LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR

No. 97390055801

Issued 07/09/97
Expires 01/09/98
Revenue Code 18754

Establishment

LARRY SCHWARCK
T10N R6E SEC 20
LOT 57

FEES: $50.00

TOTAL $50.00

Permittee

LARRY SCHWARCK
8200 OLD CHENEY RD
LINCOLN NE 68510

Issued By M. Jane Ford
Health Director

5021

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: 7-8-97

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. 10N ; Range 6E ; Section 20 ;
Block _____ ; Lot 57 ; Addition _____
Street Address Rose truck

2. Property Use: Residential _____ ☐; Commercial _____ ☒
No. Bedrooms _____ Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: add 1000 gal precast tank - D box + 100' infiltrator in 4' trench
Old septic tank abandoned

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

6. Estimated cost of project:

a. Materials	$ _____
b. Labor	$ _____
c. Other	$ _____
TOTAL	$ 4000

Larry Schwarck
Signature of Applicant (owner or lessee)

8200 old Cheney
Address

(Do not write below this line)

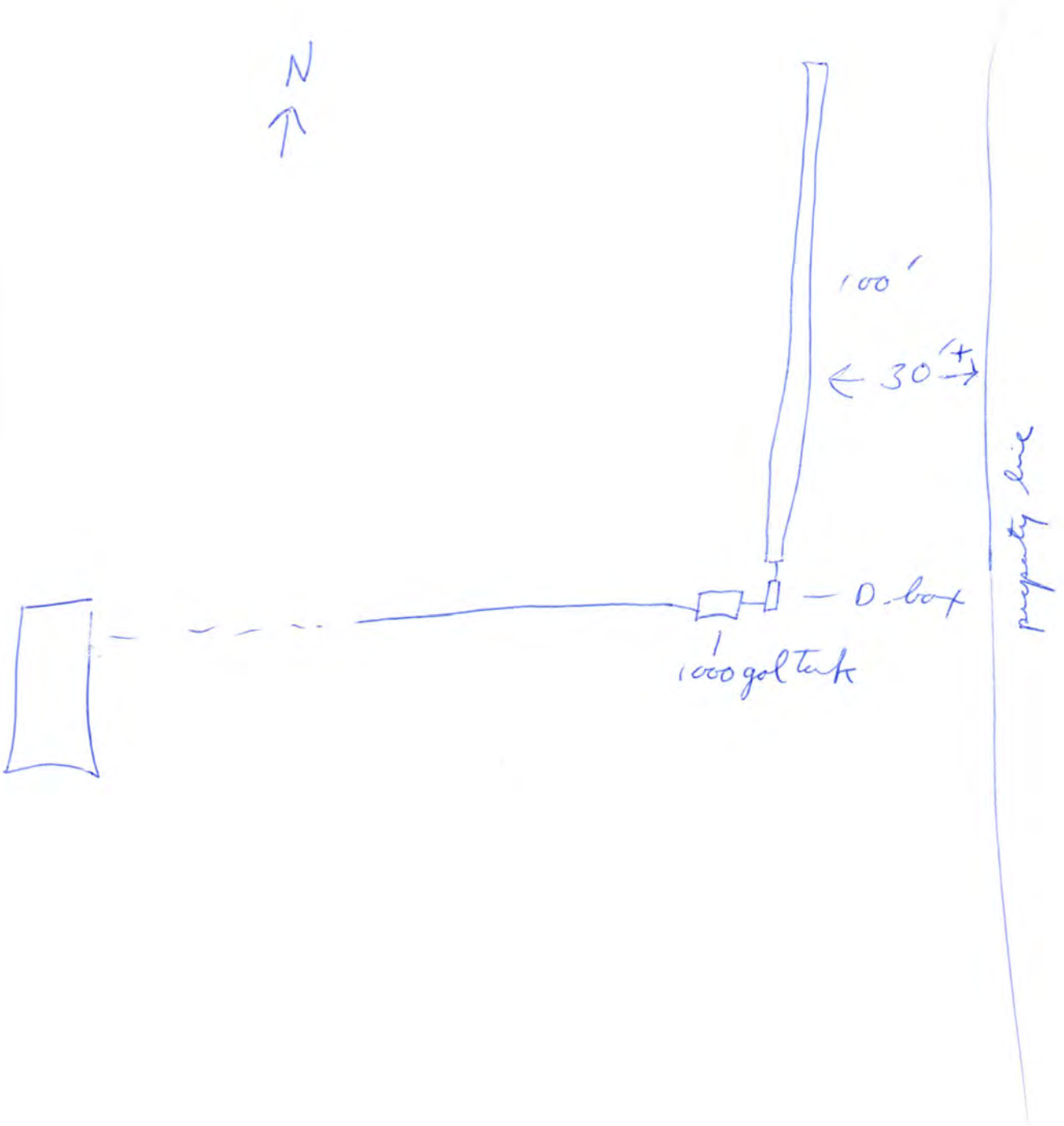
REVIEWING ACTION

1. Date Rec'd: 7-8-97
Filing Fee: $ 250.00

2. Site Visits:
Date: 7-8-97 by: rm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-8-97 by: Ron Maynard


N
100'
30'
D. box
1000 gal tank
property line

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE # 2259

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — March 16, 1986
TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Frear Plumbing — 3200 West "O" Street, Lincoln, NE
LICENSEE OR PERMITTEE — ADDRESS

T10N; R6E; Section 20; Lot 57 I.T.
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 30.00	018754 (EXTEND)	$ 30.00

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

City Ordinance No. 9150 [X]
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. 2259

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

DATE: Sept 11- 85

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], 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. 10N ; Range 6E ; Section 20 ;
Block _____; Lot 5 Tr. 6; Addition _____
Street Address _____

2. Property Use: Residential _____ [ ]; Commercial _____ [X]
No. Bedrooms _____ Describe EQUIPMENT COMPANY
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: _____

5. Work to be done by: Owner [ ] ; or Contractor [X], Frear Plumbing
Contractor's Name

6. Estimated cost of project:

a. Materials	$	More than $400.00
b. Labor	$	
c. Other	$	
TOTAL	$	

Rose Equip Frear Plumbing
Signature of Applicant (owner or lessee)

3200 West "O" st
Address

(Do not write below this line)

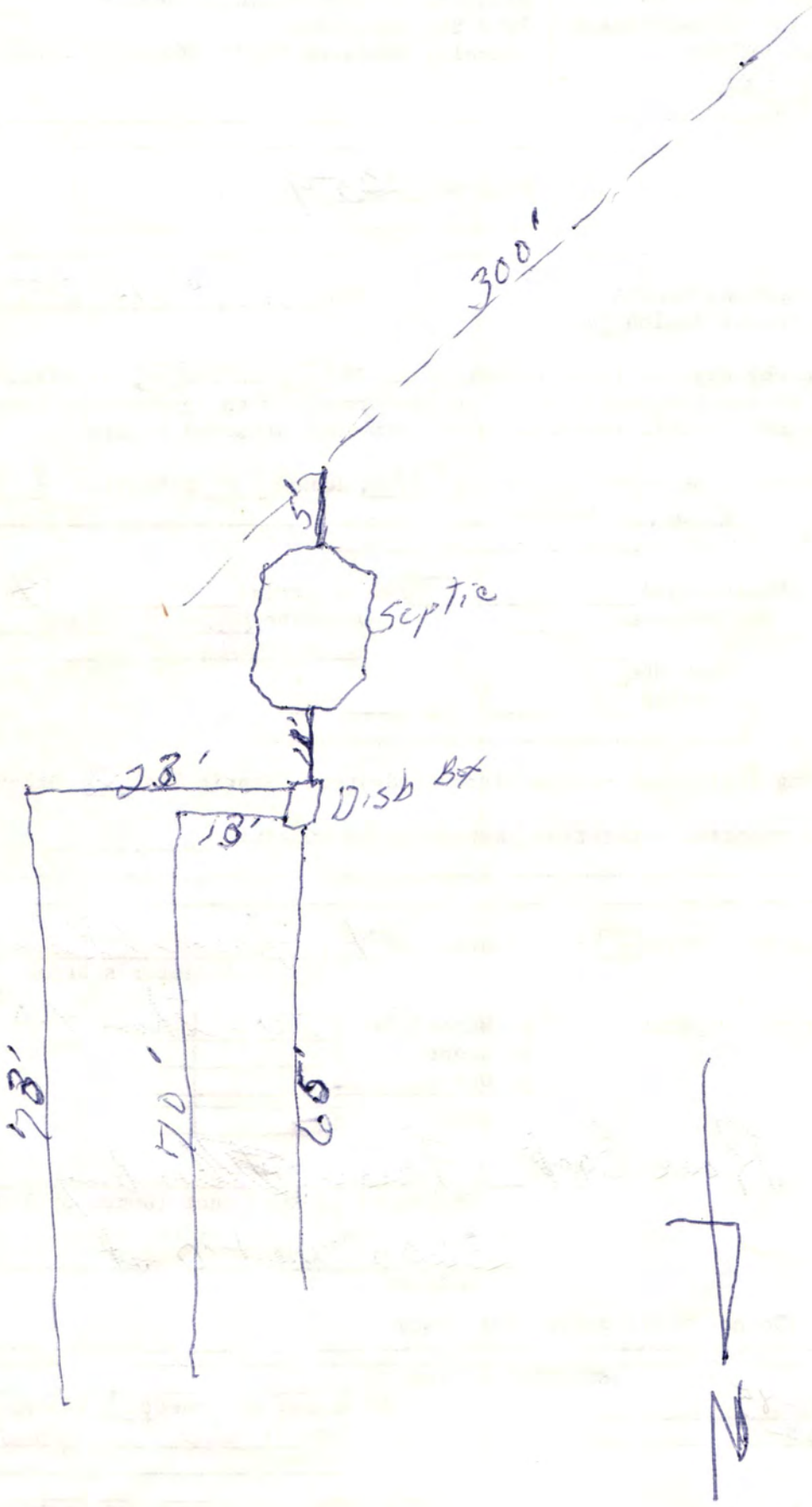
REVIEWING ACTION

1. Date Rec'd: 9-11-85
Filing Fee: $ 30.00

2. Site Visits:
Date: 9-11-85 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Gerald E. Hood

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


300'
Septic
28'
Disb Bx
18'
28'
70'
68'
N

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1512

INDIVIDUAL SEWAGE SYSTEM CONSTROCTION
TYPE OF LICENSE OR PERMIT

October 17, 1979
THIS LICENSE OR PERMIT EXPIRES

Paul von Gillern 3308 North Cotner, Lincoln, NE
LICENSEE OR PERMITTEE ADDRESS

T10N, R6E, Section 20
NAME OF ESTABLISHMENT, IF ANY ADDRESS

REMARKS: NON-TRANSFERABLE (Alter)

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
018754		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

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: 475-6221)

FILE NO. 1512

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. 10N ; Range 6E ; Section 20 ;
Block _____; Lot 5 TI.I; Addition _____
Street Address _____

2. Property Use: Residential _____ ☐; Commercial _____ ☒
No. Bedrooms _____ Describe EQUIPMENT
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Replace tank & lateral

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 1800.00

Paul von Dilleran
Signature of Applicant (owner or lessee)

3308 N Cotner
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 5/23/79 by: J.C.H.
Date: 5/24/79 by: J.C.H.
Date: 5/25/79 by: J.C.H.

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/25/79 by: J.C. Hood

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 7 ION; Range 6 E; Section & ¼ Section 20.
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: 4/13/79 to 4/14/79. Weather: Precip. 0 Temp. 65.
OWNER: Rose Equipment Inc
Address: 3200 West O
466-6198

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	24"	4/13/79	8:30	4/14/79	6:30	4/14	6:30	6"	4/14	4½	60 Min	1½	60 ÷ 1½
2									10:30	4¼		1¾	1¾
3										4¼		1¾	1¾
4										3¾		2¾	2¾
5										3		3	3
6										2		4	4
7										0		6	6
8										3		3	3

Duncan Gillum
Signature of Person Conducting Test

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

Address 3308 N Cotner Phone 467-4792

(Do not write below this line)

REVIEWING ACTION

Remarks: This was All Fill Soil
Soil Type (SCS): Silty Clay Loam
Date: _____

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

_____
Signature of Reviewing Official

467-4792

Paul Van Gilluwe

Perc. Res.

7:11

8 holes - dirt

10 + 1½"

1¾"

1¾" 2.9687

2¾"

3" 10 minutes

4"

6"

3" / 23.75

Mens 2 Closets + urinals

Womens 2 Closet 3200 W. "O"

Case Equip 17

12 hrs. a day / day shift people

35

$\times 17$

595 / day $\frac{1000 \text{ gal}}{}$

$$G = \frac{5}{\sqrt{10}} = \frac{5}{3.162}$$

$$= 1.5812$$

$$S = \frac{595}{1.58}$$

$$= 376 \text{ sq ft}$$

1000 gal 10. min/inch

17 persons x 35 gal/day

376 sq ft

94 ft of lateral

4' wide

They are parking present lateral, (they had discharged oil waste from floor drain previously - according to Larry Sintek)

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

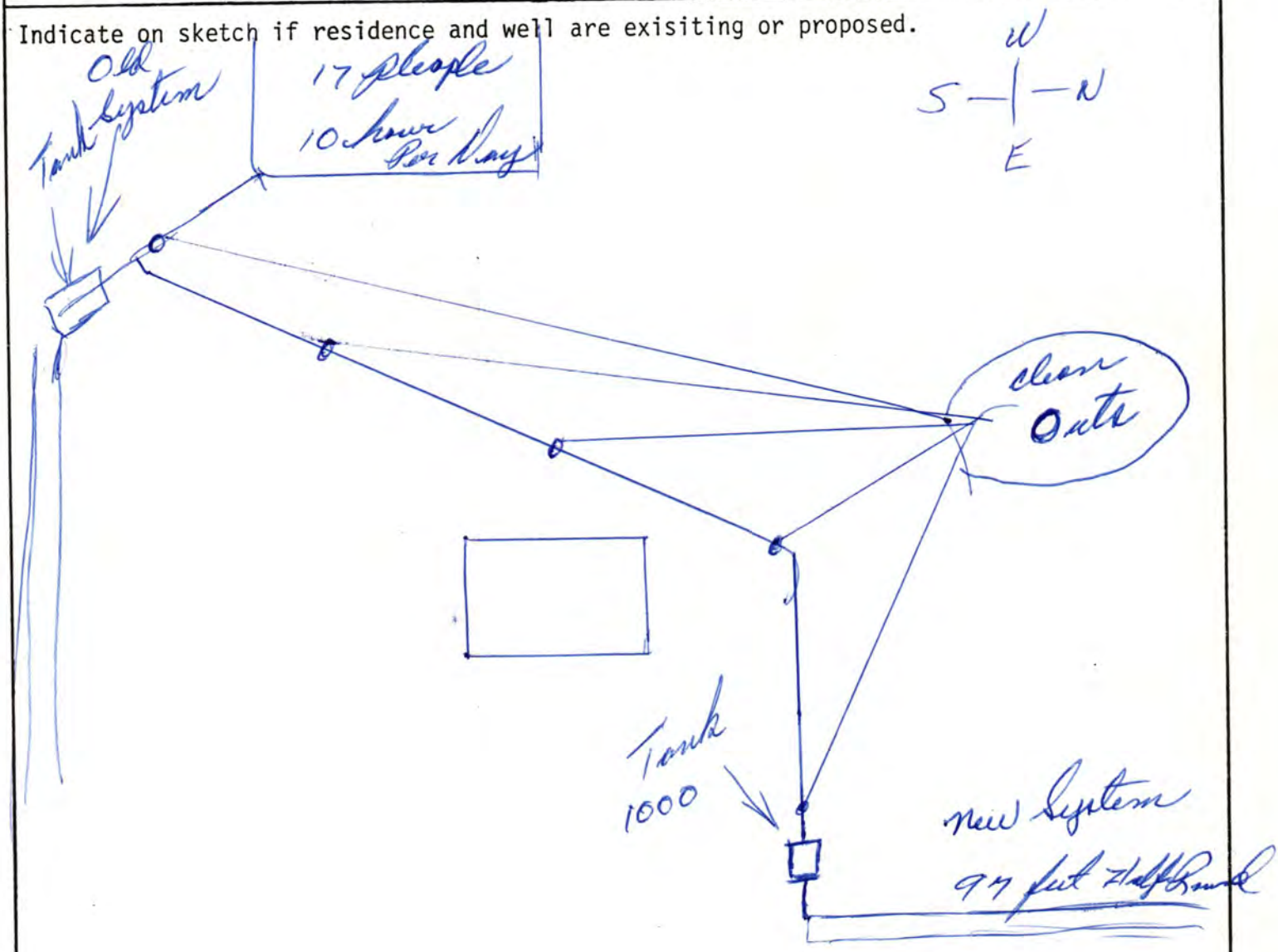
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO._____

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



REVIEWING ACTION

Remarks :_____

_____

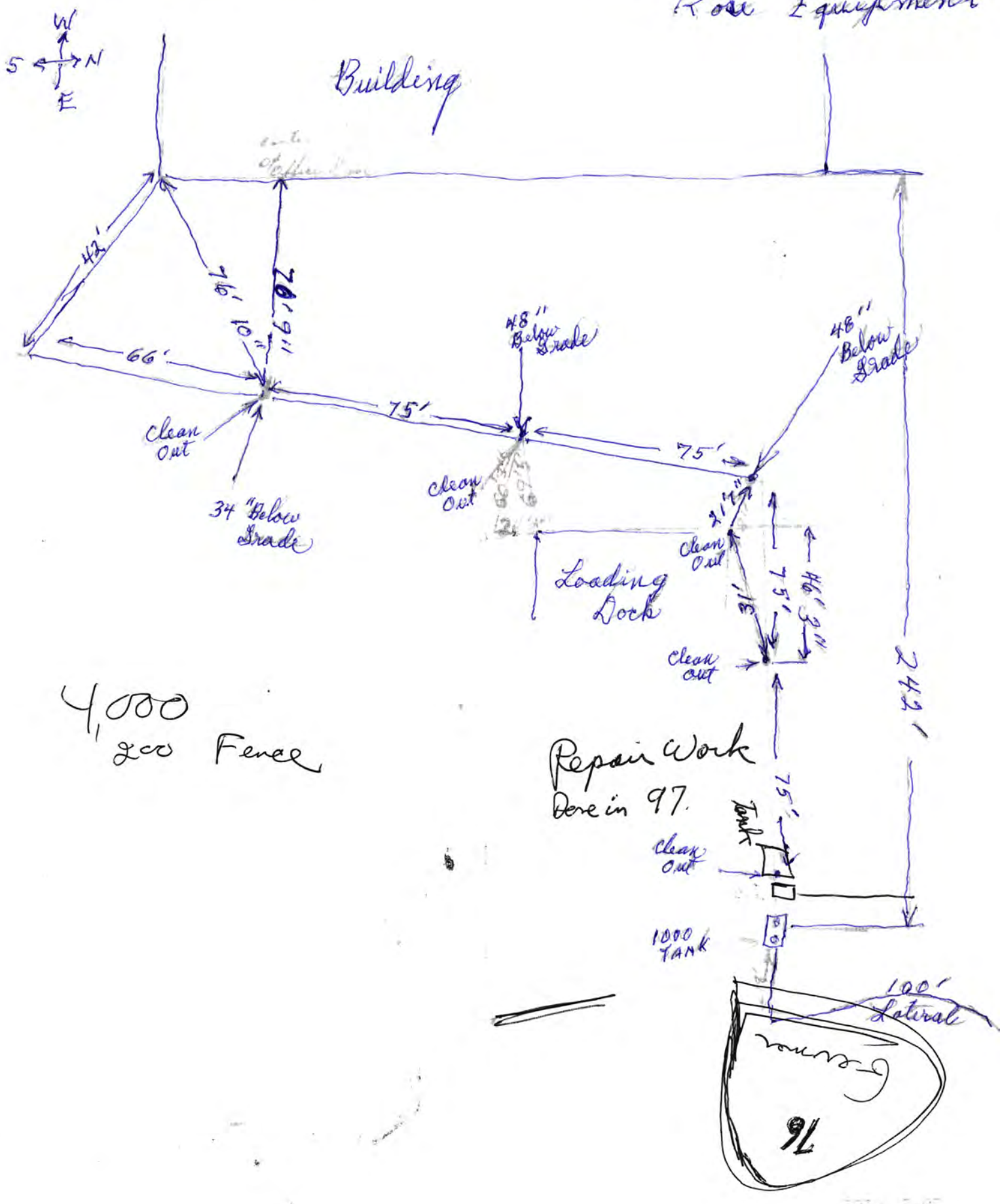
Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

DATE 5/29/79 INSTALLER Paul von Silsen

Rose Equipment



4,000
200 Fence

FILE NO. 720

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

April 30, 1976 — THIS LICENSE OR PERMIT EXPIRES

Keith Biggerstaff — LICENSEE OR PERMITTEE

7120 Logan — ADDRESS

T1ON; R6E; Sec. 20; Lot 57 I.T. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535 110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

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. 720

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

DATE: Oct. 30

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. 10N ; Range 6E ; Section 20
   Block ____; Lot 5 I.T.; Addition [redacted]
   Street Address 3200 West O

2. Property Use: Residential ____ ☐ ; Commercial ____ ☒
   No. of Bedrooms ____. Describe: ____
   Other Use ____ ☐
   Describe: ____

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

4. Distance to public sewer: ____ ft.

Keith Biggerstaff 4 EB
Signature of Applicant (Owner or Lessee)

7120 Logan
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 10/30/75. Date Frwd. 10/30/75.
   ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: Date Rec'd. ____. Date Frwd. ____.
   ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City ~~or County~~ Engineer: Date Rec'd. 10-30-75. Date Frwd. 10-30-75.
   ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

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 [X]
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. 720

DATE: OcT 30 1975

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. 10N ; Range 6E ; Section 20 ; Block ; Lot 5 I.L. ; Addition .
Street Address . SW¼

2. Property Use: Residential [ ]; Commercial [X]
No. of Bedrooms
Describe:
Other Use
Describe:

3. Type of Individual Sewage Disposal System: Septic Tank [X]; 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).

Keith Biggerstaff by R.B.
Signature of Applicant (owner or lessee)

7120 Logan
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 10-30-75
Filing Fee: $30.00

2. Site Visits:
Date: 12-22-75 by: rm
Date: 12-23-75 by: jw
Date: by:

3. Date: Approved [X]; Disapproved [ ] 10/30/75
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-23-75 by: James Wewerka

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 475-6221)

FILE NO. 720

PROPERTY WHERE SOIL TESTED:
Location: Township 10N; Range 6E
Section & ¼ Sect. 20 LOT 57
Property Dimensions: ___ft. x ___ ft.
Area: 4. acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: Keith Biggerstaff
Address 7120 Logan

Dates of Tests: May 2 to May 3. Weather: Precip. ___ Temp. ___ F

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. 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											1hr	2	
2												1½	
3												1	
4												3	
5												3	
6												2	

Signature of Person Conducting Test

Address 4131 Clifford
Phone: 489-8308

Sum of Percolation Rates
Average of Rates: 2.083/60"
Mean of Rates:

(Do not write below this line)

REVIEWING ACTION

REMARKS: 3 bedrooms; 15-23 employees
Base on 35 gals/day/person

Approved Percolation Rate(s)
A. 29 min./inch
B. ___ min./inch
C. ___ min./inch

DATE: 10-30-25

James Wevelka
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. 720

SPECIFICATIONS

DATE: _____

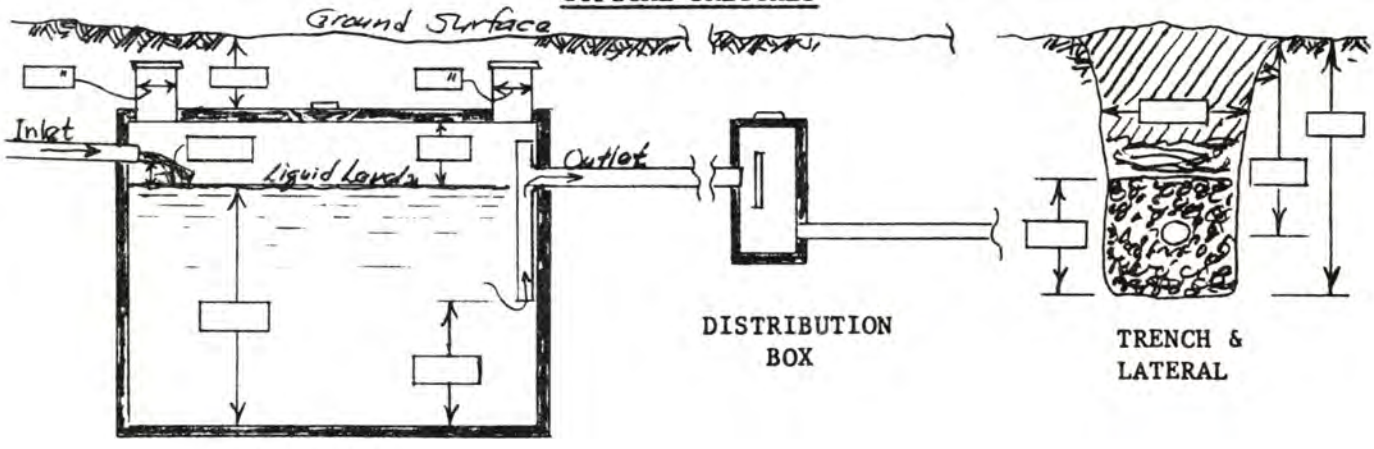
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material fiberglass; No. of compartments 1.
2. Capacity 1200 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company Corru-glass)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade AT 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 12 in. RISER TO GRADE
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

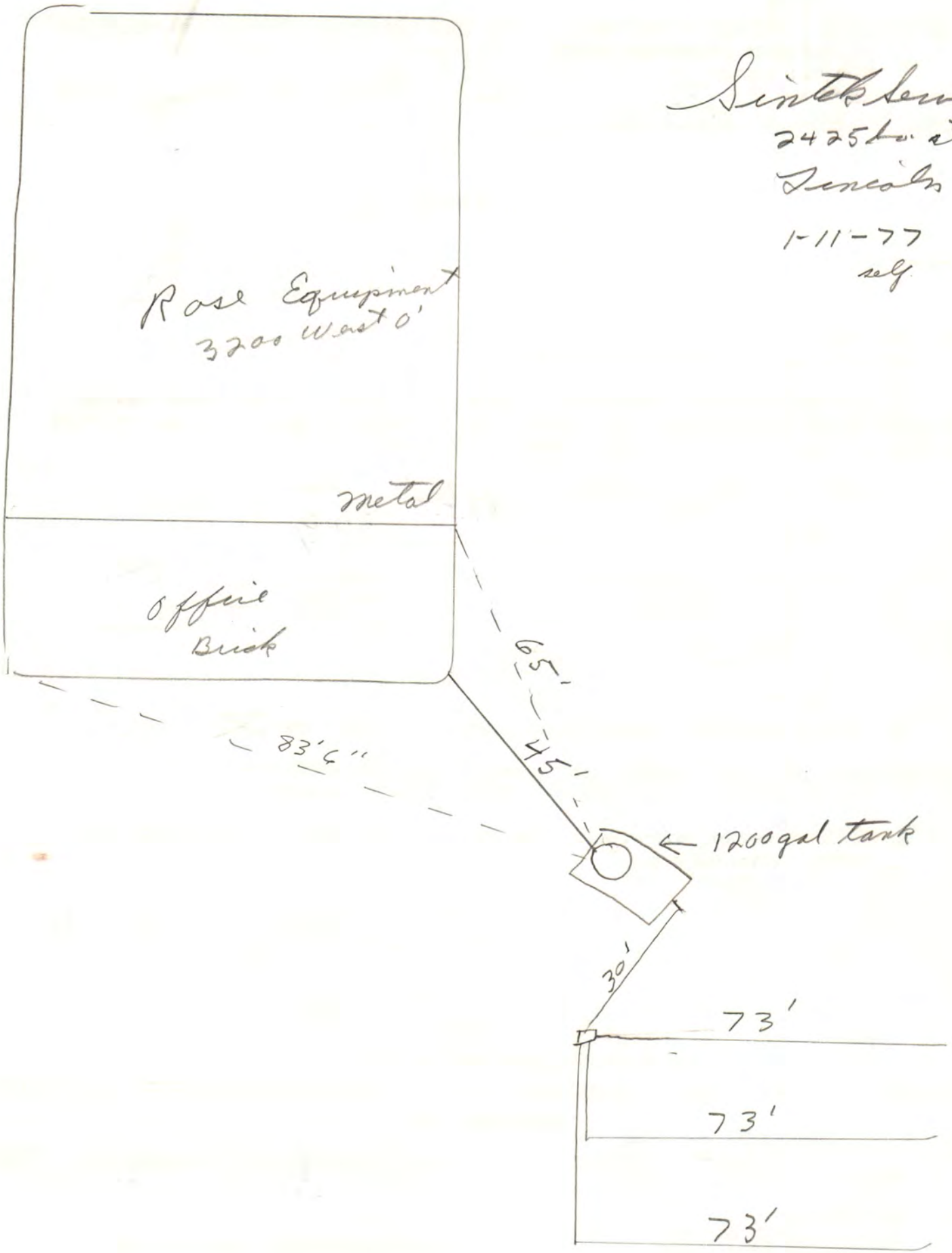
C. DISTRIBUTION BOX
1. Material Conc; No. available outlets 6.
2. Factory Built: Yes ☒, (Company Pre-Cast) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank 30 ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

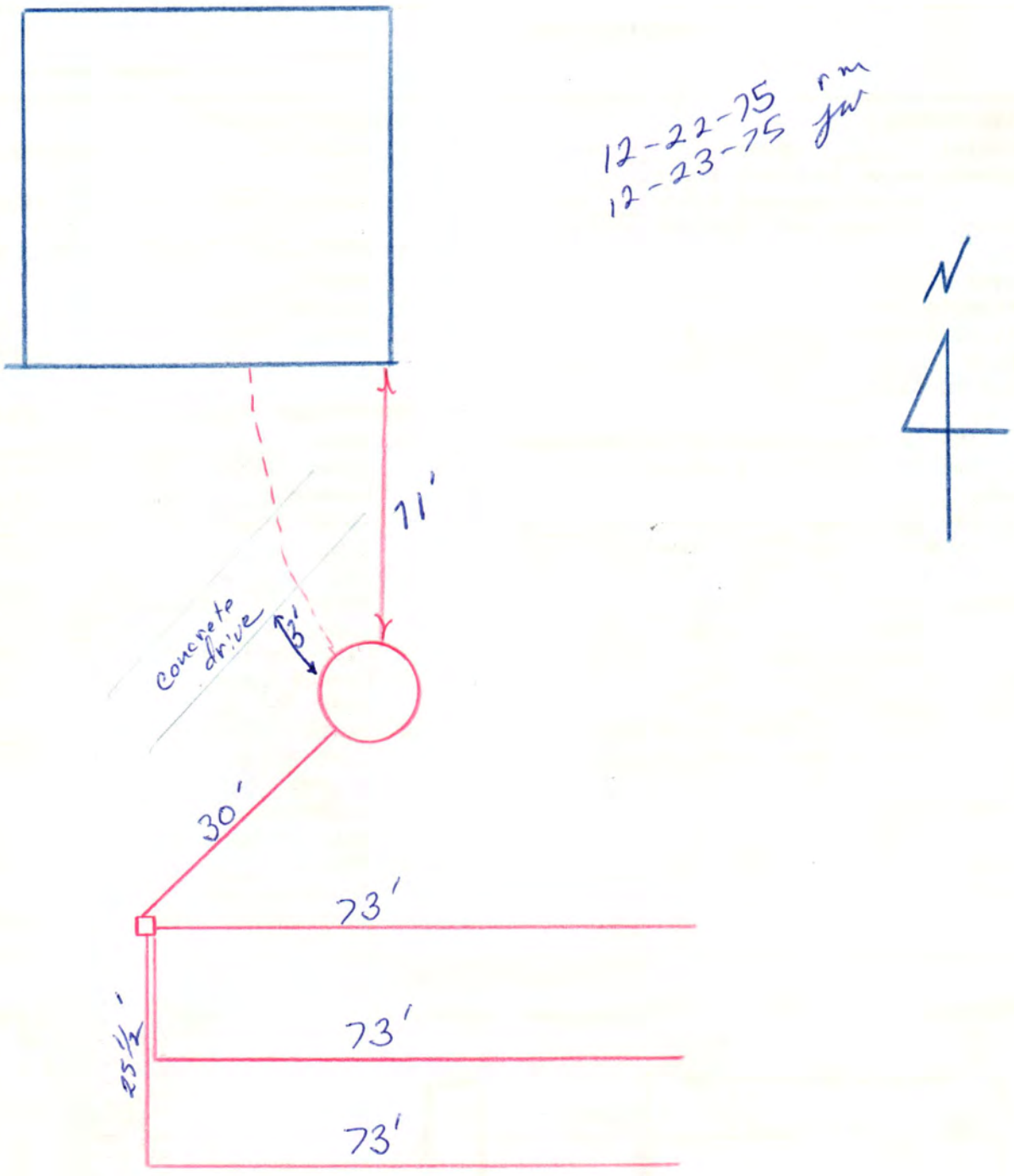
D. ABSORPTION FIELD: (Provide drawings.)
1. Type: half moon
2. Lateral Lines: Depth below grade ___in.
Number 3; Length of each line 73 ft
Total length of Laterals 217 ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☒; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth 36 in.; Width 48 in.
4. Filter Material: gravel.
Depth of material from trench bottom 20 in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line 20 ft.
6. Percolation Rate: 29 minutes/inch

TYPICAL SKETCHES



Signature of Applicant


Sintek Serv.
2425 Lincoln Ave.
Lincoln Ne.
1-11-77
slg
Base Equipment
3200 West 0'
metal
Office
Brick
65'
45'
83'6"
1200 gal tank
30'
73'
73'
73'


12-22-75 rm
12-23-75 jw
N
71'
concrete drive
3'
30'
73'
73'
73'
45 1/2'

9903220001

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.

New LCR 3979

Legal Description of Property: Street Address 3200 West "O" Street Lincoln NE

Twp 10 Range 6 Section 20 1/4 ___ 1/4 ___ Block ___ Lot 57 Addition ___

Directions to Property ___

Location of Well NW Corner of Bldg Tap Location: Inside ☒ Outside ☐

Location of Sewage System NE Corner of Property Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Ross Equipment Co	3200 West "O" Lincoln 68528	
Tenant/Buyer:	BJ Ulch	Omaha NE	
Return to:	John Ball	3737 So 27th Lincoln NE 68502	430-6603

Signature of Applicant John Ball Address 3737 So 27th Lincoln NE Date 3/8/99

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 03/08/99
Initials ___
Amount 150.00
Check No. 9237

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

3 T 99 2 10

PRELIMINARY STATUS--By PAUL DROTZMANN **DATE:** 3/5/99

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☒
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 3.3 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☐

Additional Site Visits
Date 3/12/99 by PD
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Electrical conduit broken. Nitrate sample collected 3-12-99 Conduit repaired

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drotzmann Date 3/19/99

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/Re

P7617-64 N.T.

P7617-56 BAC.

RECEIVED MAR 19 1999