LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 95390046301

Issued 08/02/95
Expires 02/02/96
Revenue Code 18754

Establishment
BRUCE MELICHAR
T10N R6E SEC 32
3600 W VAN DORN ST

FEES: $50.00

TOTAL $50.00

Permittee
BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

Issued By M. Jane Ford
Health Director

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
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

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

DATE: 8-1-95

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 32 ; E½ SW¼
Block _____; Lot _____; Addition _____
Street Address 3600 West Van Dorn

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3 Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: extend lateral by 95' x 3' i.d. perforated pipe.

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Southwick Sewer + Drain
Contractor's Name

6. Estimated cost of project:

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

Bruce Melick by Brad Southwick
Signature of Applicant (owner or lessee)

3600 West Va Dorn 17201 S. 72
Address Hickman, Ne

(Do not write below this line)

REVIEWING ACTION

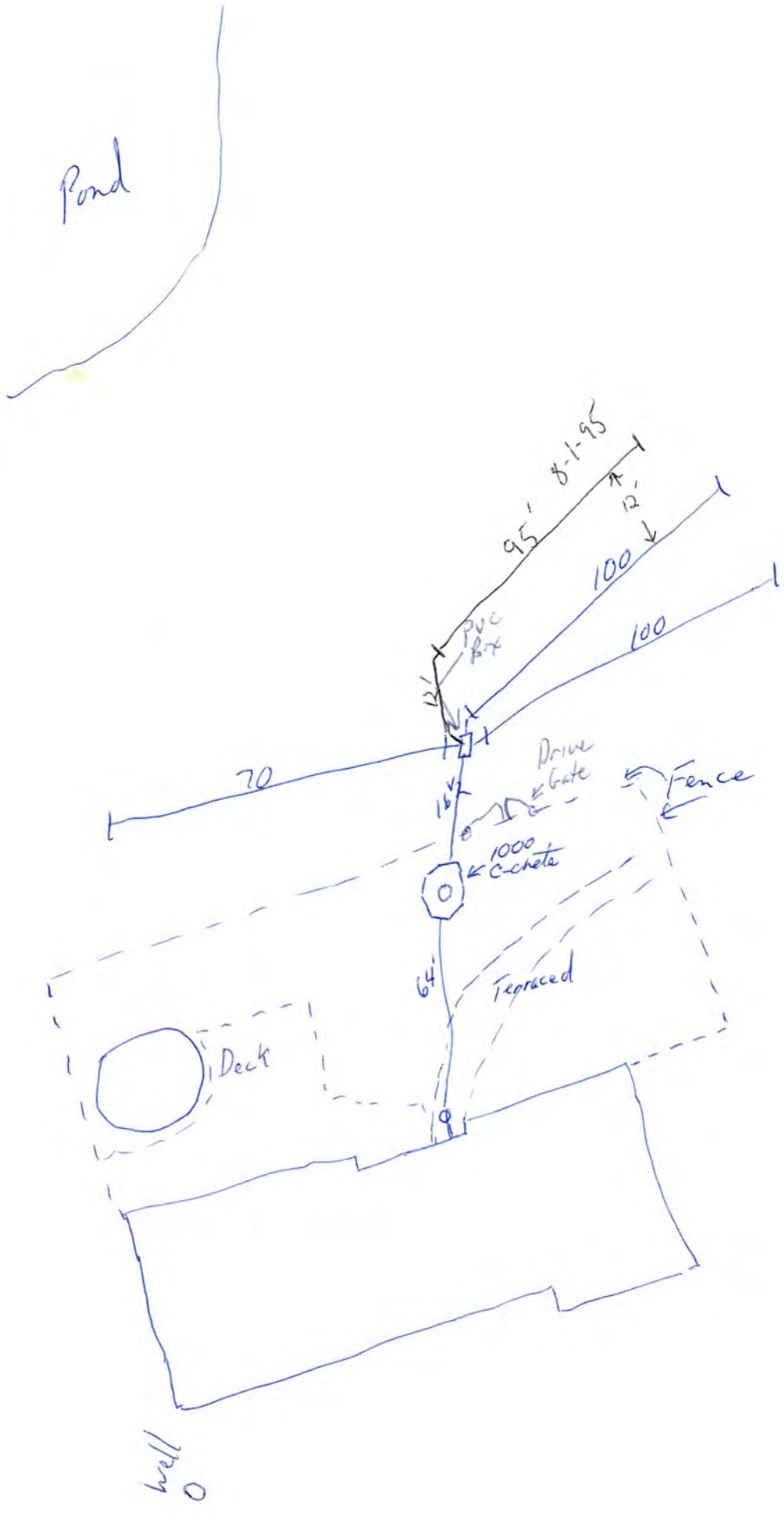
1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 8/1/95 by: L.C.H. + W.A.P.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/1/95 by: J. C. Hood

FIRST 15' OF LATERAL STEEP


Pond
N
E
95'
8-1-95
12'
100
100
PVC
Brk
12'
70
16'
Drive
Gate
Fence
1000
C-chete
64'
Terraced
Deck
well

FILE #2587

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — APRIL 30, 1987
TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

BRUCE MELICHAR — 6920 WEST "O" STREET — LINCOLN, NE 68528
LICENSEE OR PERMITTEE — ADDRESS

TION: R6E: Sec 29 NE¼ E½, SW¼ 32
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

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

~~Don't Need~~

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: $ 60.00

FILE NO. 2587

DATE: 10-29-87

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. 10N ; Range 6E ; Section 32 ; PART OF E½ SW¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____
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: _____ ft.

Bruce Nicholas
Signature of Applicant (Owner or Lessee)

6920 West O Lincoln Ne
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/29/87. Date Frwd. 10/30/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 10/30/87. Date Frwd. 10/30/87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL HAS WELL PERMIT

Site Visits:
Date: 3/8/88 by: J. C. Hood ~~tank to line + distribution box~~
Date: 3/9/88 by: J. C. Hood Need drawing
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/4/93 By: Jerrold C. Hood

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

FORM 23-43

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. 2587

PROPERTY WHERE SOIL TESTED: Legal - part of E½ SW¼ Sec 32 T10 N R 6 of 6th pm tract C

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: 273.20 ft. x 819.60 ft. Area: 5.3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10/28/87 to 10-29-87. Weather: Precip. — Temp. 70°.

OWNER: Bruce Melichar
Address: 6920 west O Lincoln

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"	10/28	6:00pm	10/29	9:00am	8:15	[illegible]						
2	"	"	"	"	"	8:45	3¾	4.0	6½	5.0	7.0	6.0	
3	"	"	"	"	"	9:15	3½	2.0	3.0	2.0	5.0	3.0	
4	"	"	"	"	"	9:45	2½	2¼	4.0	3.0	5½	4½	
5	"	"	"	"	"	10:15	2½	1.0	2.0	3.0	4½	1½	
6	"	"	"	"	"	10:45	2½	2½	1¾	1.0	2¾	1.0	
						11:15	3	2¼	4.0	2½	4.0	3½	
						11:45	2¾	1¼	2¾	2.0	4½	1½	
						12:15	2¼	2.0	1.0	1½	3.0	1.0	

Bruce Melichar
Signature of Person Conducting Test

Address 6920 west O Lincoln Phone 475-6500

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg silty Clay Loam
Date: OCTOBER 29, 1987

Approved Percolation Rate (a)
A. 17 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold 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 ☐

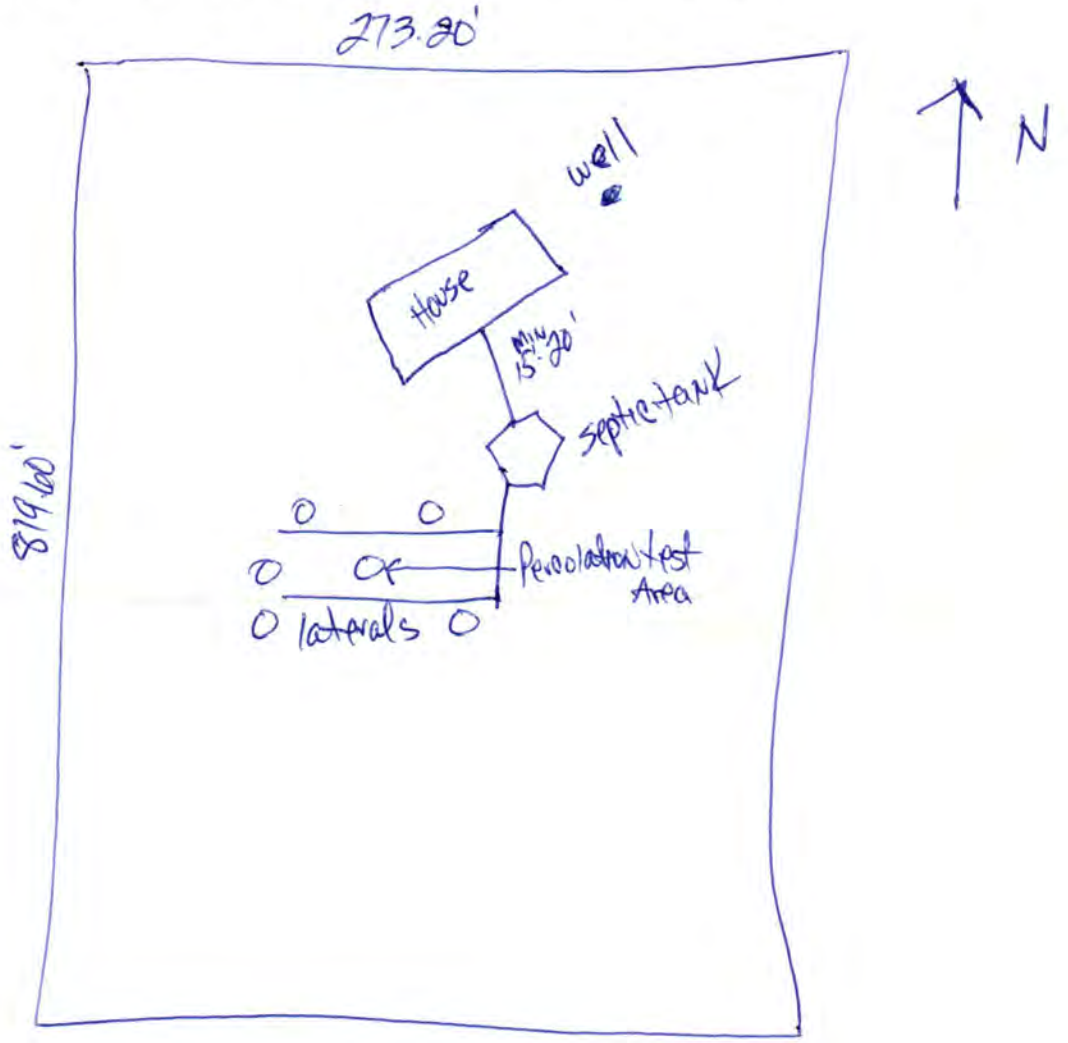
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 1587

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



REVIEWING ACTION

Remarks: _____

Date: October 29, 1987

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 595 sq.ft.

Jerrold C. Hoob
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: 3-88

FILE NO. _____

Bruce Melichar

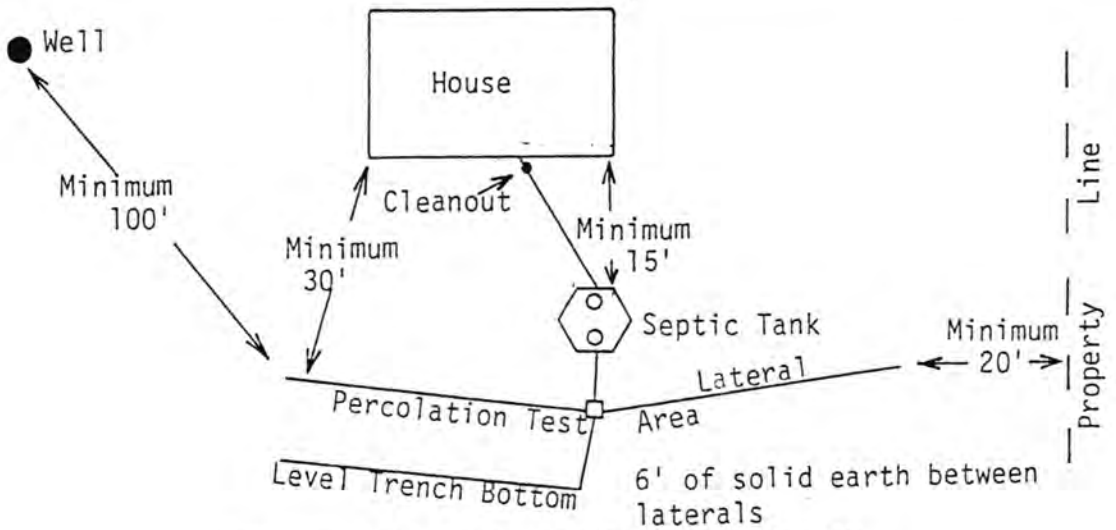
SPECIFICATIONS AS BUILT

A. BUILDING SEWER: Sch 40
1. Material PVC ; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor 9 in.
3. Distance between dwelling and septic tank 64 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

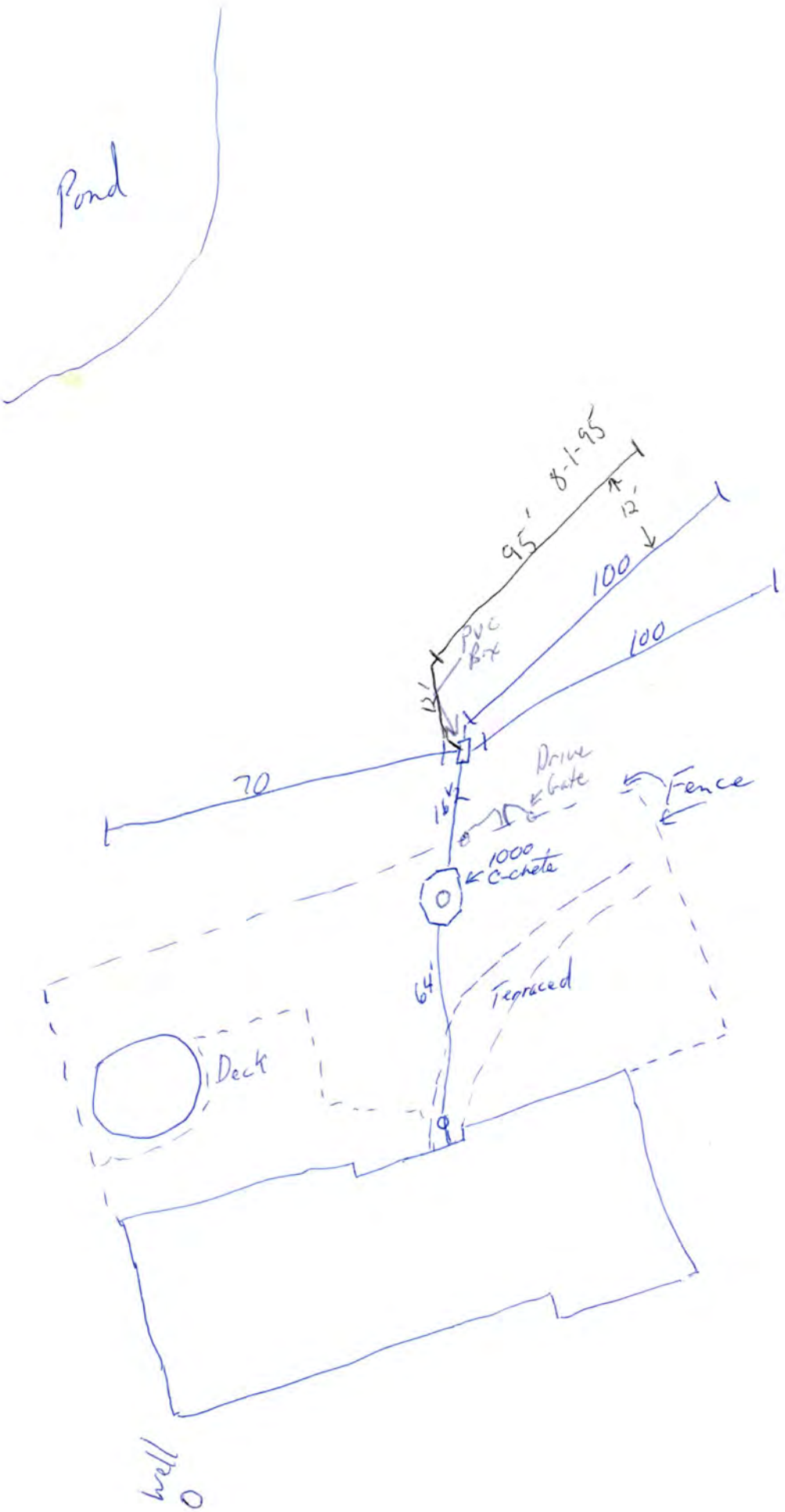
B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1000 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. 10 in.
Over Outlet; diam. 12 in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 20 in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line >100 ft.

C. DISTRIBUTION BOX:
1. Material PVC ; Number - available outlets 7 .
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 16½ 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 3 ; Length of each line 100 , 100 , 70 , _____ , _____ ft.;
Total length of laterals 270 ft.;
Distance between lateral lines 20 ft.
3. Trench dimensions: Width 3 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 >20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


Pond
N
E
95'
8-1-95
12'
100
100
PVC Box
70
15'
Drive Gate
Fence
1000 G-chete
64'
Terraced
Deck
well

FILE #W-215

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL WATER WELL CONSTRUCTION — TYPE OF LICENSE OR PERMIT

MARCH 10, 1988 — THIS LICENSE OR PERMIT EXPIRES

BRUCE MELICHAR — LICENSEE OR PERMITTEE

6920 WEST "O" STREET LINCOLN, NE 68528 — ADDRESS

T10N: R6E: Sec E½ of SW¼ 32 — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 45.00	019851	$ 45.00

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

SEP 0 1 1987

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

SEP 1 0 1987

FILING FEE $ 45.00

FILE NO. W-215

DATE:

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: SEE ATTACHED E½ OF SW¼ Twp. 10N : Range 6E : Section 32
   Block _____ : Lot _____ : Addition _____
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: 1 mile Ft.
4. Intended use of well supply water for house.

Bruce Mellichan
Signature of Applicant (owner or lessee)

No city Water

6920 WEST "O" STREET
Address LINCOLN, NEBRASKA 68528

Sewage Permit Applied For Yes ☐ No ☐ Not Applicable ☒

1. Health Department: Date Rec'd 9/10/87. Date Frwd. 9/10/87. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 9/10/87. Date Frwd. 9/10/87. Action: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineers: Date Rec'd 9/10/87. Date Frwd. 9/10/87. Action: Approved ☒ Disapproved ☐ Signature: Jerome Gilbert

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/19/88 by J.C. Hood Depressions
Date: 5/3/88 by J.C. Hood
Date: 5/9/88 by J.C. Hood cl gone
5/19/88 by J.C. Hood cl gone

Nitrate Level < 0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/20/88 By: J.C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

Legal - part of E½ SW¼ sec. 32 T 10 N R 6 9 6th PM Tract C

W-215

OCT 23 1987

STRADER'S
BLUE VALLEY DRILLING

Gerald Strader
Blue Rapids, Kansas 66411
Phone: 913-228-7353

Roger Strader
Pickrell, Nebraska 68422
Phone: Home 402-673-4255
Office 402-673-3465

Name Bruce Melichar Date September 22, 198 7

Address 205 North 9th Street Phone 474-3335

Location Lincoln, NE 68508

Location of Well Across VanDorn from Pioneer Acres Golf Course

____	Test @ ____ per. ft.	$ ____
____	Test @ ____ per. ft.	$ ____
____	Reaming @ ____ per ft.	$ ____
221'	Well @ $8.00 per ft.	$ 1,768.00
____	Extra Casing @ ____ per ft.	$ ____
____	Total ft. of casing used	$ ____
20'	Perforations @ $30.00	$ 30.00
X	Sand	$ 30.00
	Cement Grout	$ ____
X	Cap Bottom	$ 10.00
X	Cap Top	$ 10.00
Total for well		$ 1,848.00
Test holes total		$ 1,658.00
Less $175.30		$ -175.30

☐ Cash ☒ Charge TOTAL $ 3,330.70

LOG OF WELL

Top	Bottom	
0	8	Brown clay
8	19	Yellow clay
19	23	Tan clay
23	34	Brown & tan clay
34	48	Tan ● clay
48	80	Blue clay
80	95	Sandy tan clay
95	100	Light blue clay
100	106	Yellow clay
106	123	White clay & sandrock
123	128	Sandrock
128	135	White clay & sandrock
135	151	Red clay & sandrock
151	154	Sandrock
154	163	Sandrock & blue clay
163	168	Sandy white & red clay

(continued on back)

Depth drilled 223' Depth cased 221' Size of hole 9"
Method drilled Rotary mud
Size of casing 5" Grade 200# Guides ____ Thickness ____
Feet of screen 20' Type PVC Slot size .015"
Depth screen set 201' to 221' & ____ to ____
Bottom cap X Type PVC Top cap X Type PVC
Type of gravel pack Concrete Amount 1500# Height 25'
Seal X Type Clay Depth 196'
Static water level 90' Well tested 35-40 GPM Method Air
Plumber B & R Plumbing Recommended Pump setting ____

TERMS: CASH upon completion unless other arrangements have previously been made. Any invoice not paid will be subject to a Service Charge of 1½% per month from date of invoice which is an Annual percentage rate of 18%.

DRILLER Alan Strader **PURCHASER** ____

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. W-215

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7800

E½OFSW¼ DATA SHEET FOR WATER WELLS

Legal Description: Sec. 32 T. 10N R. 6E Block ____ Lot ____ Addition ____

Owner BRUCE MELICHAR Address ____

LOG OF WELL	
	Description
Depth Ft. to	

WELL COMPLETION RECORD

Drilling Method: ____

Depth (from ground level), Ft. ____
Date Completed ____

Casing: length, Ft. ____ ;Dia.In. ____
Wall Thickness, Inc. ____ ;type ____

Screen: Length, Ft. ____ Dia.In. ____
Type ____ ,slot Size ____

Drop Pipe: Length, Ft. ____ Dia.In. ____

Water Level, Surface to top of water, Ft.:
Static ____, Pumping ____

Yield: ____ ggm, Measured ☐ ,Est. ☐
Chlorination Completed Yes ☐ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller ____
(Signed)

REMARKS NITRATE NITROGEN < 0.1 ppm. BACTERIOLOGICAL O.K.

Address ____

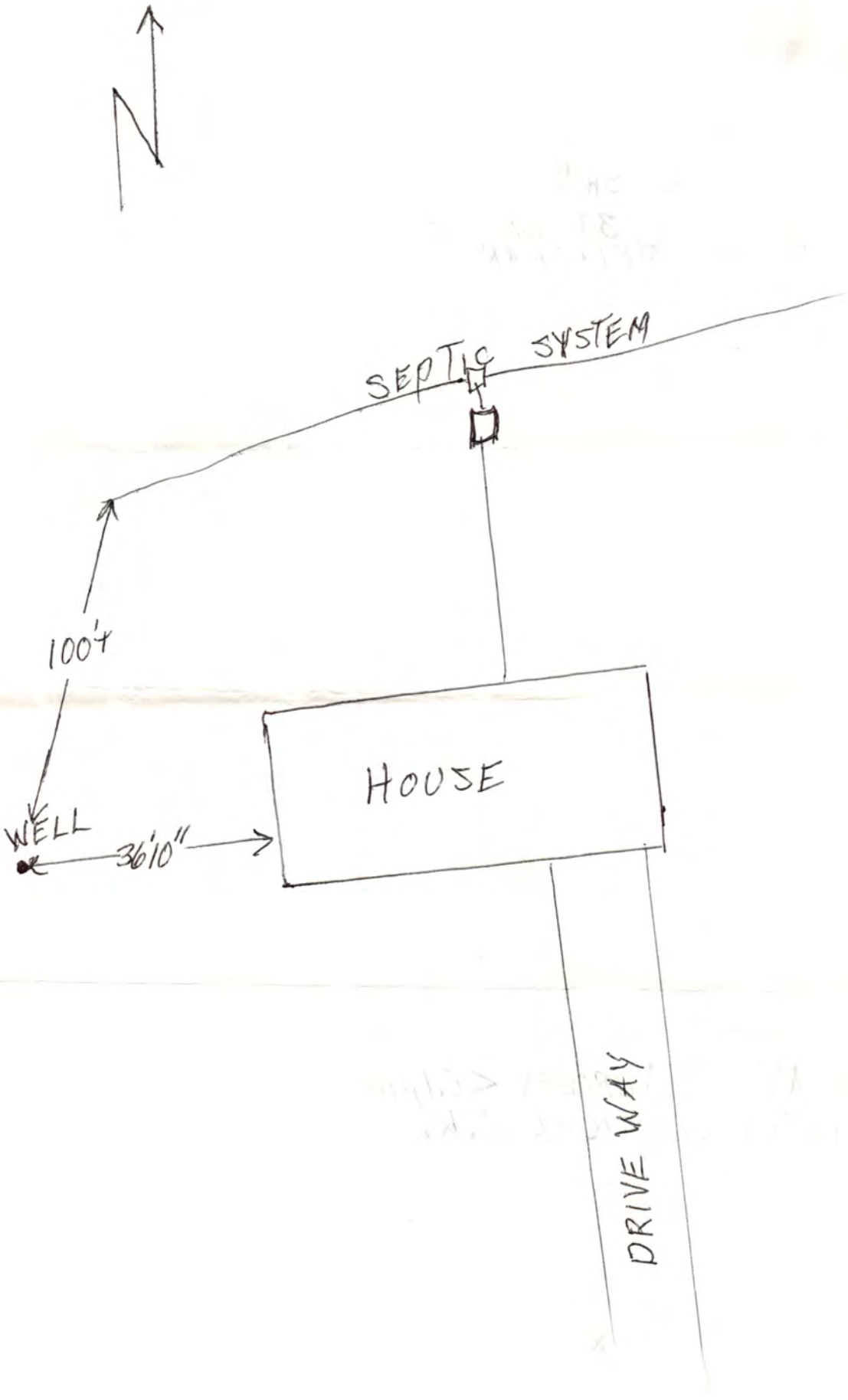
Date ____

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4

168 - 183	Sandy red & white clay
183 - 188	Blue clay
188 - 195	Sandy blue clay
195 - 196	Sandrock
196 - 200	Sandy blue clay
200 - 201	Limestone
201 - 203	Sandrock
203 - 204	Blue clay
204 - 223	Sandrock & blue clay


N
SEPTIC SYSTEM
100'+
HOUSE
WELL
36'10"
DRIVE WAY

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 3500 West Van Dorn

Twp 10N Range 6E Section 32 1/4 SW 1/4 ___ Block ___ Lot 61 Addition ___

Directions to Property ___

Location of Well West side of house Tap Location: Inside ☒ Outside ☐

Location of Sewage System North of house Year Installed 1988

	NAME	ADDRESS	PHONE
Present Owner:	Bruce Melichar	3500 West Van Dorn Lincoln NE	
Tenant/Buyer:	Jered + Cheryl Roth	Rt. 2 Box 112 Milford NE 68405	(402) 761-3679
Return to:	Jared Roth	Rt. 2 Box 112 Milford NE 68405	(402) 761-3674

Signature of Applicant Jared Roth Address Rt. 2 Box 112 Milford NE 68405 Date 6/19/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 6/19/96
Initials T.C.H.
Amount #150.00
Check No. —

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

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 6/20/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 7/3/96 by PD
Date 7/8/96 by PD
Date ___/___/___ by ___

Comments: See attached letter. Water samples collected 6-20-96

See Attached Letter ☒

7-8-96 Soil added to depressions

FINAL STATUS

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

Approved by Paul Drotzmann Date 7/8/96

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 10 - 6 - E½ SW¼ 32 Location 3500 W. Van Dorn

Owner/Requestor Melicher

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".

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

REMARKS Distribution box uncovered: no damage Soil brought in from surrounding area to fill depressions on lateral caused by machinary driven over the system

7-8-96 Lateral backfilled P.D.

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. Leech 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 X Septic ___ 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 W. Thomas

Date: 7-23-96

Received by: _____

WA1002

W-215

Tract "C" - PARCEL 3

A Tract of Land in the East One-half of the Southwest Quarter of Section 32, Township 10 North, Range 6 East of the 6th P.M., Lancaster County, Nebraska, more fully described by metes and bounds as follows:

Referring to the Southwest Corner of said E 1/2 of the SW 1/4, thence 359°55'22", (assumed azimuth), in a Northerly direction, along the West Line of said E 1/2 of the SW 1/4, a distance of 40.00 feet, thence 90°17'18", in an Easterly direction, parallel with and 40.00 feet Northerly from the South Line of said SW 1/4, a distance of 546.40 feet to the POINT OF BEGINNING, thence 359°55'22" in a Northerly direction, parallel with and 546.40 feet Easterly from the West Line of said E 1/2 of the SW 1/4, a distance of 819.59 feet, thence 90°17'11", in an Easterly direction, a distance of 273.20 feet, thence 179°55'22", in a Southerly direction, parallel with and 819.60 feet Easterly from the West Line of said E 1/2 of the SW 1/4, a distance of 819.60 feet to a point 40.00 feet Northerly from the South Line of said SW 1/4, thence 270°17'18", in a Westerly direction, parallel with and 40.00 feet Northerly from the South Line of said SW 1/4, a distance of 273.20 feet to the POINT OF BEGINNING