LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 96390053501

SEWAGE SYSTEM REPAIR

Issued 12/10/96
Expires 06/10/97
Revenue Code 18754

Establishment

DIANE PATTERSON
T11N R7E SEC 35
PATTERSON ESTATES LOT 1
6709 N 98 STREET

FEES: $50.00

TOTAL $50.00

Permittee

DIANE PATTERSON
6709 N 98 ST
LINCOLN NE 68507

Issued By M. Jane Ford
Health Director

2861

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 [X]
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: 12-4-96

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. 11N ; Range 7E ; Section 35 NE¼ ;
Block _____ ; Lot #1 ; Addition Patterson Estates
Street Address 6707 N. 98

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

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

4. Description of proposed alteration, extension or repair: add 200' Colonial to 10" sewer

5. Work to be done by: Owner [ ] ; or Contractor [ ], Scotch Acres
Contractor's Name

6. Estimated cost of project: 4000 est

a. Materials	$	
b. Labor	$	
c. Other	$	2065 00
TOTAL	$	

Diann Patterson
Signature of Applicant (owner or lessee)

next door 6700 No 98
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 12-4-96
Filing Fee: $ 50 ck 1044

2. Site Visits:
Date: 12-4-96 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Ron Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-17-96 by: Ron Maynard

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 _____

System Location (Indicate correct number and street)

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

A. Building Sewer

1. Material: Plx
   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 100 ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Cement
   Number of compartments: 1
2. Capacity: 1000 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: 8 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Plx
   Number available outlets: 7
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 10' ft.

D. Absorption Field

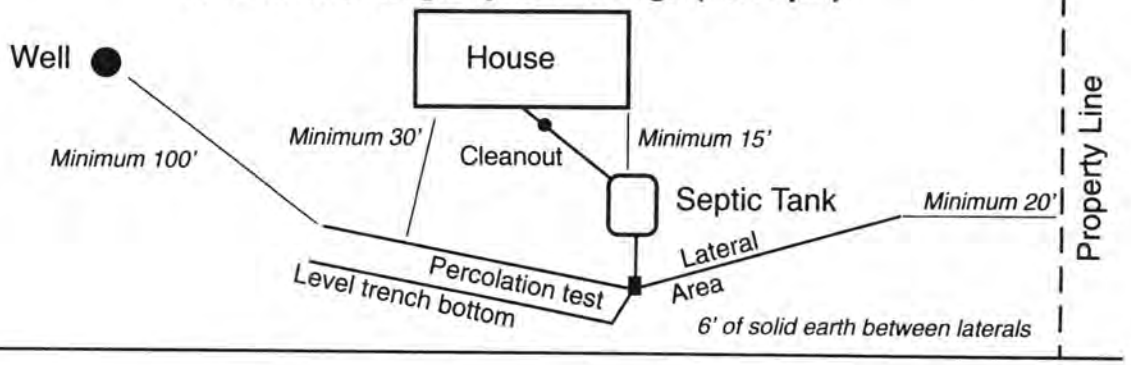
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 78 ft. 100 ft.
   100 ft. 100 ft., _____ ft.
3. Trench dimensions: Width 36 ft.
   Slope 6 in/100 ft.
   Average depth 36 in.
4. Filter material: Road Gravel
   Depth of material 12 in.
5. Distances to: Well or suction line 105 ft.
   Stream _____ ft.
   Pressure line ~~_____~~ ft.
   Property line 30' ft.

Indicate North with Arrow

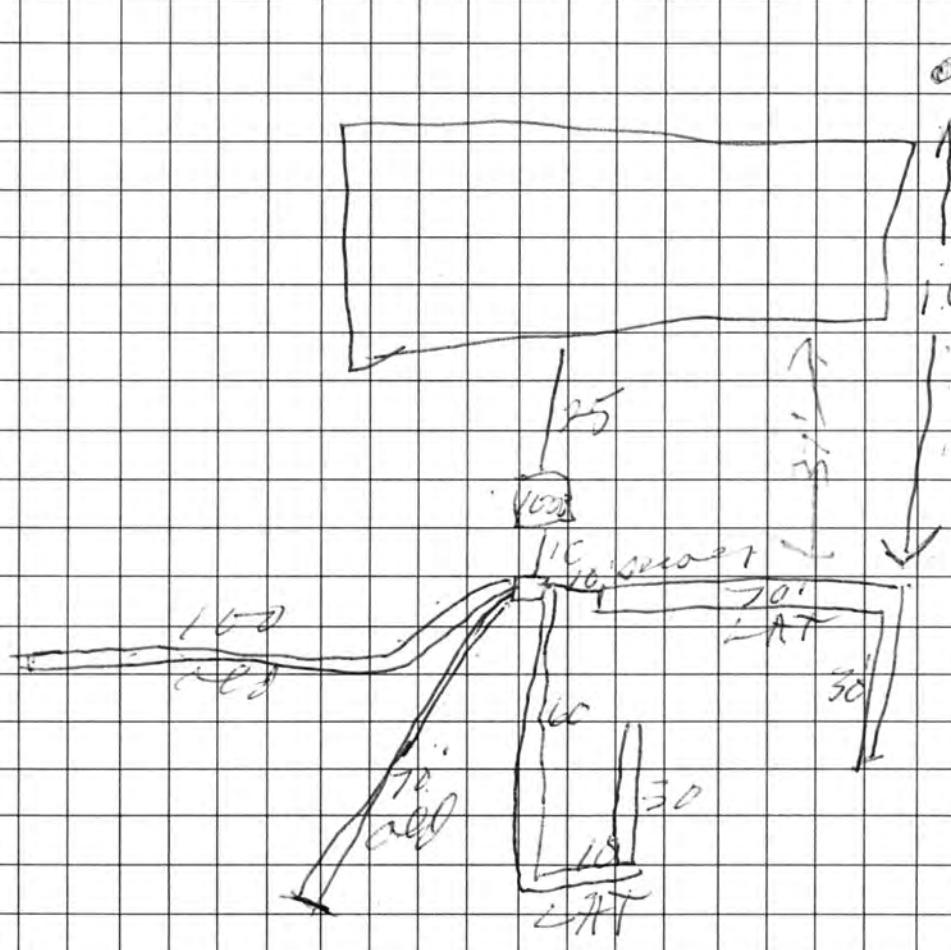
Complete "As Built" drawing on back of this form.

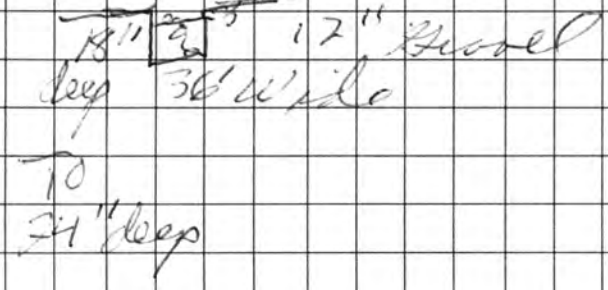
Individual Sewage System Design (Example)



As Built Drawing

Indicate North with Arrow





Approximate Scale: _____ft. = _____ grid line/s

FILE NO. 1112

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

January 19, 1978 — THIS LICENSE OR PERMIT EXPIRES

Clarence Patterson — LICENSEE OR PERMITTEE

6035 Aylesworth, Lincoln, NE 68505 — ADDRESS

T11N, R7E, Section 35, SE¼ 80 Acres — 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	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
46396 Jan 77		30.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH 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. 1112

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

DATE: 7-18-77

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. 11N ; Range 7E ; Section 35
   Block _____ ; Lot _____ ; Addition SE¼ 80 acres
   Street Address 6709 No 98th E (12-4-96)

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

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

4. Distance to public sewer: 2 mi ft.

Clarence Patterson
Signature of Applicant (Owner or Lessee)

6035 Ashlesworth 68505
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/19/77. Date Frwd. 7/19/77. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 7-19-77. Date Frwd. 7-19-77. ACTION: Approved ☒ Disapproved ☐ Signature: OK

3. City ~~or County~~ Engineer: Date Rec'd. 7-19-77. Date Frwd. 7-19-77. ACTION: Approved ☒ Disapproved ☐ Signature: [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 [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. 1112

DATE: 7-18-77

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. 11N ; Range 7E ; Section 35 ; Block ; Lot ; Addition SE¼ 80 acres.
   Street Address .

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

Clarence Patterson
Signature of Applicant (owner or lessee)

6035 Aylesworth
Address 68505

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: 7-19-77 by: mm
   Date: by:
   Date: by:

3. Date: Approved [X]; Disapproved [ ] 7/19/77
   by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 7-20-77 by: James Weverka

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. 1112

SPECIFICATIONS

DATE: 7-18-77

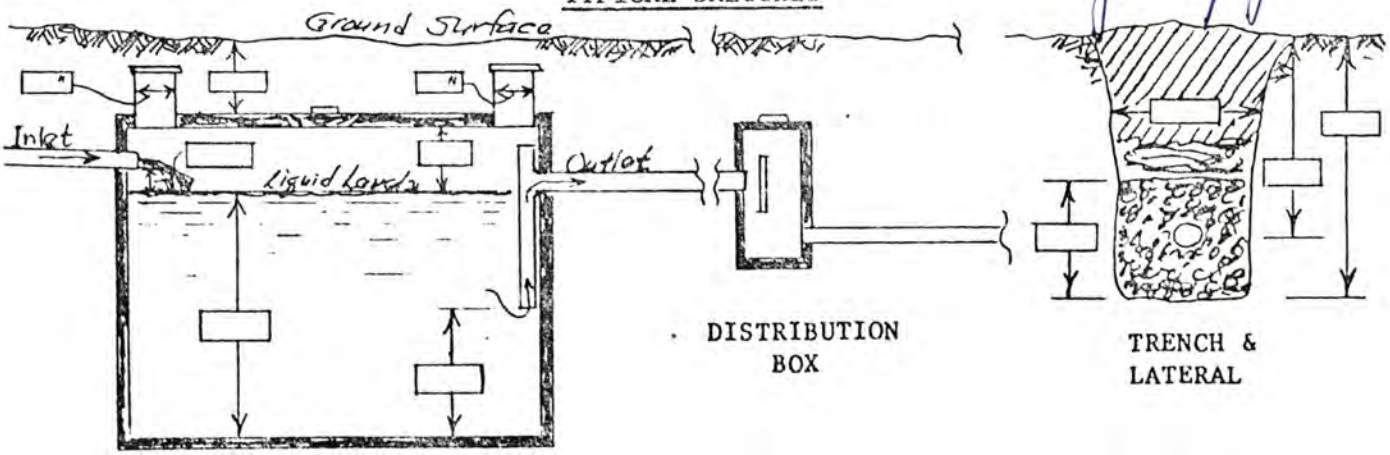
A. BUILDING SEWER:
1. Material Pla; Diameter 4 in.
2. Distance above basement floor 48 in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 20 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 78 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 90 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Cem; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 53 in.
3. Factory Built: Yes ☒ (Company Sim-Tek) No ☐
4. Manholes: Over Inlet; diam. 4 in.
Over Outlet; diam. 4 in.
Below Grade 8 in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 4 in.
7. Depth of top of tank below finished grade 8 in.
8. Distances To:
Well or Suction Line 85 ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

C. DISTRIBUTION BOX
1. Material Pla; No. available outlets 7.
2. Factory Built: Yes ☒, (Company Hand Core) No ☐
3. Dimension: Length 24 in.; Width 12 in. Depth 12 in.
4. Distance from Septic Tank 10 ft.
5. Serial Distribution: Yes ☒, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: perforated pipe
2. Lateral Lines: Depth below grade 18 in. Number 2; Length of each line 100 ft Total length of Laterals 200 ft.; Slope 6 in/100 ft. Diameter of pipe 4 in.; Shape round Material: concrete ☐; fiber asbestos ☐; clay ☐; other Pla Distance between lateral lines 8 ft.
3. Trench Dimensions: Depth 24 in.; Width 36 in.
4. Filter Material: roadgrovd. Depth of material from trench bottom 12 in.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ___ ft.; Pressure Line ___ ft.
Property Line ___ ft.
6. Percolation Rate: 44 minutes/inch From adjoining ground

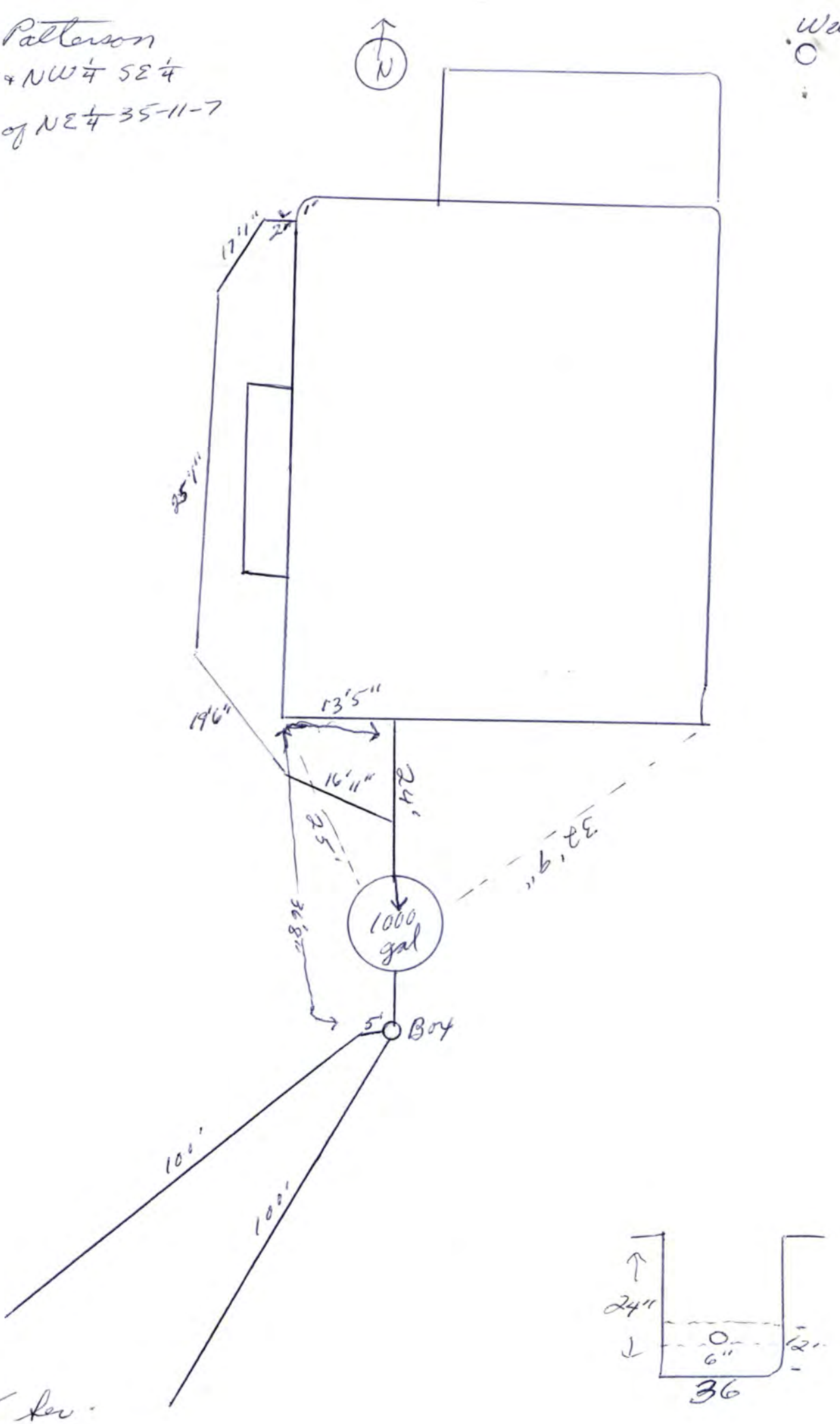
TYPICAL SKETCHES



SEPTIC TANK

Clarene Patterson
Signature of Applicant

Clarence Patterson
NE¼ SW¼ & NW¼ SE¼
35-11-7 PT of NE¼ 35-11-7



Sanitary Rev.

FILE NO. 1050

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

November 10, 1977
THIS LICENSE OR PERMIT EXPIRES

Richard Holtmeier 3801 O Street, Lincoln, NE 68510
LICENSEE OR PERMITTEE ADDRESS

T11N, R7E, Section 35 NE¼
NAME OF ESTABLISHMENT, IF ANY ADDRESS

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
624-1535	110.16	148.14	6-2	

SERIAL NO.	DATE	AMOUNT
43982	NW 1 077	30.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

Health 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. 1050

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

DATE: May 9 1977

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. 11N ; Range 7E ; Section NE¼ SEC. 35
   Block _____; Lot _____; Addition _____
   Street Address _____

2. Property Use: Residential _____ ☑ ; Commercial _____ ☐
   No. of Bedrooms 2 . 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)

5801 "O" st
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/10/77. Date Frwd. 5/10/77. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. 5-10-77. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Baasch
3. City or County Engineer: Date Rec'd. 5/10/77. Date Frwd. 5/10/77. ACTION: Approved ☒ Disapproved ☐ Signature: Joe Bl[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. 1050

DATE: _____

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. 11 N ; Range 7E ; Section 35 NE¼ ; Block ____ ; Lot ____ ; Addition _____.
   Street Address _____.

2. Property Use: Residential ____ [✓]; Commercial ____ [ ]
   No. of Bedrooms 2 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).

Richard A. Hamer
Signature of Applicant (owner or lessee)

5801 "O" St.
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
   Date: _____ by: _____
   Date: _____ by: _____
   Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 5/10/77
   by: Jerrold C. Hood

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

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. 1050

PROPERTY WHERE SOIL TESTED:
Owner: CLARENCE PATTERSON
Location: Township 11N : Range 7E
Section & ¼ Sect. Sec 35 - NE ¼ Address:
Property Dimensions: 2640 ft. x 1320 ft.
Area: 80 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Dates of Tests: [illegible] 4-77 to [illegible] 77. Weather: Precip. 0 Temp. 70°

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	30"	5/-	6PM	5/-	5PM	5/-	5PM	6"	8:30 AM	7 1/2	30M	1/4	
2										7 1/4		1/2	
3										1 1/2		1	
4										1 1/4		1	
5										1 1/2		3/4	
6										1 1/4		3/4	
							Rainfall						
							[illegible]		[illegible]	6 3/4			

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

[illegible]
Signature of Person Conducting Test

Address [illegible]

Phone 423-[illegible]

(Do not write below this line)

REVIEWING ACTION

REMARKS: Crete Silt Loam (S.C.S.)

DATE: May 9, 1977

Approved Percolation Rate (a)
A. 44 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. 1050

SPECIFICATIONS

DATE: _____

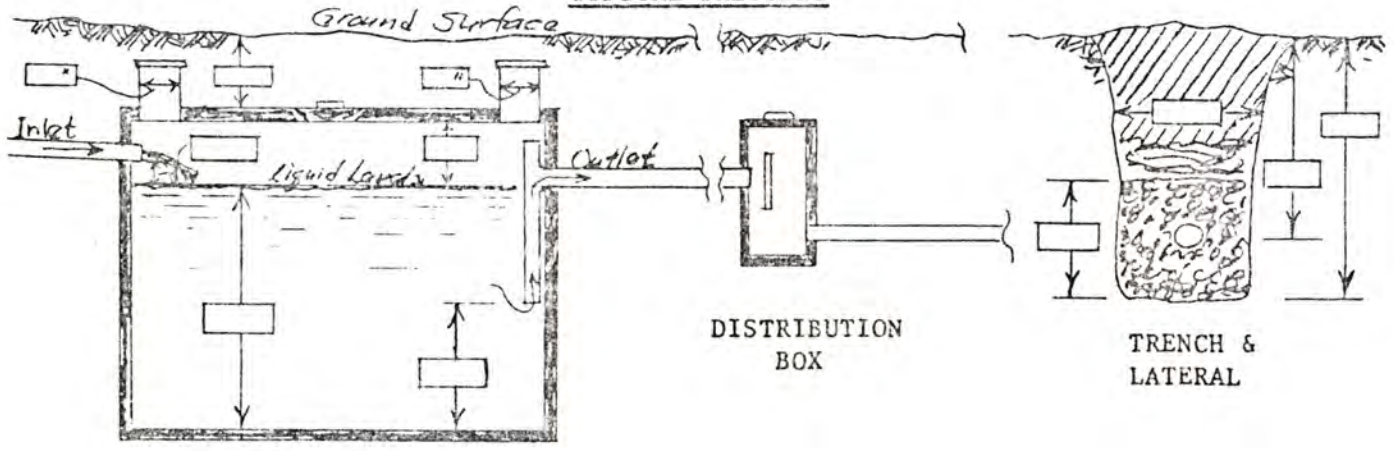
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 51 in.
3. Factory Built: Yes ☒ (Company Pre Cast Step) No ☐
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 6 in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☒; or Tee ☐
Depth of outlet below inlet 1 in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☒, (Company Pre Cast Step) No ☐
3. Dimension: Length 20 in.; Width 14 in. Depth 14 in.
4. Distance from Septic Tank ____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 ___ft Total length of Laterals 223 ft.; Slope ____in/100 ft. Diameter of pipe 20 in.; Shape Half moon Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____ Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: road gravel. Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



Signature of Applicant

INTER-DEPARTMENT COMMUNICATION

TO Charlie Seale

DEPARTMENT Building Inspections

ATTENTION

CARBONS TO

DATE May 10, 1977

FROM Jerrold C. Hood

DEPARTMENT Health

SUBJECT Individual Sewage System Construction - File No. 1050
Richard Holtmeier
5801 O Street
Lincoln, NE 68510

The Application and plans have been reviewed and approved for the construction of an individual sewage disposal system on property legally described as:

T11N, R7E, Section 35 NE¼

Jerrold C. Hood, R.S., Supervisor
County Sanitation Section
Division of Environmental Health

JCH:kv

Diane Patterson 476-2663

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 6709 N 98

Twp 11 Range 7 Section ~~35~~ 1/4 NE 1/4 Block Lot Addition

Directions to Property

98th & Hwy 6 - ½ Mile south west-side 3 homes in a row (Centermye)

Location of Well NE Corner of garage Tap Location: Inside ☐ Outside ☐

Location of Sewage System Year Installed

	NAME	ADDRESS	PHONE
Present Owner:	Roger Patterson	6701 N 98	466-0535
Tenant/Buyer:	Gerald Thompson	36 Elm Greenwood	
Return to:	Harry Rotthaus	4444 O St Street Lincoln Ne 68510	475-4444

Signature of Applicant Roger C. Patterson Address 6701 N 98 Date 9/12/96

HEALTH DEPARTMENT USE ONLY

Date Received 09/12/96 LO Received $150.00 Check ☑ #4083 Cash ☐

PRELIMINARY STATUS–By Ron Marquart **DATE:** 9/23/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ /ml
Nitrate	☒ 1.7 ppm	☐ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☒

Disapproved ☐ Not standing water on ground surface by septic tank

Additional Site Visits

Date 9/23/96 by rm

Date / / by

Date / / by

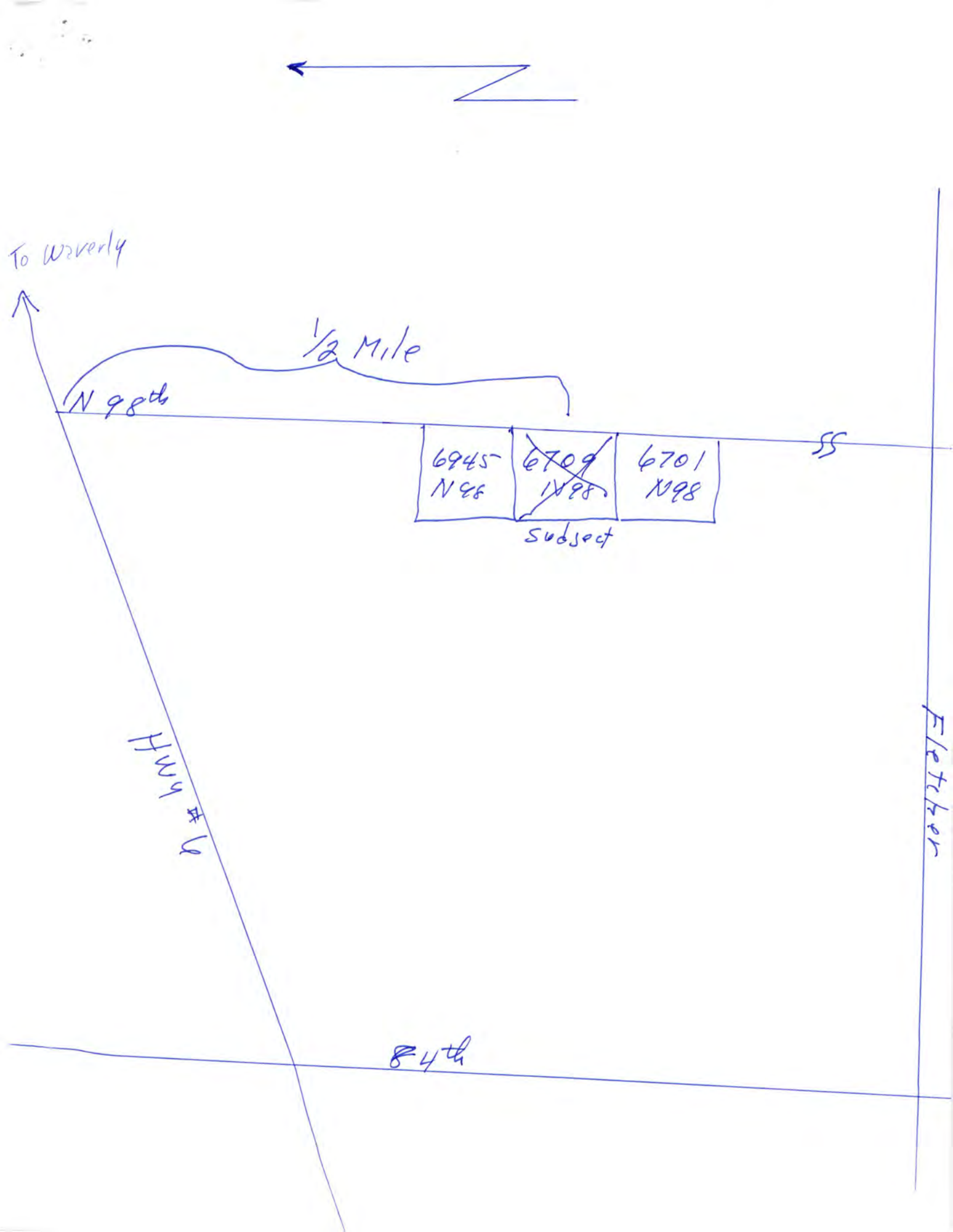
Comments: Initial presence of standing water on ground surface by septic tank appears to have been corrected by pumping the septic tank. However, it may indicate the 20yr. old septic system is beginning to fail. Thus, a provisional approval. ☐ See Attached Letter

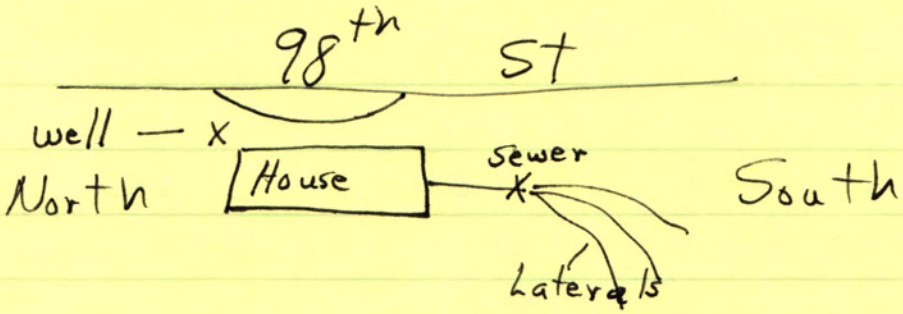
FINAL STATUS

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

Approved by Ron Marquart, R.S. Date 9/23/96

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.


To Waverly
1/2 Mile
N 98th
6945
N 96
6709
N 98
6701
N 98
Subject
55
Hwy #6
Fletcher
84th


98th St
well
North
House
sewer
South
Laterals