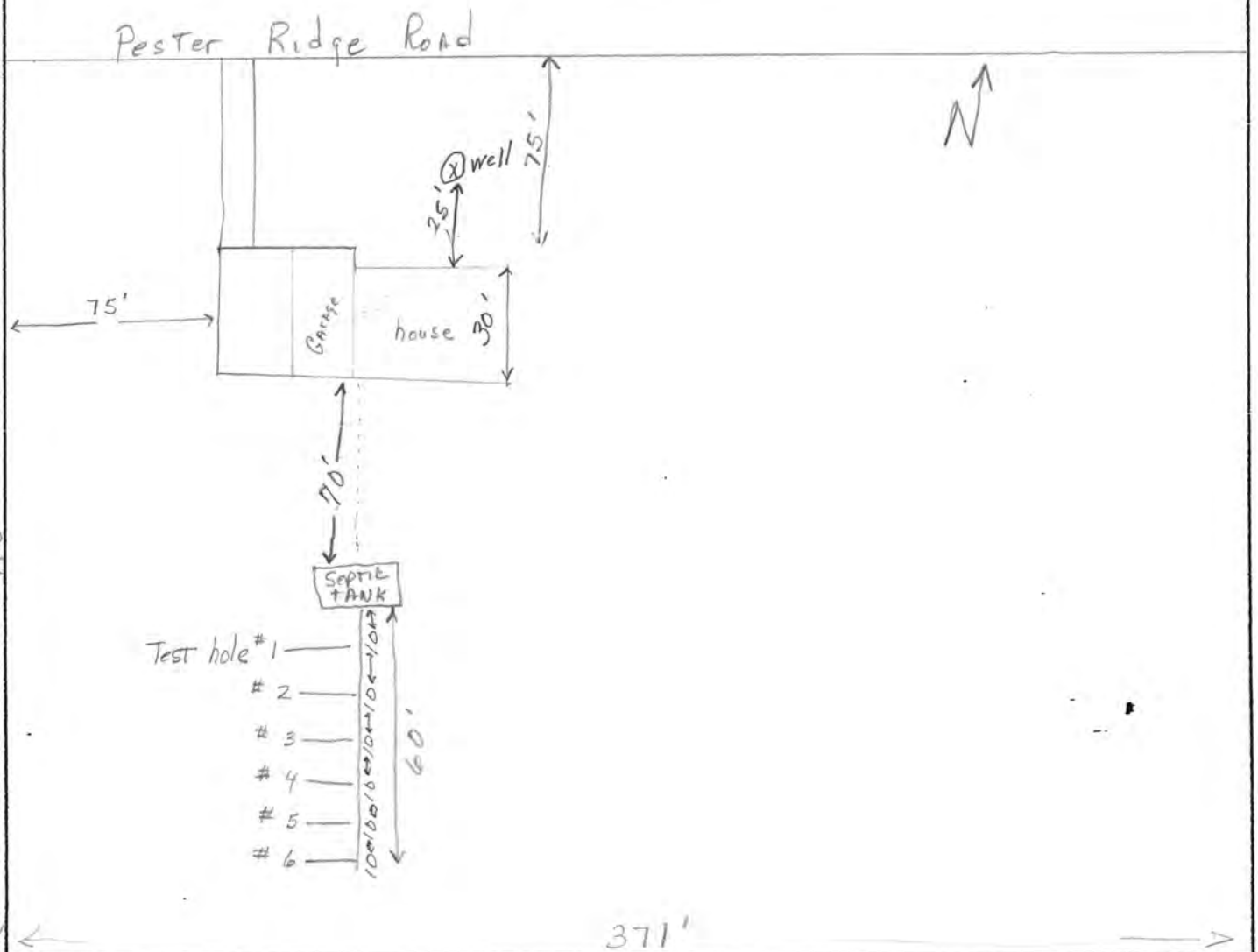
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C

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.



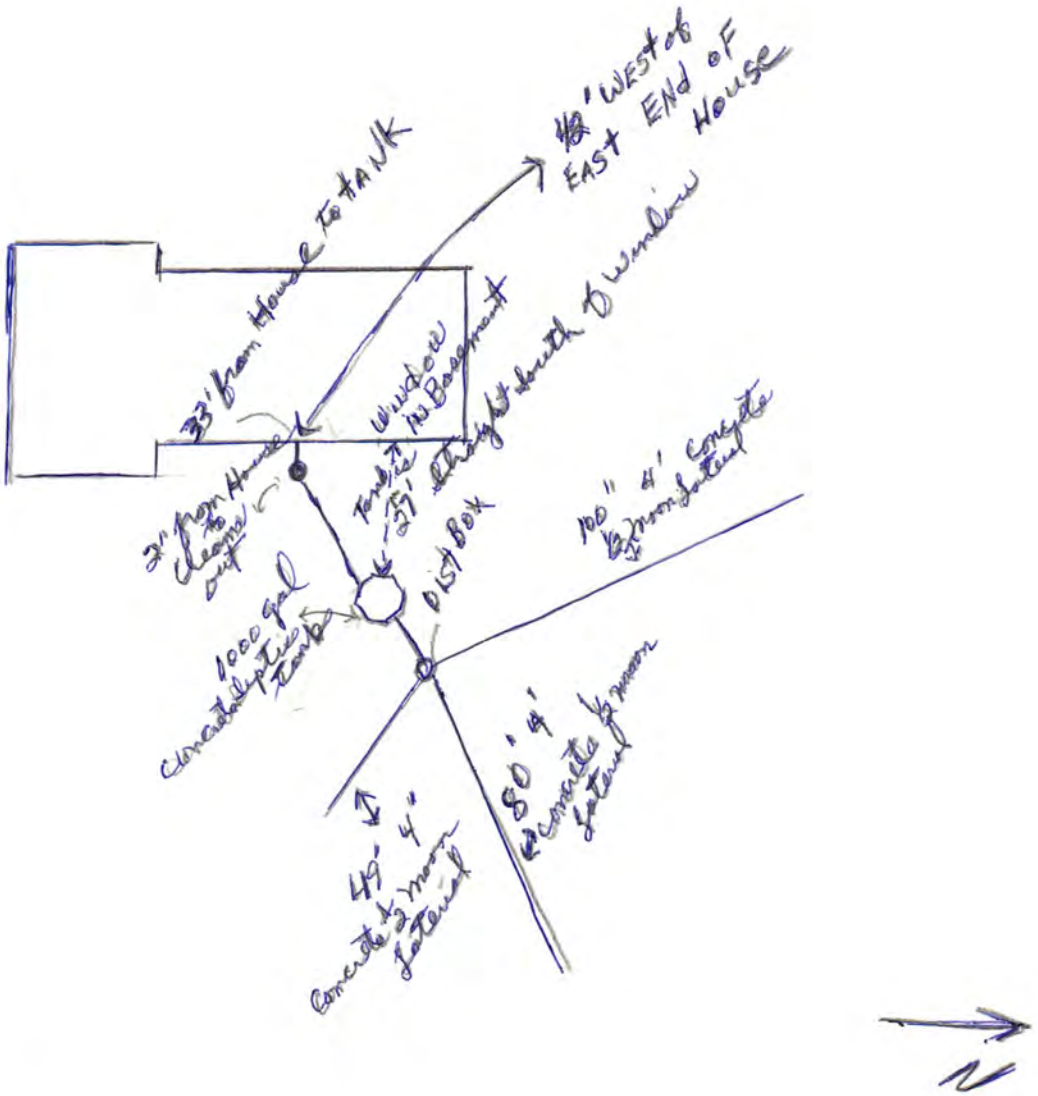
REVIEWING ACTION

Remarks: _____

Date: May 15, 1990

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 229 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 916 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official



SEPTIC System For Roger & Mary Kozisek

2200 Pester Ridge

BARCLAY Homes - Builder