Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM REPAIR PERMIT
No. HS000762

System Type: Standard

Situs: 7001 TRAVIS DR, RURAL, NE

Issued: 6/14/2013

Expires: 6/14/2014

Description: CLARENDON HILLS FIRST ADDITION, BLOCK 4, Lot 8, EX N .13 AC & W FOR RD (EX DESCRIBED IN INST #1989-14958)

Owner: RIDDLE, JASON S & CATHI D
7001 TRAVIS DR
LINCOLN, NE 68516

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repair is complete to obtain final approval before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

GAGNER CONSTRUCTION
4810 W CLAIRE AVE
LINCOLN, NE 68523-9324

SCANNED

450000762

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☐ ALTER ☒ EXTEND ☒ REPAIR an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township_____ Range_____ 1/4_____ 1/4_____ Section _____
   Block_____ Lot_____ Addition_____
   Parcel ID____-____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 7001 TRAVIS DR LINCOLN NE 68516
2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe 2 Full 1 half bath
3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other
4. **Description of proposed alteration, extension or repair** Replace JUNBOX Add 200 ft ENCUTRATORS
5. **Work to be done by:** ☐ owner ☐ contractor's name GAGNER CONST
6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Jason Ruble Address 7001 travis dr. Phone: 484-5098

Applicant Signature (owner or lessee) Jason Ruble

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

HEALTH DEPARTMENT USE ONLY

Date received 6/12/13 REVIEW: ☑ Approved ☐ Disapproved By:

Site visits
Date __/__/__ By_____
Date __/__/__ By_____
Date __/__/__ By_____

Installation final written approval
Date 7/17/13 By

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 6/12/13 Amount $195.00 Check No. 7198 Initials B. Hall

Revised 3-09

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 7001 TRAVIS DR

Twp 9N Range R7E Section 22 1/4 ___ 1/4 ___ Block 4 Lot 8 Addition Lancaster Hills 1st add

Directions to Property 1 mi S. of Highway 2 on 70th St. Left on Travis DR. 1st right on Travis DR

Location of Well South of Attached Garage Tap Location: Inside ☐ Outside ☑ South Side of House

Location of Sewage System West edge of Lawn toward South - North of Forsythia Bush Year Installed 1977

	NAME	ADDRESS	PHONE
Present Owner:	Arlie FANDRICH	7001 TRAVIS DR LINCOLN, NE 68516	(402) 423-4617 Home 486-2519 office
Tenant/Buyer:			
Return to:			

Signature of Applicant Arlie R. Fandrich Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 6/22/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood DATE: 6/24/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 8/2/93 by J.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: SEWAGE LEAK AT NORTH LATERAL. During pump water diverted off of lateral field. Grass is cut, soil is drying out, no more leakage. 8/2/93 J.C.H. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 8/2/93

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.

CITY

CASE#: 930803016 DATE: 08/03/93 TAKEN BY: COOK
LOCATION: T9N R7E SEC 22 BK 4 LOT 8 REASON: SERVICE REQUEST
REQUESTOR: ARLIE RANDRICH REQ.TYPE: OWNER
& ADDRESS: 7001 TRAVIS DR ----------COMPLAINT TYPE---------
SECTION: WATER/WASTEWATER/REC SAN 1:
ASSIGN TO: HOOD 2:
PERMIT TYPE: 3:
COMMENTS: LOAN APPROVAL
XREF CASE:
RESIDENT CR# _____ ADDRESS CR# _____ LEGAL CR# _____

Lincoln-Lancaster County Health Department

2200 St. Mary's Ave
Lincoln, NE 68502-3785
402-471-8000
M. Jane Ford, Director

TO: Loan Approval Applicants

FROM: Doug Smith, Joyce Jensen
Consumer Services Division - 441-8022

SUBJECT: VOC Samples on Loan Approval Inspections

Groundwater may contain many chemicals, both naturally occurring (i.e. minerals) and man made (i.e. pesticides). Volatile organic chemicals (VOCs) and pesticides have been found in Lancaster County in wells serving residences and businesses. VOCs are commonly used as solvents and degreasers, in manufacturing, and as fumigants. Pesticides are commonly used in agricultural and lawn care operations.

VOCs and pesticides present potential health risks, even at very low levels (parts per billion). People may be exposed to VOCs and pesticides from contaminated groundwater by drinking water, through direct skin contact, and by breathing air where water has been heated or aerated (i.e. showering). A few of these chemicals are known to cause cancer in humans (i.e. benzene and vinyl chloride). Other potential adverse health effects may include organ or nervous system damage.

As part of the loan approval inspection, the Lincoln-Lancaster County Health Department (LLCHD) routinely samples the well water and tests only for bacteria and nitrate contamination. VOCs and pesticides have not routinely been tested for as part of loan approvals, since this testing program was targeted to areas with highest risk of contamination. These areas have been tested, and LLCHD is now able to expand its testing to other areas in Lancaster County.

In an effort to further protect public health and expand our groundwater testing for VOCs and pesticides, the LLCHD is offering VOC/pesticide sampling and testing on loan approval inspections at no extra charge. This is a first come first serve offer, since limited funds are available. (Note: each VOC/Pesticide analysis costs about $140.)

In addition, please be aware that it takes approximately 3 weeks to receive laboratory results, thus potentially delaying your loan approval.

If you choose to have your well sampled for VOCs/pesticides, LLCHD will not give final loan approval until after laboratory results are completed.

If you would like to take advantage of this unique service please sign at the bottom of this letter and return it with your loan approval application.

I request that VOC/pesticide testing be included in my loan approval analysis of my drinking water well. I understand that this request will delay my loan approval for a minimum of 3 weeks.

Applicant's Signature Julie Fandrich **Date** 6/22/93

Phone: Home 423-4617 **Work** 486-2519

Address or Location of Property: 7001 Travis Dr, Lincoln, NE 68516

DETAILED SUPPLEMENTAL REPORT FOR VOLATILE ORGANICS

SAMPLE INFORMATION:
LOCATION: ARLIE FANDRICH
COLLECTED BY: JERROLD HOOD
CITY: LINCOLN

LAB #:153-91287
DATE COLLECTED: 06-24-93
TIME COLLECTED: 10:29 AM
DATE RECEIVED: 06-24-93
TEST COMPLETED: 06-24-93

VOLATILE ORGANICS DETECTABLE BY EPA METHOD 524.2 TEST TYPE: 9803
ALL TEST RESULTS REPORTED IN PARTS PER BILLION (PPB OR UG/L)

BENZENE	LTMDL	PARA-DICHLOROBENZENE	LTMDL
VINYL CHLORIDE	LTMDL	1,1-DICHLOROETHYLENE	LTMDL
1,2-DICHLOROETHANE	LTMDL	1,1,1-TRICHLOROETHANE	LTMDL
TRICHLOROETHYLENE	LTMDL	CARBON TETRACHLORIDE	LTMDL
CHLOROBENZENE	LTMDL	STYRENE	LTMDL
O-DICHLOROBENZENE	LTMDL	TOLUENE	LTMDL
ETHYLBENZENE	LTMDL	1,2-DICHLOROPROPANE	LTMDL
P-XYLENE	LTMDL	TRANS-1,2-DICHLOROETHYLENE	LTMDL
O-XYLENE	LTMDL	CIS-1,2-DICHLOROETHYLENE	LTMDL
M-XYLENE	LTMDL	TETRACHLOROETHYLENE	LTMDL
1,3-DICHLOROPROPENE	LTMDL	2,2-DICHLOROPROPANE	LTMDL
BROMOFORM	LTMDL	1,1-DICHLOROPROPENE	LTMDL
BROMOMETHANE	LTMDL	1,3-DICHLOROPROPANE	LTMDL
CHLOROETHANE	LTMDL	BROMODICHLOROMETHANE	LTMDL
CHLOROFORM	LTMDL	CHLORODIBROMOMETHANE	LTMDL
CHLOROMETHANE	LTMDL	1,1,2-TRICHLOROETHANE	LTMDL
O-CHLOROTOLUENE	LTMDL	1,1,1,2-TETRACHLOROETHANE	LTMDL
P-CHLOROTOLUENE	LTMDL	1,1,2,2-TETRACHLOROETHANE	LTMDL
DIBROMOMETHANE	LTMDL	DICHLOROMETHANE	LTMDL
M-DICHLOROBENZENE	LTMDL	1,2,3-TRICHLOROPROPANE	LTMDL
BROMOBENZENE	LTMDL	1,1-DICHLOROETHANE	LTMDL
BROMOCHLOROMETHANE	LTMDL	N-PROPYLBENZENE	LTMDL
N-BUTYLBENZENE	LTMDL	SEC-BUTYLBENZENE	LTMDL
1,2,3-TRICHLOROBENZENE	LTMDL	DICHLORODIFLUOROMETHANE	LTMDL
TERT-BUTYLBENZENE	LTMDL	FLUOROTRICHLOROMETHANE	LTMDL
HEXACHLOROBUTADIENE	LTMDL	1,2,4-TRICHLOROBENZENE	LTMDL
ISOPROPYLBENZENE	LTMDL	1,2,4-TRIMETHYLBENZENE	LTMDL
P-ISOPROPYLTOLUENE	LTMDL	1,3,5-TRIMETHYLBENZENE	LTMDL
NAPHTHALENE	LTMDL		

NT NO TEST MADE FOR THIS COMPOUND
LTMDL LESS THAN METHOD DETECTION LIMIT
??? INDICATES NO INFORMATION SUPPLIED

COMMENTS: _____

ANALYST: TJ

RON MARQUART
LINCOLN LANCASTER COUNTY HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NE 68502

FILE: PEST 15391286 * STATE OF NEBRASKA - VM/CMS TIMESHARING

153-91286 (LAB NO.) SAMPLE: LLCHD-39

31-XXXXX (EHHS NO.) SAMPLER: ARLIE FANDRICH
JERROLD HOOD

DATE SAMPLED 06-24-93

DATE RECEIVED 06-24-93

REQUESTED BY:
PMP EHHS CITY PRI SP
01 02 03 04 05
05

LOCATION: RON MARQUART
LINCOLN LAN. CO. HEALTH
2200 ST. MARYS AVE.
LINCOLN, NE 68502

DATE REPORTED 07-19-93

ANALYST: SJB

PARAMETERS: PESTICIDE EXTRACTABLES IN UG/L (PPB)

METHYLPARATHION	<MDL	ATRAZINE (ATREX)	<MDL
ETHYLPARATHION	<MDL	ALACHLOR (LASSO)	<MDL
DUAL	<MDL	TRIFLURALIN (TREFLAN)	<MDL
METRIBUZIN (SENCOR)	<MDL	DYFONATE	<MDL
CHLORPYRIFOS (LORSBAN)	<MDL	TERBUFOS (COUNTER)	<MDL
BUTYLATE (SUTAN)	<MDL	CYANAZINE (BLADEX)	<MDL

<NT TEST NOT PREFORMED FOR THIS COMPOUND
<MDL LESS THAN METHOD DETECTION LIMIT
??? NO INFORMATION SUPPLIED

RECEIVED
JUL 2 [illegible]
H[illegible]

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: _____

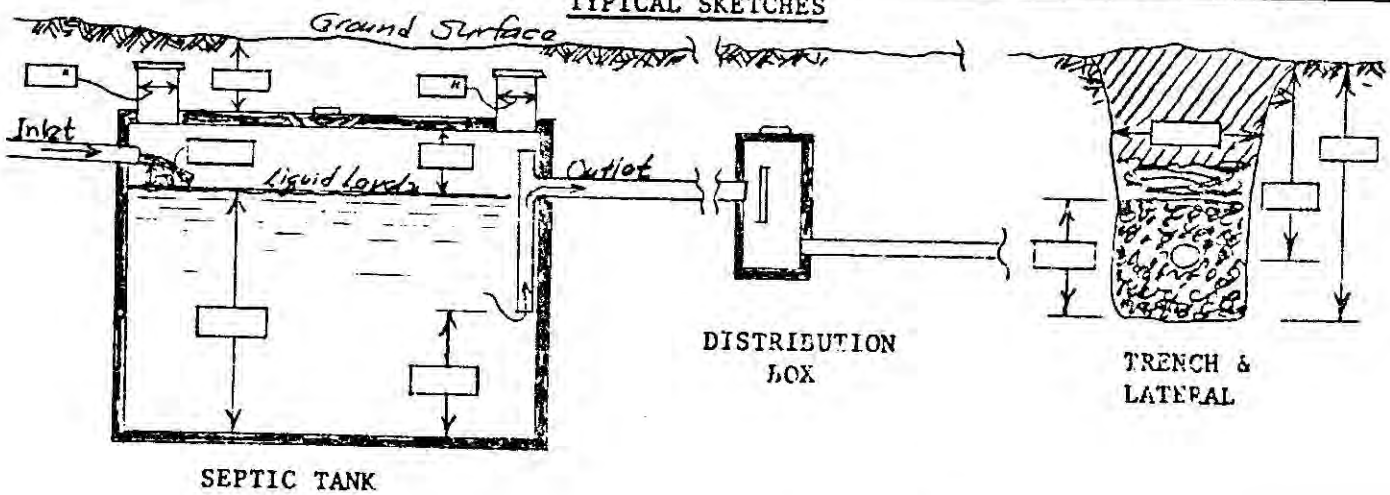
A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor 48 in.; or below basement floor ___ in.
3. Distance between dwelling and septic tank 87 ft.
4. Number of clean-outs ___.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line ___ ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material CON; No. of compartments 1.
2. Capacity 1500 gals.; Liquid depth ___ 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 ___ in.
7. Depth of top of tank below finished grade 6 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) No ☐
3. Dimension: Length 24 in.; Width 12 in. Depth 12 in.
4. Distance from Septic Tank 3 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 24 in. Number 2; Length of each line 100 ft Total length of Laterals 200 ft.; Slope ___ in/100 ft. Diameter of pipe 24 in.; Shape HALF ROUND Material: concrete ☑; fiber asbestos ☐; clay ☐; other ___ Distance between lateral lines ___ ft.
3. Trench Dimensions: Depth 40 in.; Width 48 in.
4. Filter Material: Gravel. Depth of material from trench bottom 24 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

N

Capital City Trenching

7-26-77

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. 1071

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

DATE: 6-6-77

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. 9N ; Range 7 East ; Section 22 NW 1/4
Block 4 ; Lot 8 ; Addition Clarendon Hills 1st addition
Street Address _____

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: _____ ft.

Arlie R. Fandrich
Signature of Applicant (Owner or Lessee)

4720 Madrin Circle
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/6/77 . Date Frwd. 6/6/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 6-6-77 . Date Frwd. 6-6-77 . ACTION: Approved ☒ Disapproved ☐ Signature: Williamson

3. City or County Engineer : Date Rec'd. 6/6/77 . Date Frwd. 6/6/77 . ACTION: Approved ☒ Disapproved ☐ Signature: OK

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 ☒
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. 1071

DATE: 6-6-77

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. 9 N ; Range 7 East ; Section 22 NW¼ ; Block 4 ; Lot 8 ; Addition Clarendon Hills 1st addition.
Street Address _____.

2. Property Use: Residential ✓ ☒ Commercial _____ ☐
No. of Bedrooms 4 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).

Alice R Fandrich
Signature of Applicant (owner or lessee)

4720 Mandarin Circle
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 7-27-77 by: ____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐ 6/6/77
by: Jerrold C. Hook

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-27-77 by: Lon Mangum

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. 1071

SPECIFICATIONS

DATE: 6-6-77

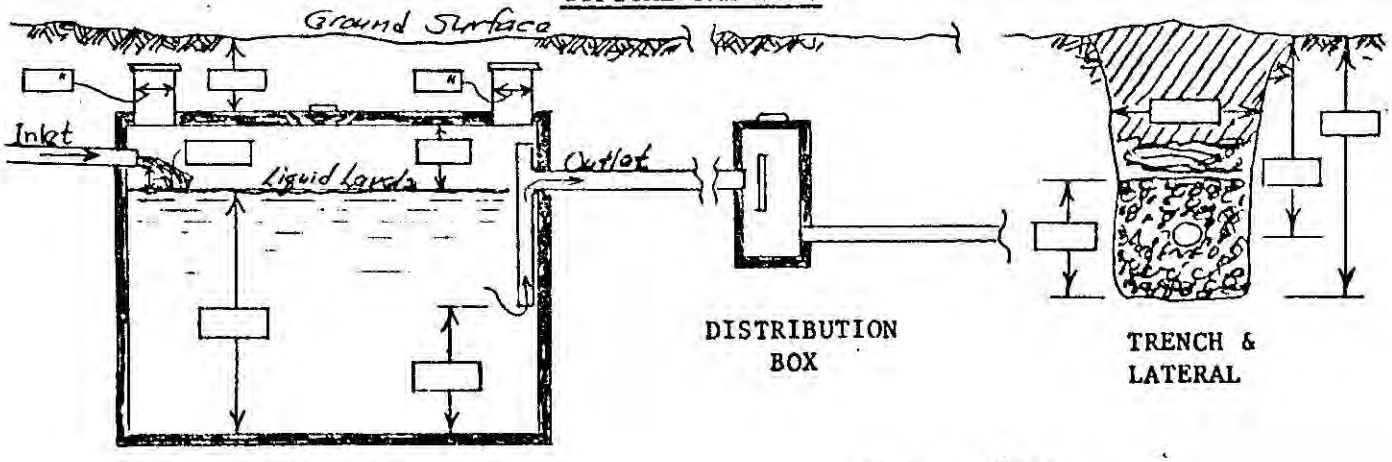
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material [illegible]; No. of compartments _____.
2. Capacity 1250 gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
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 _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) 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: _____
2. Lateral Lines: Depth below grade ___in. Number ____; Length of each line ___ft Total length of Laterals 198 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 ___in.; Width 48 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: 17 minutes/inch

TYPICAL SKETCHES



Julie R. Fandrich
Signature of Applicant

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)

7001 Travis

FILE NO. 1071

PROPERTY WHERE SOIL TESTED:
Location: Township 9N : Range 7 East
Section & ¼ Sect. ____
Property Dimensions: 320 ft. x 562 ft.
Area: 3+ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; Silty Clay Loam ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Arlie R. Fandrich
Address: 4720 Mandarin Circle

Dates of Tests: 6-4-77 to 6-5-77. Weather: Precip. 0 Temp. 75

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	36	6-4	5:00	6-4	9:00	6-5	9:00		9:30		30	2	15
2	36	6-4	5:00	6-4	9:00	6-5	9:02		9:32		30	2 3/8	13.05
3	36	6-4	5:00	6-4	9:00	6-5	9:03		9:34		30	1 5/8	18.46
4	36	6-4	5:00	6-4	9:00	6-5	9:04		9:36		30	1 7/8	16.0
5	36	6-4	5:00	6-4	9:00	6-5	9:06		9:38		30	1 3/16	25.26
6	36	6-4	5:00	6-4	9:00	6-5	9:08		9:40		30	1 3/4	17.14

Sum of Percolation Rates: 104.91
Average of Rates: 17.49
Mean of Rates:

Signature of Person Conducting Test
Address Arlie R Fandrich
Phone 483-2376

(Do not write below this line)

REVIEWING ACTION

REMARKS: Judson Silty Loam (U.S.D.A.)
DATE: June 6, 1977

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

Jerrold C. Wood
Signature of Reviewing Official

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 3 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 6/24/93 MO./DAY/YR./HOUR (9-16) BY J.C. Wood (17-28)

ADDRESS OR LOCATION LOT 8, BLK 4, CLARENDON HILLS 1ST ADD. SEC. 22, T9N, R7E (29-41)

NAME AND ADDRESS OF OWNER

ARLIE FANDRICH

LINCOLN-LANCASTER COUNTY ENVIRONMENTAL HEALTH

2200 ST. MARY'S AVENUE

LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)

0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)

1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 13560 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE mf (69-75)

ANALIZED BY SW (76-79)

IN 7 AM 24 JUN 93

OUT 8 AM 25 JUN 93

LABORATORY REPORT

SAMPLE INFORMATION:

COLLECTED BY: JERROLD HOOD

DATE COLLECTED: 06-24-93
TIME COLLECTED: 10:29 AM
TEST COMPLETED: 06-24-93

REQUESTED BY: SPECIAL PROJECT

EXAMINED BY METHOD: EPA METHOD 524.2

TEST TYPE: 9803

TEST RESULT: VOLATILE ORGANICS NOT DETECTED

NORMAL TURNAROUND TIME: 14 DAYS

- RON MARQUART
  LINCOLN LANCASTER COUNTY HEALTH
  2200 ST. MARY'S AVENUE
  LINCOLN, NE 68502

ANALYST: TJ

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th STREET LINCOLN, NE 68502

TO OPEN — FOLD AND CAREFULLY TEAR ALONG PERFORATIONS 1, 2, AND 3

2

1

REMOVE THIS EDGE FIRST

3

TO OPEN — FOLD AND CAREFULLY TEAR ALONG PERFORATIONS 1, 2, AND 3

3

REPORTED '93 JAN 29 AM 8:25

RECEIVED '93 JAN 24 AM 8:06

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 15.

DATE COLLECTED 6 (MO.) 24 (DAY) 93 (YEAR) 10:29 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ARLIE FANDRICH

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 22 TWNSHP 9 N RANGE 7 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.

NITRATE ANALYSIS FOR DRINKING WATE

NITRATE — N Less than 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY:
FOR ACCOUNTING USE ONLY

LWN 88

CITY OF LINCOLN, NEBRASKA

DEPARTMENT

STEEL CONSTRUCTION

December 6, 1977
FIRE LICENSE OR PERMIT EXPIRES

4720

Lincoln, NE
ADDRESS

Section 22 NW Block 4

Clarendon Hills 1st Addition
ADDRESS

NOT TRANSFERABLE

	INSPECTION FEE		EXPENSE	TOTAL
	$		$	$ 30.00

	ACCOUNTING DIV.	ACCOUNTING NO.	CODE
	11016	148.14	6-2

DATE: 4 7 7 7 AMOUNT: 30.00

ACCEPTING ONLY IS SPACING REQUIRED ON THIS SPACE

REVALIDATION

SUBJECT TO REVOCATION AS PROVIDED BY LAW

