ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

8525-90 9908160001 tdf

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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

LCR 4134

Legal Description of Property: Street Address 1601 PRINCETON RD. MARTELL, NE 68404

Twp 7N Range 6E Section 24 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property South on Rt. 77 through Princeton — Turn East on East Princeton Road — Driveway is ½ mile on E. Princeton Road

Location of Well First north of house near driveway Tap Location: Inside ☒ Outside ☒

Location of Sewage System ___ Year Installed ___

NCR 36405

ACR 76519

	NAME	ADDRESS	PHONE
Present Owner:	JERRY D. FRIESE	1601 PRINCETON RD.	798-7861
Tenant/Buyer:			
Return to:	Paul Shoemaker	3255 W. Pershing Rd. Lincoln, NE 68502	

Signature of Applicant Paul Shoemaker Address 3255 W. Pershing Rd. Lincoln, NE 68502 Date 7/1/99

HEALTH DEPARTMENT USE ONLY

Date Received 7/22/99 Received $150.00 Check ☒ Cash ☐ 7/22/99 #5252 cw

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 7/23/99

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

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 8/10/99 by J.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: HOLE IN SCREEN IN WELL AIR VENT ~~HAS A HOLE IN IT~~ HAS OLD WELL IN PIT BEEN PROPERLY ABANDONED? LAGOON FENCE NEEDS STRAIGHTING UP, LOCK ON GATE, WARNING SIGN ON FENCE See Attached Letter ☐ KILL PIT GRASS-KEEP BRUSH CLEAN OUT ON CAP. Corrections Made J.C.H.

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 8/12/99

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.

#16

LOGO---LLCHD

Laboratory Water Test Request

Lab Test # _____ Method _____

Test For: Nitrate/Coliform/Other: _____

Reason: Annual Well, Loan Approval, New Well, Other:

Collected by: JERROLD HOOD Date/Time 7/23/99 12:10 am/pm
MM DD YYYY

LLCHD Permit # _____ State ID # _____

Well Location
Address: 1601 PRINCETON ROAD
MARTELL, NEBRASKA
68404

Legal Description: T7N R6E Sec24 1/4 NW 1/4 ___ or b a b a
c d c d

GPS: Long. _____ Lat. _____

RESULTS: #40 0.0 mg
7-26-99
Wayne Mallhoff

Nebraska Health and Human Services
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

AUG 1 3 1999

Laboratory Report Printed on August 11, 1999

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.

3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

Laboratory Number: **P8525-90**
Sampled By: **HOOD, JERROLD**
Location: **NG**
Sample Point:

Date Collected: **10-Aug-1999 11:55 AM**
Date Received: **10-Aug-1999**

Parameter	Report Level	Units	Method	Analysis Date	Analyst	Qual	Results
TOTAL COLIFORM	0	cfu/100ml	COLILERT	08/11/99	KC		**Total coliform negative - meets bacteriological standards**
E. COLI	0	cfu/100ml	COLILERT	08/11/99	KC		**E. coli negative**

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-0515 for private clients or (402) 471-0930 for public water supply systems.