Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003213

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEPTIC SYSTEM

Permit # 03390077101

Issued 11/17/03
Expires 05/17/04
Revenue Code 3157

Establishment

DOYLE & SHANNON BRUNSSEN
T11N R8E SEC 3 QTR SE
IRREGULAR TRACT LOT 4IT
15800 MILL RD-WAVERLY

FEES: $100.00

Permittee

DOYLE & SHANNON BRUNSSEN
15800 MILL RD
WAVERLY NE 68462

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

Repair

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 15800 Mill Rd. (no rural route) City Waverly NE, Zip 68462

Legal Description Lot 4, Irregular Tract, SE 1/4, Sec. 3, T11N, R8E
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 Doyle + Shannon Brunssen Signature Doyle Brunssen

Address 15800 Mill Rd. City/State/Zip Waverly, NE 68462

☐ Check if owner designed system Home Phone 402-786-3203 Work Phone 402-894-2678

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 4 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** Repair — Date rec'd 11/17/03, Date frwd 11/17/03 — **ACTION** ☒ Approved ☐ Disapproved — Signature Jerrold C. Hood
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 Ron Magnuson

Date 12-24-03

Business Office Use Only

Date Rec'd 11-17-03

Amt Paid 100.00

Rec'd By JW Cash/Check No. 21822

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

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 15800 Mill Road (no rural route) City Waverly NE, Zip 68462

Owner Doyle & Shannon Brunssen Addresss 15800 Mill Rd., Waverly, NE 68462

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

Date of Tests 11-1-03 to 11-2-03 Weather: Precipitation .03' Early 11-2-03 Temperature 40°s

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				
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)
1	36"	11/1	4:30	11/1	8:30	11/2	5:10	≈6"	11/2	9:10	30	.84"	35.7
2	↓	↓	4:31	↓	8:31	↓	5:11	↓	↓	9:11	↓	.51'	58.8
3	↓	↓	4:32	↓	8:32	↓	5:12	↓	↓	9:12	↓	.60"	50
4	↓	↓	4:33	↓	8:33	↓	5:13	↓	↓	9:13	↓	1.10"	27.27
5	↓	↓	4:34	↓	8:34	↓	5:14	↓	↓	9:14	↓	1.0	30
6	↓	↓	4:35	↓	8:35	↓	5:15	↓	↓	9:15	↓	1.2	25

Person Conducting Percolation Tests

Name: Doyle Brunssen
Phone: 402-786-3203
Address 15800 Mill Rd., Waverly, NE 68462

Sum of Percolation Rates: 226.77
Average of Rates: 37.80
Rate Used for Calculation: >20 mpi variation thus 59 mpi

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks create silty clay loam soil

Signature of Reviewing Official _____ Date 11-4-03

FORM 23-101 10-96

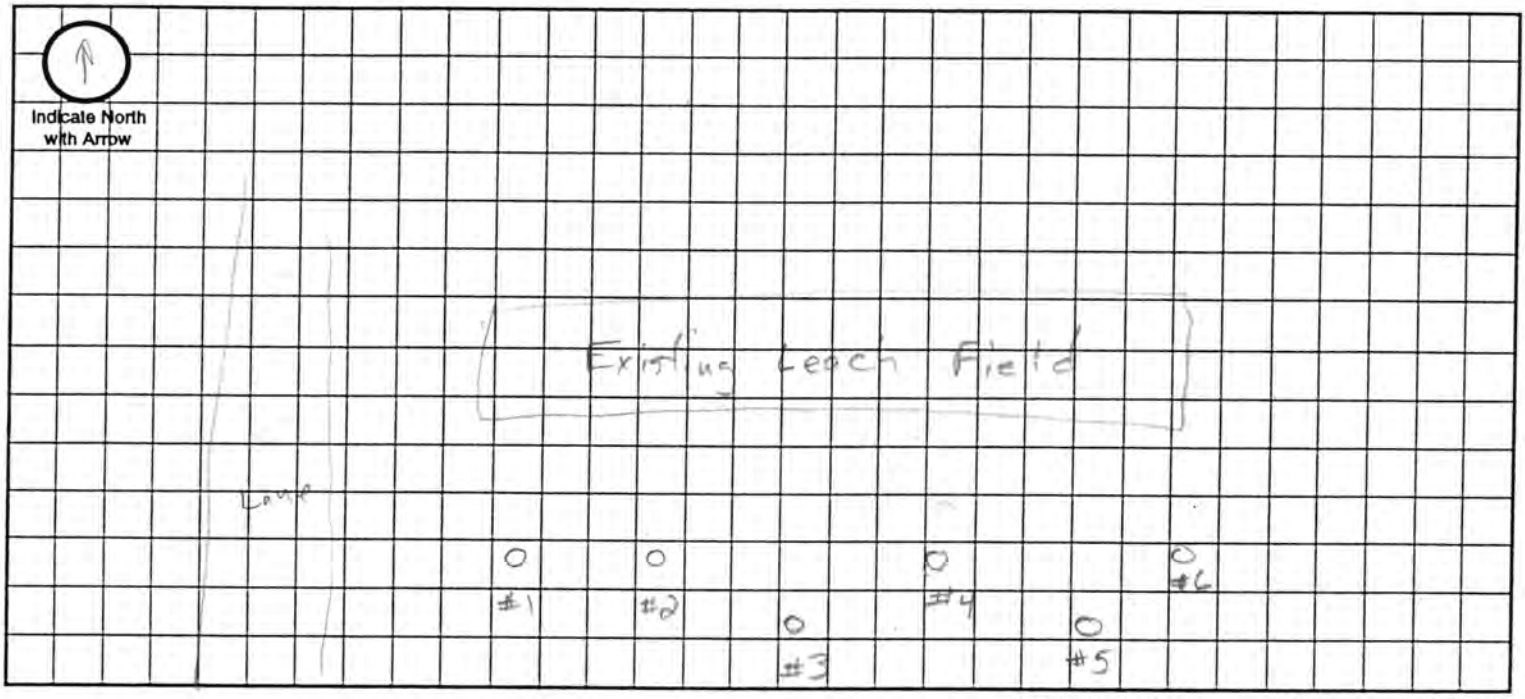
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 15800 Mill Rd. City Waverly NE, Zip 68462

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 59 (min. per inch) Soil Type: Silty Clay Land Slope: 4 %

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

Total Square Feet of Field Required: 1400 sq. ft. 4)1400 350

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator w gravel

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 350 ft. Number of Trenches 4 Trench Width 4 ft

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 Michael P Drake Date 11-17-03

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 12-18-03 · 3-11-8

Doyle Brunssen

System Location (Indicate correct number and street)

Address 15800 Mill Rd. (no rural route) City Waverly NE, Zip NE 68462

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: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

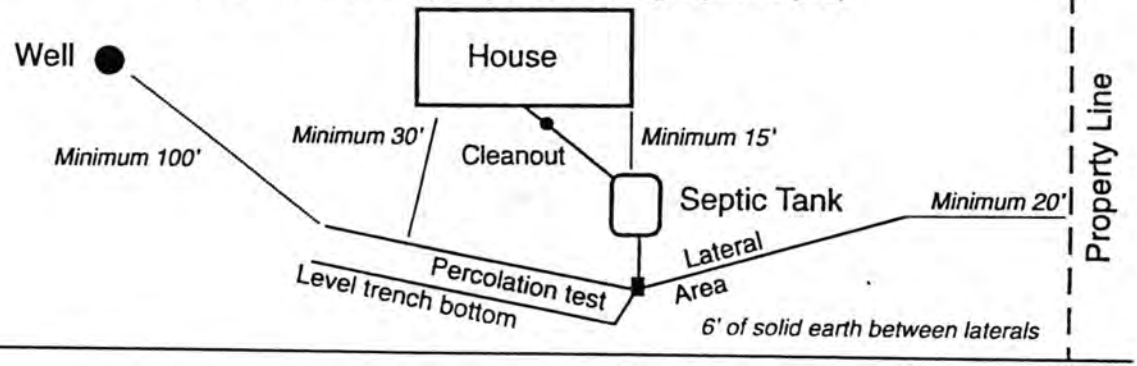
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator
2. Lateral lines: Number 3
   Length of each line: 150 ft. 150 ft.
   50 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 6 in/100 ft.
   Average depth 30 in
4. Filter material: gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 100 Plus ft.
   Stream NA ft.
   Pressure line 100 Plus ft.
   Property line 40 ft.

Indicate North with Arrow

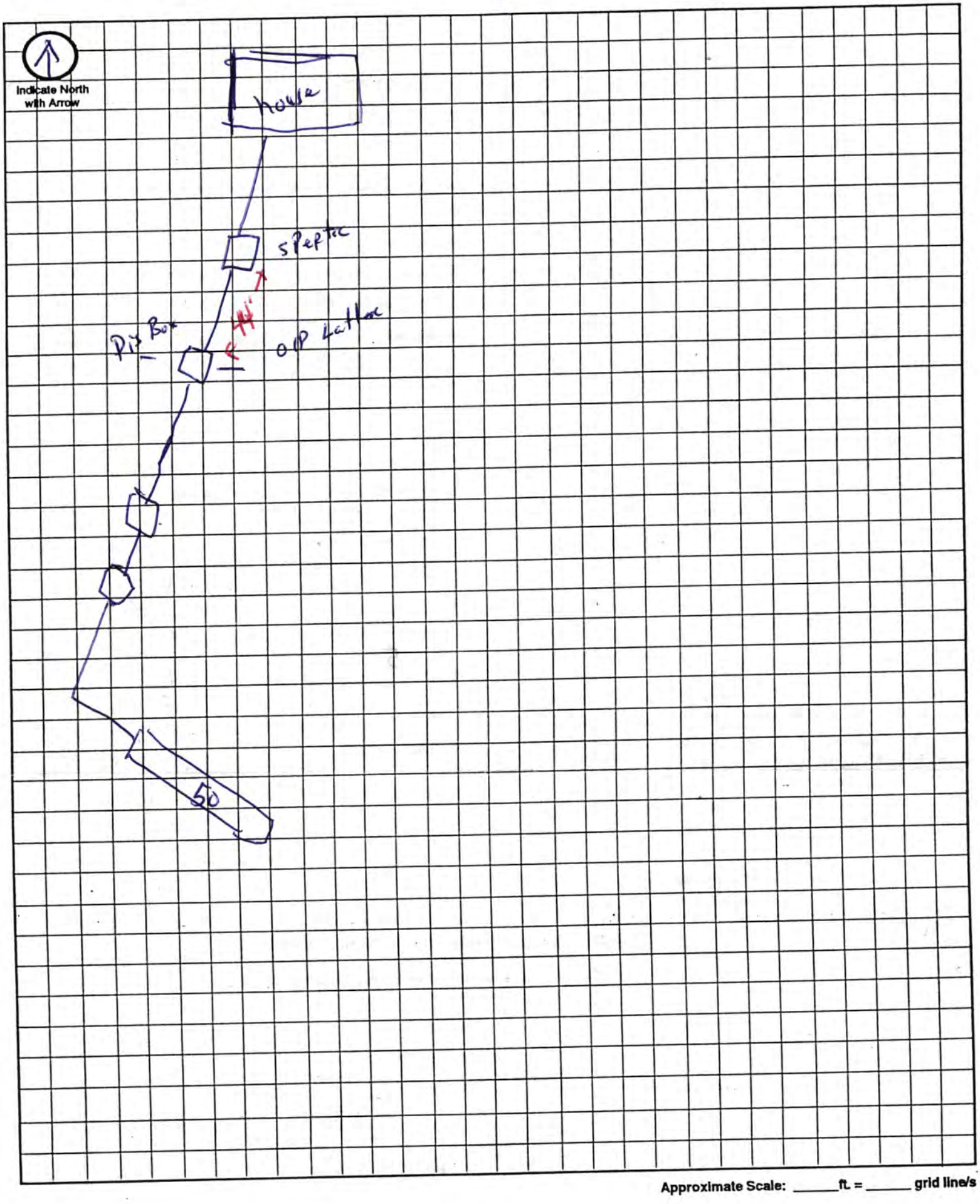
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

NEBRASKA — SHEET NUMBER 16



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2671-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 27, 1988 — THIS PERMIT EXPIRES

STEPHANIE K. KADAVY — ISSUED TO

14800 MILL ROAD, WAVERLY, NE 68462 — ADDRESS

T11N; R8E; Sec S½, SE¼ 3; Lot 4; 14800 Mill Road, Waverly, Nebraska
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE 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
MC	5-27-88	

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.

FILE NO. 2671-C

DATE: 5/26/88

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. 11N ; Range ~~8~~ 8E ; Section 3 ; S½, SE¼
   Block ____ : Lot 4 I.L. : Addition ____
   Street Address 15800 Mill Rd. Waverly, Ne. 68462

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: 2 miles ft.

Stephanie K Kadavy
Signature of Applicant (Owner or Lessee)

15800 Mill Rd. Waverly, Ne. 68462
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/26/88 . Date Frwd. 5/27/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nooe

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5/27/88 . Date Frwd. 5/27/88 . ACTION: Approved ☐ Disapproved ☐ Signature: ____

3. City or County Engineer: Date Rec'd. 5/27/88 . Date Frwd. ____ . ACTION: Approved ☒ Disapproved ☐ Signature: ____

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits:
Date: 7-12-88 by: mm
Date: ____ by: ____
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-28-88 By: ____

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

FORM 23-43



B & R PUMP SERVICE

4337 MADISON AVENUE
LINCOLN, NEBRASKA 68504
Phone: 464-1745



Ron:

Here is the percolation testI did for David Kadavy and the drawing. I called Jerry about this test right after I did it and gave him all the information and he told me we needed 169 feet of half moons for a 3 bedroom house.

Precast or someone else also did a perc test but they did it about 200 feet south of where I did mine and we put the laterals where I did my test.

Rosemary Overman

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 11N ; Range 8E ; Section & ¼ Section 3½ of SE¼ 3
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: 5-18-88 to 5-19-88 . Weather: Precip. 0 Temp. 90's .

OWNER: David Kadavy

Address: _____

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	30	5/18	10:00 AM	5/19	2:30 PM	5/19	6:00 PM	16	6:30 PM	17½	30	1½	
2	30	5/18	10:00	5/19	2:30	5/19	6:00	18¼	6:30	19¾	30	1½	
3	31	5/18	10:00	5/19	2:30	5/19	6:00	18¼	6:30	19⅛	30	⅞	
4	30	5/18	10:00	5/19	2:30	5/19	6:00	13¼	6:30	13¾	30	½	
5	30	5/18	10:00	5/19	2:30	5/19	6:00	17	6:30	19⅜	30	2⅜	
6	30	5/18	10:00	5/19	2:30	5/19	6:00	14¼	6:30	15	30	¾	

Rosemary Overman
Signature of Person Conducting Test

Address 4337 Madison Phone 464-1745

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

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 _____; Range _____; Section & ¼ Section _____.
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: 6-20-88 to 6-21-88. Weather: Precip. 0 Temp. 108°.

Holes 1 and 5 had water in from pre-test

OWNER: Hurst Plumbing
Address: RFD 1 Garland 68360
475-8111

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"	6-20	6:00 pm	6-21	5:30 pm	6-21	5:30 pm	6"	7:00 pm	5 7/8"	30m	1/8"	
2	36"	6-20	6:00 pm	6-21	5:30 pm	6-21	5:30 pm	6"	7:00 pm	5 3/4"	"	1/4"	
3	36"	6-20	6:00 pm	6-21	5:30 pm	6-21	5:30 pm	6"	7:00 pm	4 1/2"	"	1 1/2"	
4	36"	6-20	6:00 pm	6-21	5:30 pm	6-21	5:30 pm	6"	7:00 pm	5 3/4"	"	1/4"	
5	36"	6-20	6:00 pm	6-21	5:30 pm	6-21	5:30 pm	6"	7:00 pm	5 7/8"	"	1/8"	
6	36"	6-20	6:00 pm	6-21	5:30 pm	6-21	5:30 pm	6"	7:00 pm	5 3/4"	"	1/4"	

Mike Haagland
Signature of Person Conducting Test

Address 3833 NW 52 Phone 464-0638

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

(Do not write below this line) Pre-Cast Step Co.

REVIEWING ACTION

Remarks: Too slow for conventional septic
Soil Type (SCS): Crete Silty Clay Loam
Date: JUNE 30, 1988

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

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
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

D

DATE: _____

FILE NO. _____

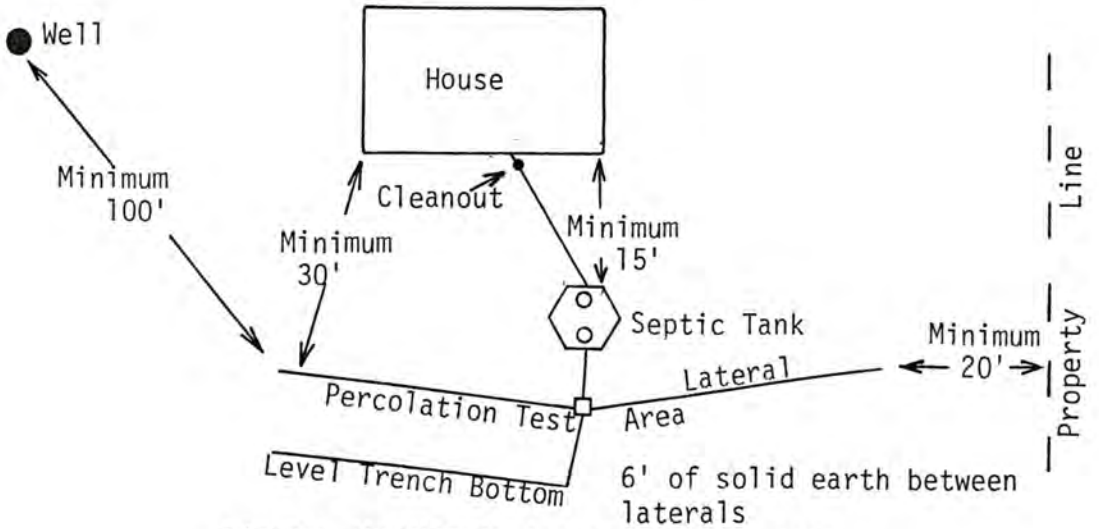
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: SUMP
1. Material SOIL PIPE; Diameter 4" in.
2. Distance above basement floor 30" in., or below basement floor ____ in.
3. Distance between dwelling and septic tank 51 ft.
4. Number of clean-outs 0.
5. Distances to:
Well or Suction Line 40 ft.; Stream — ft.; Pressure Line 35 ft.; Property Line 80 ft.

B. SEPTIC TANK:
1. Material Cement; No. of compartments 2 Baffle.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Bre-Cast)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☒ Grade 10 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 11 in.
8. Distances to:
Well or Suction Line 80 ft.; Stream — ft.; Pressure Line 90 ft.; Property Line 100 ft.

C. DISTRICTION BOX:
1. Material Cement; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company Brecast)
3. Distance from Septic Tank 26'5" ft.

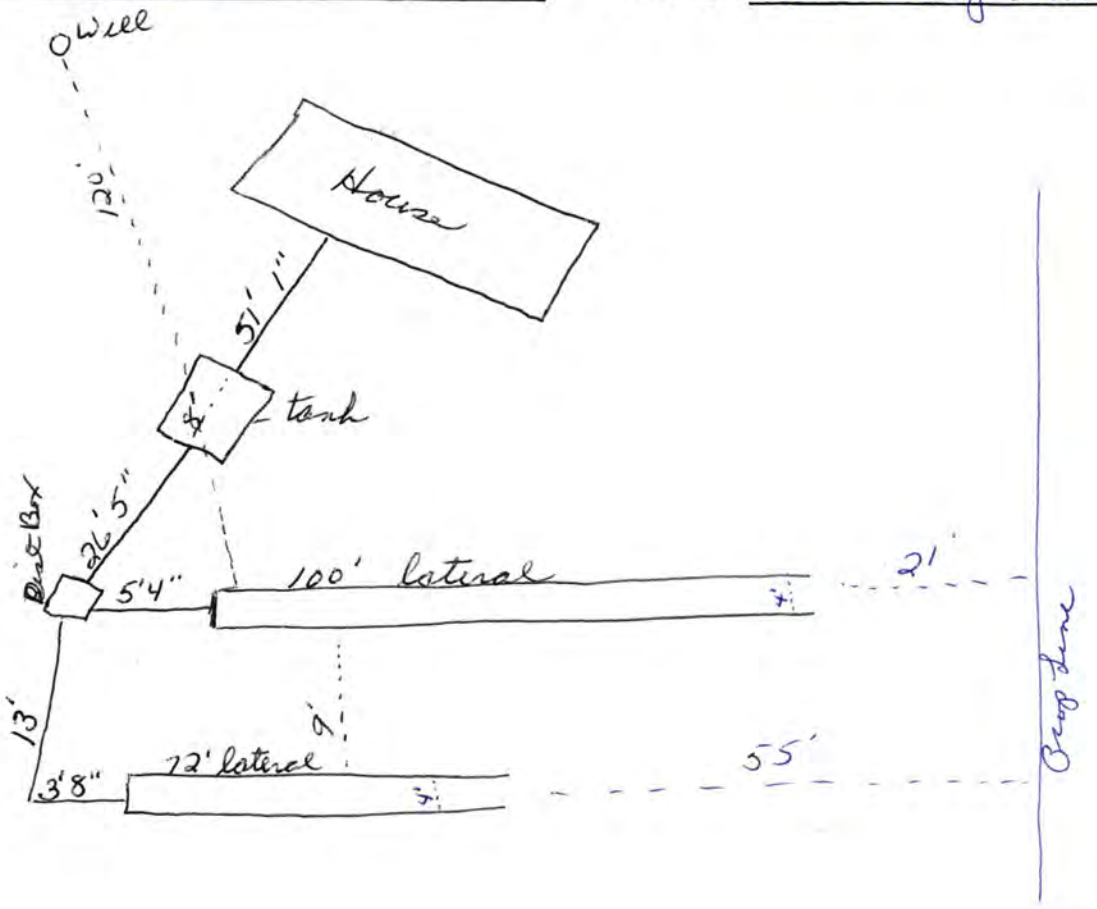
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round ____ or Perforated Pipe ____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____.
2. Lateral Lines:
Number 2 ; Length of each line 100', 72', ____, ____, ____ ft.;
Total length of laterals 172 ft.;
Distance between lateral lines 9' ft.
3. Trench dimensions: Width 4 ft.;
Slope 0 in/100 ft.; Average Depth 27 in.
4. Filter Material: ROAD GRAVEL
Depth of Material 20 in.
5. Distances to:
Well or Suction Line 120 ft.; Stream — ft.; Pressure Line 120 ft.; Property Line 21 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 7-15-88 INSTALLER B+R Pump Service



Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 15800 Mill Rd.

Twp 11N Range 8E Section 3 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property ___

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	David & Stephanie Kadavy	15800 Mill Rd Waverly, NE 68462	402-786-3713
Tenant/Buyer:			
Return to:	Commercial Federal Bank Attn: Sue fax # 464-0479	70th & Adams Lincoln, NE 68507 Attn: Sue	

Signature of Applicant Stephanie Kadavy Address 15800 Mill Rd Waverly, NE 68462 Date 1/29/96

HEALTH DEPARTMENT USE ONLY

Date Received 1/29/96 Received $150.00 Check ☒ #3359 Cash ☐

PRELIMINARY STATUS--By Ron Maryuart **DATE:** 1/29/96

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**		**Additional Site Visits**
Construction	☒	☐	Approved	☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☒ 0.1 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 Maryuart, RS. Date 2/5/96

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.