LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
LAGOON

No. 98380191501

Issued 12/15/98
Expires 06/15/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment

STEPHEN OTRADOVEC
T9N R8E SEC 32
LOT 50
11100 S 120 STREET-BENNET

TOTAL $150.00

Permittee

STEPHEN OTRADOVEC
11100 S 120 ST
BENNET NE 68317

Issued By Health Director
Lincoln-Lancaster County Health Department

008377

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

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

A

Permit Number: 98380191 5

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 11100 S. 120 (no rural route) City Bennet NE, Zip 68317

Legal Description SW 32 9 8
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 Steve OTradovec Signature _____

Address 11100 S. 120 City/State/Zip Bennet, Ne 68317

☐ Check if owner designed system Home Phone 782-8796 Work Phone _____

C. Contractor

Name Brad Southwick Company Name Southwick Sewer & Drain

Address 17201 S. 72 City/State/Zip Hickman, Ne 68372

☒ Check if contractor designed system Work Phone 430-7606

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

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES NO

☐ Commercial Establishment/Other Facility Specify _____

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 12-10-98 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature Paul Dotzman
2. ~~**Supt. Bldg. Insp. or Village Clerk**~~ N/A 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 Paul Dotzman

Date 12-16-98

Business Office Use Only

Date Rec'd 12/09/98

Amt Paid 150 CC

Rec'd By LS ~~Cash~~/Check No. 3282

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

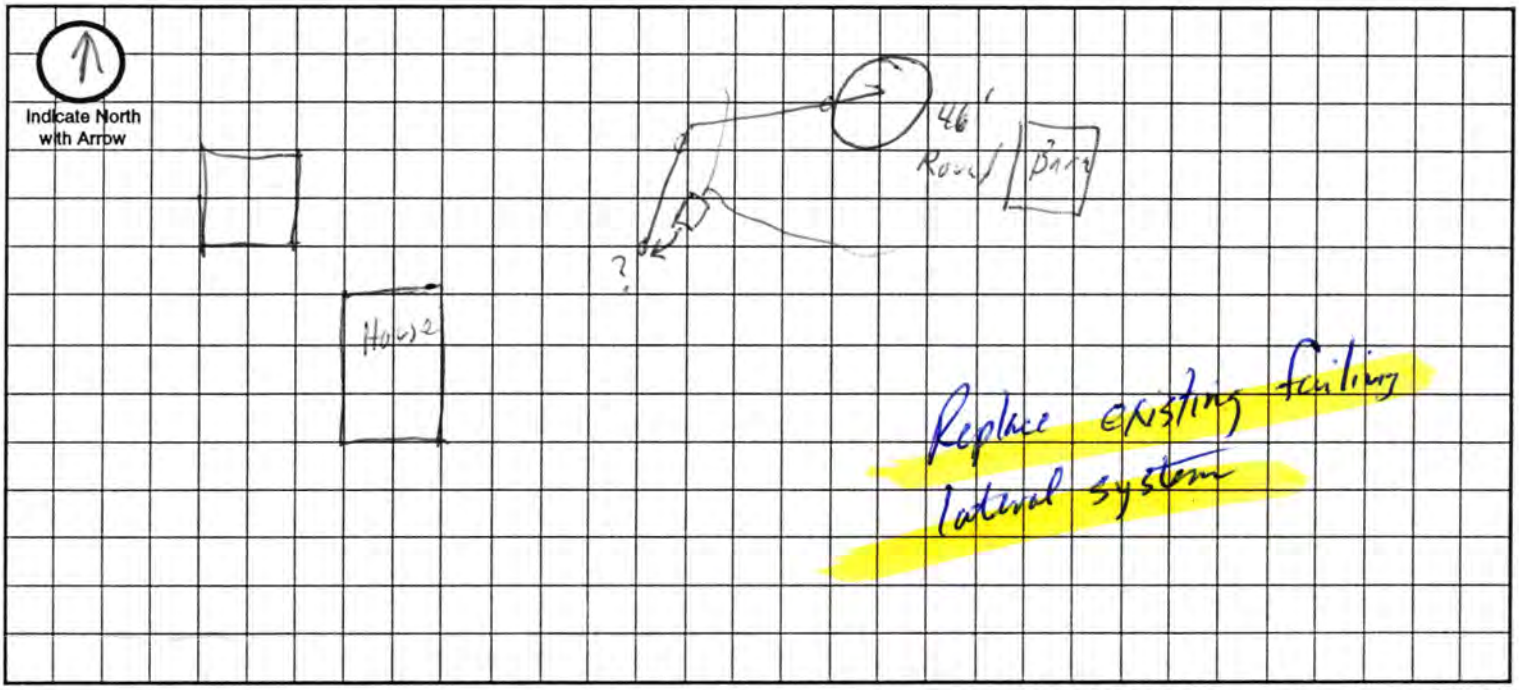
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98380195

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) 11100 S 120 City Bennet NE, Zip 68317

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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 _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

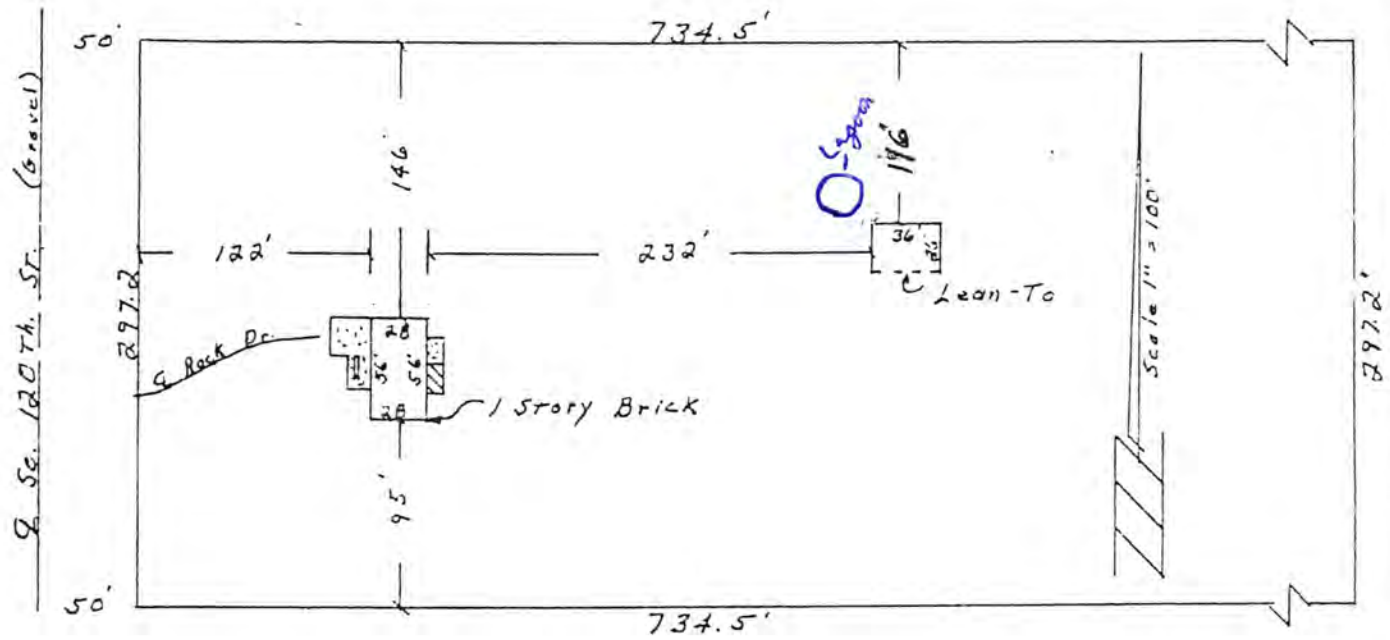
Home Building Contractor _____ Date _____

Installer Brad Southard Date 12-9-98

Leader Federal

PROPERTY IMPROVEMENT LOCATION PLAT

11100 So. 120th ST., Bennet



NOTE: Subject property apparently falls within the confines of Zone "C" as determined by the FEMA-FIA Flood Rate Map community 310139 panel 0195C, revised 2-3-82

LEGAL DESCRIPTION: Lot 50, in the SW/4 of Section 32, T9N, R8E of the 6th P.M., Lancaster County, Nebraska.

DATE OF CERTIFICATE

11 - 28 - 88

REVISED

NEBRASKA REGISTERED LS - 381 LAND SURVEYOR JESSE W. WININGER

SURVEYOR'S CERTIFICATE

To the Lienholders and/or the owners of the premises inspected, and to

Mr. Steve Otradovec and Leader Federal

The undersigned does hereby certify that the inspection made this day on the ground of the property legally described hereon and is correct, and that there are no visible discrepancies, conflicts shortages in area, boundary line conflicts, encroachments, overlapping of improvements, easements or rights-of-way in evidence or known to me, except as shown hereon, and that said property has access to and from a dedicated roadway. The foregoing is shown with an accuracy necessary to satisfy the needs of a lendor or insuror. This plat is not a boundary survey and is not to be used for any purpose whatsoever other than those specifically stated above.

Jesse W. Wininger

Professional Surveyors, Inc.

421 SO. 9TH - SUITE 101
LINCOLN, NE 68508
(402) 477-5255

JESSE W. WININGER, L.S.
PRESIDENT

PROJECT NO.

882565

9.5-121

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

D

Permit Number: 98380191 5

Sewage Disposal System

As Built Plans & Specifications

Date 12-12-98

O tradover

System Location (Indicate correct number and street)

Address 11100 So 120 (no rural route) City Bennet NE, Zip 68317

Sewage Lagoon

A. Building Sewer

1. Material: _____
   Diameter: _____ 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

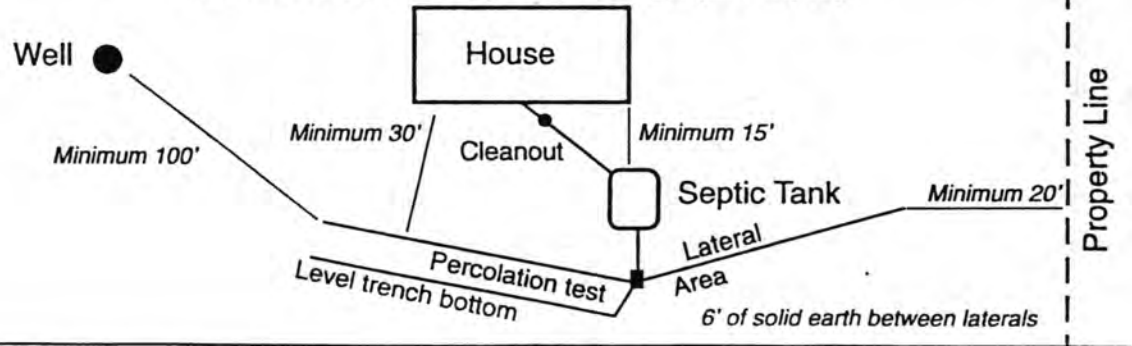
(Provide as-built drawings on back of this form)

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

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

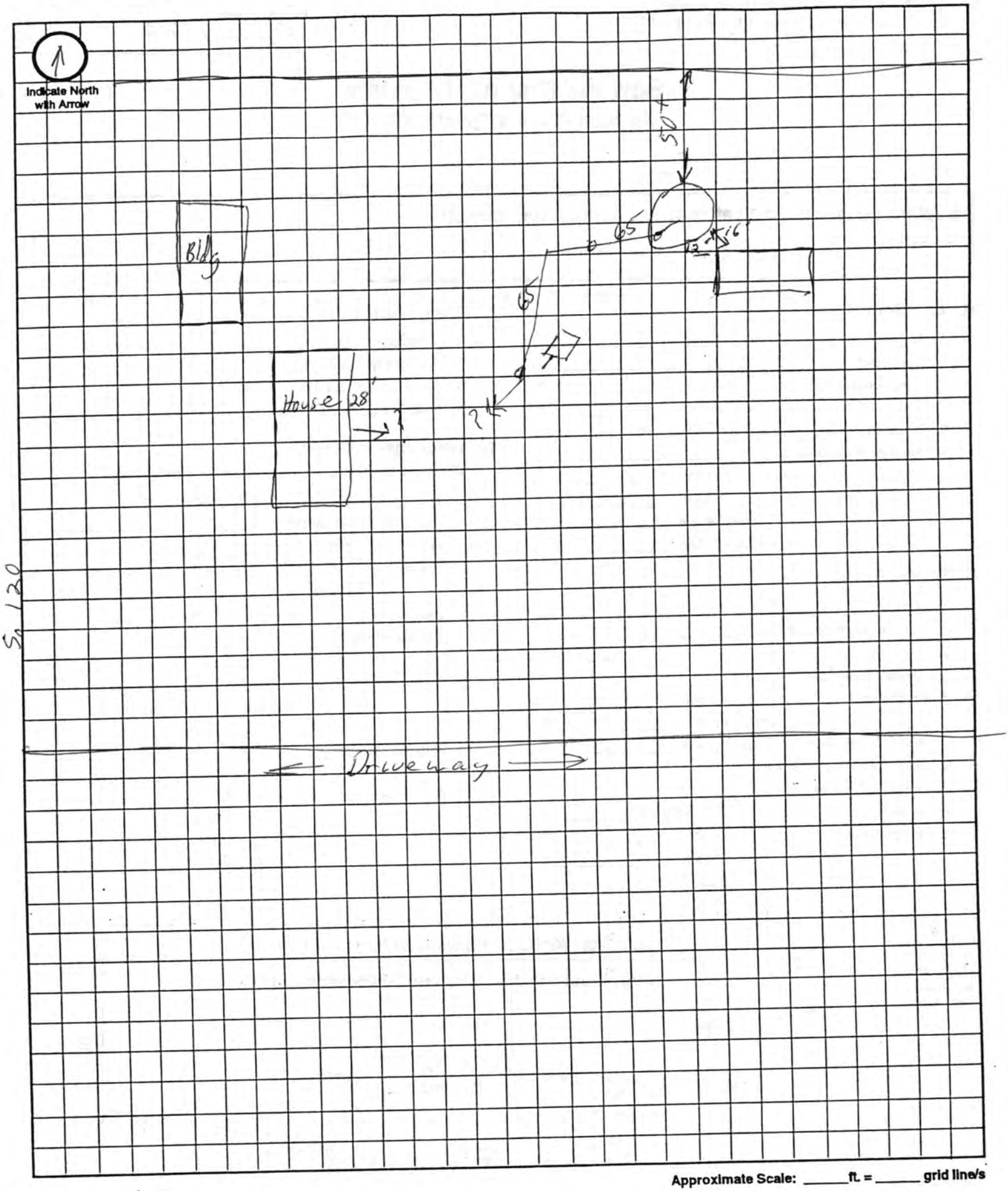
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 32-9-8 Location 11100 So. 120±

Owner/Requestor Otradovec

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".

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

REMARKS Lagoon 15-20 ft. from shed. Lagoon 24 ft from fence. Need you to provide documentation on property line. Southwick states line is approx. 46' E South of fence. Lagoon to be fenced within 10 days. Lagoon to be sealed Should Lagoon fail, LLCHD will require removal of shed or relocating lagoon

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. Leach 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)

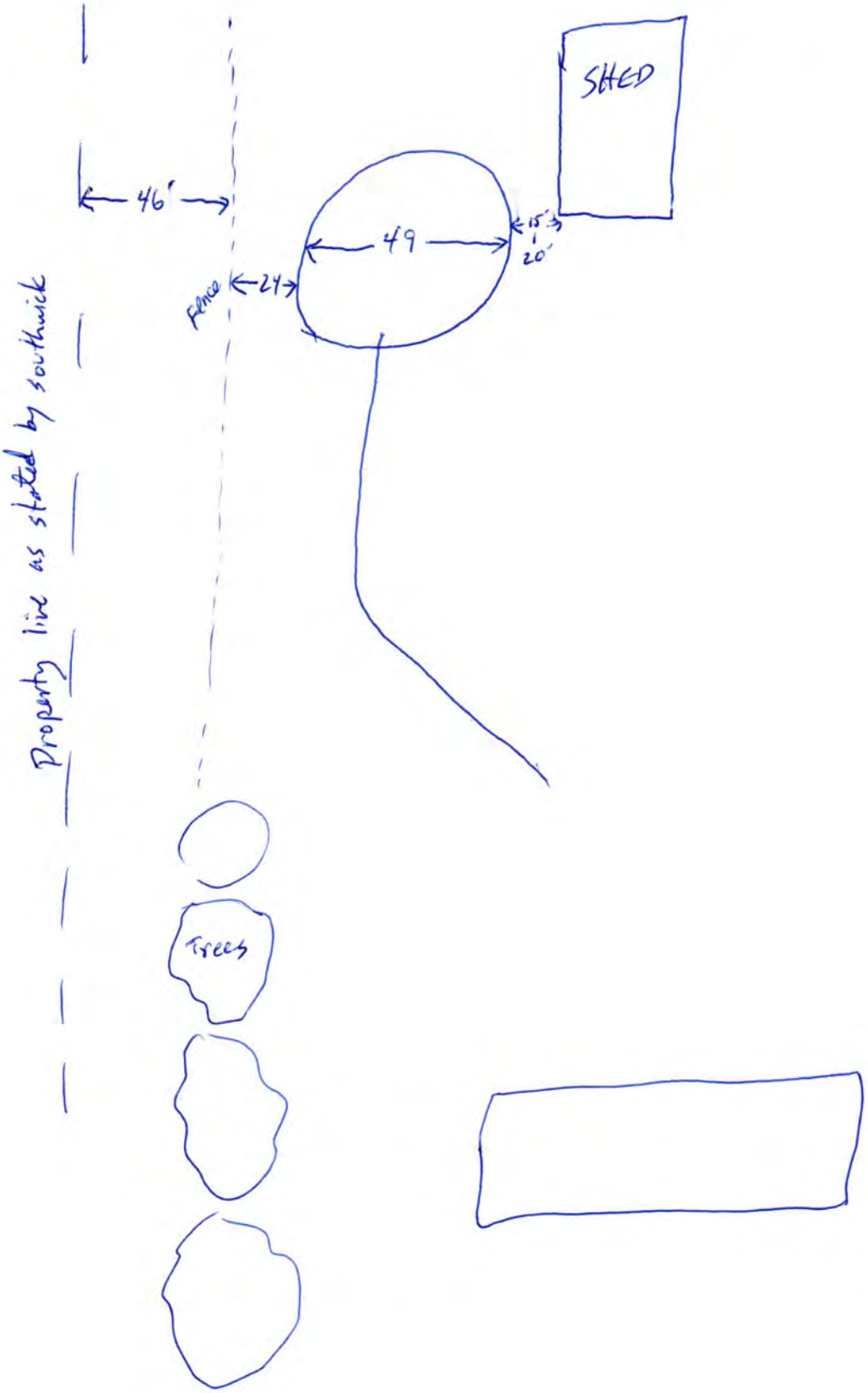
Sewage System ___ Septic X Lagoon

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 Dostermann Received by: placed in door

Date: 12-9-98

WA1002


SHED
46'
49
15'
20'
Fence
24
Property line as stated by southwick
Trees

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1581-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

February 10, 1980 — THIS PERMIT EXPIRES

Brian Campbell — ISSUED TO

2220 North 56, Lincoln, NE — ADDRESS

T9N, R8E, Section 32 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

2832

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1581-C

DATE: Aug. 9, 1979

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: SEE ATTACHED

1. Legal description of property: Twp. 9 North; Range 8 East of 6 P.M.; Section 32;
Block _____: Lot _____: Addition _____
Street Address 120th - Just North of Saltillo

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
No. of Bedrooms 2. Describe Ranch Style with Basement approx 2100 sq. feet

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

4. Distance to public sewer: _____ ft.

Brian Campbell
Signature of Applicant (Owner or Lessee)

2220 No. 56th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/10/79. Date Frwd. 8/10/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. 8-10-79. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Sherwood

3. City or County Engineer: Date Rec'd. 8-10-79. Date Frwd. 8-10-79. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-3-79 by: rm * Used sand gravel mixed of road gravel + not enough to cover 1/2 moon ±. OK
Date: 12-19-79 by: rm **
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL *
Date: 6-10-83 By: Ron Mangen
* Sewer line covered without inspection
* Drain tile present in sewer line trench.
* Need one clean out in sewer line - Sewer line was covered before inspection
Corrections not made
Drains to ground surface
Corrections made 6-10-83

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

SURVEY RECORD



LANCASTER County, Nebraska

Darrel W. Simonds & Associates, Inc.
ENGINEERS - LAND SURVEYORS
2332 North Cotner Blvd. -:- Lincoln, Nebraska 68507
Office Ph.: 466
Office Ph.: 467

Survey of A Tract of Land in the West One-Half (W½) of the Southwest Quarter (SW¼) of (more fully described below) Section 32 T 9 N, 8 R E of 6th

Survey No. _____ (To be assigned by Co. Surveyor) Date April 1979 Weather Cc

A Tract of Land in the West One-Half (W½) of the Southwest Quarter (SW¼) Section 32, Township 9 North, Range 8 East of the 6th P.M., Lancaster County, Nebraska. More fully described by metes and bounds as follows:

Beginning at a point on the West line and One Thousand Ninety-Five and No-Tenths (1095.0) feet North of the Southwest corner of said West One-Half (W½) of the Southwest Quarter (SW¼); Thence in an Easterly direction, parallel to the South line of said Southwest Quarter (SW¼), a distance of Seven Hundred Eighty-Four and Five Tenths (784.5) feet; Thence Left in a Northerly direction parallel to the West line of said Southwest Quarter (SW¼), a distance of Two Hundred Ninety-Seven and Two-Tenths (297.2) feet; Thence Left in a Westerly direction parallel to the South line of said Southwest Quarter (SW¼), a distance of Seven Hundred Eighty-Four and Five Tenths (784.5) feet to the West line of said Southwest Quarter (SW¼); Thence Left in a Southerly direction along the West line of Southwest Quarter (SW¼), a distance of Two Hundred Ninety-Seven and Two-Tenths (297.2) feet to the point of beginning, containing a calculated area of 5.01 Acres more or less, excluding the West 50 Foot thereof for roadway purposes. Subject to easements of record.

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: 474-1541

B

FILE NO. 1581-C

PROPERTY WHERE SOIL TESTED:

Location: Township 9 NORTH ; Range 8 EAST OF 6th P.M.; Section & ¼ Section 32 .
Property Dimensions: 297.2 ft. x 784.5 ft. Area: 5.01 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: AUG 7 - 79 to AUG 8 - 79 . Weather: Precip. 0 Temp. 98 .

OWNER: BRIAN & PATRICIA CAMPBELL

Address: 2220 N^th 56

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"	8-7	11:30 AM	8-7	3:30	8-8	3:30	6"	7:30 8-8	3½"	30 min	2½	
2	36"	8-7	11:30	8-7	3:30	8-8	3:30	4"	7:30 8-8	1½"	30 min	2½	
3	36"	8-7	11:30	8-7	3:30	8-8	3:30	6"	7:30 8-8	4¼"	30 min	1¾	
4	36"	8-7	11:30	8-7	3:30	8-8	3:30	5"	7:30 8-8	4½"	30 min	½	
5	36"	8-7	11:30	8-7	3:30	8-8	3:30	5½"	7:30 8-8	4¾"	30 min	¾	
6	36"	8-7	11:30	8-7	3:30	8-8	3:30	5½"	7:30 8-8	5"	30 min	½	

Pat Campbell
Signature of Person Conducting Test

Address 2220 No. 56th Phone 466-4558

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

(Do not write below this line)

REVIEWING ACTION

Remarks: Rather fast for Wymore
Soil Type (SCS): Wymore Silty Clay Loam
Date: August 9, 1979

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
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 ☐

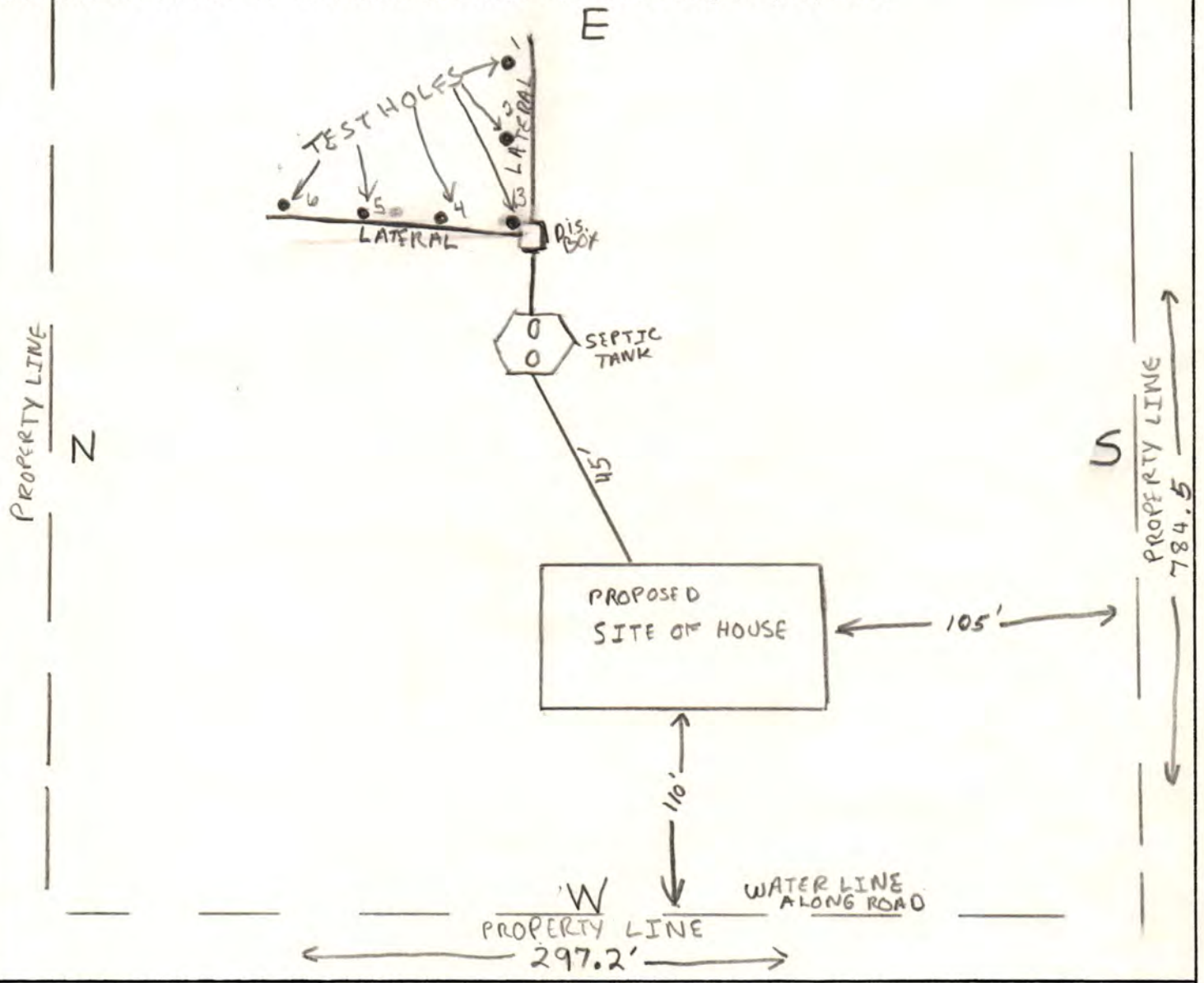
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1581-C

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



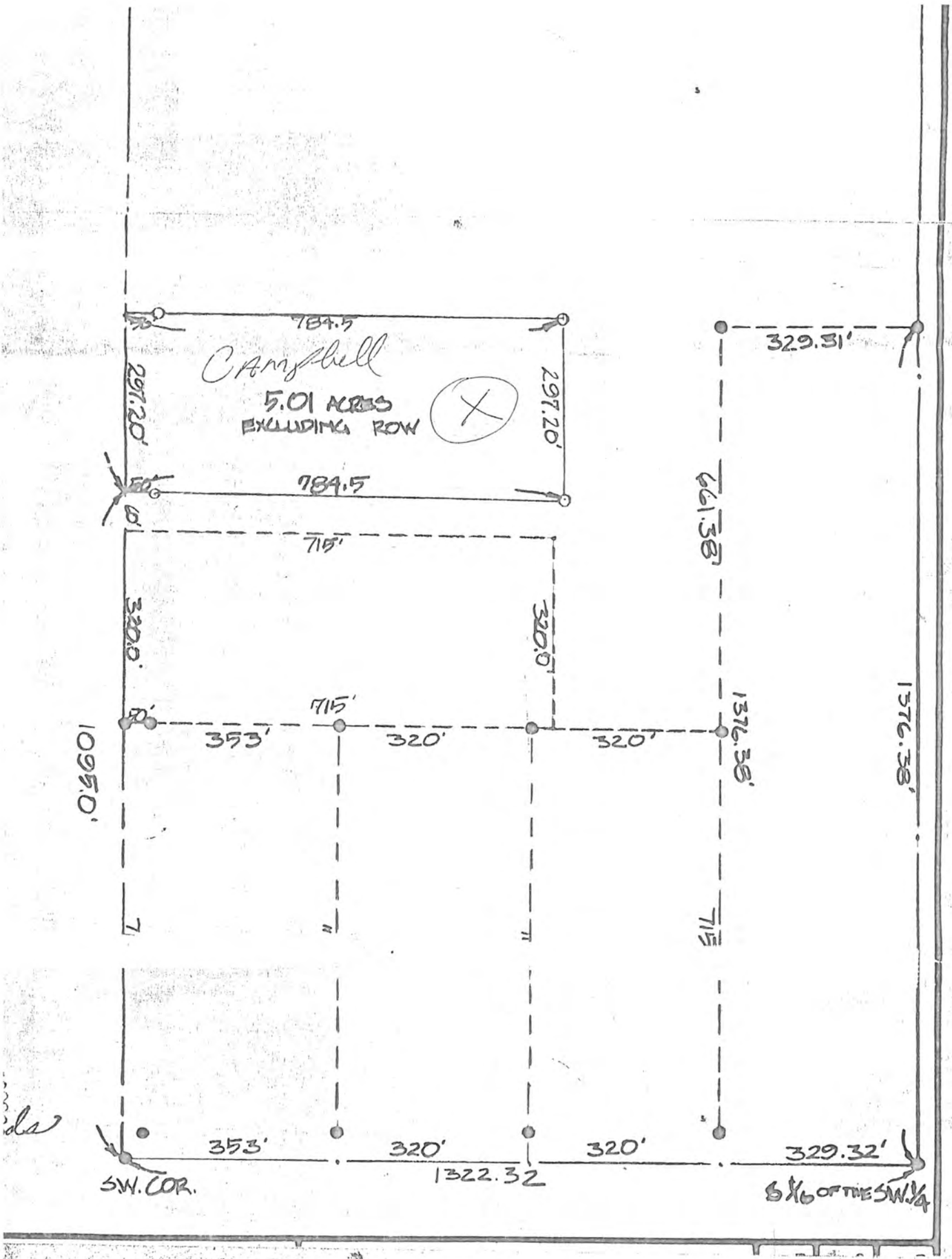
REVIEWING ACTION

Remarks: _____

Date: August 9, 1979

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 475 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official


784.5
Campbell
5.01 ACRES
EXCLUDING ROW
X
297.20'
297.20'
50'
784.5
329.31'
661.38'
715'
320.0'
320.0'
715'
353'
320'
320'
1376.38'
1376.38'
1099.0'
715'
353'
320'
320'
329.32'
1322.32
S.W. COR.
S 1/2 OF THE SW 1/4

00112100 1 mf

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

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

old LCR 1910 now LCR 4484

Legal Description of Property: Street Address 11100 So. 120th St., Bennet, NE

Parcel ID 22 - 32 - 300 - 011 - 000 (i.e. 99-99-999-999-999)

Twp 9N Range 8E Section 32 1/4 S.W 1/4 Block — Lot 50 Addition ———

Directions to Property Highway #2 east to 120th st., So. .75 mile, east side of road.

Location of Well Rural Water Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon - 1998 - East of home Year Installed 1998

Site Hazards (dogs, etc.) dog - Friendly

	NAME	ADDRESS	PHONE
Present Owner:	Stephen + Rita Otradovec	11100 So. 120th st Bennet, NE 68317	782-8796
Tenant/Buyer:	Marvin + Wendy Kempkes Mike Poskochil	1095 "E" Rd. Palmyra, NE 68418	780-5571
Return to:	Woods Bros. Realty	7141 "A" St. Lincoln, NE 68510	432-3089 434-3801 (Fax)

Signature of Applicant Michael Poskochil Agent Address ——— Date 11 / 13 / 2000

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 11 / 15 / 00 Amount $200.00 ✓ Check No. 7014 ✓ Initials mf

DATA ENTRY Date ___/___/___ Case No. ——— Initials ———

PRELIMINARY STATUS--By Jerrold C. Hood RURAL WATER **DATE:** 11 / 16 / 00

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☐	Date 11 / 20 / 00 by JCH
Bacteria	☐ ____/ml	☐ ____/ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☐ ____ppm	☐ ____ppm	Disapproved	☒	Date ___/___/___ by ___

Comments: NEED WARNING SIGNS ON LAGOON FENCE.
11/20/00 J.C.H. OK. VERY WELL BUILT AND WELL MAINTAINED LAGOON. J.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 11 / 20 / 00

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: 9-00

002

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-8000 Lincoln, Nebraska 68502

(Refinance)

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: 10-15-92

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

Legal Description of Property: TWP. 9N; RANGE 8E; SECTION SW 1/4 32; BLOCK ___

LOT 50; ADDITION _____; Street Address 11100 S. 120th, Bennet NE 68317

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed 1979-83

	NAME	ADDRESS	PHONE
Present Owner:	Stephen + Rita Otradovic	11100 S. 120th, Bennet NE	782-8796 home
~~Tenant/Buyer~~:			
Return to:	Security Federal Savings	POB 80609, Lincoln 68501-0609	474-4444

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

Signature of Applicant Pamela S. Kemper Address Security Federal Savings

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HEALTH DEPARTMENT USE ONLY

Date Received October 19, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE October 20, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☒	Date 10/20/92 by LCH
Bacteria	☐	☐	Provisional:	☐	Date _____ by ___
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ___

Comments: RECOMMEND THAT LOW PLACES OVER LATERALS BE FILLED IN SO SURFACE WATER WILL NOT STAND ON LATERALS. IF SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY THEN IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED See Attached Letter ☐

FINAL STATUS RURAL WATER DISTRICT

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

APPROVED BY Harold C. Hood R.E.H.S. DATE October 20, 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