LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 471-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 92380092801

Issued 11/03/92
Expires 05/03/93
Revenue Code 18754

Establishment
LONNIE POMZJZL
T8N R5E SEC 17
ELSNER LAKESIDE ADD BLK 1 LOT 2

FEES: $150.00

TOTAL $150.00

Permittee
LONNIE POMZJZL
BOX 00293
CRETE NE 68333

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

RECEIVED OCT 29 1992

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: $ 150.00

FILE NO. _____

DATE: 10/27/92

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 5E ; Section 17 ;
   Block 1 : Lot 2 : Addition ELSNER LAKESIDE ADDITION
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ ; Other Use ☐
   No. of Bedrooms 3 . Describe RANCH HOME / FULL BASEMENT

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

4. Distance to public sewer: ——— ft.

Lonnie E. Romey
Signature of Applicant (Owner or Lessee)

P.O. Box 293 CRETE, NE. 68333
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/30/92 . Date Frwd. 10/30/92 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Head
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Norm Krueger
3. City or County Engineer : Date Rec'd. 10-30-92 Date Frwd. 10-30-92 ACTION: Approved ☒ Disapproved ☐ Signature: Larry Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-1-93 by: P.D
Date: 9-2 by: PD
Date: 9-3 by: P.D

Experimental evaporation bed
X Provisional approval only

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-22-93 By: Paul Wiegmann

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
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 318.75 ft. x 410.0 ft. Area: 3 acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐

Dates of Tests: 10-10-92 to 10-11-92. Weather: Precip. -0- Temp. 57°

OWNER: EVELYN ELSNER

Address: CRETE, NE.

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"	10/10	7:45	10/10	1:30	10/11	8:30	14	12:00	17 3/8	210	3 3/8	62.23
2	"	10/10	7:48	10/10	1:30	10/11	8:32	16	12:02	18 3/4	210	2 3/4	76.37
3	"	10/10	7:53	10/10	1:30	10/11	8:34	18	12:04	20 3/8	210	2 3/8	88.43
4	"	10/10	7:55	10/10	1:30	10/11	8:36	13	12:06	26 1/4	210	13 1/4	15.85
5	"	10/10	7:58	10/10	1:30	10/11	8:37	16	12:07	18 7/8	210	2 7/8	73.05
6	"	10/10	8:01	10/10	1:30	10/11	8:38	17	12:08	19 3/8	210	2 3/8	88.43
7	"	10/10	8:04	10/10	1:30	10/11	8:40	15	12:10	17 7/8	210	2 7/8	73.05
8	"	10/10	8:07	10/10	1:30	10/11	8:42	14	12:12	16 3/8	210	2 3/8	88.43
9	"	10/10	8:11	10/10	1:30	10/11	8:43	14	12:13	16 1/2	210	2 1/2	84.00
10	"	10/10	8:14	10/10	1:30	10/11	8:45	17	12:15	20 1/4	210	3 1/4	64.62

Sum of Percolation Rates: 714.46
Average of Rates: 71.45
Mean of Rates: 72.58

Lonnie E. Romejz
Signature of Person Conducting Test

Address 1990 FAIRCHILD Box 243 CRETE, NE. 68333 Phone (402) 826-2709 HOME, 826-4371 BUSINESS

(Do not write below this line)

REVIEWING ACTION

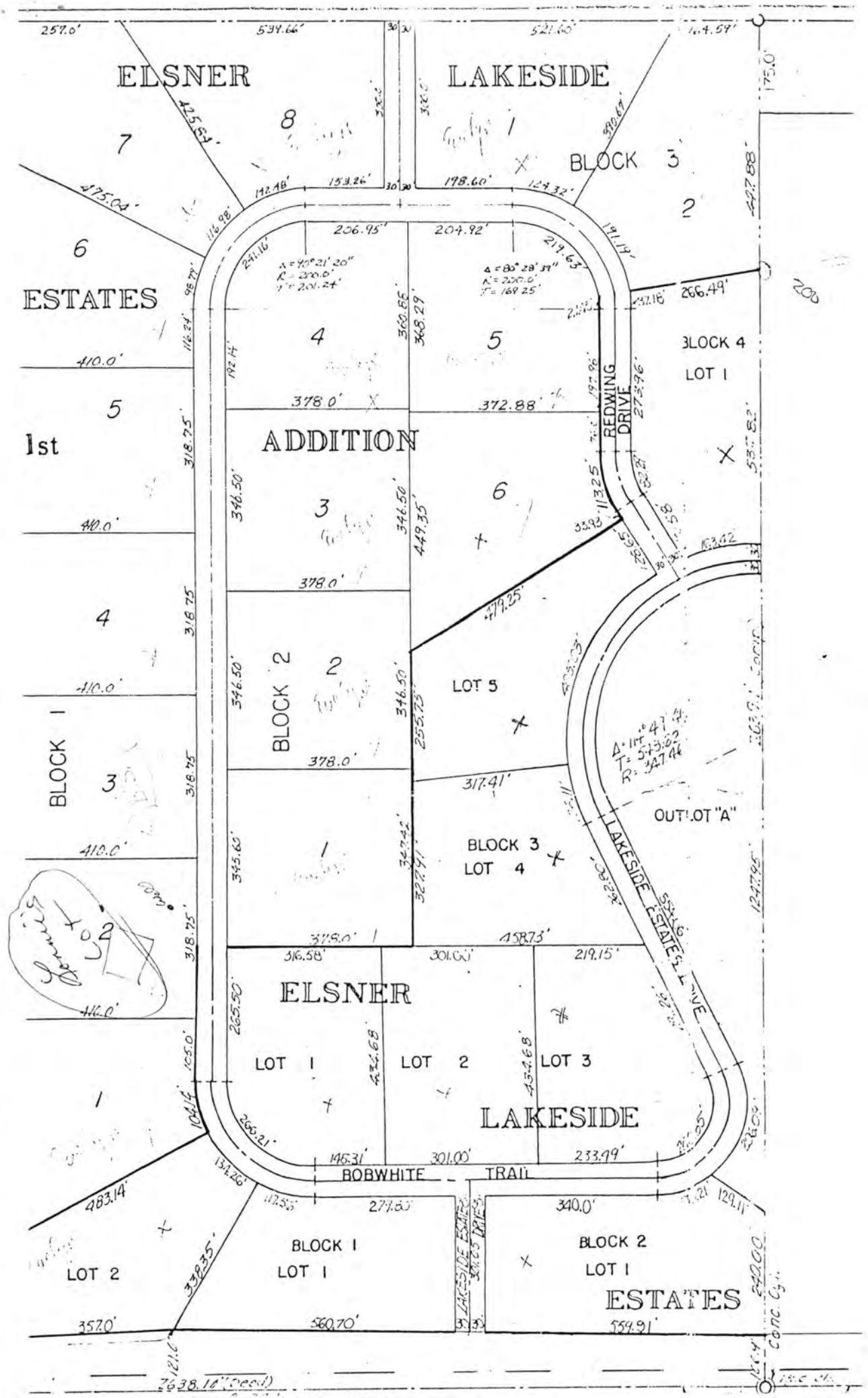
Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____

Soil Type (SCS): _____

Date: _____

_____
Signature of Reviewing Official


ELSNER
LAKESIDE
ESTATES
1st
ADDITION
BLOCK 1
BLOCK 2
BLOCK 3
BLOCK 4
LOT 1
LOT 2
LOT 3
LOT 4
LOT 5
OUTLOT "A"
REDWING DRIVE
LAKESIDE ESTATES DRIVE
BOBWHITE TRAIL
7638.16' (Deed)

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.

AS / ATTACHED DRAWING !

REVIEWING ACTION

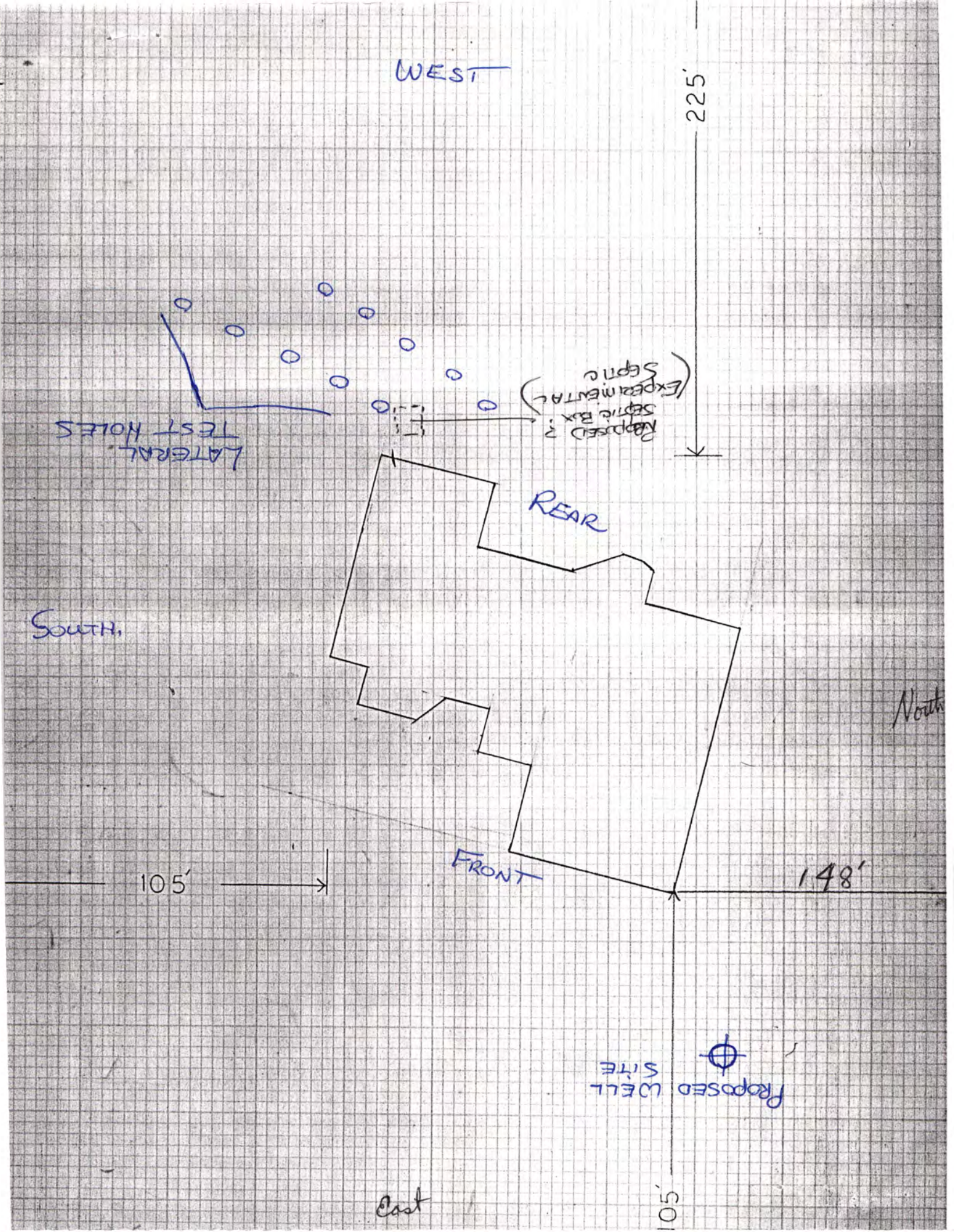
Remarks: _____

_____

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


WEST
225'
LATERAL TEST HOLES
Proposed ? Septic Box (Experimental) Septic
REAR
SOUTH
North
FRONT
105'
148'
Proposed Well Site
105'
East

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description 8-5-17 B.1 Lot 2 Location Elsinor Lakeside Est.

Owner/Requestor Lonnie Pomajzl, Joe Holly

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- ✓ New system, initial
- ___ New system, followup
- ___ Existing system, repair
- ___ Existing system, followup
- ___ Loan approval
- ___ Consultation
- ___ Other (Specify)

REMARKS Sewer line O.K. Evaporation bed already installed + covered
Could see the ends of lateral lines. System is relatively deep (4')
Tank not yet installed
9-2 Tank in place
9-3 Distribution in place connected to evaporation bed

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leech Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ✓ Septic ___ Lagoon
Experimental

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Drolzman

Received by: _____

Date: 9-1-93

WA1002

RECEIVED SEP 2 1 1993

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: 9/4/93

FILE NO. ELSNER ACRES - POMAJZL

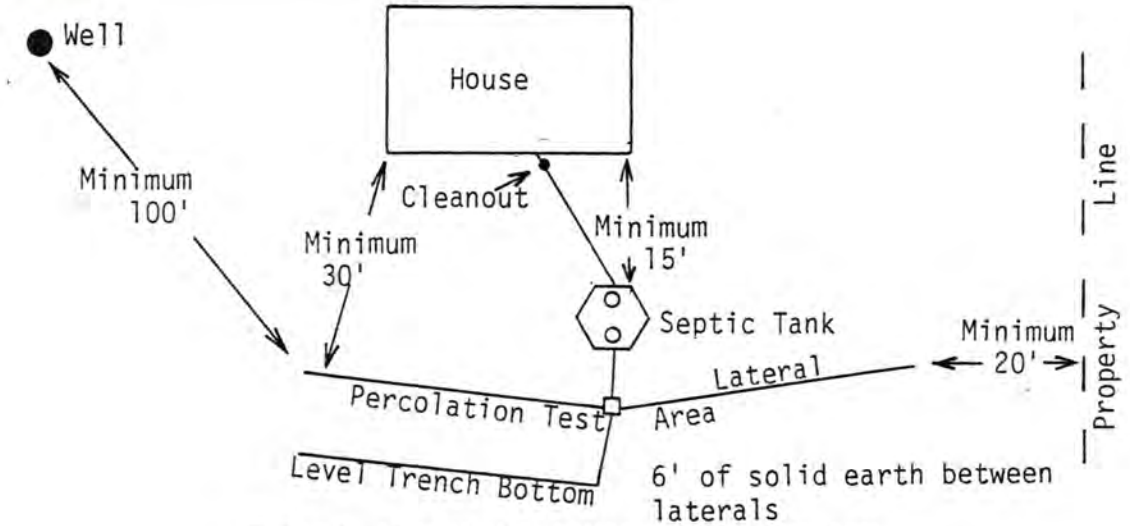
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material CI ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 73 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line 282 ft.;
Stream — ft.; Pressure Line [redacted] ft.; Property Line 120 ft. N

B. SEPTIC TANK:
1. Material CONCRETE; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST PRODUCTS)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Riser Above ☐ Below ☒ Grade 12 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 36 in.
8. Distances to:
Well or Suction Line 202 ft.;
Stream — ft.; Pressure Line 122 ft.; Property Line 127 ft. N

C. DISTRIBUTION BOX:
1. Material CONCRETE; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company PRECAST PRODUC)
3. Distance from Septic Tank 3 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 4" .
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 4 ; Length of each line 100, _____, _____, _____, _____ ft.;
Total length of laterals 400 ft.;
Distance between lateral lines 4 ft.
3. Trench dimensions: Width 8 ft.;
Slope 0 in/100 ft.; Average Depth PIPE 18 in.
4. Filter Material: SEWER GRAVEL
Depth of Material TOP OF GRAVEL 18 in.
5. Distances to:
Well or Suction Line ~ 300 ft.;
Stream — ft.; Pressure Line 230 ft.; Property Line 43 ft. S



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

CITY OF LINCOLN NEBRASKA

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
3140 "N" Street Lincoln, NE 68510-1514
402-441-8000 TDD: 402-441-6284 fax: 402-441-6229

LANCASTER NEBRASKA
lincoln.ne.gov

12-18-2014

Case No.: HPT01387

Lonnie Pomajzl
15751 Bobwhite
Crete, NE 68333

Subject: **Property Transfer Determination Letter**

Dear Applicant:

The Lincoln-Lancaster County Health Department (LLCHD) has received an inspection report for the onsite water supply system and/or onsite wastewater treatment system for the property located at **15751 Bobwhite**.

The inspection report was reviewed to determine compliance with Lancaster County Resolution R-13-0064 or Lincoln Municipal Code 24.42 requiring inspection prior to the sale, transfer, or conveyance of property. Based on LLCHD review, an **Approval** is being issued for this property.

The approval status means that at the time of inspection the Property Transfer Inspector found the structure and operational status were in substantial compliance with County Resolution R-13-0062, and/or LMC 24.38 and Chapter 4.10 Design Standards, Title 124 NAC and/or Title 178 NAC 12. The onsite wastewater treatment system serving this residence was installed prior to requirements for Engineer Design and Nebraska Department of Environmental Quality review for system installations of this (non-standard) type.

The approval status does not imply the system(s) meets current construction standards, nor does it imply or express any warranty or guarantee as to the future function and suitability of the inspected systems. The Inspection and Determination status was based on current operation and condition of the system. Change in use may result in the change of operational status of the system(s).

Copies of the inspection reports are included with this determination.

This determination is valid until **12/18/2017.**

If you have any questions regarding this letter, please contact the Water Quality Program at 441-8031.

Sincerely,

Doug Smith

Doug Smith, REHS
Water Quality Program

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

DEVELOPMENT SERVICES CENTER DSC

Onsite Water Supply System
Property Transfer Inspection Report
Lincoln-Lancaster County Health Department
Environmental Public Health Division (441-8031)
3140 "N" Street, Lincoln, NE 68510

FOR OFFICE USE ONLY rev 10/12	
APD No. HPT00	
Initialized	___/___/___ By _____
FOS Rec'd	___/___/___ By _____
Amt	_____ ck# _____
Posted	___/___/___ By _____
Return to Water Team Support Staff	

Property Address: 15751 Bob White Tr Crete Neb.

Legal Description: T___ R___ S___ ¼___ Subdiv. _____ Blk ____ Lot ____

Parcel ID: __-___-___-___-___

Lonnie Ponigal (Seller) 326-4311

Owner Name: Clarence V Anek (Buyer) Phone #1: _____ Phone #2: _____

Owner E-mail address: _____ Fax #: _____

Authorized Agent*: Bob Carter Phone #1: 440-540 Phone #2: _____

Agent Address (not required for PTI): _____ Fax #: _____

Agent E-mail address: _____

Send Determination Letter to: ☐ Owner ☒ Agent ☒ Title Co Specify Nebraska - Beatrice

(*Authorized Agent shall mean a Real Estate Agent, Property Transfer Inspector (PTI), or any individual or corporation authorized, in writing, to act as the legal representative in all matters authorized by the owner.) Bruce, Hahn @ woodsbros. com

Onsite Water Supply System (check one)

- ☒ Private Well
- ☐ Shared Well
- ☐ Public Water

Onsite Wastewater Treatment System (check one)

- ☐ Lagoon
- ☐ Standard Septic
- ☒ Non-Standard (specify) Wetland + Aerobic
- ☐ Community System

Required Information:

1. The well meets setback requirements from known sources of contamination — ~~Yes~~ No
2. The well is visibly in substantial compliance with Title 178 NAC 12 — ~~Yes~~ No
3. Water sample tests for coliform bacteria were negative (Reference Title 179 NAC 3) — ~~Yes~~ No
4. Water sample tests for nitrate were less than 10 mg/l (Reference Title 179 NAC 3) — (Yes) No
   Nitrate test result < RL
5. Additional inspection information attached — Yes (No)

Comments:

_____

_____

_____

Note: If the onsite water supply serving this property is not located on the described property, a copy of an agreement to use the supply must be included with this report.

The system has been inspected within the guidelines established by the Lincoln-Lancaster County Health Department.

Signature: Bob Carter Permit No.: HPTINS00 _____ Date: 12-4-14
Property Transfer Inspector

RETURN COMPLETED INSPECTION WITH APPLICABLE FEE MADE PAYABLE TO LLCHD TO ADDRESS ABOVE

Onsite Wastewater Treatment System
Property Transfer Inspection Report
Lincoln-Lancaster County Health Department
Environmental Public Health Division (441-8031)
3140 "N" Street, Lincoln, NE 68510

FOR OFFICE USE ONLY rev 10/12
APD No. HPT00 ___ ___ ___
Initialized ___/___/___ By _____
FOS Rec'd ___/___/___ By _____
Amt _____ ck# _____
Posted ___/___/___ By _____
Return to Water Team Support Staff

Property Address: 15751 Bob White Trl Crete

Legal Description: T___ R___ S___ ¼___ Subdiv. _____ Blk ____ Lot ____

Parcel ID: __-__-___-___-___

Owner Name: Lonnie Ponisal (Seller) 826-4371 Clarence Vlasek (Buyer) Phone #1: _____ Phone #2: _____

Owner E-mail address: _____ Fax # _____

Authorized Agent*: Bob Curtis Phone #1: 440-8402 Phone #2: _____

Agent Address (not required for PTI): _____

Agent E-mail address: _____ Fax # _____

Send Determination Letter to: ☐ Owner ☒ Agent ☒ Title Co Specify Nebraska-Beatrice

(*Authorized Agent shall mean a Real Estate Agent, Property Transfer Inspector (PTI), or any individual or corporation authorized, in writing, to act as the legal representative in all matters authorized by the owner.) Bruce.Hahn@woodsbros.com

Onsite Water Supply System (check one)
- ☒ Private Well
- ☐ Shared Well
- ☐ Public Water

Onsite Wastewater Treatment System (check one)
- ☐ Lagoon
- ☐ Standard Septic
- ☒ Non-Standard (specify) Wetland Laterals
- ☐ Community System

Required Information for Standard and Non-Standard Systems:

1. The septic tank shows indication of collapse or leakage — Yes (No)
2. The sludge layer is less than 12 inches below the outlet baffle — See comment — Yes No
3. The bottom of scum layer is less than 3 inches above the bottom of the outlet baffle — Yes No
4. The location of laterals has been identified and a drawing has been completed — (Yes) No
5. The laterals and surrounding areas show visible signs of failure — Yes (No)
6. The laterals have been probed — (Yes) No
7. The laterals show evidence of excess effluent — Yes (No)
8. Has the system been modified, altered, or extended since the original permit was issued? (Yes) No
   If yes, please describe: See comment
9. Other evidence the system is in failure or at increased risk of failure (describe) — Yes (No)
10. Is the house vacant? If yes, for how long: 6+ months — (Yes) No

tank has been pumped 12/19/14 DS

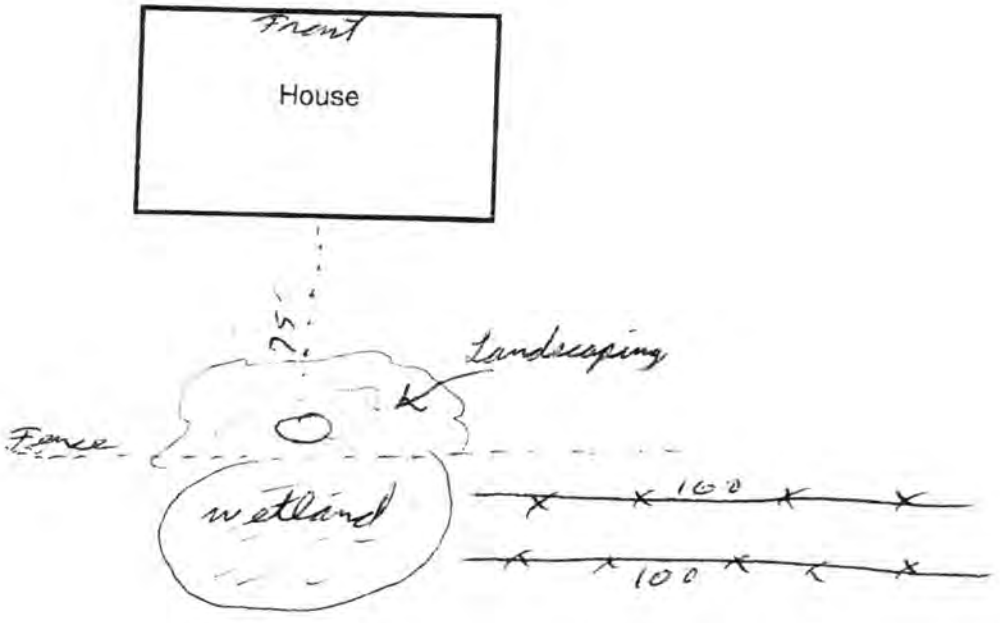
Required Information for Lagoons:

1. Evidence of damage to the dike due to animal burrows, damage, cracks, crevices — Yes No
2. Evidence of wastewater overflow or encroachment within 1 foot of dike top — Yes No
3. Evidence of over the ground surface water inflow — Yes No
4. Presence of cattails, other emergent plants or trees that might damage the lagoon seal or dike construction — Yes No
5. Other evidence the system is in failure or at increased risk of failure (describe) — Yes No
6. A fence is present that meets standards — Yes No
7. Is the house vacant? If yes, for how long: _____ — Yes No

Onsite Wastewater Treatment System Layout
Property Transfer Inspection Report
(Include distances)

well
O

15-75-1 Bob White Tr



1. Indicate location of septic tank (distance and direction from house).
2. Indicate location and distance of wastewater lagoon.
3. Indicate location and distance of closest building foundations.
4. Indicate location of well.
5. Indicate number of laterals. Indicate approximate areas of probing.
6. Age of system (if known) _____ The septic tank has been pumped 12/19/14 DS.

General Comments:

Septic tank is deep in ground & in landscaping. called Southwick Septic & septic was last pumped on 2-1-06. Recommend septic be pumped. A wetland area has been added with laterals.

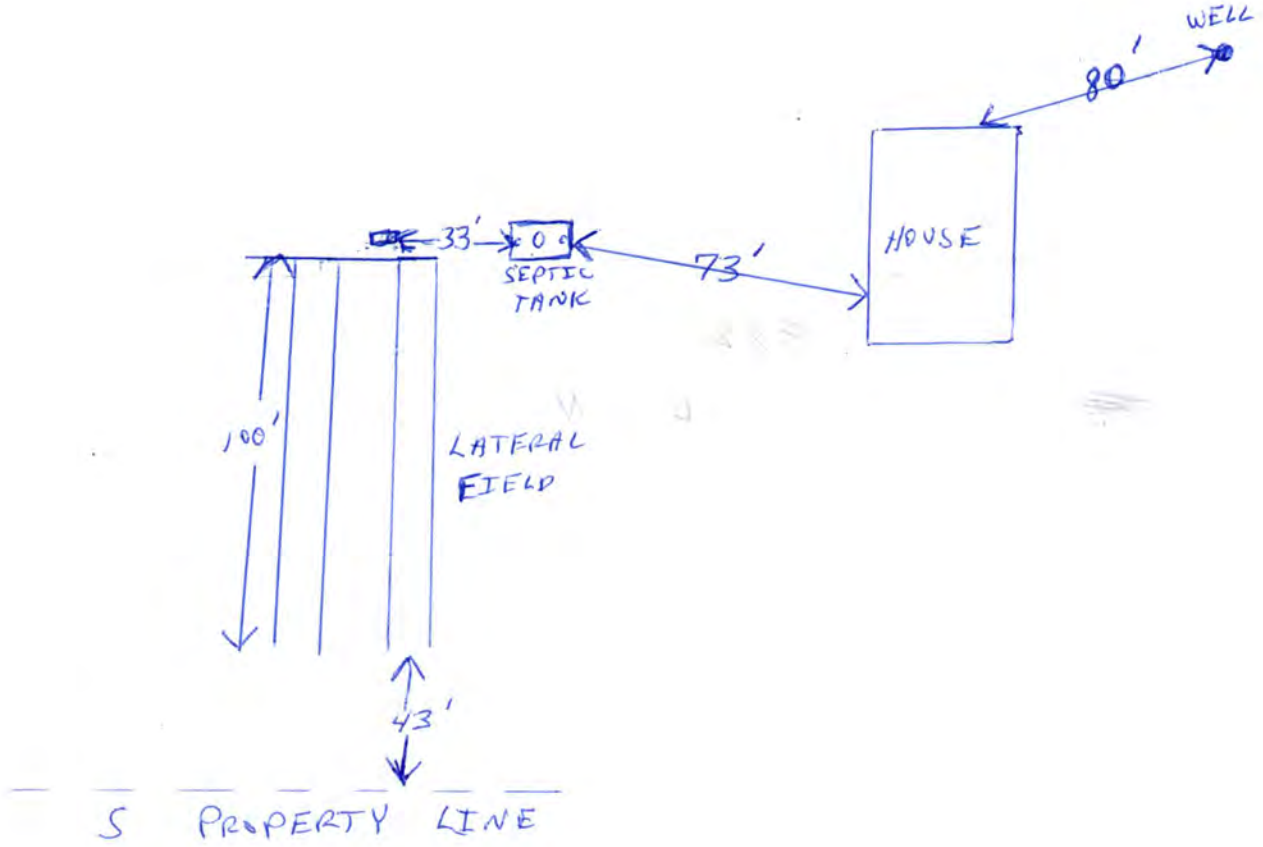
The buyer should be informed of the following:

The onsite wastewater treatment system serving the residence is not a standard septic system or wastewater treatment lagoon. The system serving the residence appear to be a wetland system adaptation. In this particular system the effluent treatment consists of a septic tank, lateral field, and wetland pond or finishing pond. An onsite inspection performed on 12/5/14 by Doug Smith and John Chase of LLCHD indicates the system is functioning properly with no discharge to the soil surface or odors noted that would indicate a system failure. LLCHD does not have records indicating the date of installation or compliance with the approval process for the installation of this system. The buyer should be informed that a system failure in the future may require the installation of a sewage treatment lagoon or replacement/modification of the system based on a design submitted by an Engineering Firm. Approved

AS BUILT DRAWING OF SYSTEM

DATE SEPT. 4, 1993 INSTALLER HOLLY DRILLING CO.

N



ABSORPTION FIELD CROSS-SECTION

