FILE #2100

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 20, 1984 — THIS LICENSE OR PERMIT EXPIRES

CARL MC REYNOLDS — LICENSEE OR PERMITTEE

3310 NO. 75TH STREET, LINCOLN, NE 68507 — ADDRESS

TON: PZE: Sec Nk of 28; Bk 5; Lot 2; Yankee Ridge Estates — NAME OF ESTABLISHMENT, IF ANY / ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

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

FILE NO. 2100

DATE: 6-29-84

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. 9 North; Range 7 ; Section N½ of 28;
   Block 5 : Lot 2 : Addition Yankee Ridge Estates
   Street Address 63rd & Rebel Rd

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe Brick Ranch Daylite Basement

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

4. Distance to public sewer: — ft.

Carl McReynolds
Signature of Applicant (Owner or Lessee)

3310 No 75th - Lincoln, Ne 68507
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6-29-84. Date Frwd. 6-29-84. ACTION: Approved ☒ Disapproved ☐ Signature: Ron Mayhew

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6-29-84. Date Frwd. 6-29-84. ACTION: Approved ☒ Disapproved ☐ Signature: Mel Goldner

3. City or County Engineer : Date Rec'd. 6-29-84. Date Frwd. 6-29-84. ACTION: Approved ☒ Disapproved ☐ Signature: Dean Bardole

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 12-12-84 by: nm
Date: by:
Date: by:

EXPERIMENTAL

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-2-84 By: Ron Mayhew

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

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. 2100

PROPERTY WHERE SOIL TESTED:

Location: Township 9 North; Range 7; Section & ¼ Section N½ of 28.
Property Dimensions: 238 ft. x 457 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: 6/27/84 to 6/28/84. Weather: Precip. ~~0~~ Temp. 90°.

OWNER: Carl McReynolds

Address: 3310 No. 75th - Lincoln, Ne 68507

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings Last						Results	
		Start		End		Start			End drop		Elapsed	Water	Percolation
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.)	Time (Min.)	Level Drop (in.)	Rates (Min./in.)
1	24	6/27	5⁰⁰ pm	6/27	9⁰⁰ pm	6/28	5¹⁵ pm	6"	9¹⁵ pm	5/8	240	5 3/4	.024
2	24									½	30 min interval tests.	4 3/4	.020
3	18									1 7/8		16 3/8	.068
4	18									1 5/8		12 1/8	.051
5	18									7/8		8 1/4	.034
6	18									1 1/4		8 1/4	.034
7	18									1 7/8		17 1/4	.072
8	18									1 5/8		12 1/8	.051
9	18									2 1/4		16 5/8	.069
10	18	↓	↓	↓	↓	↓	↓	↓	↓	3 1/4	↓	19 7/8	.082

Sum of Percolation Rates: .505
Average of Rates: .051
Mean of Rates: .051

Carl McReynolds
Signature of Person Conducting Test

Address 3310 No. 75 Lincoln, Ne 68507 Phone H-464-1486 O-474-4841

(Do not write below this line)

REVIEWING ACTION

Remarks: somewhat East "Pork" rate of this soil.
Soil Type (SCS): Wymore Silty clay
Date: 6-29-84

Approved Percolation Rate (a)
A. 19 min./inch
B. _____ min./inch
C. _____ min./inch

Ron Hanson
Signature of Reviewing Official

.625
.5
1.875
1.625
.875
1.25
1.875
1.625
2.25
3.25
15.57
1.58

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☑
County Resolution No. 2832 ☐

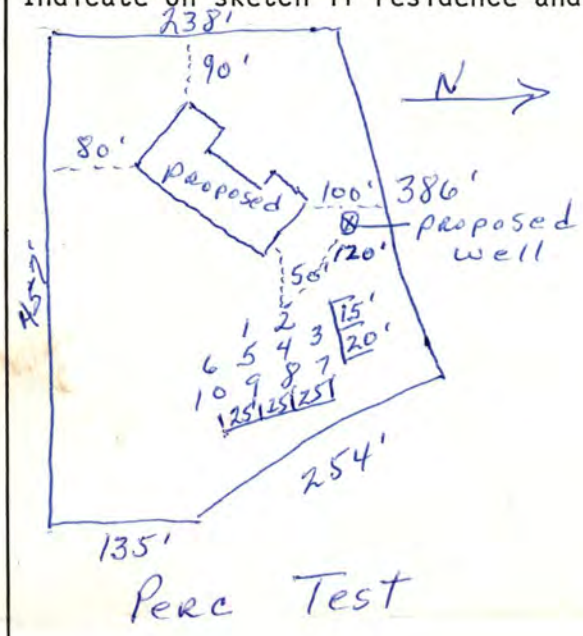
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

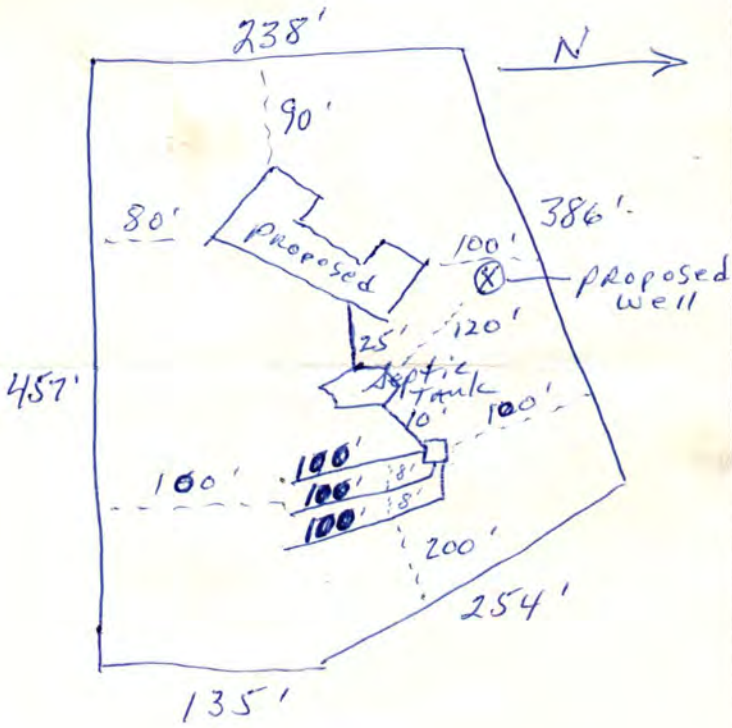
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2100

Indicate on sketch if residence and well are exisiting or proposed.



Perc Test



REVIEWING ACTION

Remarks: Recommend putting in extra laterals because the "Perk" rate is somewhat fast for wymore soil

Date: 6-29-84

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 412 275 206 ft.
3. With a Trench Width of 2' 3' 4' in.
4. Total Area of Lateral needed 824 sq.ft.

Ron Margeson
Signature of Reviewing Official

REC'D JAN 2 1985

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)

Mc Reynolds
6301 Rebel RD
Lincoln Ne

FILE NO. _____

SPECIFICATIONS

DATE: 12/27/84

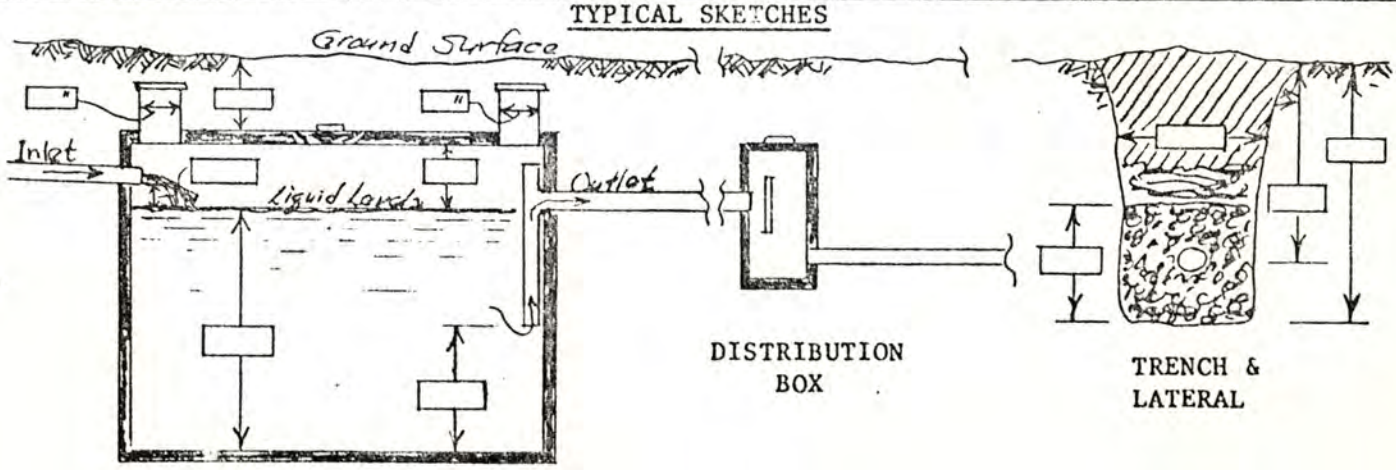
A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor ___in.; or below basement floor 14 in.
3. Distance between dwelling and septic tank 132 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ~~100~~ ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth ___in.
3. Factory Built: Yes [X] (Company _____)
No ☐
4. Manholes: Over Inlet; diam. 24 in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle [X]; or Tee ☐
6. Outlet: Baffle [X]; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade 24 in.
8. Distances To:
Well or Suction Line 160 ft.;
Stream ___ft.; Pressure Line ___ft.;
Property Line ___ft.

C. DISTRIBUTION BOX
1. Material concrete; No. available outlets ___.
2. Factory Built: Yes [X], (Company _____) No ☐
3. Dimension: Length ___in.; Width ___in. Depth ___in.
4. Distance from Septic Tank 130 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: half moon
2. Lateral Lines: Depth below grade 22 in. Number ___; Length of each line ___ft Total length of Laterals 150 ft.; Slope ___in/100 ft. Diameter of pipe ___ in.; Shape ½ Rounds Material: concrete [X]; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ___ft.
3. Trench Dimensions: Depth 40 in.; Width 96 in.
4. Filter Material: GRAVEL. Depth of material from trench bottom 24 in.
5. Distances To:
Well or Suction Line 200 ft.;
Stream ___ft.; Pressure Line ___ft.
Property Line ___ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant

92012015

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: 1-13-92

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

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 28 ; BLOCK 5

LOT 2 ; ADDITION YANKEE RIDGE ESTATES ; Street Address 6301 Rebel Dr - Lincoln (16)

Directions to Property ½ mi So. of Yankee hill & 56th St. - East ½ mi. to 63rd - 2 Blocks South on East Side of road - Map on Back

Location of Well Front yard - East side Tap Location: Inside ☐ Outside ☒

Location of Sewage System Back yard - East Side Year Installed 1986

	NAME	ADDRESS	PHONE
Present Owner:	Carl/Marilyn McReynolds	6301 Rebel Dr Lincoln (16)	H-423-6301 W-474-4841
Tenant/Buyer:	—		
Return to:	Same		

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

Signature of Applicant Carl McReynolds Address 6301 Rebel Dr Lincoln, Ne 68516

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HEALTH DEPARTMENT USE ONLY

Date Received JANUARY 13, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JANUARY 16, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 1/16/92 by J.C.H.
Bacteria	☒	☐	Provisional:	☒	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: THE SEWAGE SYSTEM SERVING THIS PROPERTY IS OF AN EXPERIMENTAL VARIETY HENCE APPROVAL IS PROVISIONAL. THERE WAS NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Head R.E.H.S. DATE JANUARY 21, 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

01940193

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT 020

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 2 each Date: 8-18-94

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

Legal Description of Property: TWP. 9N ; RANGE 7E ; SECTION 28 ; BLOCK 5

LOT 2 ; ADDITION Yanke Ridge ; Street Address 6301 Rebel Dr.

Directions to Property Kearney Skyline

(2) West Front Building + South 75 Drive (Return Well)

Location of Well (1) Front 17 Paces East Side of Dr. (Drinking) Tap Location: Inside ☐ Outside ☒

Location of Sewage System West of Front + East of Mid Bldg Year Installed 85

NW East Corner House Tap
SE East Corner House Heat Tap

	NAME	ADDRESS	PHONE
Present Owner:	Carl McReynolds	6301 Rebel Dr	H 423-6301
Tenant/Buyer:			O/C 474-4841
Return to:			

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

Signature of Applicant _____ Address _____

==========

HEALTH DEPARTMENT USE ONLY

Date Received August 26, 1994 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 8-26-94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
NE. WELL Construction	☐	☒	Approved:	☐	Date 9-15-94 by PD
Bacteria	☒	☐	Provisional:	☒	Date _____ by _____
Nitrate	☒ <0.1 ppm	☐	Disapproved:	☐	Date _____ by _____

Comments: Pump septic tank if not done in past two years

Repair electrical conduit on NE. well

9-15-94 Conduit repaired P.D. See Attached Letter ☐

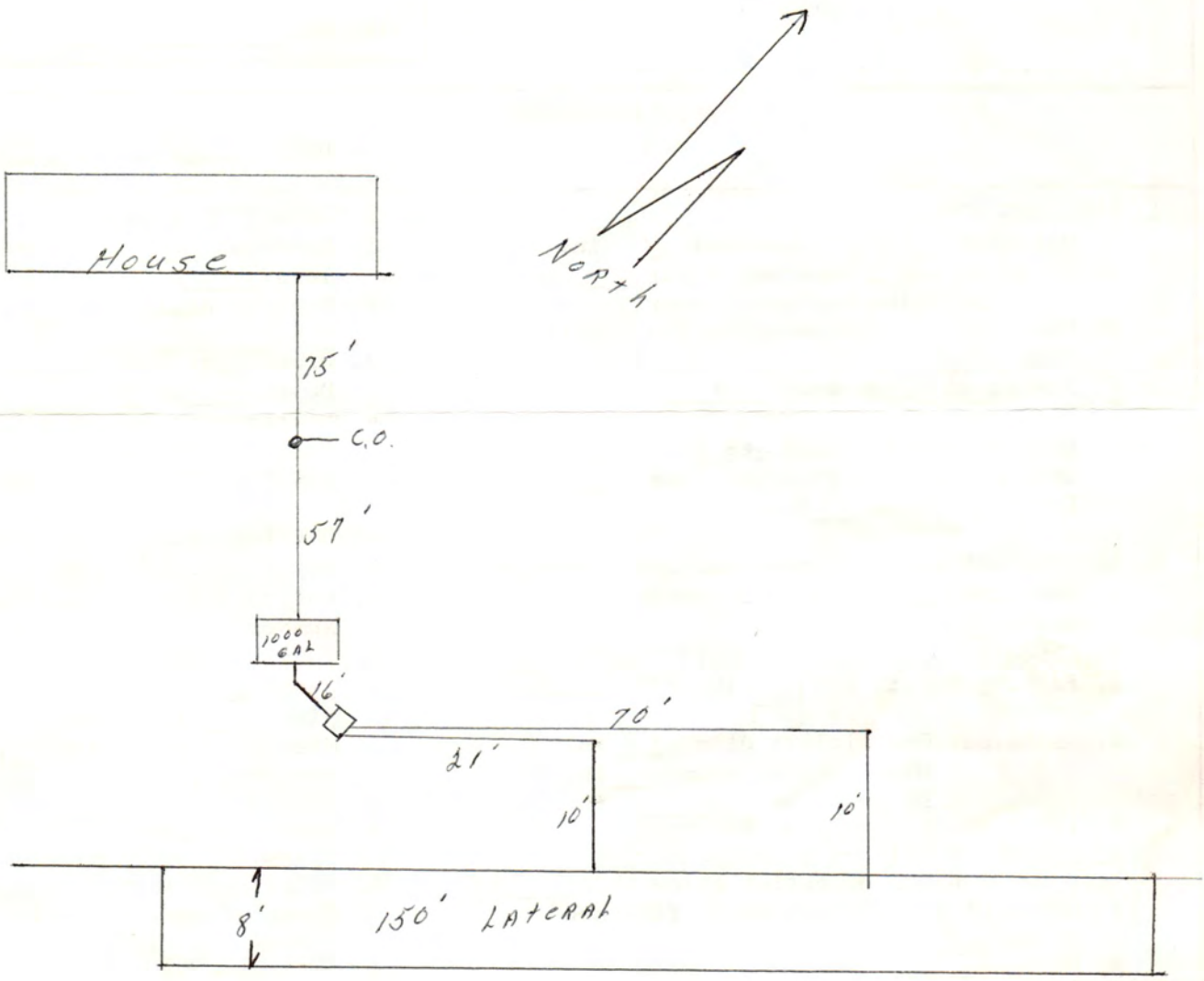
FINAL STATUS

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

APPROVED BY Paul Hoffmann DATE 9-26-94

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


HOUSE
NORTH
75'
C.O.
57'
1000 GAL
16'
70'
21'
10'
10'
8'
150' LATERAL

FILE #W-9

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION	JULY 25, 1985
TYPE OF LICENSE OR PERMIT	THIS LICENSE OR PERMIT EXPIRES
CARL MC REYNOLDS	6301 REBEL DR. LINCOLN, NE 68516
LICENSEE OR PERMITTEE	ADDRESS
T9N; R7E; Sec W½ of 28; Bk 5; Lot 2; Yankee Ridge	
NAME OF ESTABLISHMENT, IF ANY	ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 45.00	019851	$ 45.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $45.00

FILE NO. W-91

DATE: 1-24-85

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9N : Range 7E : Section N½ of 28
   Block 5 : Lot 7 : Addition Yankee Ridge Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well Supply water to home

Carl MacReynolds
Signature of Applicant (owner or lessee)

6301 Rebel Dr
Address
Lincoln Ne 68516

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 1/25/85. Date Frwd. 1/25/85. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoop
2. Supt. Bldg. Insp.: Date Rec'd 1/25/85. Date Frwd. 1/25/85. Action: Approved ☒ Disapproved ☐ Signature: Rodger Harris
3. City or County Engineers: Date Rec'd 1/25/85. Date Frwd. 1/25/85. Action: Approved ☒ Disapproved ☐ Signature: Jerome D. Obrist

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 1/29/85 by J.C.H. DEPRESSION AROUND RE INJECTION
Date: 2/20/85 by J.C.H. ALL DEPRESSIONS WELL FILLED
Date: ____ by ____

Nitrate Level <0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/21/85 By: J.C. Hoop

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 91-91

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

9

DATA SHEET FOR WATER WELLS

Legal Description: Sec N½SE. 9N R. 7E Block 5 Lot 2 Addition Arakee Ridge Estates
Owner Carl McReynolds Address 6301 Rebel Dr

Return (Injection) Well

LOG OF WELL

Depth Ft. to	Description

WELL COMPLETION RECORD

Drilling Method: Rotary Mud
Depth (from ground level), Ft. 250
Date Completed 9-10-84

Casing: Length, Ft 250 ; Dia. In. 4"
Wall Thickness, Inc. ____ ; type PVC-200

Screen: Length, Ft. 20 Dia. In. 4"
Type PVC , slot Size .025

Drop Pipe: Length, Ft 230 Dia. In. 4"

Water Level, Surface to top of water, Ft.:
Static 178 ft, Pumping —

Yield: ~~50+~~ gpm, Measured ☐ , Est. ☒
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Strader's Blue Valley Drilling
(Signed)

Address Pickrell, Ne

Date 1-24-85

REMARKS
Well is completed and set up for Return water

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4

STRADER'S
BLUE VALLEY DRILLING

Gerald Strader
Blue Rapids, Kansas 66411
Phone: 913-226-7353

Roger Strader
Pickrell, Nebraska 68422
Phone: Home 402-673-4255
Office 402-673-3465

Name Carl McReynolds Date Sept. 6, 198 4

Address 3310 N.75 Phone

Location Lincoln, NE.

Location of Well

____ Test @ ____ per. ft.	$	
____ Test @ ____ per. ft.	$	
____ Reaming @ ____ per ft.	$	
263' Well @ 8.00 per ft.	$	2104.00
____ Extra Casing @ ____ per ft.	$	
____ Total ft. of casing used	$	
20' Perforations @ 30.00	$	30.00
X Sand	$	30.00
Cement Grout	$	
X Cap Bottom	$	10.00
X Cap Top	$	10.00
----------	$	
----------	$	
----------	$	

☐ Cash ☐ Charge TOTAL $ 2184.00

LOG OF WELL

Top	Bottom	
0	1	Fill
1	3	Top soil
3	16	Tan clay
16	78	Yellow clay
78	115	Blue clay
115	119	Red clay
119	122	Yellow clay
122	134	Blue clay
134	137	Tan clay
137	173	Blue clay
173	181	Yellow clay
181	260	Sandstone
260	263	Red clay

Depth drilled 263' Depth cased 263' Size of hole 8"
Method drilled Rotary mud
Size of casing 5" Grade PVC-200 Guides ____ Thickness ____
Feet of screen 20 Type PVC-200 Slot size .025
Depth screen set 243 to 263' & ____ to ____
Bottom cap X Type PVC Top cap X Type PVC
Type of gravel pack Concrete Amount 1 Yd. Height 50'
Seal X Type clay Depth surface
Static water level 180' Well tested 100 GPM Method air
Plumber ____ Recommended Pump setting 220'

TERMS: CASH upon completion unless other arrangements have previously been made. Any invoice not paid will be subject to a Servic Charge of 1½% per month from date of invoice which is an Annual percentage rate of 18%.

DRILLER Don Smith **PURCHASER** ____

STRADER'S
BLUE VALLEY DRILLING

Gerald Strader
Blue Rapids, Kansas 66411
Phone: 913-226-7353

Roger Strader
Pickrell, Nebraska 68422
Phone: Home 402-673-4255
Office 402-673-3465

Name Carl McReynolds Date Sept. 10, 198 4

Address 3310 N. 75 Phone

Location Lincoln, NE.

Location of Well Return well

	Test @ per. ft.	$	
	Test @ per. ft.	$	
	Reaming @ per ft.	$	
250'	Well @ 7.00 per ft.	$	1750.00
	Extra Casing @ per ft.	$	
	Total ft. of casing used	$	
20'	Perforations @ 30.00	$	30.00
X	Sand	$	30.00
	Cement Grout	$	
X	Cap Bottom	$	10.00
X	Cap Top	$	10.00
		$	
		$	
		$	

☐ Cash ☐ Charge TOTAL $ 1830.00

LOG OF WELL

Top	Bottom	
0	2	Top soil
2	16	Tan clay
16	78	Yellow clay
78	102	Blue clay
102	115	Red clay
115	136	Yellow clay
136	168	Blue clay
168	247	Sandstone
247	250	Red clay

Depth drilled 250' Depth cased 250' Size of hole 8"
Method drilled Rotary mud
Size of casing 4" Grade PVC-200 Guides Thickness
Feet of screen 20 Type PVC Slot size .025
Depth screen set 230 to 250 & to
Bottom cap X Type PVC Top cap X Type PVC
Type of gravel pack concrete Amount 1 yd. Height 40'
Seal X Type clay Depth surface
Static water level 178' Well tested 50+ GPM Method air
Plumber Recommended Pump setting

TERMS: CASH upon completion unless other arrangements have previously been made. Any invoice not paid will be subject to a Service Charge of 1½% per month from date of invoice which is an Annual percentage rate of 18%.

DRILLER **PURCHASER**

AS BUILT DRAWING OF INSTALLATION IN RELATION TO BUILDINGS, PROPERTY LINES, OTHER WELLS, AND SOURCES OF CONTAMINATION. INDICATE NORTH.

