9807210 16 ref

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

JUN 30 1998

2200 St. Marys Avenue Phone (402) 474-1541 Lincoln, Nebraska 68502

~~Trailer~~ 301 Cotner Mall South 471-0387 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.

Check ~~ONE~~ wells & Take water sample from pond.

☒ Evaluation of the Individual Water System Date: 6-26-98

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150

CR 3706

Legal description of property: TWP. 7N ; RANGE 5E ; SECTION 28

BLOCK ; LOT ; ADDITION

Street Address 10901 WEST FELLA Road

Directions to Property FROM HALLAM, 3 1/2 Miles west to SW 100th, 1 Mile North, 1/2 Mile West, on South side of county road.

Location of Well SE CORNER OUTSIDE FENCED YARD Tap Location: Inside ☒ Outside ☒

Location of Sewage System Year Installed 1998

	NAME	ADDRESS	PHONE
Present Owner:	GLORIA A EHRLICH	3360 Cactus Crt.	420-6999
Tenant/Buyer:	GALE E DUNBAR	1921 C St. 68516-5710	477-4739
Return To:	MARINE GOTTLIB	325 North COTNER (436-3232) 68505	FAX 436-3399

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

Signature of Applicant Gale E. Dunbar Address 1921 "C" Lncln. NE

HEALTH DEPARTMENT USE ONLY

Date Received JUNE 30, 1998 Received $150 Check ☒ Cash ☐

#5310

PRELIMINARY STATUS--DATE 7/1/98

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☒	Approved:	☐	Date 7-17-98	by mm
Bacteria	☒	☐	Provisional:	☒	Date	by
Nitrate <0.1	☒	☐	Disapproved:	☐	Date	by

Comments: WELL IS IN A PIT. ANY OTHER UNUSED WELL MUST BE PROPERLY ABANDONED. OUT HOUSE MUST BE PROPERLY ABANDONED. POND WILL SHOW CONTAMINATION SINCE IT IS AN OPEN BODY OF WATER IF YOU SUSPECT A POLLUTION PROBLEM CHECK WITH STATE DEPARTMENT OF ENVIRONMENTAL QUALITY. A POND IS BEYOND THE SCOPE OF OUR WORK. See Attached Letter ☐

7/17/98 Outhouse abandoned, Well reworked. J.C.N.

FINAL STATUS ALL UNUSED CISTERNS MUST BE FILLED IN.

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: Approved: ☐ Provisionsal Approval: ☒

APPROVED BY Jerrold C. Hoods R.E.H.S. DATE JULY 20, 1998

FN 20215-1079R Provisional approval on sewage system because a portion of the sewer line predates regulations and was never inspected. J.C.N.

RECEIVED '98 JUL 1 PM 12 09

REPORTED '98 JUL 2 PM 1 44

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 155672

DATE COLLECTED 7 (MO.) 1 (DAY) 98 (YEAR) 10:53 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION GLORIA EHRLICH

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 28 TWNSHP 7 N RANGE 5 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N Less than 0.1 mg/l

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

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

'98 JUL 18 AM 11

REPORTED

'98 JUL 17 PM 4 04

RECEIVED

WATER MICROBIOLOGY

STATE LAB NO 148-14507

COMPLETE INFORMATION BELOW

DATE COLLECTED 7 - 17 - 98 1500
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY R. Marquart (Lancaster Co. Health Dept.)

SAMPLE LOCATION Gloria Ehrlich (cold water tap)

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QRTR ____ SECT 28 TWNSHP 7 N S RANGE 5 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

LLCHD
3140 'N' St.
Lincoln, NE

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

FOR LABORATORY USE ONLY

TEST METHOD: ☐ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD
☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD
☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*
*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:
☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY SB
FOR ACCOUNTING USE ONLY

LWB 96

ADD SYSTEM

A

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

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

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

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

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 10901 W. Pella Road (no rural route) City HALLAM NE, Zip 68368

Legal Description W½ NE¼ E½ NW¼ 28 7 5
(1/4 1/4 Section Township Range) Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Gloria Pospisil Ehrlich Signature Gloria A Ehrlich

Address 3360 Cactus Court City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 420-6999 ~~Work Phone~~ _____

C. Contractor

Name Gary Carstens Company Name _____

Address R.R.1 City/State/Zip Pickrell, NE 68422

☐ Check if contractor designed system Work Phone _____

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

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 5 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 5/12/98 Date frwd 5/20/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

5/20/98 Too much slope, too deep J.C.H. 6/3/98 J.C.H.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date JUNE 5, 1998

Business Office Use Only

Date Rec'd 05/12/98
Amt Paid 150.00
Rec'd By m ~~Cash~~/Check No. 7201

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

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 10901 W. Pella Road City HALLAM NE, Zip 68368
(no rural route) LANCASTER County

Owner Gloria A. Ehrlich Addresss 3360 Cactus Court - Lincoln, NE 68516

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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO._____

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

DATE:_____

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._____; Range_____; Section_____;
Block_____; Lot_____; Addition_____
Street Address_____

2. Property Use: Residential_____ ☐; Commercial_____ ☐
No. Bedrooms_____ Describe_____

Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair:_____

5. Work to be done by: Owner ☐ ; or Contractor ☐ , _____
Contractor's Name

6. Estimated cost of project:

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

_____
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below this line)

REVIEWING ACTION

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

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

3. Date: Approved ☐; Disapproved ☐
by:_____

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

Sudrla

Glenn Eurich 580-6999 cell 420-

C

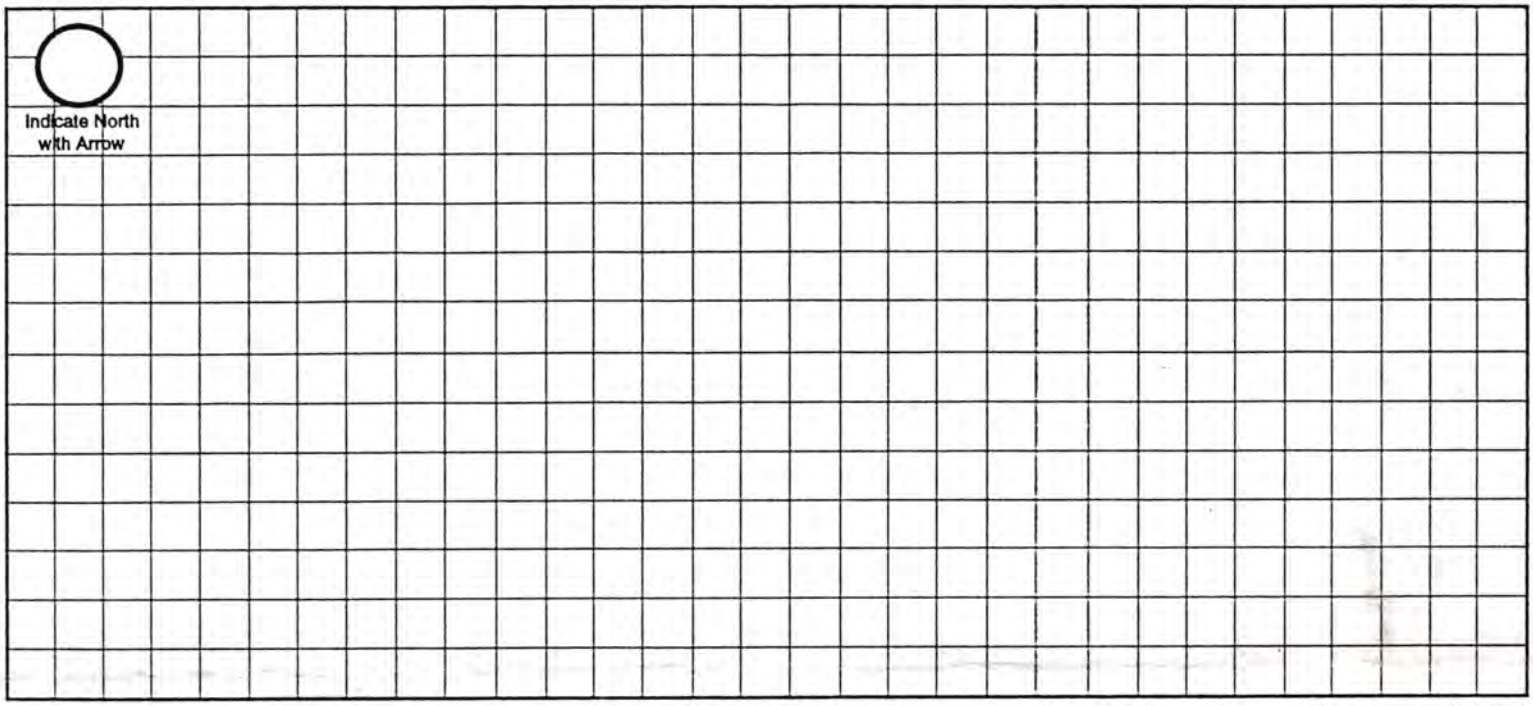
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

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) 10901 W. Pella Road City HALLAM NE, Zip 68368

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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

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

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 ☐	50 ☐	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 John Sudrla Date 5-20-98

Installer SAME Date _____

FORM 23-102 10-96

JUN 5 1998

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 10901 West Pella Road City HALLAM NE, Zip 68368
(no rural route) LANCASTER County

A. Building Sewer

1. Material: _____
   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: _____
   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: _____
   Number available outlets: _____
2. Factory built: ❑ Yes ❑ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

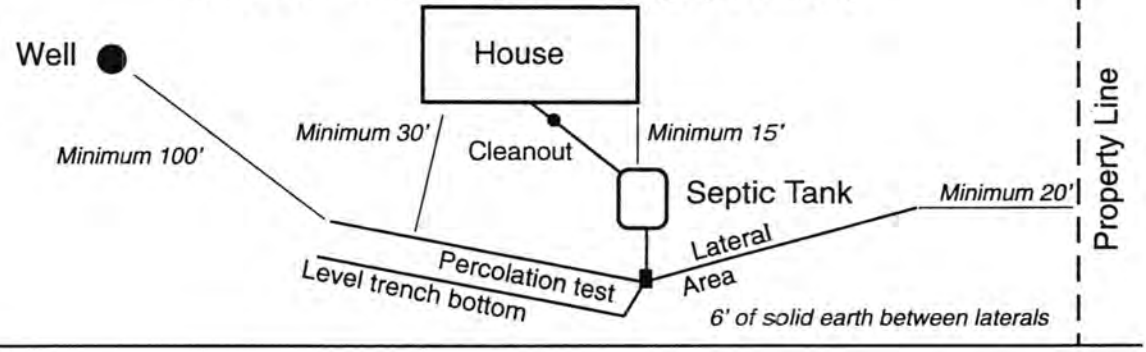
(Provide as-built drawings on back of this form)

1. Type: ❑ Half rounds ❑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ❑ fiberglass ❑ plastic ❑ concrete
   ❑ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ 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 _____ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 98380176501

Issued 05/26/98
Expires 11/26/98
Revenue Code 3157

PAID

FEES: $150.00

Establishment
GLORIA A EHRLICH
T7N R5E SEC 28 QTR NE
W 1/2OF NE,E1/2OF NW
10901 W PELLA RD-HALLAM

TOTAL $150.00

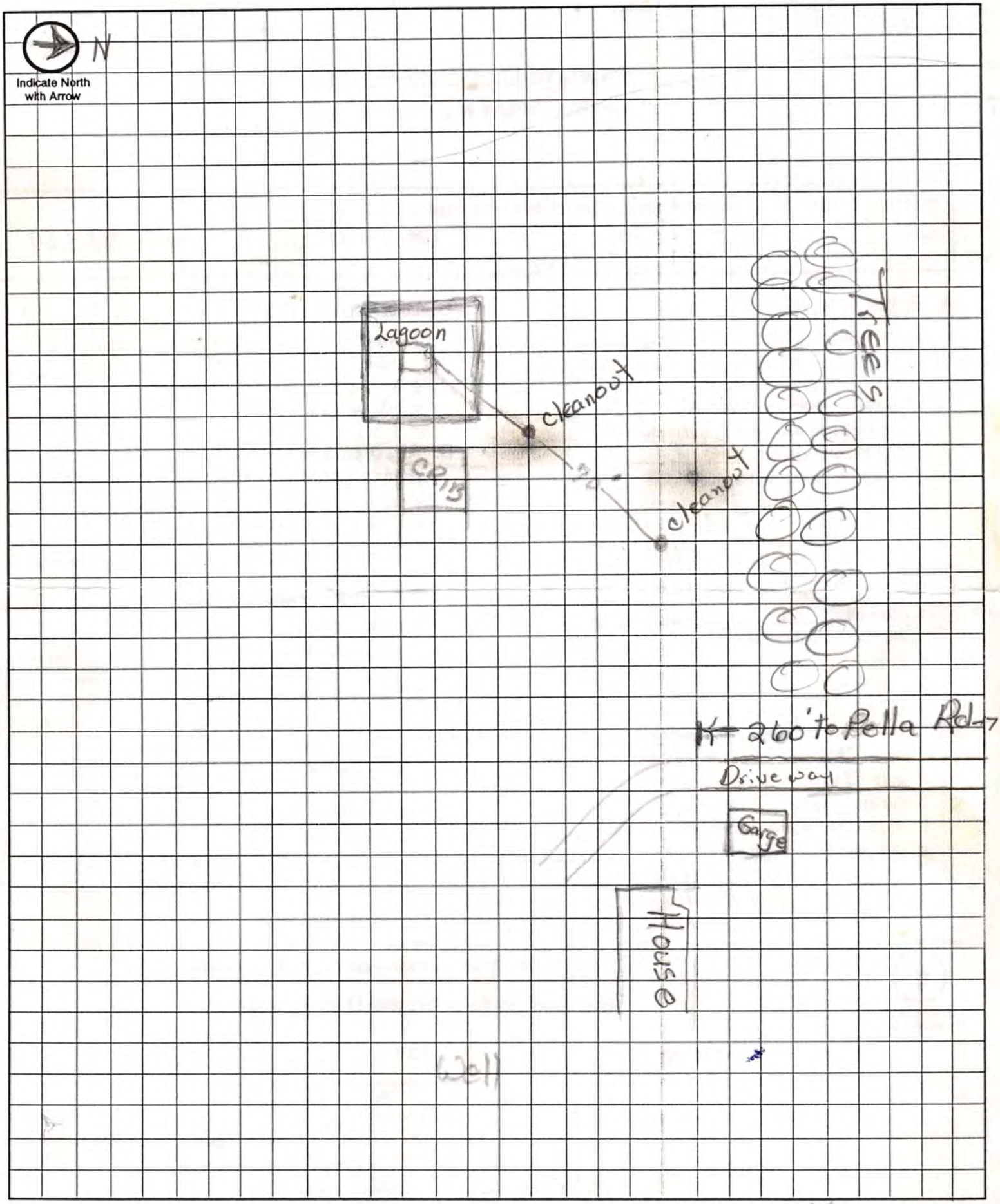
Permittee
GLORIA A EHRLICH
3360 CACTUS CT
LINCOLN NE 68516-5770

Issued By Health Director
Lincoln-Lancaster County Health Department

007397

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

As Built Drawing



Approximate Scale: 15 ft. = 1 grid line/s

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $_____

FILE NO._____

DATE: 6/7/96

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: (13 IT, 1 IT, 3 IT) 65 ACRES N½ NW¼NW¼ Twp. 7N ; Range 5E; Section 28 ;
   Block_____: Lot 14 I.T.: Addition_____
   Street Address 11201 W. Pella Rd LC
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3. Describe_____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ Lagoon
4. Distance to public sewer: _____ft.

Edson Hansmeyer
Signature of Applicant (Owner) or Lessee)

RT #2 Box 87 Hallam, NE 68368
Address

(402) 826-5250

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/10/96. Date Frwd. 6/10/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/10/96. Date Frwd. 6/10/96. ACTION: Approved ☒ Disapproved ☐ Signature: JK
3. City or County Engineer: Date Rec'd. 6/10/96. Date Frwd. 6/10/96. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 7/1/96 by: J. C. Hood
Date: 7/8/96 by: J. C. Hood
Date: 2/14/97 by: J. C. Hood

Pipe 3034 wrong gauge need fence + drawing pipe corrected

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/5/97 By: Jerrold C. Hood

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

FORM 23-43

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380143601

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

Establishment
ELDEAN HANSMEYER
T7N R5E SEC 28
11201 W PELLA ROAD

FEES: $150.00

TOTAL $150.00

Permittee
ELDEAN HANSMEYER
RR0002
BOX 00087
HALLAM NE 68368

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"

002073

WATER CHEMISTRY

STATE LAB NO. 15 1049

COMPLETE INFORMATION BELOW

DATE COLLECTED 2 (MO.) 14 (DAY) 97 (YEAR) 10:50AM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ELDEAN HANSMEYER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 28 TWNSHP 7 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER HEALTH
DEPARTMENT
3140 "N" STREET
LINCOLN, NEBRASKA 68510

REPORTED

RECEIVED

'97 FEB 19 PM 10 05

'97 FEB 14 P2:58

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

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

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

'97 FEB 16 AM 11 00

REPORTED

RECEIVED

FEB 14 P2:56

COMPLETE INFORMATION BELOW FEB 19 1997

WATER MICROBIOLOGY

STATE LAB NO 14 3751

DATE COLLECTED 2 (MO) 14 (DAY) 97 (YEAR) 10:50 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ELDEAN HANSMEYER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 28 TWNSHP 7 N RANGE 5 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

FOR LABORATORY USE ONLY

TEST METHOD: ☑ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☑ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY ET

FOR ACCOUNTING USE ONLY

LWB 91