LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1217-C

INDIVIDUAL SEWAGEYSYSTEM CONSTRUCTION — TYPE OF PERMIT

MAY 7, 1978 — THIS PERMIT EXPIRES

MICHAEL POSMOCHIL — ISSUED TO

RURAL ROUTE 1, ROCA, NE 68430 — ADDRESS

T8N, R6E, Section 26 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
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 HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1217-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

SEE ATTACHED

1. Legal description of property: Twp. 8N ; Range 6E ; Section 26
Block _____; Lot _____; Addition _____
Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Michael Poshvela
Signature of Applicant (Owner or Lessee)

R.R 1 Rock, Webr 68430
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/7/77 . Date Frwd. 11/7/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 11-8-77 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Glen Baasch

3. City or County Engineer : Date Rec'd. 11-7-77 . Date Frwd. 11-8-77 . ACTION: Approved ☐ ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 1217-C

DATE: _____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto. SEE ATTACHED

1. Legal description of property: Twp. 8N ; Range 6E ; Section 26 ; Block ; Lot ; Addition .
Street Address .

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Michael Poshochil
Signature of Applicant (owner or lessee)

RR 1 Roca, Nebr. 68430
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: 8-21-78 by: jw
Date: 8-22-78 by: jw
Date: by:

3. Date: 11/7/78 Approved ☒; Disapproved ☐
by: Jerrold C. Hoag

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-22-78 by: James Wevelba

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. 1217C

SPECIFICATIONS

DATE: _____

A. BUILDING SEWER:

1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____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 (Provide construction drawings.)

1. Material _____; No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____) No ☐
4. Manholes: Over Inlet; diam. ____in.
   Over Outlet; diam. ___in.
   Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
   Depth of outlet below inlet ___in.
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.

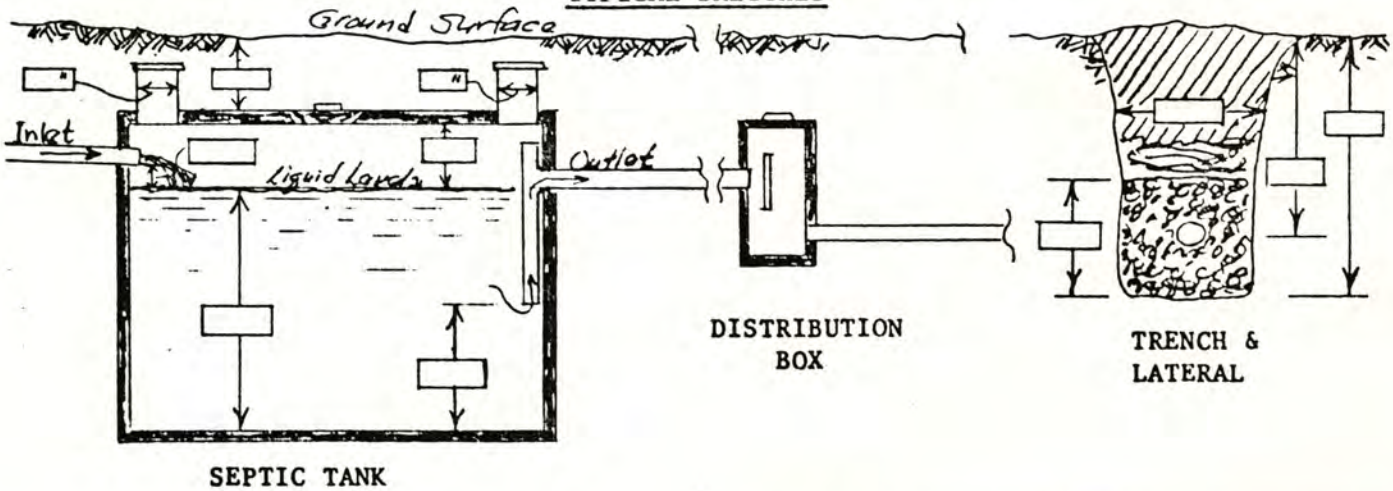
C. DISTRIBUTION BOX

1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)

1. Type: _____
2. Lateral Lines: Depth below grade ___in. Number ____; Length of each line ___ft Total length of Laterals 266 ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____. Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions. Depth ___in.; Width 36 in.
4. Filter Material: _____. Depth of material from trench bottom _____in.
5. Distances To:
   Well or Suction Line ____ft.;
   Stream _____ft.; Pressure Line ____ft.
   Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant

432-3724

FORM HD-43 (73) 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 474-1541)

FILE NO. 1217-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8 North : Range 6 East
Section & ¼ Sect. 26 S.H.N.E ¼
Property Dimensions: 471 ft. x 471 ft.
Area: 5.09 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Michael Poskochil
Address: R.R 1 Roca, Ne. 68430

Dates of Tests: 10/29/77 to 10/30/77. Weather: Precip. Trace Temp. 60°

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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	35	10/29	5:00 PM	10/29	9:10 PM	10/30	5:00	8	5:30	7¼	30	¾	
2	35	10/29	5:06	10/29	9:10	10/30	5:00	8	5:30	7⅜	30	⅝	
3	34	10/29	5:00	10/29	9:10	10/30	5:00	6½	5:30	5⅞	30	⅝	
4	35	10/29	5:00	10/29	9:10	10/30	5:00	6	5:30	5½	30	½	
5	36	10/29	5:00	10/29	9:10	10/30	5:00	8	5:30	6¼	30	1¾	
6	34	10/29	5:00	10/29	9:10	10/30	5:00	8	5:30	7⅛	30	⅞	

Michael Poskochil
Signature of Person Conducting Test

Address
Phone

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

(Do not write below this line)

REVIEWING ACTION

REMARKS: Wymore Silty Clay Loam. (S.C.S.)
DATE: November 3, 1977

Approved Percolation Rate (a)
A. 34 min./inch
B. min./inch
C. min./inch

Jerrold C. Hood
Signature of Reviewing Official

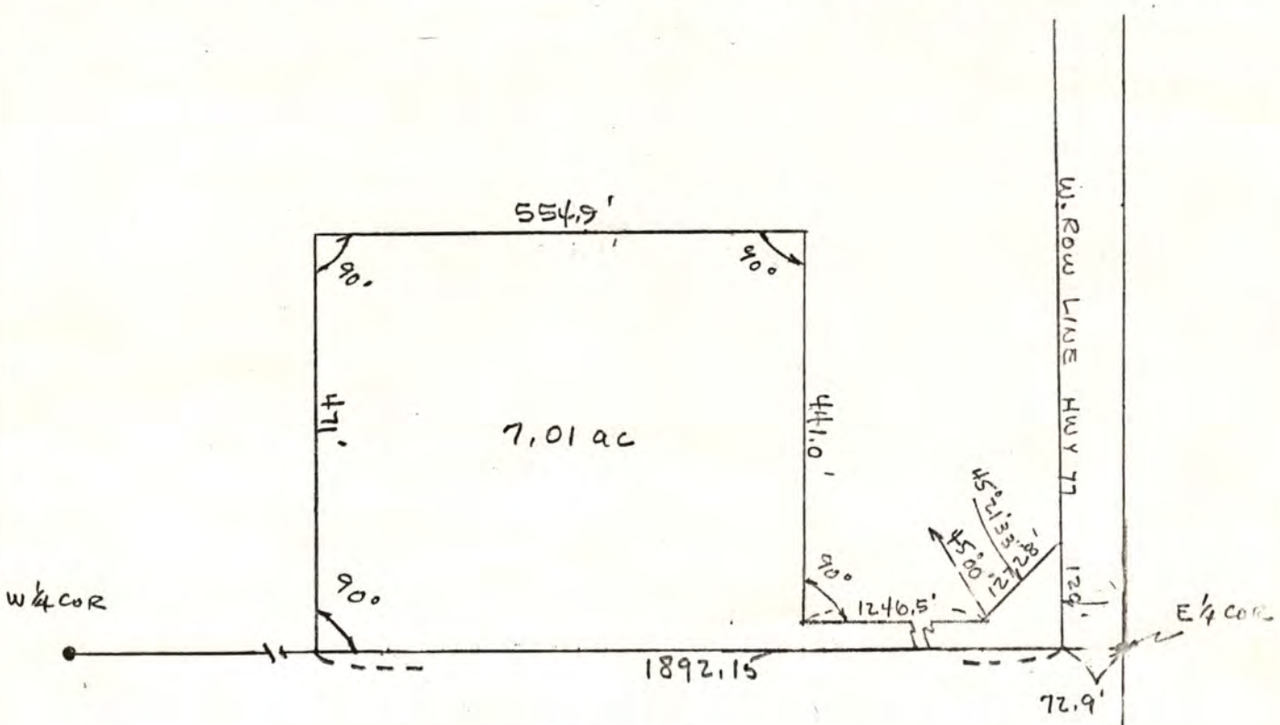
Survey Record

77-603
JOB NO.

LANCASTER COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA PHONE 432–3724

Survey of: AN I.T. SITUATED IN S½ NE¼ **Section** 26 **T.** 8 **N, R.** 6 **E of 6th P.M.**



Legal Description

Referring to the east ¼ cor. of section 26, T8N R6E of the 6th. P.M, Lancaster County, Nebr., thence west along the south line of the NE ¼ of said secton 26, a dist of 72.9' to a point on the west right of way line of hwy. #77, the said point bei g the point of beginning; thence continuing west along the last described line, a dist. of 1892.15', th nce north on a line perpendicular to the south line of the northeast quarter, a dist. of 471.0', thence east on a line parallel to the south line of the northeast ¼, a dist. of 554.9', thence south along a line perpendiculer to the south line of the northeast ¼, a dist. of 441.0', thence east along a line 30.0' north of and parallel to the south line of the said northeast ¼, a dist. of 1246.5', thence northeast on a deflection of 45°00' left from the last described line, a dist. of 127.28' to a point on the west right of way line of hwy. 77, thence south along the said right of way line, a dist. of 120.0' to the point of beginning, the said tract containing 7.01 acres more or less.

I hereby certify that I have accurately surveyed each lot as shown hereon and each lot corner has been well and accurately staked and marked with metal stakes.

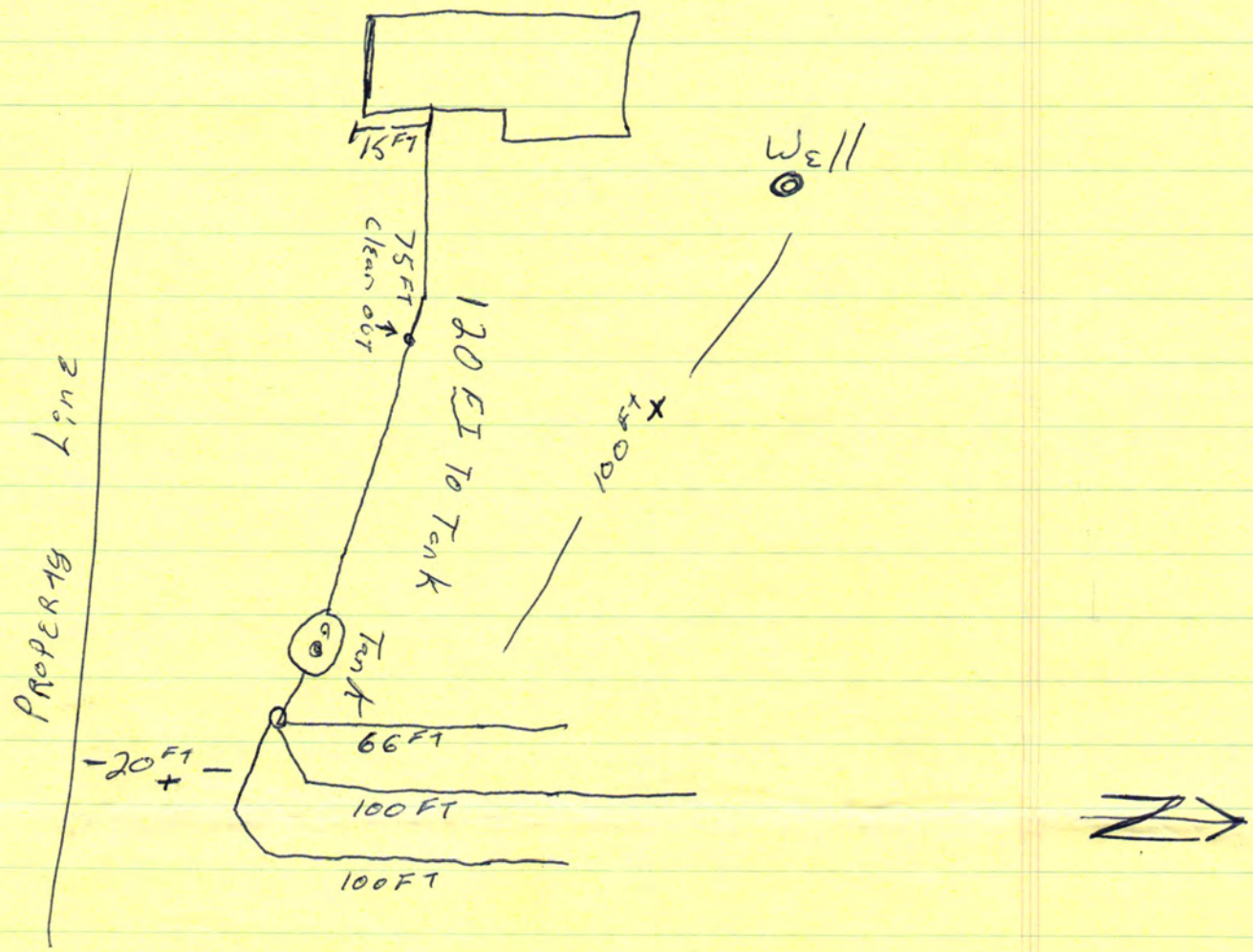
NEBRASKA REGISTERED LS-252 LAND SURVEYOR ROBERT B. BATES, JR.

Land Surveyor's Seal

Signed this 4th **day of** Nov. **19** 77

Name: Robert B. Bates

Surveyor's license No. L.S. 252


15FT
75FT
clean out
120 FT To Tank
Well
100FT
Tank
66FT
20FT
100 FT
100FT
PROPERTY Line

015

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: 12-17-91

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

Legal Description of Property: TWP. 8N; RANGE 6E; SECTION SW½ of NE¼; BLOCK 26

LOT 16; ADDITION _____; Street Address 18101 South 12th Street

Directions to Property one mile South of Highway 33 & Roca Road. on west side. Long Drive-way west Then turn South.

Location of Well NE of House Tap Location: Inside ☑ Outside ☐

Location of Sewage System East of House Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Thomas M Shea	18101 So. 12th Street	794-0201
Tenant/Buyer:	Same.	Same	"
Return to:	Same	Same	

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

Signature of Applicant Thomas M. Shea Address 18101 So 12th

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HEALTH DEPARTMENT USE ONLY

Date Received DECEMBER 24, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 12/26/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 12/26/91 by JGH
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate 5.6 PPM	☒	☐	Disapproved:	☐	Date _____ by ____

(please include level of nitrate)

Comments: IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE DECEMBER 31, 1991

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

THIS IS TWO(2) MILE SECTION, WE ARE DRIVE-WAY WITH THREE(3) MAILBOX

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 12/26/91 2:09 P.M. (9-16) BY L. C. Hood (17-28)

ADDRESS OR LOCATION LOT 16 F.T., SEC. 26, (29-41)
T8N, R6E

NAME AND ADDRESS OF OWNER THOMAS M. SHEA
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. IH1-29729 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY [signature] (76-79)

'91 DEC 26 P3:38

'91 OUT DEC 27 P1:49

DEC 27 '91 P3:08

DEC 26 '91 P3:39

REPORTED

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 151-698

DATE COLLECTED 12 (MO.) 26 (DAY) 91 (YEAR) 2:09 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION THOMAS M. SHEA

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 26 TWNSHP 8 N RANGE 6 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 5.6 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY ET

FOR ACCOUNTING USE ONLY

LWN 88

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER

1 Brick House + Blue Role Barn

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: July 27, 1989

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $45.00 #75.00

Legal description of property: TWP. 8 N ; RANGE 6 E ; SECTION 26

BLOCK ; LOT 16 ; ADDITION L16, Irr. Tract in So. ½ of NE¼ 26-8-6

Street Address 18101 So. 12th Street, Roca, Nebr. 68430

Directions to Property Highway #77 So. - 1 mile So. of Roca & Crete Corner 1st drive So. of Prairie Hill Learning Center on west side, then ¼ W + ⅛ mi. So.

Location of Well N.E. of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System East of House Year Installed 1977-78

	NAME	ADDRESS	PHONE
Present Owner:	Michael Poskochil	18101 So. 12th, Roca, Ne	474-6404-Home 483-2951 Work
Tenant/Buyer:	Thrust Wendy Shea	Box 130, Roca, Ne	
Return To:	Michael Poskochil Century Realty	6105 "O" St. 68510	483-2951

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

Signature of Applicant Michael Poskochil For Trust Wendy Shea Address

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HEALTH DEPARTMENT USE ONLY #75.00

Date Received JULY 31, 1989 Received $45.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 8/1/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 8/1/89 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date ____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date ____ by ____

Comments: IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. SEPTIC SYSTEM IS NOW ELEVEN YEARS OLD THIS MONTH. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☒ Provisionsal Approval: ☐

APPROVED BY Gerald C. Wood R.S. DATE August 7, 1989

FN 20215-1079R
FORM 23-9