LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2109-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JANUARY 16, 1985 — THIS PERMIT EXPIRES

MICHAEL J. WILSON — ISSUED TO

1729 GARFIELD LINCOLN, NE 68522 — ADDRESS

T8N; R7E; Sec NW¼ of SW¼ of Sec. 2; Lot 18 & 19; 12400 So. 82
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
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 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: $ 60.00

FILE NO. _____

DATE: JULY 14, 1984

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. EIGHT (8); Range SEVEN (7); Section NW¼ OF SW¼ OF SECTION 2;
   Block _____ : Lot 18+19 : Addition _____
   Street Address 12400 S. 82

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: NONE ft.

Michael J. Wilson
Signature of Applicant (Owner or Lessee)

1729 W. GARFIELD
Address LINCOLN, NE. 68522

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/16/84. Date Frwd. 7/17/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/17/84. Date Frwd. 7/17/84. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 7-17-84. Date Frwd. 7-17-84. ACTION: Approved ☒ Disapproved ☐ Signature: Harold Sothan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-15-84 by: rm partial
Date: 8-16-84 by: rm
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-16-84 By: Ron Maynard

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: 12400 S. 82 LOTS 18+19

Location: Township EIGHT (8); Range SEVEN (7); Section & ¼ Section SW 1/4 OF NW 1/4 OF SECTION 2
Property Dimensions: 391 ft. x 1123 ft. Area: 10.08 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7/13/84 to 7/14/84 . Weather: Precip. NONE Temp. 80° .

OWNER: MICHAEL J. & CINDY L. WILSON

Address: 1729 W. GARFIELD
LINCOLN, NE. 68522

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"	7/13	6:30AM	7/14	6:30AM	7/14	6:30AM	22 3/4	10:30AM	25	30 MIN	2 1/4	13.3
2	36"	"	"	"	"	"	"	21 13/16	"	24	"	2 3/16	13.7
3	36"	"	"	"	"	"	"	21 1/2	"	21 3/4	"	1/4	120
4	36"	"	"	"	"	"	"	21 1/2	"	23 1/2	"	2	15
5	36"	"	"	"	"	"	"	23	"	25	"	2	15
6	36"	"	"	"	"	"	"	22 1/2	"	24 1/4	"	1 3/4	17.1

Michael J. Wilson
Signature of Person Conducting Test

Address 1729 W. GARFIELD Phone 474-6920
LINCOLN, NE. 68522

Sum of Percolation Rates: 194.1
Average of Rates: 32.35
Mean of Rates: 66.65

(Do not write below this line)

REVIEWING ACTION

Remarks: Seems a little fast for Wymore Silty Clay Loam
Soil Type (SCS): Wymore Silty Clay Loam
Date: July 16th 1984

Approved Percolation Rate (a)
A. 18 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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 ☐

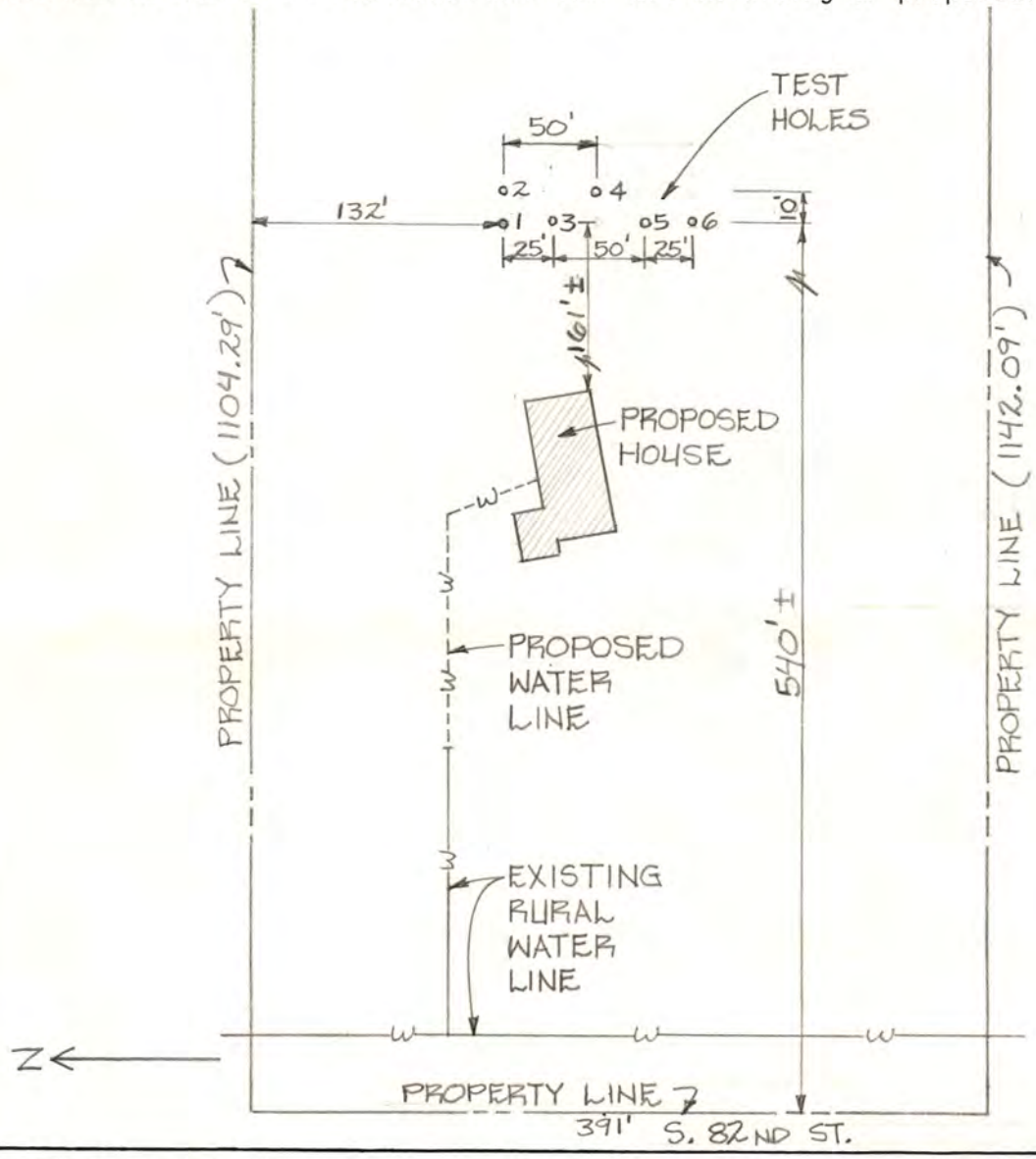
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 152 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 606 sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒ T8N, R7E, 2

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: _____

FILE NO. _____

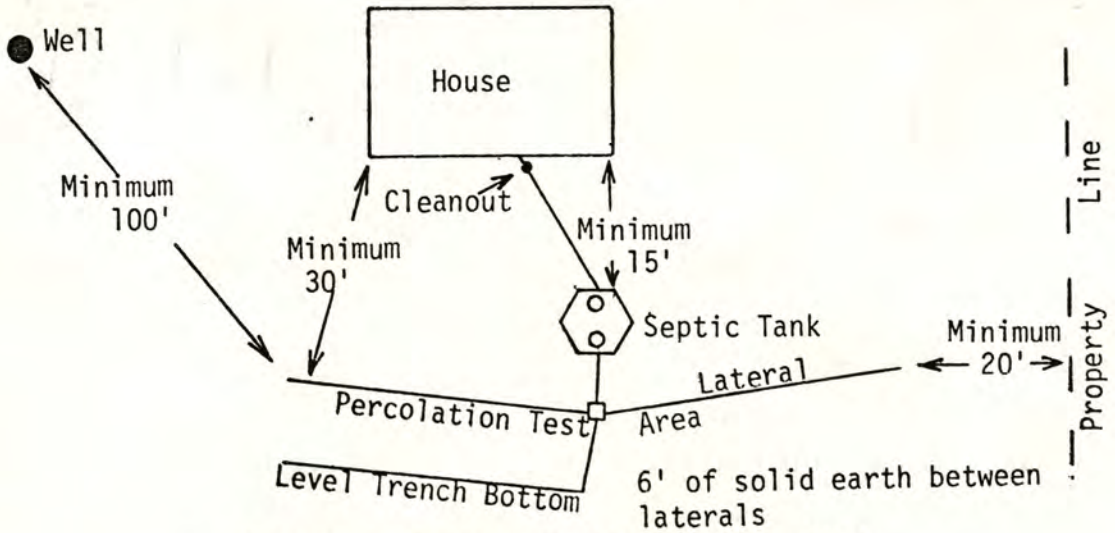
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC-3034; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 28 in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 10 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 21 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 24 or
Perforated Pipe _____.
Material: fiberglass ☐; plastic ☐; concrete ☒; other _____.
2. Lateral Lines:
Number 2; Length of each line 100, 52, _____, _____, _____ ft.;
Total length of laterals 152 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 0 in/100 ft.; Average Depth 32 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

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

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FILING FEE: $ 60.00

FILE NO. _____

DATE: JULY 14, 1984

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1. Legal description of property: Twp. EIGHT (8); Range SEVEN (7); Section NW¼ OF SW¼ OF SECTION 2;
   Block _____: Lot 18 & 19 : Addition _____
   Street Address 12400 S. 82
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: NONE ft.

Michael J. Wilson
Signature of Applicant (Owner or Lessee)

1729 W. GARFIELD
Address LINCOLN, NE. 68522

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/16/84. Date Frwd. 7/17/84. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/17/84. Date Frwd. 7/17/84. ACTION: Approved ☐ Disapproved ☐ Signature: Hal J. Stat
3. City or County Engineer : Date Rec'd. 7-17-84. Date Frwd. 7-17-84. ACTION: Approved ☒ Disapproved ☐ Signature: Harold Sothan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-15-84 by: [illegible]
Date: 8-16-84 by: [illegible]
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-16-84 By: Ron Mayfield

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

044

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: 3-15-93

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

Legal Description of Property: LOTS 18+19 TWP. 8N ; RANGE 7E ; SECTION NW/4 SW/4 OF SECTION 2 ; BLOCK ____

LOTS 18+19 ; ADDITION _____ ; Street Address 12400 S. 82

Directions to Property 1/2 Mile South 82nd + Saltillo Rd. EAST SIDE OF ROAD

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System 150 FT DIRECTLY EAST OF HOUSE MARKED W/ RED FLAG Year Installed 11/84

	NAME	ADDRESS	PHONE
Present Owner:	MICHAEL J. WILSON	12400 S. 82 BOX 153D ROCA, NE. 68430	423-5214
Tenant/Buyer:			
Return to:			

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

Signature of Applicant Michael J Wilson Address 12400 S 82 BOX 153D ROCA, NE 68430

==========

HEALTH DEPARTMENT USE ONLY

Date Received 03/16/93 Received $150.00 Check ☒ #049544 Cash ☐

RURAL WATER DISTRICT PRELIMINARY STATUS--DATE 3/17/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 3/17/92 by LCH.
Bacteria	☐	☐	Provisional:	☐	Date _____ by ____
Nitrate	☐	☐	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 MARCH 17, 1993

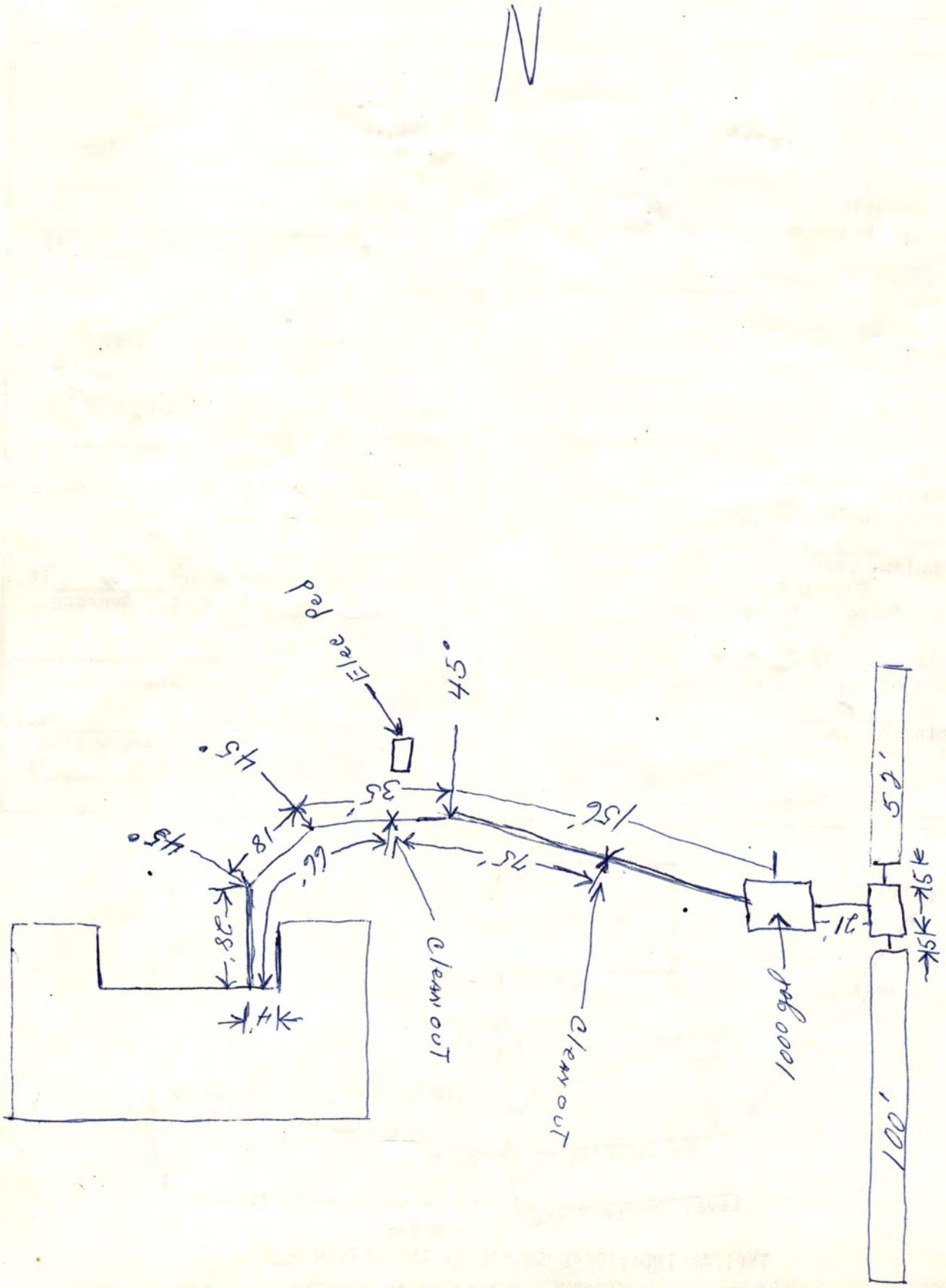
Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

044

AS BUILT DRAWING OF SYSTEM

DATE 8-16-84 INSTALLER Capital City Trenching



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2109-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JANUARY 16, 1985 — THIS PERMIT EXPIRES

MICHAEL J. WILSON — ISSUED TO

1729 GARFIELD LINCOLN, NE 68522 — ADDRESS

T8N; R7E; Sec NW¼ of SW¼ of Sec. 2; Lot 18 & 19; 12400 So. 82
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
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 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: $ 60.00

FILE NO. _____

DATE: JULY 14, 1984

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   Block _____ : Lot 18+19 : Addition _____
   Street Address 12400 S. 82

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: NONE ft.

Michael J. Wilson
Signature of Applicant (Owner or Lessee)

1729 W. GARFIELD
Address LINCOLN, NE. 68522

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/16/84. Date Frwd. 7/17/84. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

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3. City or County Engineer: Date Rec'd. 7-17-84. Date Frwd. 7-17-84. ACTION: Approved ☒ Disapproved ☐ Signature: Harold Sothan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-15-84 by: rm partial
Date: 8-16-84 by: rm
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-16-84 By: Ron Maynard

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: 12400 S. 82 LOTS 18+19

Location: Township EIGHT (8); Range SEVEN (7); Section & ¼ Section SW 1/4 OF NW 1/4 OF SECTION 2
Property Dimensions: 391 ft. x 1123 ft. Area: 10.08 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 7/13/84 to 7/14/84 . Weather: Precip. NONE Temp. 80° .

OWNER: MICHAEL J. & CINDY L. WILSON

Address: 1729 W. GARFIELD
LINCOLN, NE. 68522

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"	7/13	6:30AM	7/14	6:30AM	7/14	6:30AM	22 3/4	10:30AM	25	30 MIN	2 1/4	13.3
2	36"	"	"	"	"	"	"	21 13/16	"	24	"	2 3/16	13.7
3	36"	"	"	"	"	"	"	21 1/2	"	21 3/4	"	1/4	120
4	36"	"	"	"	"	"	"	21 1/2	"	23 1/2	"	2	15
5	36"	"	"	"	"	"	"	23	"	25	"	2	15
6	36"	"	"	"	"	"	"	22 1/2	"	24 1/4	"	1 3/4	17.1

Michael J. Wilson
Signature of Person Conducting Test

Address 1729 W. GARFIELD Phone 474-6920
LINCOLN, NE. 68522

Sum of Percolation Rates: 194.1
Average of Rates: 32.35
Mean of Rates: 66.65

(Do not write below this line)

REVIEWING ACTION

Remarks: Seems a little fast for Wymore Silty Clay Loam
Soil Type (SCS): Wymore Silty Clay Loam
Date: July 16th 1984

Approved Percolation Rate (a)
A. 18 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
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 ☐

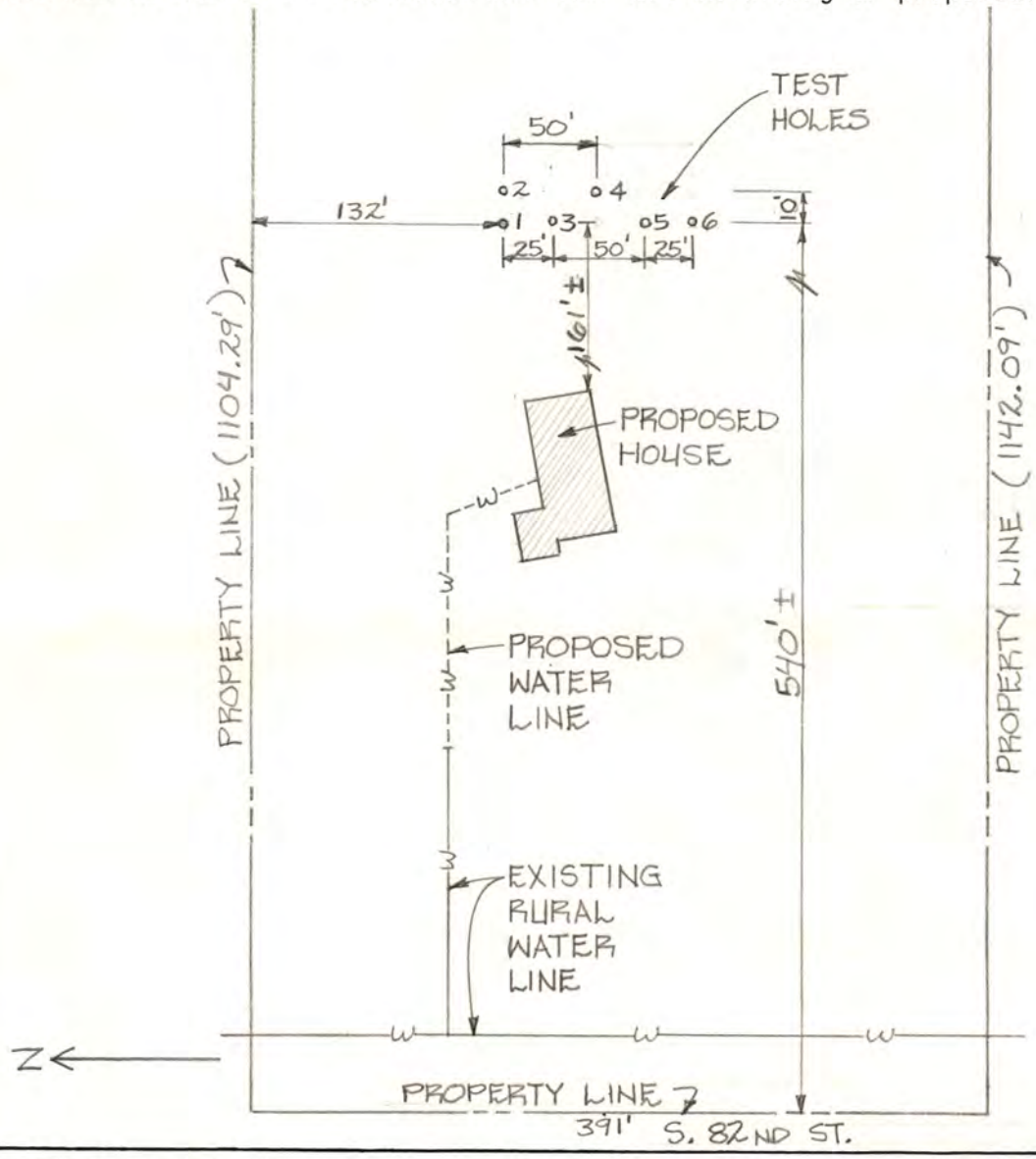
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 152 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 606 sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒ T8N, R7E, 2

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: _____

FILE NO. _____

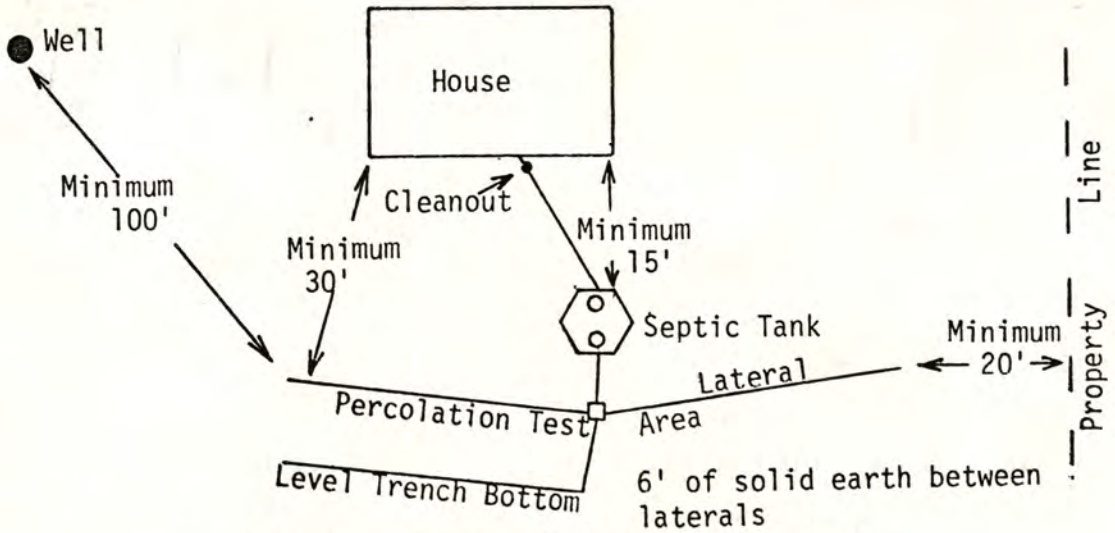
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC-3034; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 28 in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 2.
5. Distances to:
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4. Manholes: Over Inlet; diam. _____ in.
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C. DISTRIBUTION BOX:
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(Company Pre Cast)
3. Distance from Septic Tank 21 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 24 or
Perforated Pipe _____.
Material: fiberglass ☐; plastic ☐; concrete ☒; other _____.
2. Lateral Lines:
Number 2; Length of each line 100, 52, _____, _____, _____ ft.;
Total length of laterals 152 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.;
Slope 0 in/100 ft.; Average Depth 32 in.
4. Filter Material: Gravel
Depth of Material 24 in.
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TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

FORM 20103-0477
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FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
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FILING FEE: $ 60.00

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Michael J. Wilson
Signature of Applicant (Owner or Lessee)

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3. City or County Engineer : Date Rec'd. 7-17-84. Date Frwd. 7-17-84. ACTION: Approved ☒ Disapproved ☐ Signature: Harold Sothan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-15-84 by: [illegible]
Date: 8-16-84 by: [illegible]
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-16-84 By: Ron Mayfield

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

044

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: 3-15-93

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

Legal Description of Property: LOTS 18+19 TWP. 8N ; RANGE 7E ; SECTION NW/4 SW/4 OF SECTION 2 ; BLOCK ____

LOTS 18+19 ; ADDITION _____ ; Street Address 12400 S. 82

Directions to Property 1/2 Mile South 82nd + Saltillo Rd. EAST SIDE OF ROAD

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System 150 FT DIRECTLY EAST OF HOUSE MARKED W/ RED FLAG Year Installed 11/84

	NAME	ADDRESS	PHONE
Present Owner:	MICHAEL J. WILSON	12400 S. 82 BOX 153D ROCA, NE. 68430	423-5214
Tenant/Buyer:			
Return to:			

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

Signature of Applicant Michael J Wilson Address 12400 S 82 BOX 153D ROCA, NE 68430

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HEALTH DEPARTMENT USE ONLY

Date Received 03/16/93 Received $150.00 Check ☒ #049544 Cash ☐

RURAL WATER DISTRICT PRELIMINARY STATUS--DATE 3/17/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 3/17/92 by LCH.
Bacteria	☐	☐	Provisional:	☐	Date _____ by ____
Nitrate	☐	☐	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 MARCH 17, 1993

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

044

AS BUILT DRAWING OF SYSTEM

DATE 8-16-84 INSTALLER Capital City Trenching

