LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1105-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

January 13, 1978 — THIS PERMIT EXPIRES

James L. Moxham — ISSUED TO

P.O. Box 216, Raymond, NE 68428 — ADDRESS

T12N, R6E of 6th PM, Section SW¼ of 32, Block 3, Lot 5, Willard Estates — 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

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. 11

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

DATE: 6-27-77

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

1. Legal description of property: Twp. 12 N ; Range 6 E of 6th P.M. ; Section SE ¼ of Section 32
Block 3 ; Lot 5 ; Addition Willard Estates
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.

_____
Signature of Applicant (Owner or Lessee)

P.O. Box 216 Raymond, Ne. 68428
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7-12-77 . ACTION: Approved ___ ☒ Disapproved ☐
Date Frwd. 7/13/77 . Signature: Walter C. Hage

2. Supt. Bldg. Insp.: Date Rec'd. _____ . ACTION: Approved ___ ☐ Disapproved ☐
Date Frwd. _____ . Signature: _____

3. City or County Engineer: Date Rec'd. 7/13/77 . ACTION: Approved ___ ☐ Disapproved ☐
Date Frwd. 7/13/77 . Signature: _____

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. ~~1105~~ 1105-C

DATE: 6-27-77

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.

1. Legal description of property: Twp. 12 N ; Range 6 E of 6th P.M. ; Section SE 1/4 of Section 32 ; Block 3 ; Lot 5 ; Addition Willard Estates .
Street Address .

2. Property Use: Residential X ☐ ; 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).

James Weverka
Signature of Applicant (owner or lessee)

P.O. Box 216 Raymond, Ne. 68428
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 8-1-77 by: jw
Date: by:
Date: by:

3. Date: Approved ☒ ; Disapproved ☐ 7/12/77
by: Jerrold C. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-1-77 by: James Weverka

Moxham

	Time		
Hole #	1:35	2:05	
#1	8 1/8	9"	7/8
#2	6 1/4	7 5/8	1 1/8
#3	9 7/8	11 3/8	1 3/4
#4	9 1/8	9 3/4	5/8
#5	4 1/2	4 1/2	0
#6	3 7/8	4 1/2	5/8

.8333" / 30 min

37 min / 1"

3 bedroom 832 sq ft

277 ft$_2$ 3' wide

416 ft 2' wide

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. ~~11~~ 1105-C

PROPERTY WHERE SOIL TESTED:
Location: Township 12 N : Range 6E. of 6th P.M.
Section & ¼ Sect. S.E. 1/4 of Section 32
Property Dimensions: ____ft. x ____ft.
Area: 3.1 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: James L Maxham
Address: P.O. Box 216 Raymond, Ne 68428

Dates of Tests: 4-25-77 to 4-26-77. Weather: Precip.____ Temp.____

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		4-25	9:00 a.m.	4-26	~~7:00 p.m.~~ 1:00 p.m.	4-26	1:35	8 1/8"	2:05	9"	30 min	7/8"	
2		4-25	9:05	4-26	~~7:05~~ 1:05	4-26		6 1/4"		7 5/8"	30min	1 1/8"	
3		4-25	9:10	"	~~7:10~~ 1:10	4-26		9 7/8"		11 3/8"	30min	1 3/4"	
4		4-25	9:15	"	~~7:15~~ 1:15	4-26		9 1/8"		9 3/4"	30min	5/8"	
5		4-25	9:20	"	~~7:20~~ 1:20	4-26		4 1/2"		4 1/2"	30min	0"	
6		4-25	9:25	4-26	~~7:25~~ 1:25	4-26		3 7/8"		4 1/2"	30min	5/8"	

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

REMARKS: Sharpsburg Silty Clay Loam. (S.C.S.L)

DATE: June 29, 1977

Approved Percolation Rate (a)
A. 37 min./inch
B. ____ min./inch
C. ____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

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. ~~1005~~ 1005-C

SPECIFICATIONS

DATE: 7-12-77

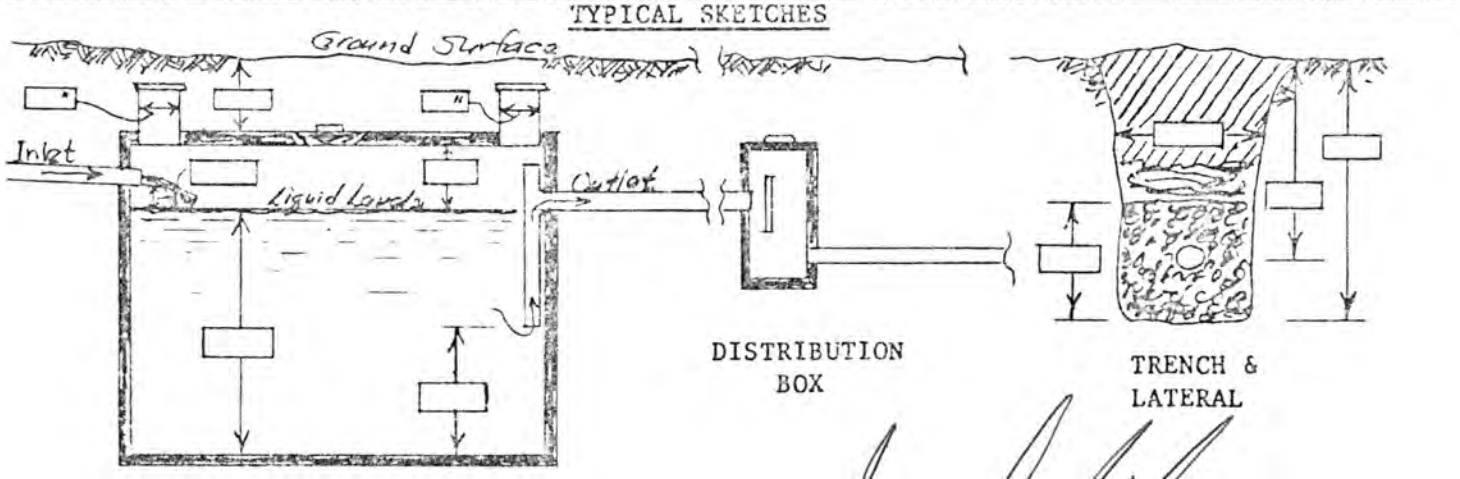
A. BUILDING SEWER:
1. Material CIP ℄; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 23 in.
3. Distance between dwelling and septic tank 42 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments ___.
2. Capacity 1000 gals.; Liquid depth ___ in.
3. Factory Built: Yes ☒ (Company pre-cast) 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 6 in.
8. Distances To:
Well or Suction Line 110 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 4.
2. Factory Built: Yes ☒, (Company Pre-Cast) No ☐
3. Dimension: Length ___ in.; Width ___ in. Depth ___ in.
4. Distance from Septic Tank 28 ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: half round
2. Lateral Lines: Depth below grade 24 in. Number 3; Length of each line 70 ft Total length of Laterals 210 ft.; Slope 0 in/100 ft. Diameter of pipe ___ in.; Shape half round Material: concrete ☐; fiber asbestos ☒; clay ☐; other ___ Distance between lateral lines 15 ft.
3. Trench Dimensions: Depth 24 in.; Width 3' in.
4. Filter Material: Road gravel. Depth of material from trench bottom ___ in.
5. Distances To:
Well or Suction Line 130 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: ___ minutes/inch

TYPICAL SKETCHES

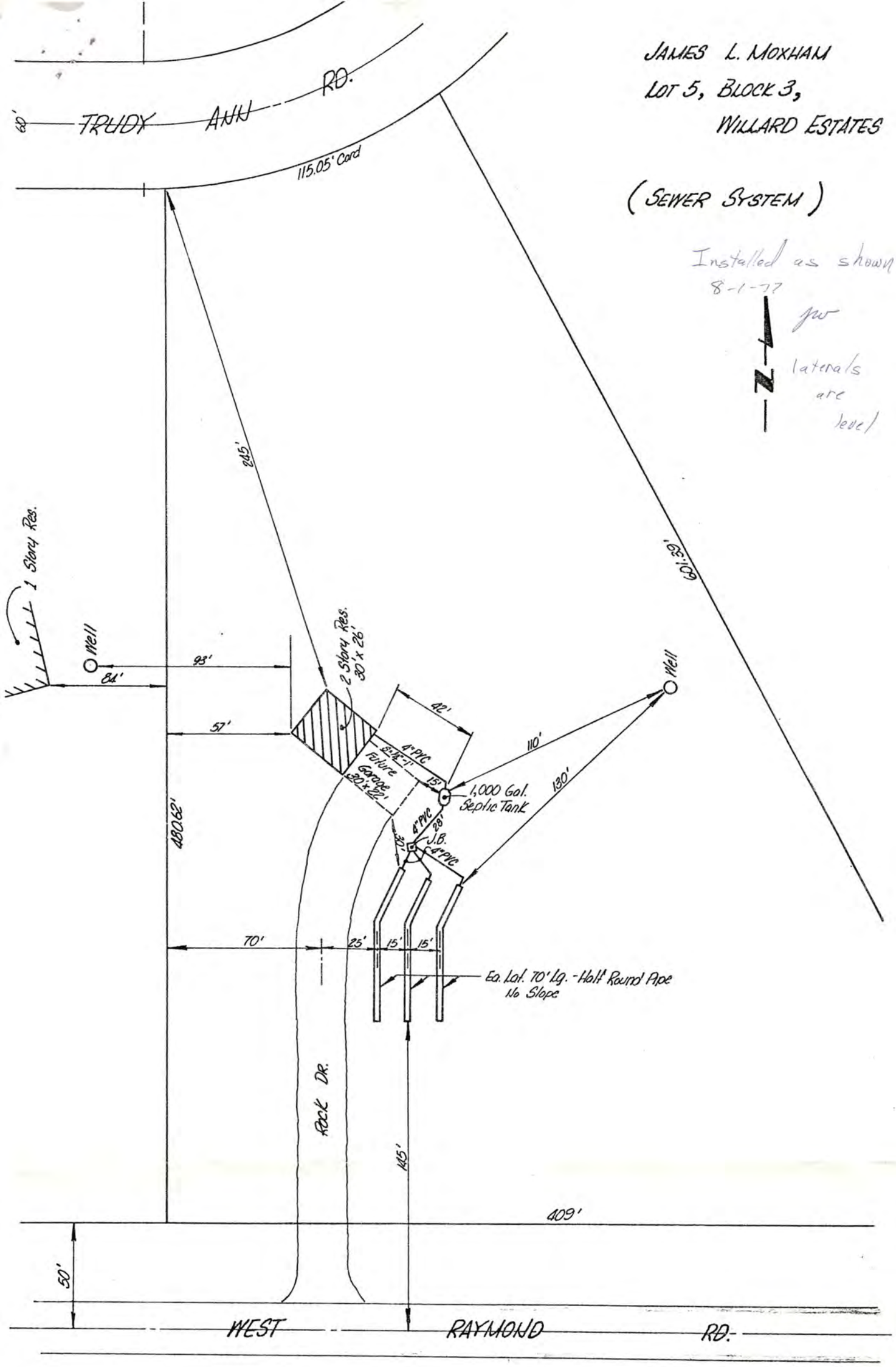


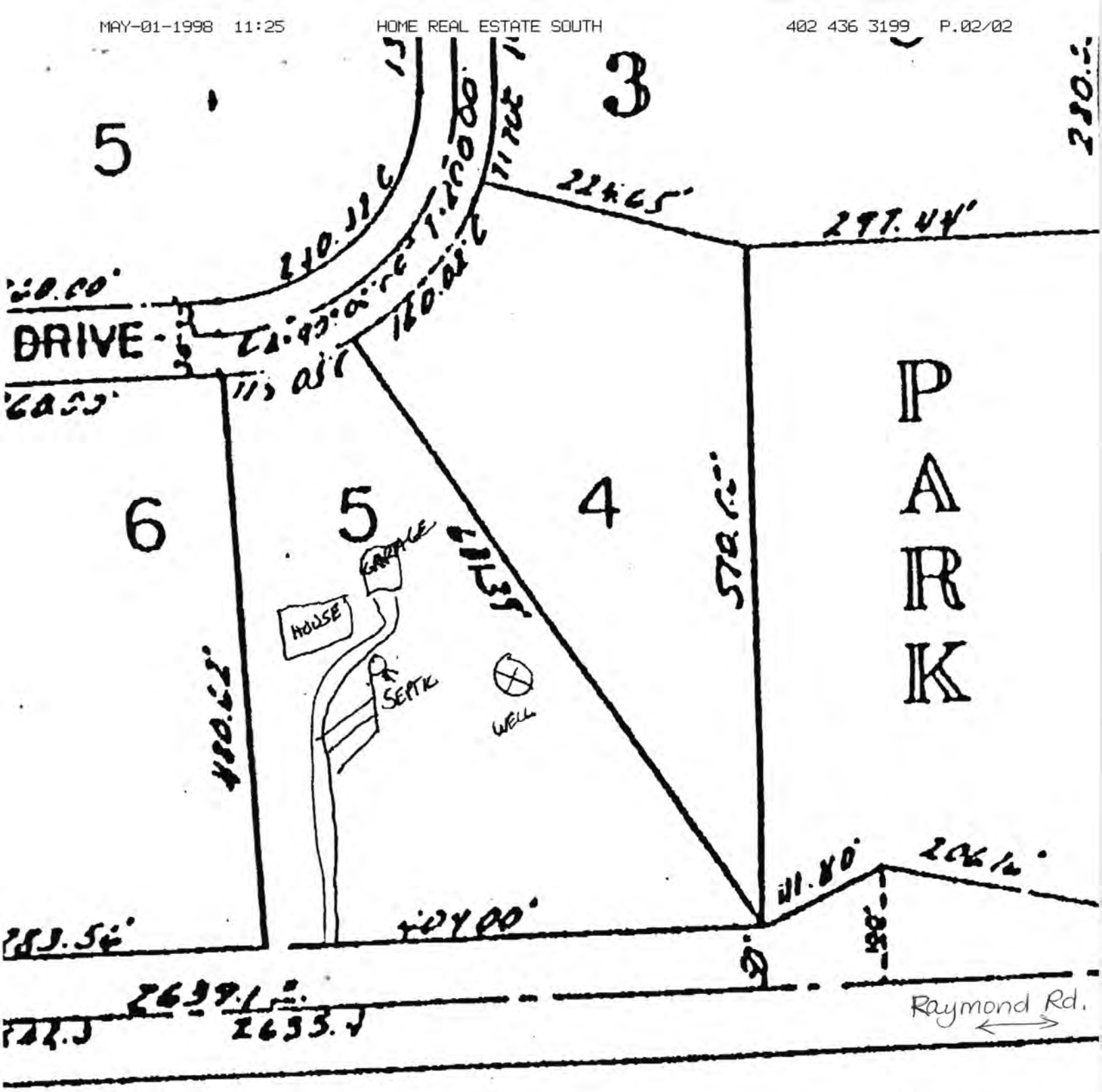
Signature of Applicant

JAMES L. MOXHAM
LOT 5, BLOCK 3,
WILLARD ESTATES

(SEWER SYSTEM)

Installed as shown
8-1-77
jw





3011 Trudy Ann Dr.
Raymond

NORTH

Take No. 14th to Raymond Road - Turn Left (W) - just past NW 27th - go to mailbox labeled "3011"

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.

Legal Description of Property: Street Address 3011 Trudy Ann Drive, Raymond

Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

Twp 12 Range 6 Section ___ 1/4 ___ 1/4 ___ Block 3 Lot 5 Addition Willard Estates

Directions to Property Corner Raymond Road and Trudy Ann Drive

Location of Well See drawing attached Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

Site Hazards (dogs, etc.) none

	NAME	ADDRESS	PHONE
Present Owner:	Robert Dodds & Bonnie Amgwert	same	
Tenant/Buyer:	Trag & Lori Corum	500 Hollywood Ave, Lincoln	467-2806
Return to:	State Title, Sheryl Oldham	4500 S. 70th St. Ste 102 Lincoln NE 68516	434-5039 434-5040 (Fax)
Signature of Applicant	Trag Corum	Address "	Date ___/___/___

Closing June 29, 2001

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 05/23/01 Amount 200.00 Check No. 199 Initials MP MAIL

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

PRELIMINARY STATUS--By PAUL DRUTZMANN **DATE:** 5/25/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.6 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: End of laterals are very wet. This septic system is ~~failing~~ over 20 years old and is near expected life. There is room to expand if necessary

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drutzmann Date 5/30/01

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.

ter approval Yellow - Environmental Health Pink - Business Office

P17119-88

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

Legal Description of Property: Street Address 3011 Trudy Ann Dr Raymond Ne 68428

Twp 12N Range 6E Section 32 1/4 ___ 1/4 ___ Block 3 Lot 5 Addition Willard Estates

Directions to Property See Attached Plat map

Location of Well See Attached Plat map Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Ronald & Patricia Larich	3011 Trudy Ann Drive Raymond Ne 68428	
Tenant/Buyer:	Robert Dodds Bonnie Argyert	5315 "N" st Lincoln Ne 68510	488-6911
Return to:	Robert Dodds	5315 "N" st Lincoln Ne 68510	488-6911

Signature of Applicant Robert Dodds Address Same Date 4/30/98

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 5/1/98

Initials ___

Amount 150.00

Check No. 3424

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By ___ **DATE:** ___/___/___

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ 1.0 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☑

Provisional ☐

Disapproved ☐

Additional Site Visits

Date___/___/___by___

Date___/___/___by___

Date___/___/___by___

Comments: Recommend Septic Tank be checked to see if pumping is needed.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☑ **SEWAGE DISPOSAL SYSTEM:** Approved ☑ Provisional Approval ☐

Approved by Ron Mayard RS Date 5/12/98

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

12-6-32-38

002

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 3011 TRUDY ANN DR. RAYMOND, NE. 68512

Twp 12 Range 6 Section 32 1/4 ___ 1/4 ___ Block 3 Lot 5 Addition Willard Estates

Directions to Property N. ON 14TH ST. TO RAYMOND RD. WEST ON RAYMOND RD 3 MILES. TO TRUDY ANN DR. & CORNER PROPERTY

Location of Well @ 150' E. OF HOUSE Tap Location: Inside ☐ Outside ☒ YARD HYDRANT

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	EUGENE & BONNIE NELSON	3011 TRUDY ANN DR.	
Tenant/Buyer:	RONALD C. HARICH & PATRICIA A. SCHADE	2949 N. 44TH LINCOLN, NE. 68504	402-466-4649
Return to:	TENANT/BUYERS		

Signature of Applicant Ronald C. Harich Address 2949 N. 44TH LINCOLN, NB. 68504 Date 02/14/94

HEALTH DEPARTMENT USE ONLY

Date Received 2/14/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By R Margaret **DATE:** 2/15/94

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☐	Approved	☒	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date___/___/___by___
Nitrate	☒ 10 ppm	☐ ___ ppm	Disapproved	☐	Date___/___/___by___

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Margaret, R.S. Date 2/23/94

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.

9207130005

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: 29 June 92

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

Legal Description of Property: TWP. 12N; RANGE 6E; SECTION 32; BLOCK 3

LOT 5; ADDITION _____; Street Address WILLARD Estates 3011 Trudy AVE PR

Directions to Property Raymond Road & NW 30th Sold sign in front

Location of Well NE of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System SE of House Year Installed 1977

	NAME	ADDRESS	PHONE
Present Owner:	ANN & Stephen Sorensen	Same as above.	
Tenant/Buyer:	EUGENE & BONNIE Nelson	4300 N 7th APT 3	435 0844
Return to:	Re/MAX Professional ATTN: BYRON YURTH	6940 O Street Suite 300	467-3000

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

Signature of Applicant Eugene C Nelson Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 29, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 6-30-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 6-30-92 by RM
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒ 08	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Maynard, RS DATE 7-9-92

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

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: FEBR. 8, 1989

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00

Legal Description of Property: TWP. 12N; RANGE 6E; SECTION 32; BLOCK 3

LOT 5; ADDITION WILLARD ESTATES; Street Address NW 30TH (ESTIMATED) AND WEST RAYMOND RD

Directions to Property NORTH 14TH TO ~~HE~~ RAYMOND RD, WEST 3¼ MILES, SUBJECT PROPERTY IS SECOND HOUSE WEST OF NW 27TH ON NORTH SIDE OF ROAD

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	RAYMOND AND BONNIE STAPERT	RTE. 1, BOX 115B, RAYMOND, NE 68428	783-2601
Tenant/Buyer:	ANNE E. SORENSEN & DAVID W. STEPHENS	100 No. 12TH #903	435-8215
Return to:	TOM CORMAN, HOME REAL ESTATE	225 No. COTNER, 68505	435-4198

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

Signature of Applicant Anne E. Sorensen Address 100 N. 12th, #703 Lincoln 68508

==========

HEALTH DEPARTMENT USE ONLY

Date Received FEBRUARY 8, 198[illegible] Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 2-9-89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☒	Date 2-9-89	by [illegible]
Bacteria	☒	☐	Provisional:	☐	Date _____	by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____	by ____

Comments: No water available. Check to see if septic tank needs pumping

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mangum DATE 2-23-89

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 form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

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

Enclosed is $45.00 Fee ☒

DATE: March 12, 1979

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply

☒ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 12 N ; Range 6E ; Section 32 ;
Block 3 ; Lot 5 ; Addition Willard Estates .
Street Address RR#1, Raymond, Nebraska .
Directions on how to get to property Go 1 miles east on Raymond. House is located on North side. house w/o garage. 1st E of entrance. 1½ story basement.
Location of well out of ground E of house .
Where is tap: Inside ☐ Outside ☒ .

	NAME	ADDRESS	PHONE
Present Owner:	James Marham	2345 Dudley	
Tenant:			
Lending Agency:	First Federal	Cotner branch	

(Do not write below double lines)

Health Department: Date Received 3-13-79
Received $45.00 Check ☒ Cash ☐
Site Visits: Date 3-14-79 by JM
Date ____ by ____
Date ____ by ____

Raymond Stewart
Signature of Applicant

3242 N 58 Lincoln
Address

PRELIMINARY STATUS -- DATE 3-14-79

Water System:
Approved ☒ Disapproved ☐

Sewage Disposal System:
Approved ☒ Provisional Approval ☐
Disapproved ☐

Corrections Required or Reasons for Disapproval .

☐ See Attached Letter.

FINAL APPROVAL -- DATE 3-15-79

Water System ☒ . Sewage Disposal System ☒ . BY Ronald Maynard

Form Number 20215-0878