LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
ENVIRONMENTAL HEALTH DIVISION
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 97390056301

SEWAGE SYSTEM REPAIR

Issued 08/08/97
Expires 02/08/98
Revenue Code 18754

Establishment

DAVID HALVORSEN
T9N R8E SEC 13
LOT 1&2

FEES: $50.00

TOTAL $50.00

Permittee

DAVID HALVORSEN
8130 DUNDEE DR
LINCOLN NE 68510

Issued By M. Jane Ford
Health Director

5109

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 7-20-97

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☑, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N ; Range 8E ; Section 13 ;
Block _____ ; Lot 1 & 2 ; Addition _____
Street Address 5850 So 176th Walton Ne 68461

2. Property Use: Residential ✓ ☐ ; Commercial _____ ☐
No. Bedrooms 2 EA. 2 Houses. Describe Mound System add -2-50' laterals.
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: extension of mound system laterals.

5. Work to be done by: Owner ☐ ; or Contractor ☒ , OESTING WELL & PLUMBING.
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	1200.00

David M Hawoman
Signature of Applicant (owner or lessee)

(Home 8130 Sunda Dr. Lincoln Ne.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 08/07/97
Filing Fee: $ 150.00 # 1104

MAJOR REPAIR

2. Site Visits:
Date: _____ by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL*
Date: 8/7/97 by: J.C. Hood

* EXTENSION OF EXPERIMENTAL

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 5850 South 176th (no rural route) City Walton. NE, Zip Ne-68461

Legal Description NW 13 - 9 - 8 1&2
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Ryan Christensen / Dave Hammond Signature David A Hammond

Address 5850 So 176th. City/State/Zip Walton Ne. 68461 C

☐ Check if owner designed system Home Phone 782-2252 Work Phone 473-1056

C. Contractor

Name OESTING WELL & PUMP. Company Name same.

Address A City/State/Zip Adams Nebr

☐ Check if contractor designed system Work Phone 432-0881 Cellular. 988-2055

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling (2) Number of Bedrooms 2+2 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify This system served 2 homes. (LOT 1&2)

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)

Person Conducting Percolation Tests

Name: NONE.

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

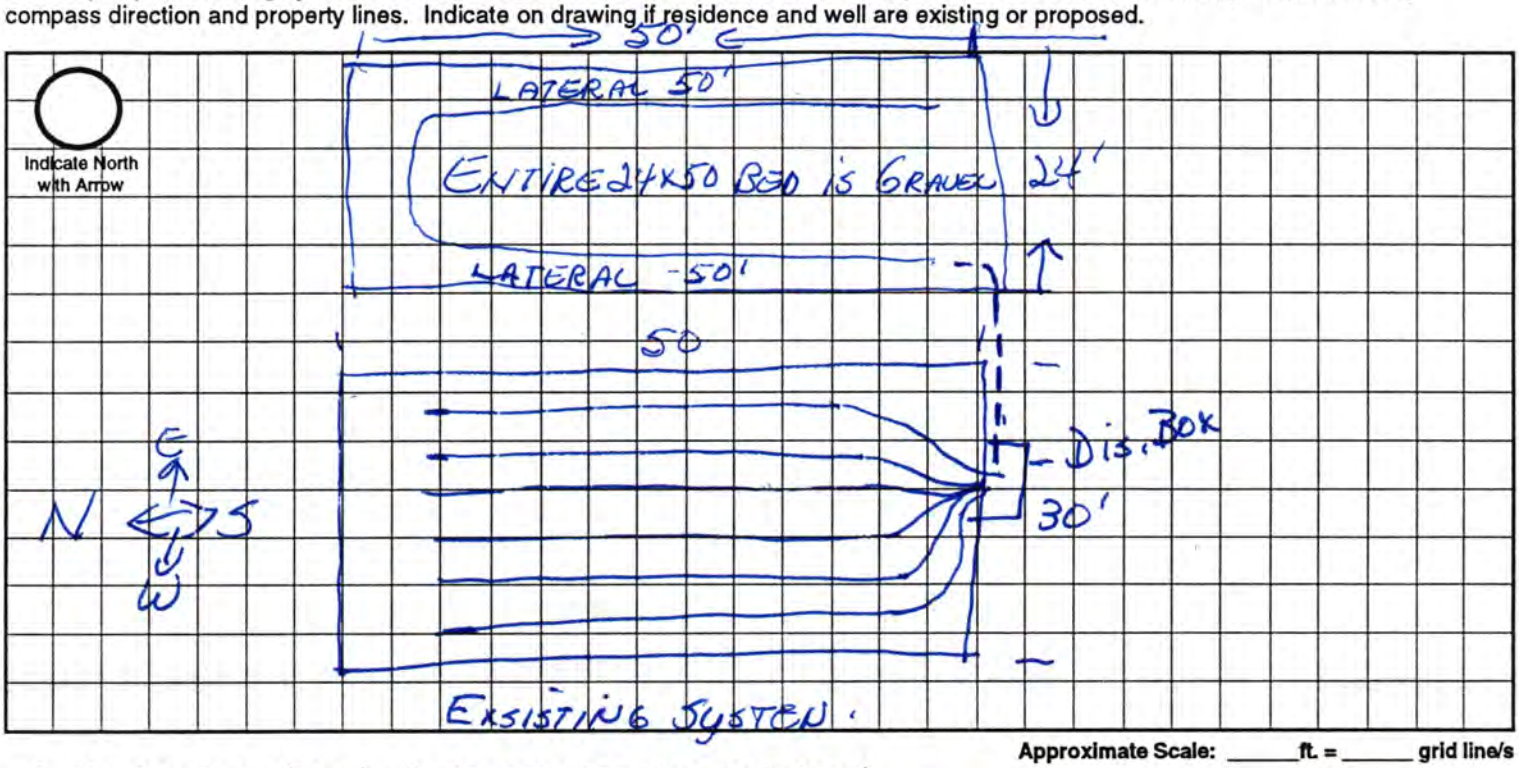
C

Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5850 176th St. City Walton NE, Zip 68461

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Addition of LATERAL - 2-50' Lat.

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☒ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 1-24x50 Number of Distribution Laterals per Bed 2

Total Length of Laterals 2-50' ft. Number of Trenches _____ Trench Width 24 x 50

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	25 ☑	20 ☑	15 ☑	25 ☑	☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	30 ☑	20 ☑	30 ☑	40 ☑	☐
Lagoon (ft)	100 ☐ N/A	500 ☐ N/A	50 ☐ N/A	N/A ☐	30 ☐	50 ☐ N/A	100 ☐ N/A	200 ☐ N/A	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date _____

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 7-20-97

System Location (Indicate correct number and street)

Address 5850 So 176th. (no rural route) City Walton Ne. NE, Zip 68461

THIS PERMIT IS FOR AN ADDITION TO EXISTING SYSTEM.

A. Building Sewer

1. Material: PVC - white
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance 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

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

(Provide as-built drawings on back of this form)

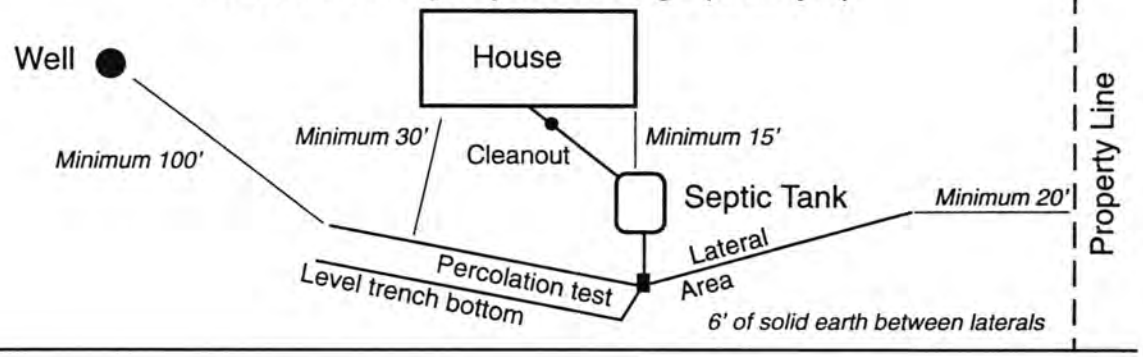
1. Type: ☐ Half rounds ☑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: ① 50' ft. ② 50' ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 24 x 50 ft.
   Slope 1.5" in/100 ft.
   Average depth 16" in
4. Filter material: gravel
   Depth of material 12" in.
5. Distances to: Well or suction line 150' ft.
   Stream DNA. ft.
   Pressure line DNA. ft.
   Property line 110' ft.

BOTH HOMES ARE ON RURAL WATER.

Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

Indicate North with Arrow

Same as "C"

Approximate Scale: _____ft. = _____ grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 90390020701

Issued 09/13/90
Expires 03/13/91

ESTABLISHMENT

ORION MAY
T9N R8E SEC 13
LOT 182

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

ORION MAY
PR0001
BOX 00042
WALTON NE 68461

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
9/14/90	PAID

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

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO._____

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

DATE:_____

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 9N; Range 8E; Section 13;
Block_____; Lots 1 & 2 IT; Addition_____
Street Address_____

2. Property Use: Residential 1A, 1B ☒; Commercial_____ ☐
No. Bedrooms 2 - 1 Bed, 2 - 1 Bath
Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: PUT IN LAGOON

5. Work to be done by: Owner ☒; or Contractor ☐, _____
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	OVER 400.00

Orion E. May
Signature of Applicant (owner or lessee)

Walton Route 1 box 42 -68461
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 50.00

2. Site Visits:
Date: 10/16/90 by: J.C.H.
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL ☒
Date:_____ by:_____

* SHARED EXPERIMENTAL SYSTEM HENCE PROVISIONAL APPROVAL

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 9 ; Range 8 ; Section & ¼ Section 13 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

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

Dates of Tests: _____ to _____ . Weather: Precip. _____ Temp. _____

OWNER: Orin May

Address: R#1 Walton, 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	9/6	1:16	9/6	5:29	9/7	12:40	23 3/8	4:40	25 3/4		2 3/8	
2	36	"	1:17	"	5:30	"	12:42	23 1/4	4:42	24 7/8		1 3/8	
3	36	"	1:19	"	5:32	"	12:44	23 1/4	4:44	25		1 3/4	
4	36	"	1:20	"	5:33	"	12:45	22 5/8	4:45	24		2 5/8	
5	36	"	1:21	"	5:34	"	12:47	22 3/4	4:47	27		5 1/4	
6	36	"	1:22	"	5:35	"	12:49	23 3/4	4:49	24 3/8		5/8	
												14	

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

_____
Signature of Person Conducting Test

Address _____ Phone _____

(Do not write below this line)

REVIEWING ACTION

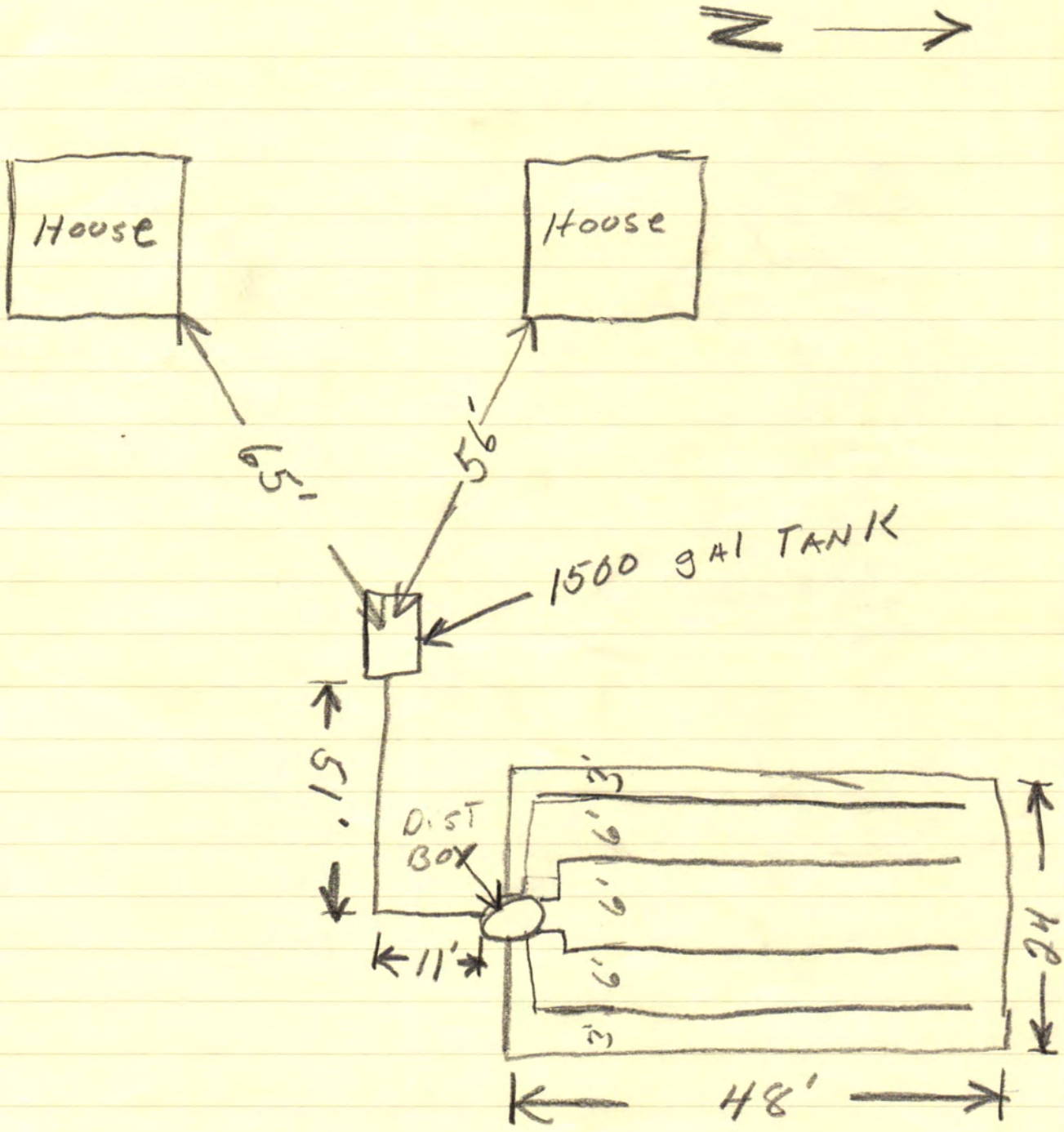
Approved Percolation Rate (a)
A. 107 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: _____

Soil Type (SCS): Wymore Silty Clay Loam with Pawnee Clay Loam Phase

Date: September 10, 1990

Gerrold C. Hook
Signature of Reviewing Official



Capital City Trenching

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

Scheduled to close 5-19-97 Trimble

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 5850 S 176th St.

NW Twp 9N Range 8E Section 13 1/4 ___ 1/4 ___ Block ___ Lot 2 Addition LCN

Directions to Property from 84th & old Cheney East to 176th St. South to second house on the East side of 176

Location of Well - rural water. Tap Location: Inside ☐ Outside ☒

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Russ Rhodes		
Tenant/Buyer:	David Halvorsen	8130 Dunbar Dr Lincoln Ne. 68510	432-9834
Return to:	Same.		

Signature of Applicant David Halvorsen Address 8130 Dunbar Dr. Lincoln Ne. 68510 Date 5/30/97

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 05/30/97
Initials ss
Amount 150 =
Check No. 2781

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 6/2/97

RURAL WATER DISTRICT

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 7/30/97 by J.C.H.
Date 7/31/97 by J.C.H.
Date ___/___/___ by ___

Comments: SEWAGE SYSTEM IS LEAKING HAS BEEN UNSUCCESSFULLY COVERED TO PREVENT. 7/31/97 Line of system doubled. J.C.H. SYSTEM IS CONSIDERED EXPERIMENTAL HENCE APPROVAL IS PROVISIONAL. 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 8/7/97

Approval or disapproval is based on State and local 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 operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

003

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: 6/25/92

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

Legal Description of Property: TWP. 9N; RANGE 8E of 6PM; SECTION S½ E NW¼ 13; BLOCK ____

LOT 1; ADDITION _____; Street Address 6000 S. 176th St. Walton, NE 68461

Directions to Property South of Lincoln Hwy 34; North to Walton

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	ORION AND ETHEL MAY	6000 S. 176th St, Walton	782-8747
Tenant/Buyer:	MICHAEL AND CINDY ADAMS	445 Douglas Drive Eagle, NE	781-2515
Return to:	SECURITY FEDERAL SAVINGS	6801 "O" ST. SUITE 100 ZIP(10)	474-4444

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

Signature of Applicant Kelly Lutomski Loan Asst. Address 6801 "O" ST. SUITE 100 (10)

==========

HEALTH DEPARTMENT USE ONLY

Date Received JULY 7, 1992 Received $150.00 Check ☒ Cash ☐

LANCASTER RURAL WATER DISTRICT PRELIMINARY STATUS--DATE JULY 8, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 7/8/92 by JCH
Bacteria	☐	☐	Provisional:	☒	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

Comments: THIS IS AN EXPERIMENTAL SYSTEM THAT IS SHARED WITH THE HOUSE TO THE SOUTH HENCE APPROVAL IS PROVISIONAL. THERE WAS NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

FINAL STATUS LANCASTER COUNTY RURAL WATER DISTRICT

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

APPROVED BY Jerrold C. Hook R.E.H.S. DATE JULY 8, 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

017

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: 9-24-91

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

Legal Description of Property: TWP. 9N; RANGE 8E; SECTION 13; BLOCK ____

LOT ____; ADDITION _____; Street Address 5850 South 176th Street

Directions to Property Old Cheney Rd to 176th Street turn South and go ¼ mile

Location of Well ~~North of house~~ Rural Water Tap Location: Inside ☐ Outside ☐

Location of Sewage System Northwest of house Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Phyllis May	RR #1 Walton Neb. 68461	783-2766
Tenant/Buyer:			
Return to:	PAUL KARDELL, CENTURY REALTY	2855 So. 70TH ST. 68506	

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

Signature of Applicant _____ Address _____

==========

HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 25, 1991 Received $150.00 Check ☒ Cash ☐

RURAL WATER DISTRICT PRELIMINARY STATUS--DATE 9/25/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 9/25/91 by L.C.H.
Bacteria	☐	☐	Provisional:	☒	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

Comments: SEWAGE SYSTEM IS SHARED WITH THE HOUSE TO THE NORTH. IT IS OF AN EXPERIMENTAL VARIETY, HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. See Attached Letter ☐

~~NEED AS BUILT DRAWING OF SYSTEM. Received 10/1/91 L.C.H.~~

FINAL STATUS RURAL WATER DISTRICT

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

APPROVED BY Jerrold C. Hood R.S. DATE OCTOBER 1, 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