LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 98390060101

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Issued 10/23/98
Expires 04/23/99
Revenue Code 3157

Establishment
JOHN GRABOWSKI
T11N R5E SEC 18
13000 W BLUFF ROAD

FEES: $50.00

PAID

TOTAL $50.00

Permittee
JOHN GRABOWSKI
13000 W BLUFF RD
MALCOLM NE 68402-9652

Issued By Health Director
Lincoln-Lancaster County Health Department

008219

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

Individual Sewage Disposal System
Application to Alter, Extend or Repair

❒Municipal Code 24.38 ❒County Resolution Number 2832

Date: 10-22-98	File No.: QS39C0601

The undersigned hereby applies for a permit to: ❒ **ALTER** ❒ **EXTEND** ☒ **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:**
   Township 11N Range 5E Section 18 1/4 Section _____
   Block _____ Lot _____ Addition _____

   Street Address 13000 West Bluff Rd

2. **Property use:** ☒ residential ❒ commercial ❒ other use
   Number of bedrooms 3 Describe House on concrete slab - no basement

3. **Type of Present Individual Disposal System:** ☒ septic tank ❒ lagoon ❒ other

4. **Description of proposed alteration, extension or repair:** Septic tank overflowed into field - install new laterals and incorporate lift pump to get laterals to 3' depth

5. **Work to be done by:** ❒ owner ☒ contractor's name Dewey Cook

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   (b.) Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name John Grabowski (Cont. Dewey Cook) Address 13000 West Bluff Phone 796-9501
Applicant Signature (owner or lessee) Dewey Cook 796-2411 Cell 580-2736

Please include the permit fee ($50.00) with this application

(Please do not write below this line)

Date rec'd 10/22/98 REVIEW: ☒ approved ❒ disapproved By: JBare

Site visits:
Date 11.17.98 By JBare
Date 11.23.98 By JBare
Date _____ By _____

Installation final written approval
Date 12.14.98 By JimBare

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

Rec'd 10/22/98
#3117 $50 cc
ls

White - EH Pink - Business Office Revised 1/98

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

B

Permit Number: 98 39006 01

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13000 West Bluff (no rural route) City Malcolm NE, Zip 68402

Owner John Grabowski Addresss 13000 West Bluff

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. 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	10-21	8 am		12 pm	10-22	8 am		10-22	12 pm	30	3/4	40
2	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1 1/4	24
3	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	3/4	40
4	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	2 1/8	14
5	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	1 3/8	22
6	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	4 3/4	6.3

Sum of Percolation Rates: 146
Average of Rates: 24
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Dewey Cook
Phone: 796-2411 Cell 580-7736
Address 5901 NW 123rd Lincoln 68524

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Rates vary more than 20 min therefore 40 used for calculations.

Signature of Reviewing Official _____ Date 10-22-98

FORM 23-101 10-96

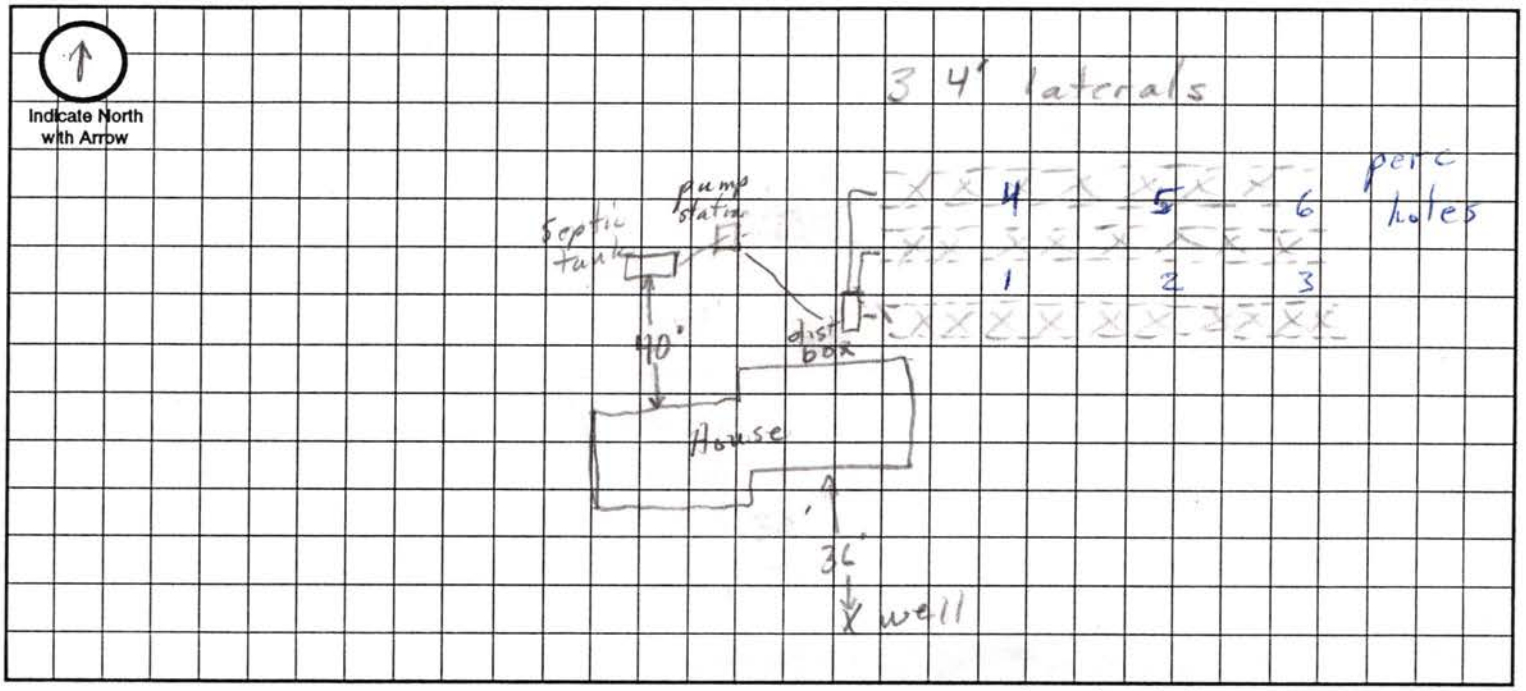
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 4839006 01

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) 13000 West Bluff City Malcolm NE, Zip 68402

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other Existing concrete tank

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

Percolation Rate 24 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 862 sq. ft.

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

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed ~~4~~

Total Length of Laterals 215 ft. Number of Trenches 4 Trench Width 4'

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 ☐ N/A	50 ☐ N/A	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 Dewey Cook Date 10-20-98

FORM 23-102 10-96

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

D

Permit Number: 9839000601

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 13000 West Bluff (no rural route) City Malcolm NE, Zip 68402

A. Building Sewer

1. Material: Existing -
   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: Existing
   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: Concrete
   Number available outlets: 6
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 70 ft.

D. Absorption Field

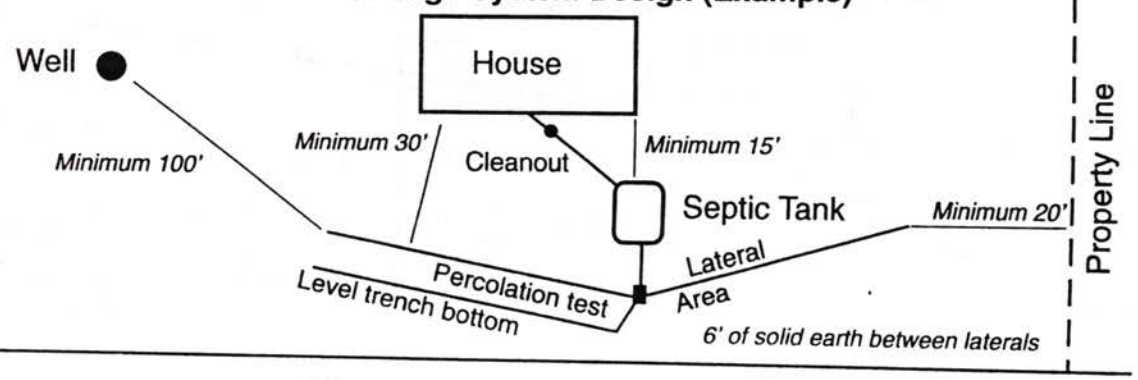
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 14"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 4
   Length of each line: 38 ft. 55 ft.
   65 ft. 60 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope _____ in/100 ft.
   Average depth 36-40 in
4. Filter material: gravel
   Depth of material 24 in.
5. Distances to: Well or suction line 100 ft.
   Stream N/A ft.
   Pressure line 35 ft.
   Property line 30 ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

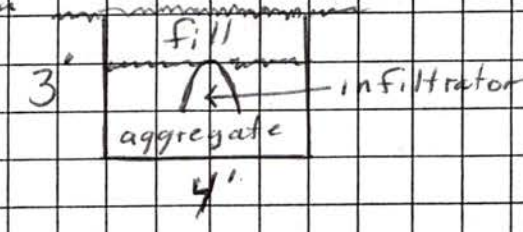
As Built Drawing

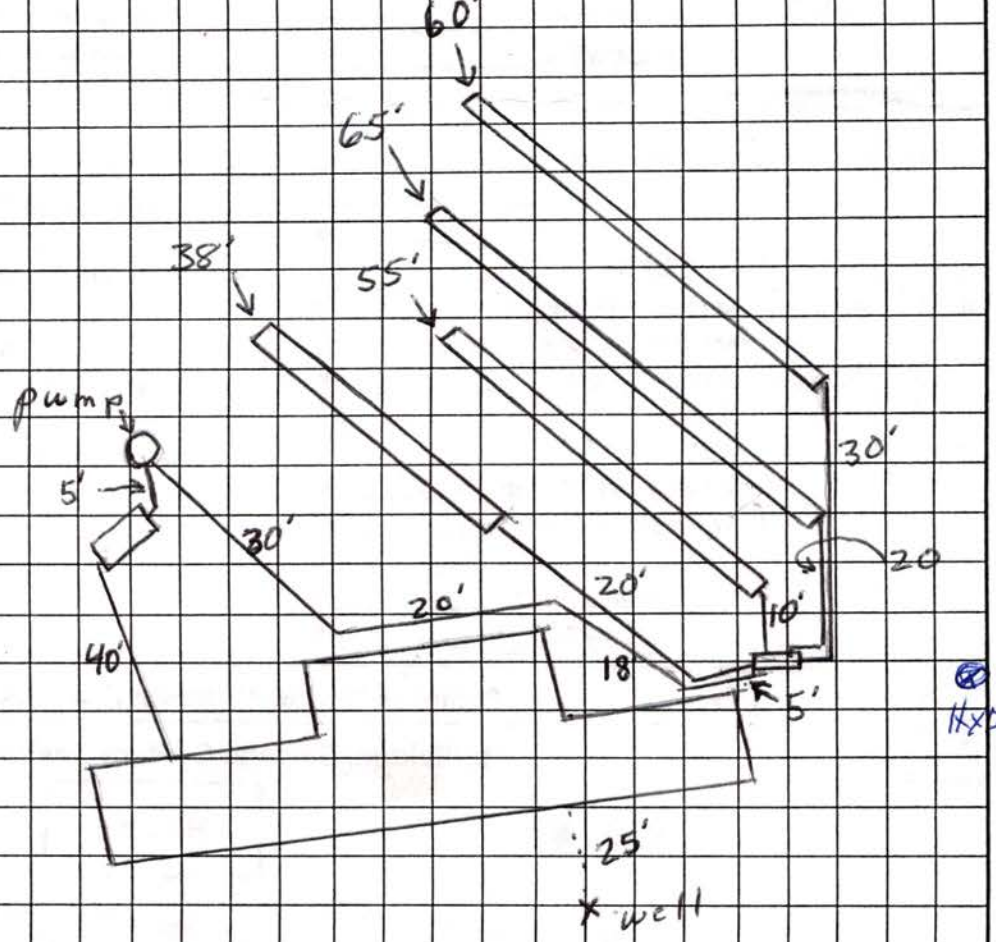
Indicate North with Arrow

13000 West Bluff Road

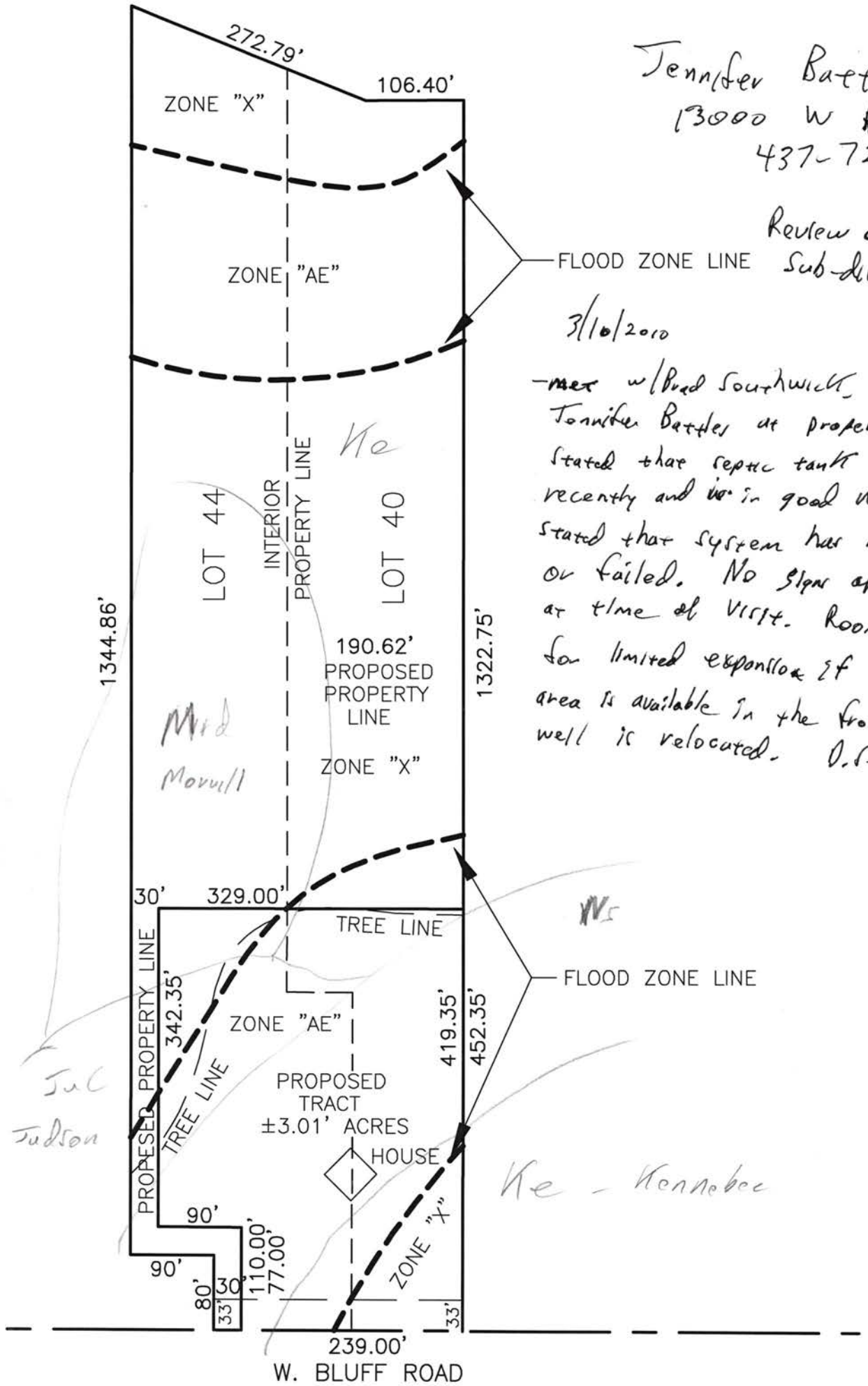
- 218 ft of 4' Lateral - 3' ft deep
- system is fed by pump at output of septic tank to feed laterals at 3' depth

- lateral cross section





Approximate Scale: 10 ft. = 1 grid line/s



Jennifer Battler
13000 W Bluff
437-7256

Review of possible Sub-division propacal

3/10/2010

-met w/Brad Southwick, Clancy D. and Jennifer Battler at propevey. Brad S. stated that septic tank was pumped recently and is in good working order. Brad stated that system has never leaked or failed. No signs of failure observed at time of visit. Room is available for limited expansion if needed. Additional area is available in the front yard if well is relocated. D.S.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1387-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

February 17, 1979
THIS PERMIT EXPIRES

Wobig Construction Company
ISSUED TO

2101 West Claire, Lincoln, NE 68523
ADDRESS

T11N, R5E, Section 18
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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

RECEIPTED BY | DATE | AMOUNT

HEALTH
ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1387-C

DATE: 8-16 78

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: attached copy Twp. 11 N ; Range 5 E ; Section 18 ;
   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.

Wolfe Const Co. RLWolfe
Signature of Applicant (Owner or Lessee)

2101 W. Calre
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/17/78. Date Frwd. 8/18/78. ACTION: Approved ☒ Disapproved ☐ Signature: Leroald C. Hoot

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-18-78 Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Beasch

3. City or County Engineer: Date Rec'd. 8-18-78. Date Frwd. 8-18-78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-1-78 by: pw
Date: 12-1-78 by: pw 11:30AM
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-4-78 By: Lowell Maynard

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. 1387-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11N ; Range 5E ; Section & ¼ Section 18 SO ¼
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: Aug 15 to Aug 16 . Weather: Precip. 1" Temp. _____ .

OWNER: Robert + Cathy Marben
Address: 280 Hudkins Rd. Malcolm

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	33	8-15	12:00	8-16	1:00	8-16	3:30	5 ¼	4:00	5 ¾	30	½	60
2	"	"	"	"	"	"	"	13 ¾	"	14 ¾	30	1	30
3	"	"	"	"	"	"	"	7	"	7 ¼	30	¼	120
4	"	"	"	"	"	"	"	14 ½	"	15 ¼	30	¾	40
5	"	"	"	"	"	"	"	12	"	12 ¾	30	¾	40
6	"	"	"	"	"	"	"	14	"	15	30	1	30

Sum of Percolation Rates: 320
Average of Rates: 53
Mean of Rates: _____

R I Wolbig
Signature of Person Conducting Test

Address 2101 W Claire Phone 423-3653

(Do not write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

Remarks: Three soils in area
Soil Type (SCS): Shelby Clay Loam or Sharpsburg Silty Clay Loam
Date: August 17, 1978

Gerrold C. Hoal
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 ☐

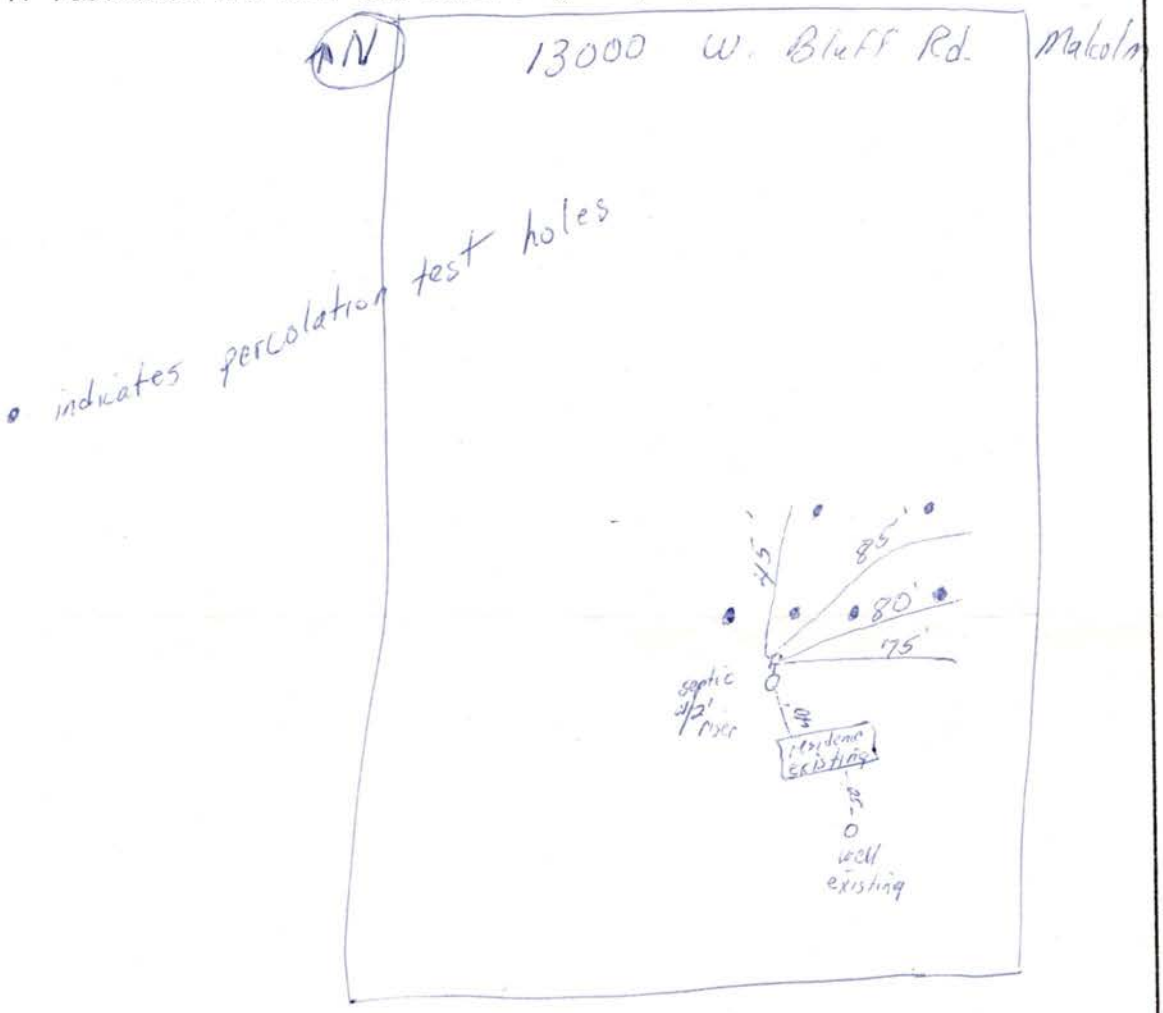
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

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.



T10, R5E, 18

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

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

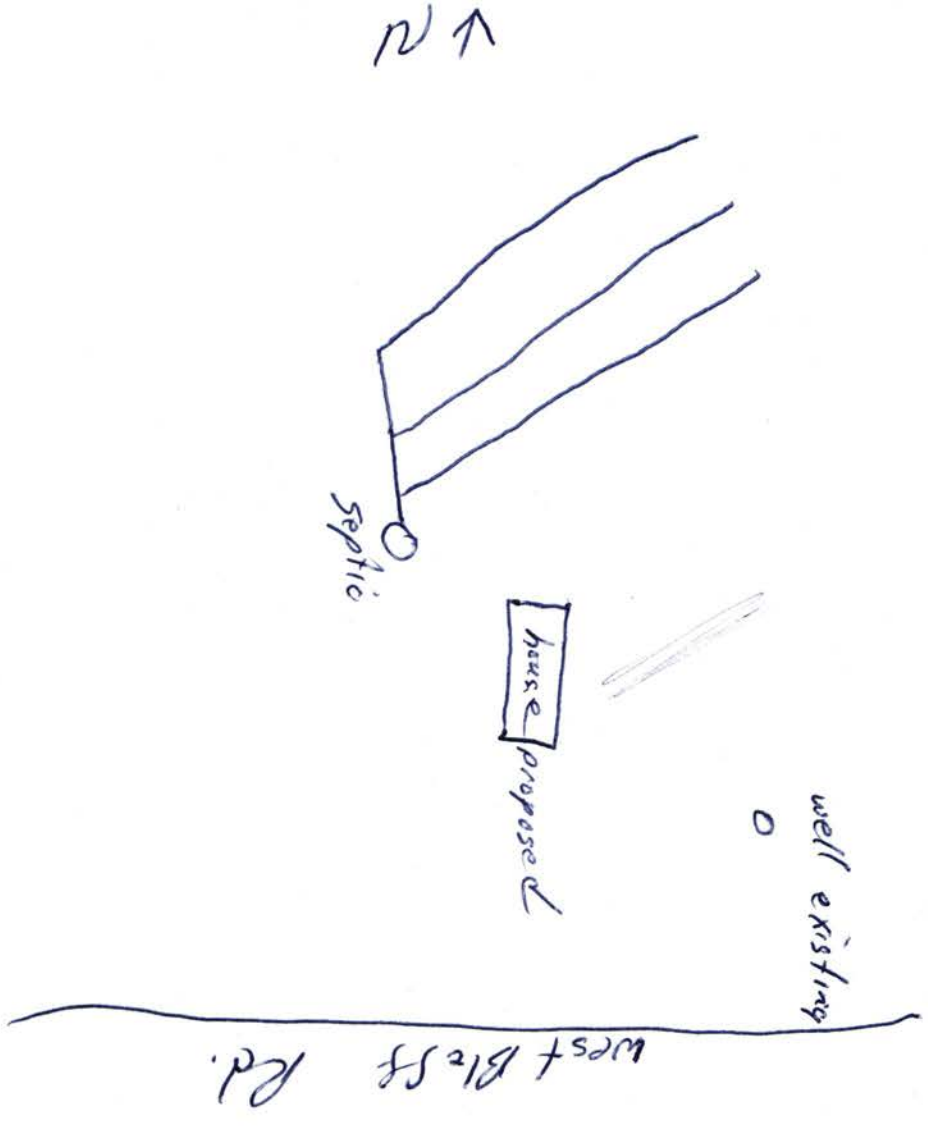
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

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

FILE NO. 1387-C

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



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 298 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed 893 sq.ft.

_____
Signature of Reviewing Official

Survey Record

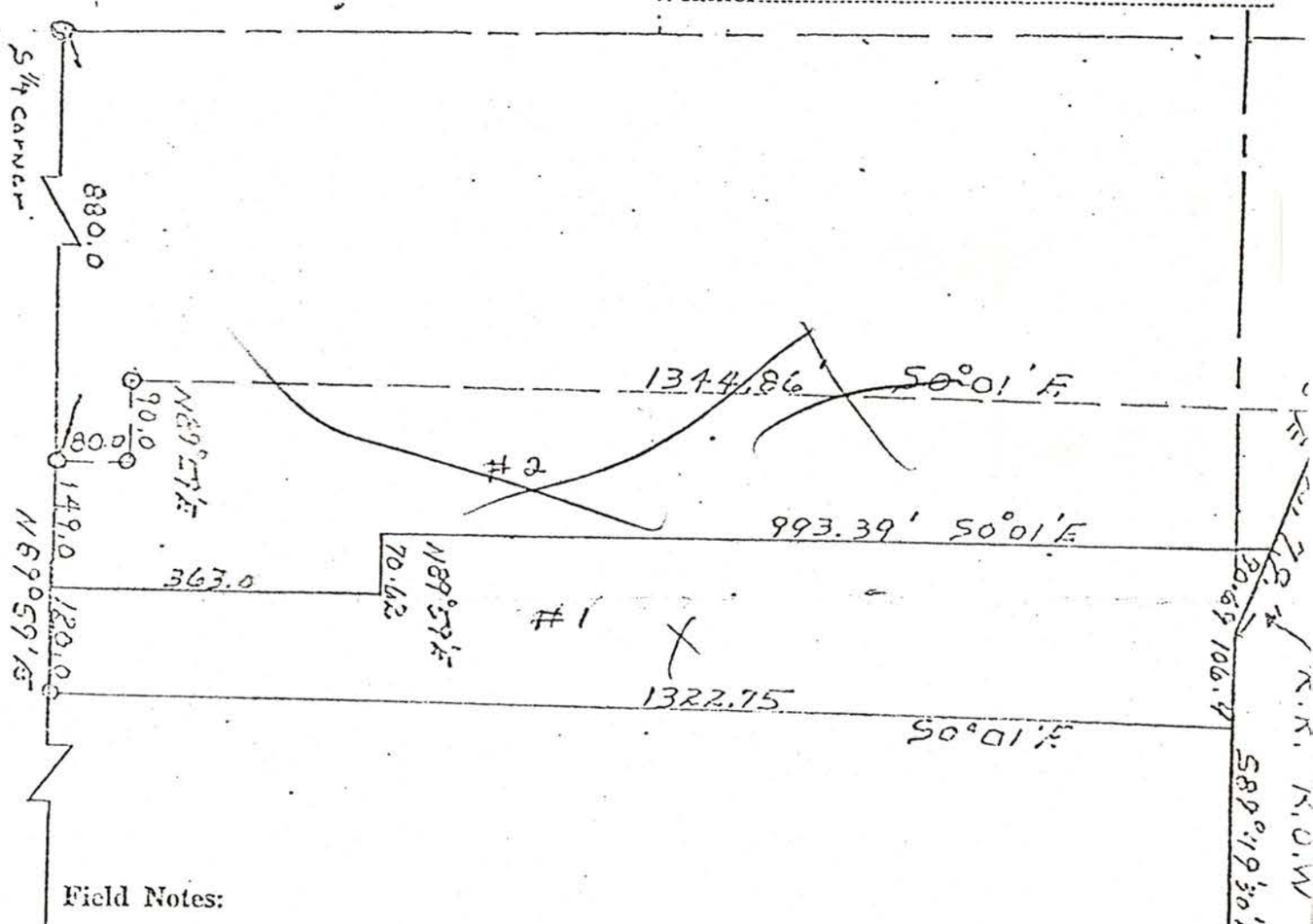
LANCASTER COUNTY, NEBRASKA

Survey of: Irregular tracts in part of lot 2h

Section 10 T 11 N, R 7 E of 6th P.M.

Survey No. .....(To be assigned by County Surveyor)

Date July 11 19 76 Weather.....



Field Notes:

Show descriptions of corners found and restored; distances chained; angles measured, if any; courses and bearings of irregular tracts surveyed; and ties taken to corners. Use reverse side if necessary.

South Quarter corner found pipe
Southeast corner found rebar
Northeast corner of Lot 25 found pipe

NEBRASKA REGISTERED

Signed this 5th day of July 19 76

Name: Eugene R. Schlitt

Description of Survey

A tract of land located in Part of Lot 24, in section 18-Township 11 North-Range 5 East of the 6th P.M. Lancaster County is described as follow

Referring to the South ¼ corner of Section 18, thence Easterly on the South line of the Southeast Quarter, a distance of 1029.0 feet to the point of beginning, (assumed bearing N 89°59' E), thence continuing N 89°59' E, a distance of 120.0 feet, thence N 0°01' W, a distance of 1322.75 feet, thence N 89°49'30" W, a distance of 106.4 feet, thence N 68°03' W, a distance of 90.69 feet, thence S 0°01' E, a distance of 993.39 feet, thence N 89°59' E, a distance of 70.62 feet, thence S 0°01' E a distance of 363.0 feet to the point of beginning.

Containing 5.2 acres more or less.

Also to a tract of land located in Part of Lot 24, in section 18-Township 11 North-Range 5 East of the 6th P.M. is described as follows;

Referring to the South ¼ corner of Section 18, thence Easterly on the South line of the Southeast Quarter, a distance of 880.0 feet to the point of beginning, (assumed bearing N 89°59' E), thence continuing N 89°59' E, a distance of 149.0 feet, thence N 0°01' W, a distance of 363.0 feet, thence S 89°59' W, a distance of 70.62 feet, thence N 0°01' W, a distance of 993.39 feet, thence N 68°03' W, a distance of 182.1 feet, thence S 0°01' E, a distance of 1344.86 feet, thence N 89°59' E, a distance of 90.0 feet, thence S 0°01' E, a distance of 80.0 feet to the point of beginning.

Containing 5.84 acres more or less.

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

Lincoln-Lancaster County He[illegible]t

3140 "N" Street, Lincoln, Nebraska 68510 Pho[illegible]

REAL ESTATE TRANSFER/LOAN APPROVAL FO[illegible]

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 13000 W. BLUFF RD. MALCOLM, NE 68402.
Twp 11 Range 5 Section 18 1/4 SE 1/4 ___ Block ___ Lot 40 Addition ___
Directions to Property TAKE HWY. "34 out of LINCOLN - TAKE MALCOLM EXIT - ON NW 112TH THRU MALCOLM - TO WEST BLUFF ROAD - [redacted] TURN WEST - FOLLOW ROAD TO 130TH - HOUSE ON NORTH SIDE - BLUE RANCH STYLE
Location of Well UNDER WIND MILL - South of House Tap Location: Inside ☐ Outside ☒
Location of Sewage System SEPTIC LOCATED 10 FEET (E) WEST OF DECK - Year Installed 1978

	NAME	ADDRESS	PHONE
Present Owner:	402-2667 MARKER, ROBERT & CATHY	13000 W. BLUFF RD. MALCOLM, NE 68402	402-796-2667
Tenant/Buyer:	GRABOWSKI, JOHN or LEEHA	330 No. 86TH ST. LINCOLN, NE 68505	402-486-1544
Return to:	NORWEST MORTGAGE. c/o Barney Bornschlegl	6940 "O" ST. LINCOLN, NE 68508	402-434-6134

Signature of Applicant Lettie Grabowski Address 330 N. 86 Lincoln, NE 68505 Date 5/16/95

HEALTH DEPARTMENT USE ONLY

Date Received 5/18/95 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Ron Marquart **DATE:** 5/18/95

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 need pumping. Cleanup of the solid waste problem on the banks of the stream in back of the property is to be commended. See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS Date 5/24/95

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.

Barb Harvey 430-3320

007

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 4

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☐ Evaluation of the Individual Water System Date: 7-2-92

☐ Evaluation of the Sewage Disposal System ☐ Enclosed is $150.00

Legal Description of Property: TWP. 11N; RANGE 5E; SECTION 18; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property 13000 W. BLUFF RD.

Location of Well FRONT YARD Tap Location: Inside ☐ Outside ☒

Location of Sewage System BACK YARD Year Installed 1989

	NAME	ADDRESS	PHONE
Present Owner:	ROBERT & CATHY MARKER 471-8883	13000 W BLUFF RD Malcolm 68402	796-2289
Tenant/Buyer:	SAME AS ABOVE	Robert Marker	471-7721
Return to:	SAME AS ABOVE		

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Robert G. Marker Address 13000 W. BLUFF RD

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HEALTH DEPARTMENT USE ONLY

Date Received 7-2-92 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 7-7-92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:	SITE VISIT:
Construction	☒	☒ deficiencies Corrected	Approved: ☒	Date 7-7-92 by RM
Bacteria	☒	☐	Provisional: ☐	Date 7-8-92 by RM
✓ Nitrate	☒ <0.1	☐	Disapproved: ☐	Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Maynard, R.S. DATE 7-10-92

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska
INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

FG.4120