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

A

Permit Number:

Sewage Disposal System

~~Request for Site Clearance and Permit~~

REPAIR PERMIT NO FEE

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

Addition to Existing System

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 550 East Hillcrest Drive (no rural route) City Lincoln NE, Zip 68520

Legal Description NW 1/4 NE 1/4 26 Section 10 Township 7 Range Hillcrest Heights Subdivision – Addition 2 Block 3 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Joe Field Signature _____

Address 550 East Hillcrest Drive City/State/Zip Lincoln, NE 68520

☐ Check if owner designed system Home Phone 484-8536 Work Phone 484-7100

C. Contractor

Name Larry Schwarck Company Name Larry Schwarck Trenching

Address 8200 Old Cheney Rd. City/State/Zip Lincoln, NE 68516

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Lyle Loth Firm E-S-P Work Phone 484-5500

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms _____ 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**	Date rec'd 9-1-98	**ACTION** ☒ Approved ☐ Disapproved	
	Date frwd _____	Signature _____	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd _____	**ACTION** ☐ Approved ☐ Disapproved	
	Date frwd _____	Signature N/A	
3. **City or County Engineer**	Date rec'd _____	**ACTION** ☐ Approved ☐ Disapproved	
	Date frwd _____	Signature N/A	

11-20-98

Installation Final Written Approval

By Paul Dittman

Date 7-30-99

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

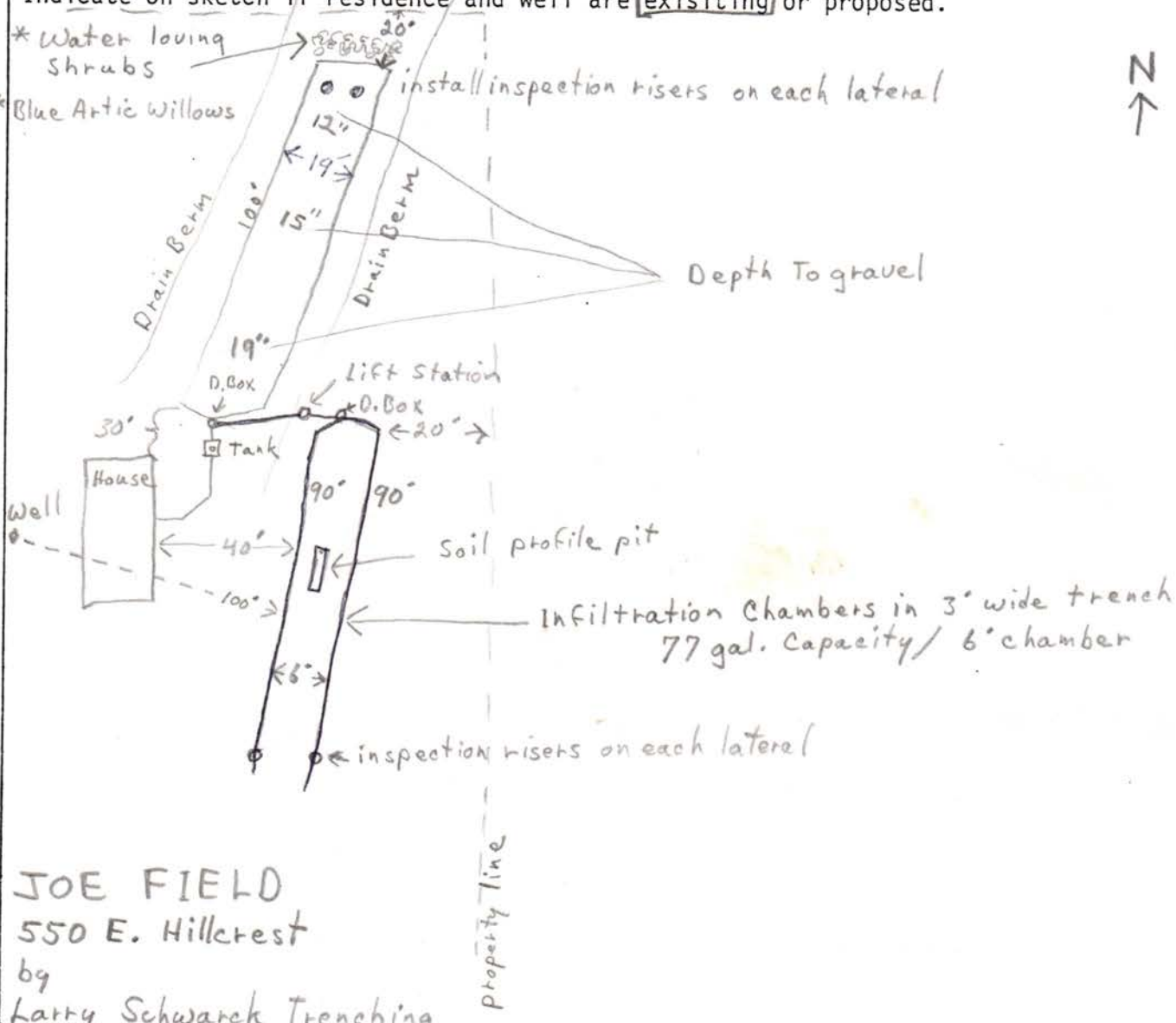
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of [illegible]vironmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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.



JOE FIELD
550 E. Hillcrest
by
Larry Schwarck Trenching

REVIEWING ACTION

Remarks: _____

_____

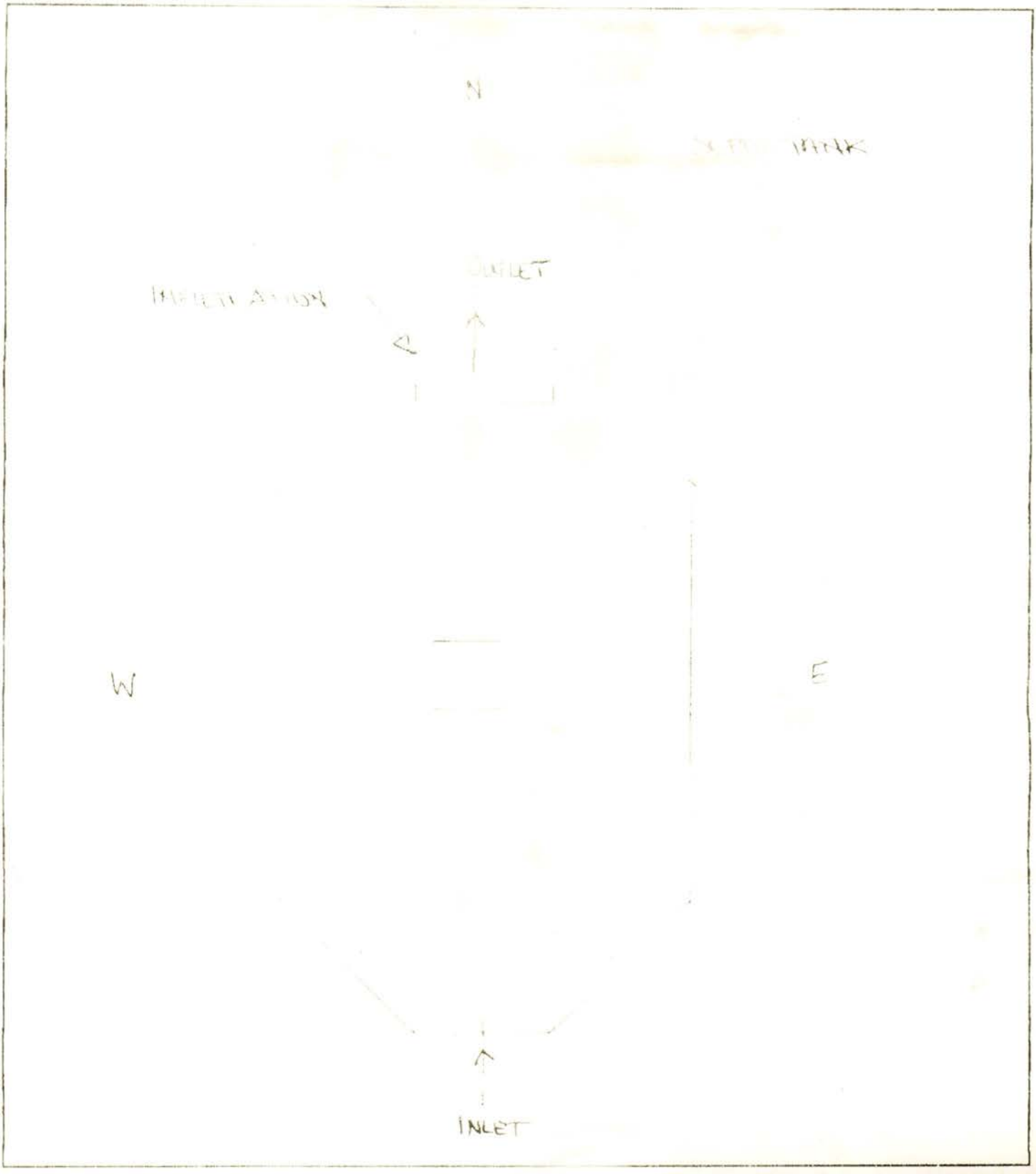
Date: _____

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.

_____
Signature of Reviewing Official

TINIUS PLUMBING
4121 N. 42nd St. Circle
LINCOLN, NEBRASKA 68504
(402) 467-2822
FAX (402) 467-1956

JOB 650 E. Hilker Dr.
SHEET NO. ____ OF ____
CALCULATED BY ____ DATE ____
CHECKED BY ____ DATE 7-21-99
SCALE None

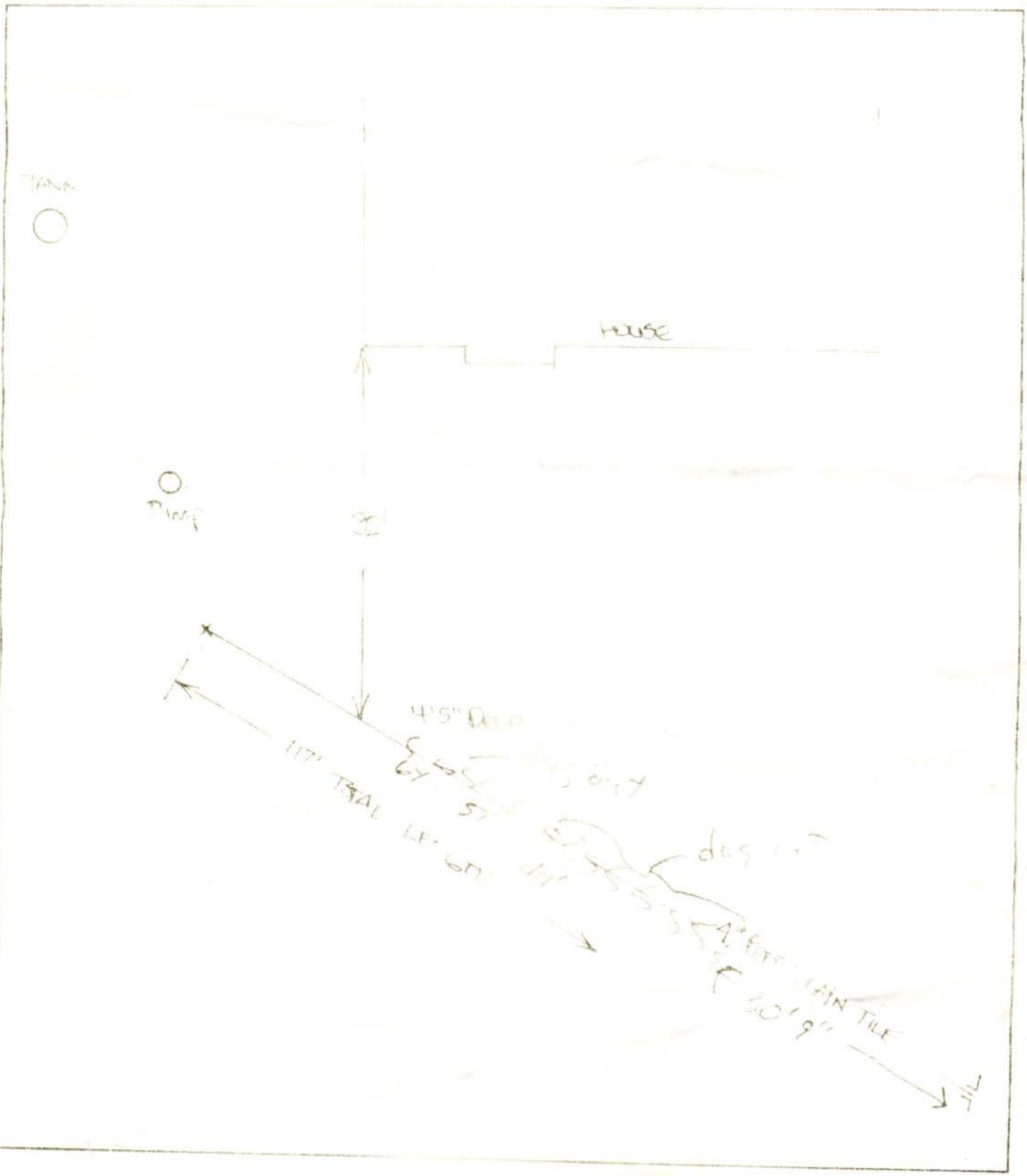


TINIUS PLUMBING
4121 N. 42nd St. Circle
LINCOLN, NEBRASKA 68504
(402) 467-2822
FAX (402) 467-1956

55D L Hill

7/27/99

ZONE



TINIUS PLUMBING
4121 N. 42nd St. Circle
LINCOLN, NEBRASKA 68504
(402) 467-2822
FAX (402) 467-1956

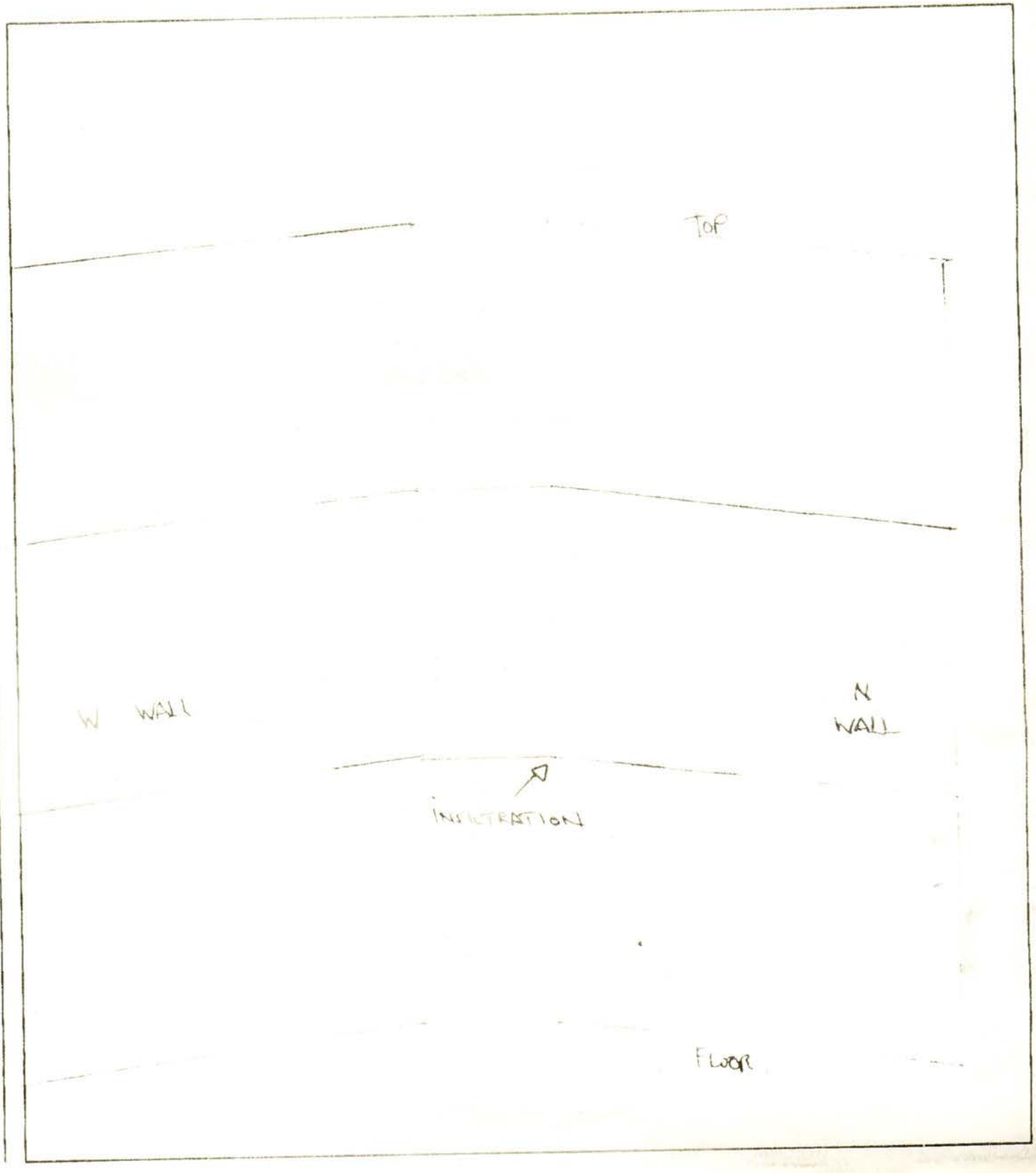
JOB 520 E HICKORY DR.

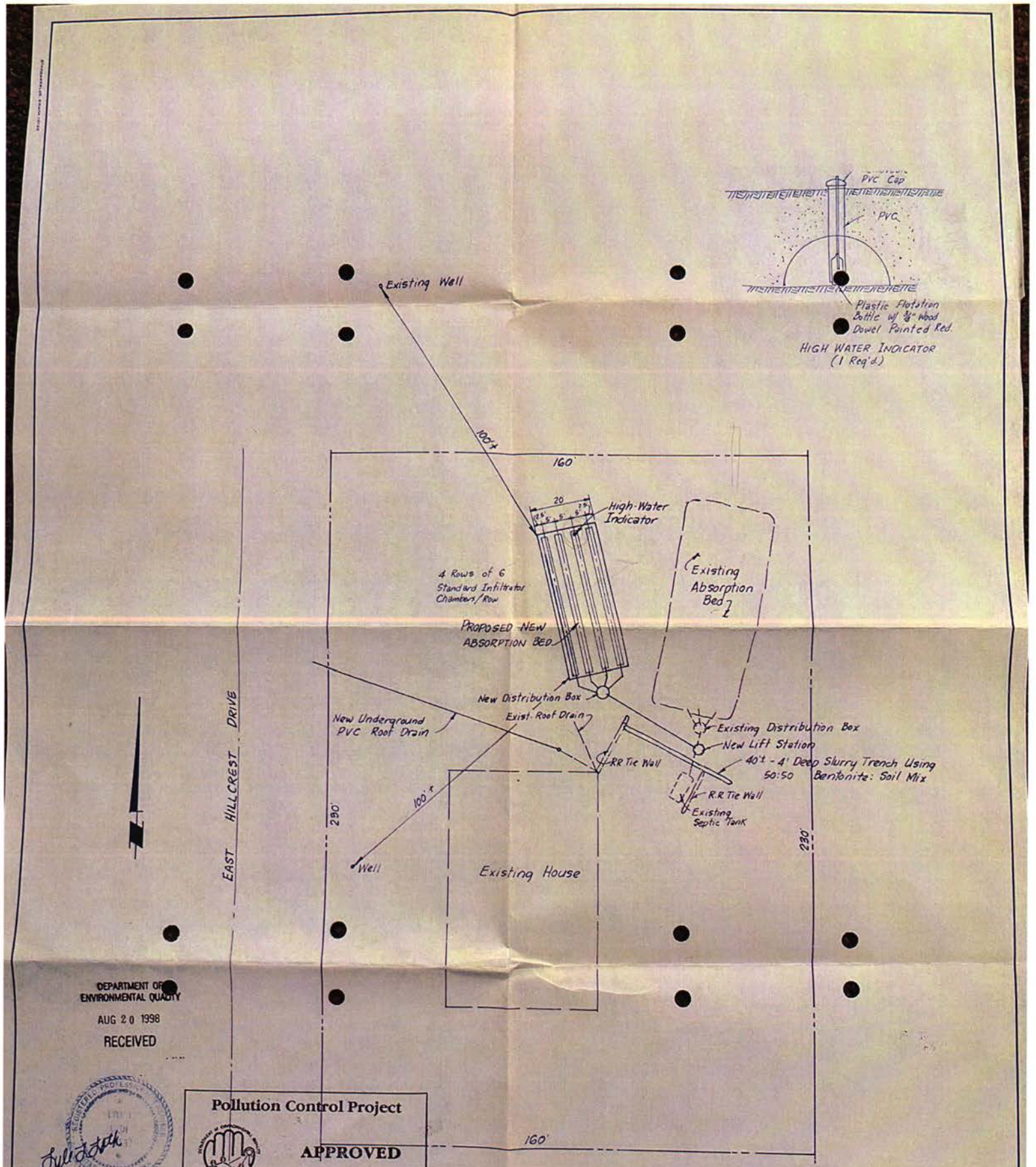
SHEET NO. _____ OF _____

CALCULATED BY _____ DATE 7-27-11

CHECKED BY _____ DATE _____

SCALE NONE





DEPARTMENT OF ENVIRONMENTAL QUALITY
AUG 20 1998
RECEIVED

REGISTERED PROFESSIONAL ENGINEER

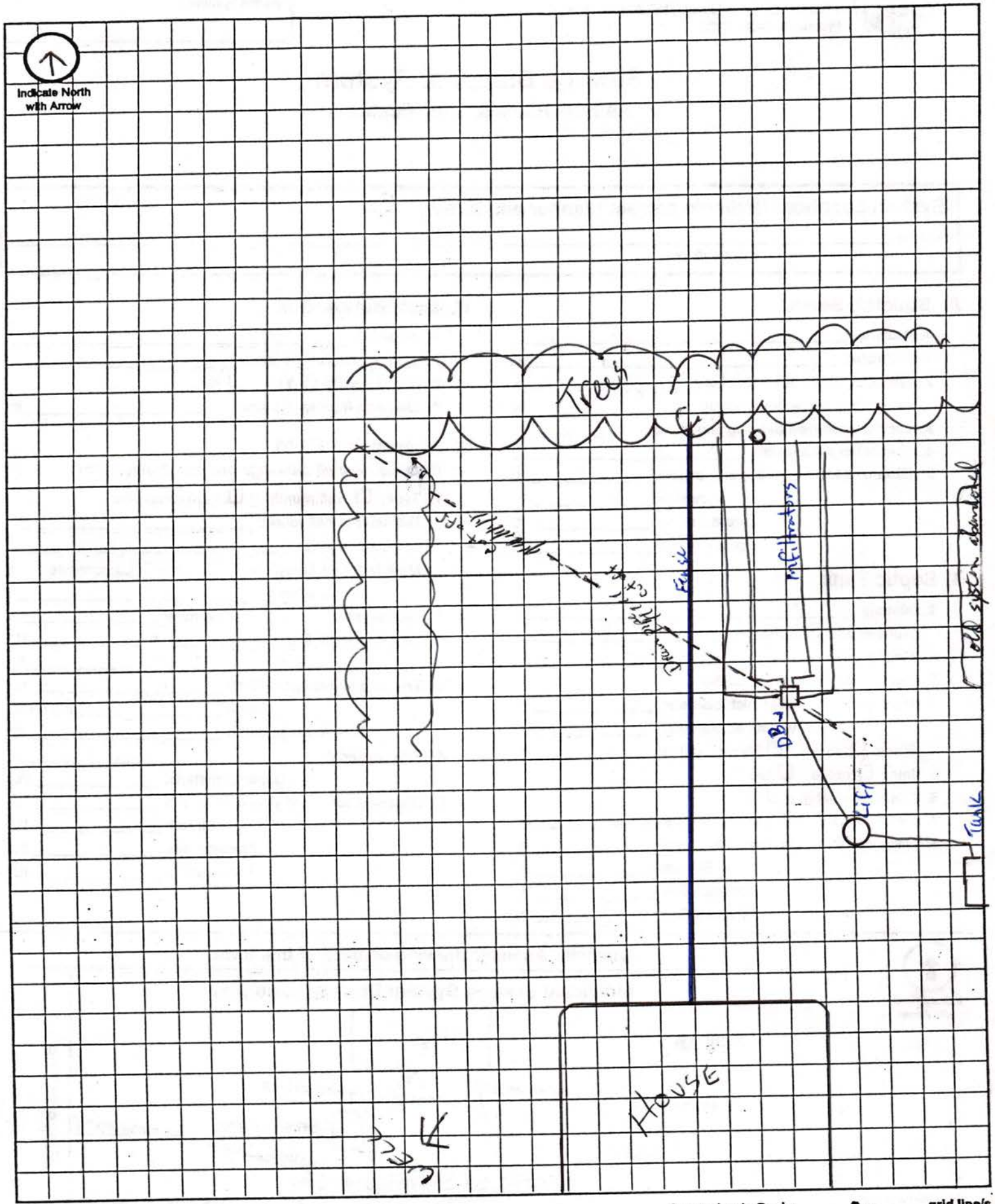
Pollution Control Project

APPROVED

8/24/98

Joe Field 550 E. HILLCREST DRIVE	SEPTIC SYSTEM EXPANSION	**Garber & Work, Inc.** Lincoln, Nebraska ENGINEERING • ARCHITECTURE Scale: 1" = 20' Date: 8-20-98	Drwg. No. 9585

As Built Drawing



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health

220[illegible] St. Marys Ave Lincoln, NE 68502 [illegible]02) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 90390013201

Issued 06/11/90

Expires 12/11/90

ESTABLISHMENT

ALLEN WELLMAN
T10N R7E SEC 26 QTR NE
HILLHI BLK 2 LOT 4

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

ALLEN WELLMAN
550 E HILLCREST DR
LINCOLN NE 68520

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
PAID	

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 [X]

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

FILE NO. 90 3900132 01

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

DATE: June 8, 1990

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [ ], or REPAIR [X] 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. 10-N ; Range 7-E ; Section 26 ;
Block 2 ; Lot 4 ; Addition Hillcrest Heights
Street Address 550 E. Hillcrest Dr

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

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

4. Description of proposed alteration, extension or repair: Replace existing 4' laterals with experimental leeching field per on-site discussions with Jeery Hood

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	$5500 00

Allen C. Hallmen
Signature of Applicant (owner or lessee)

550 E. Hillcrest Dr., Lincoln, NE 68520
Address

(Do not write below this line)

REVIEWING ACTION

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

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

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: by:

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. _____

SPECIFICATIONS

DATE: _____

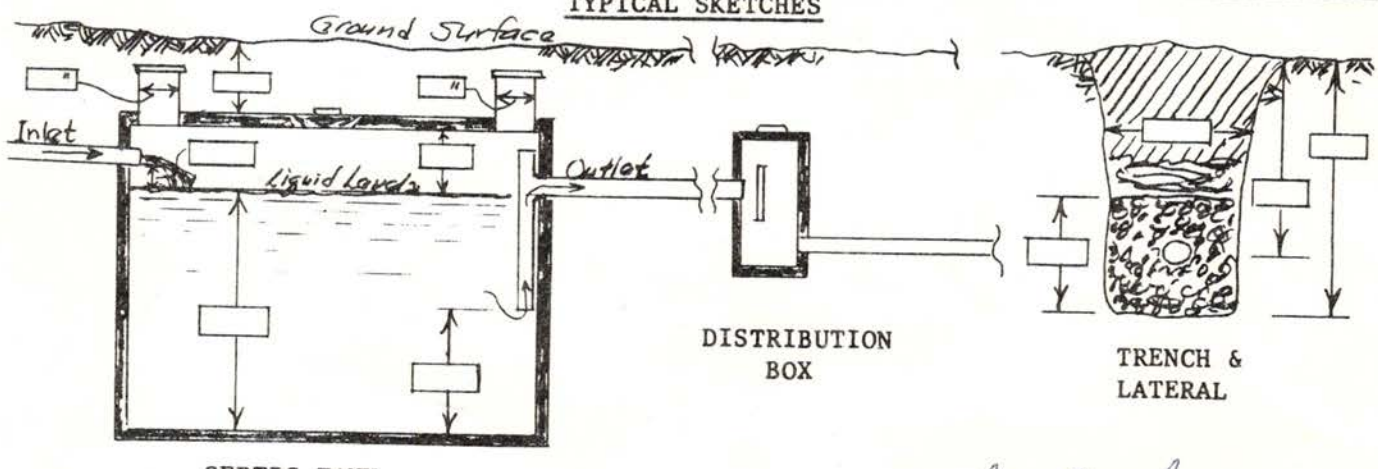
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line 100 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line 20 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1500 gals.; Liquid depth 73 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 1 in.
7. Depth of top of tank below finished grade 18 in.
8. Distances To:
Well or Suction Line 100 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line 130 ft.

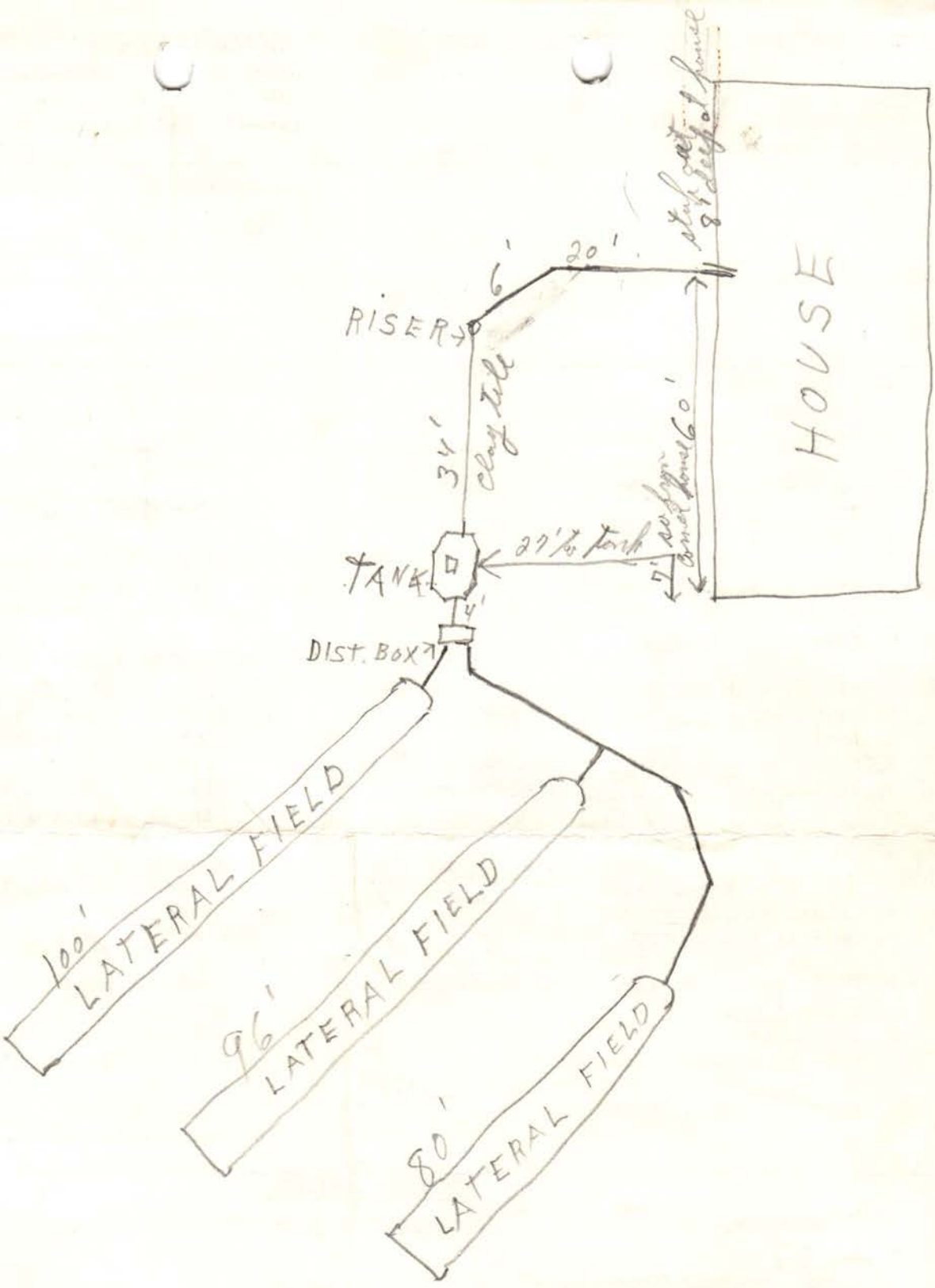
C. DISTRIBUTION BOX
1. Material 1; No. available outlets 6.
2. Factory Built: Yes ☒, (Company Pre-Cast)
No ☐
3. Dimension: Length ____in.; Width ___in.
Depth ____in.
4. Distance from Septic Tank 8 ft.
5. Serial Distribution: Yes ☐, No ☒
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Large Concrete Lateral
2. Lateral Lines: Depth below grade 48 in.
Number 3; Length of each line ___ft
Total length of Laterals 276 ft.;
Slope 3 in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.;
Width ____in.
4. Filter Material: _____.
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



Ralph O. Nelson
Signature of Applicant


HOUSE
RISER
6'
20'
3½'
clay tile
TANK
27½ tank
4'
DIST. BOX
100'
LATERAL FIELD
96'
LATERAL FIELD
80'
LATERAL FIELD

FILE NO. 763

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

August 20, 1976 — THIS LICENSE OR PERMIT EXPIRES

Allen C. Wellman — LICENSEE OR PERMITTEE

824 Smoky Hill Road, Lincoln, NE 68510 — ADDRESS

T10N; R7E; Sec. 26; Bl. 2; Lot 4; Hillcrest Heights Add.

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
621 10.15	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. 763

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

DATE: FEB 20, 1976

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 7E ; Section 26
Block 2 ; Lot 4 ; Addition HILLCREST HEIGHTS
Street Address 510 EAST HILLCREST DRIVE

2. Property Use: Residential ☒ ; Commercial ☐
No. of Bedrooms 4 . Describe:
Other Use ☐
Describe:

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

4. Distance to public sewer: .5 mile ft.

Allen C Hellman
Signature of Applicant (Owner or Lessee)

824 Smoky Hill Rd, Lincoln, 68510
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 2/20/76 . Date Frwd. 2/20/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 2-23-76 . Date Frwd. 2-23-76 . ACTION: Approved ☐ Disapproved ☒ Signature: Stan Lux

3. City ~~or County~~ Engineer : Date Rec'd. 2-23-76 . Date Frwd. 2-23-76 . 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. 763

DATE: FEB 20, 1976

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 7E ; Section 26 ; Block 2 ; Lot 4 ; Addition HILLCREST HEIGHTS.
Street Address 510 EAST HILLCREST DRIVE

2. Property Use: Residential [X]; Commercial [ ]
No. of Bedrooms 4
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).

Allen C Hellman
Signature of Applicant (owner or lessee)

824 Smoky Hill Rd, Lincoln 68510
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 8-5-76 by: jw
Date: by:
Date: by:

3. Date: Approved [X]; Disapproved [ ] 2/20/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-5-76 by: James Weverka

FORM HD- 43(73) SOIL ADSORPTION 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. 763

PROPERTY WHERE SOIL TESTED:
Location: Township 10N; Range 7E
Section & ¼ Sect. 26
Property Dimensions: 230 ft. x 160 ft.
Area: .82 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay [X]; Silty Clay Loam [X]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [ ]; Sandy Clay [ ]

Owner: ALLEN C. WELLMAN
Address 510 E. HILLCREST DR

Dates of Tests: 2-15-76 to 2-16-76. Weather: Precip. .51 Temp. 50°

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	31"	2-15	1645	2-16	1550	2-16	1550	17 1/2	1620	18 3/8	30	7/8	34.3
2	32"	2-15	1549	2-16	1553	2-16	1553	17 3/4	1623	18 7/8	30	1 1/8	26.7
3	31"	2-15	1555	2-16	1556	2-16	1556	19 1/8	1626	19 7/8	30	3/4	40.0
4	31"	2-15	1601	2-16	1602	2-16	1602	16 3/8	1632	17 1/8	30	3/4	40.0
5	32"	2-15	1607	2-16	1604	2-16	1604	18 3/8	1634	19 1/2	30	1 1/8	26.7
6	32"	2-15	1611	2-16	1606	2-16	1606	21	1636	21 5/8	30	5/8	48.0

Sum of Percolation Rates 215.7
Average of Rates: 35.95
Mean of Rates:

Allen C. Wellman
Signature of Person Conducting Test

Address 824 Smoky Hill Rd, Lincoln 68510
Phone: 489-2576

(Do not write below this line)

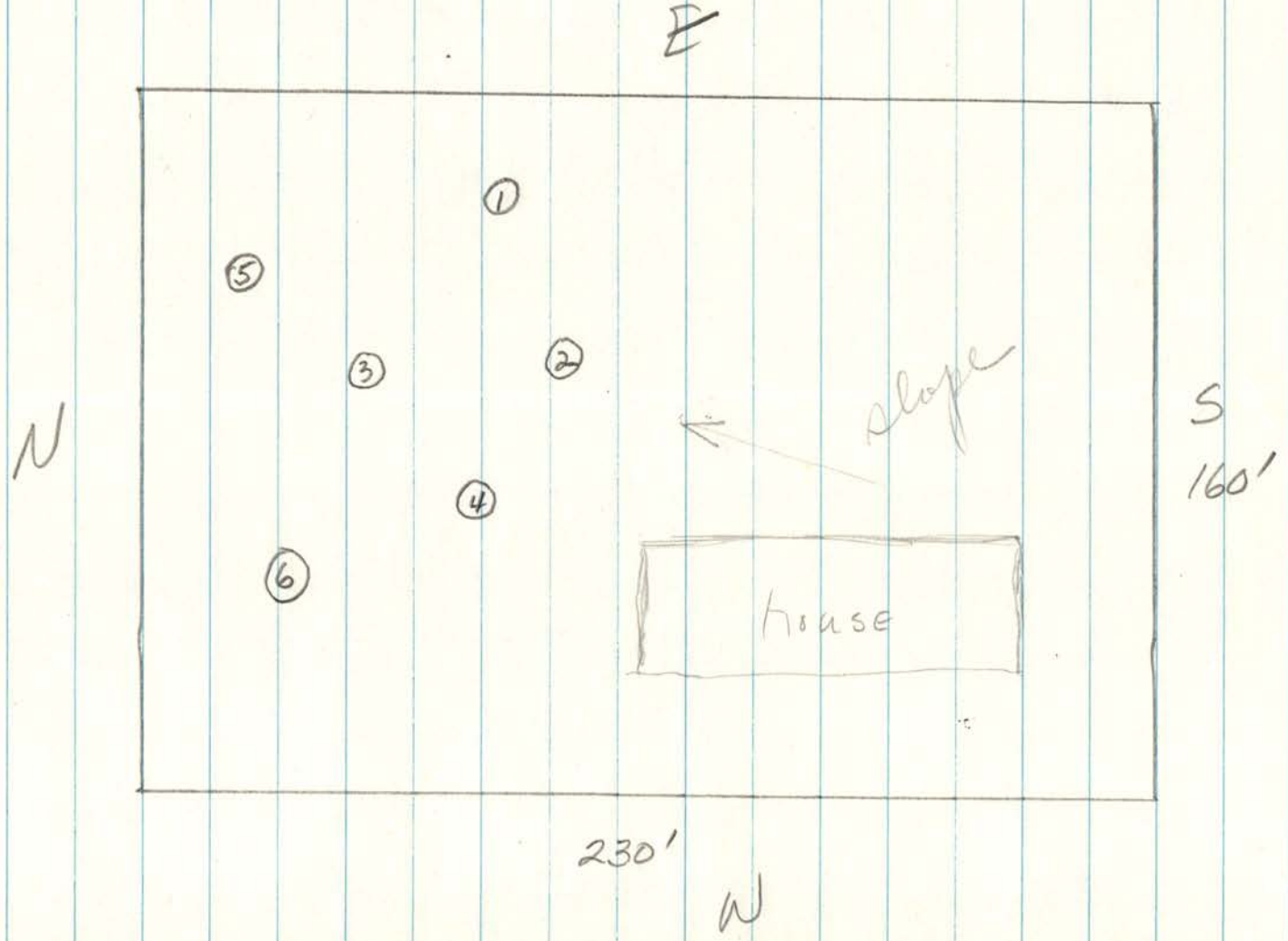
REVIEWING ACTION

REMARKS:

Approved Percolation Rate(s)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: February 20, 1976

Jerrold C. Hood
Signature of Reviewing Official


E
N
S
160'
slope
1
2
3
4
5
6
house
230'
W

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. 763

SPECIFICATIONS

DATE: FEB 20, 1976

A. BUILDING SEWER:

1. Material _____; Diameter 4 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 CON; No. of compartments 1.
2. Capacity 1250 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company PRE-CAST STEP
   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 ____in.
8. Distances To:
   Well or Suction Line ____ft.;
   Stream ____ft.; Pressure Line ____ft.;
   Property Line ____ft.

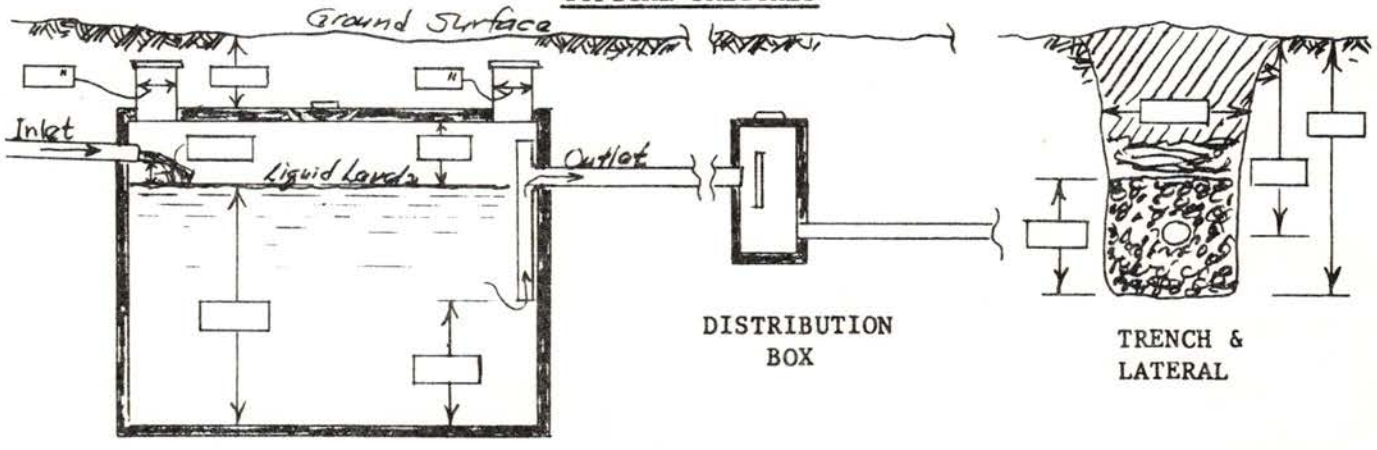
C. DISTRIBUTION BOX

1. Material CON; No. available outlets 5.
2. Factory Built: Yes ☐, (Company PRE-CAST STEP No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____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 ROUND
2. Lateral Lines: Depth below grade ___in. Number 3; Length of each line ___ft Total length of Laterals 266 ft.; Slope 4 in/100 ft. Diameter of pipe ____ in.; Shape O
   Material: concrete ☒; fiber asbestos ☐; clay ☐; other _____
   Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width 48 in.
4. Filter Material: 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: 34 minutes/inch

TYPICAL SKETCHES



Allen C. Hellman
Signature of Applicant

005

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 550 E. HILLCREST DR

Twp 10 Range 7 Section 26 1/4 ___ 1/4 ___ Block 2 Lot 4 Addition HILLCREST HEIGHTS

Directions to Property FROM 84TH & O, EAST TO ANTONY LANE, SOUTH TO EAST HILLCREST DR, 4TH HOUSE ON LEFT

Location of Well FRONT OF HOUSE Tap Location: Inside ☐ Outside ☒ ORIG 1976

Location of Sewage System NE CORNER OF LOT, NE OF HOUSE Year Installed REDONE 1991

	NAME	ADDRESS	PHONE
Present Owner:	ALLEN C WELLMAN	550 E. HILLCREST DR LINCOLN, NE 68520	489-2576
Tenant/Buyer:	JOSEPH FIELD	13805 S 190 BENNET, NE 68317	782-2446
Return to:	NEBRASKA TITLE CO	SUITE 100 633 S 9TH LINCOLN, NE 68508	476-8818

Signature of Applicant Allen C Wellman Address 550 E. Hillcrest Dr Lincoln, NE 68520 Date 10/5/93

HEALTH DEPARTMENT USE ONLY

Date Received 10/5/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 10/6/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☒	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date ___/___/___ by ___
Nitrate	☒ 0.2 ppm	☐ ___ ppm	Disapproved	☐	Date ___/___/___ by ___

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 10/8/93

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.

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