LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue | Phone (402) 471-7800 | Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

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

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

[X] Evaluation of the Individual Water System Date: July 20, 1992

[X] Evaluation of the Sewage Disposal System [X] Enclosed is $150.00

Legal Description of Property: TWP. 7N ; RANGE 6E ; SECTION 24 ; BLOCK ____

LOT 6 ; ADDITION IT SE 1/4 ; Street Address 26205 So. 25th Street, Martell

Directions to Property Hwy 77 to Princeton, 2nd left to Pella Road, left to 25th, left first house (green) on the Left.

Location of Well under kitchen Tap Location: Inside [X] Outside [ ]

Location of Sewage System N 250' from house surrounded by chainlink Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Dennis D. Danhauer	26205 S. 25th, Martell	798-7017
Tenant/Buyer:			
Return to:	State Title Services	1023 Lincoln Mall, Lincoln 68508	434-5020

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

Signature of Applicant Myron LongSoldier Address 1110 So. 14th Street 68508
Linda Diaz, agent for Myron LongSoldier

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HEALTH DEPARTMENT USE ONLY

Date Received JULY 23, 1992 Received $150.00 Check [X] Cash [ ]

7/29/92 Nitrate 20.1

PRELIMINARY STATUS--DATE 7/27/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	[X]	[ ]	Approved:	[ ]	Date 7/27/92 by JC
Bacteria	[X]	[ ]	Provisional:	[ ]	Date ____ by ____
Nitrate	[X]	[ ]	Disapproved:	[ ]	Date ____ by ____

Comments: Lagoon overgrown with weeds (Advise owner) + some CATTAILS, Lagoon full leaking. Advised Linda Diaz 8/10/92 - SAmr

See Attached Letter [X]

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: [X]	Approved: [ ]	Provisional Approval: [X]

APPROVED BY ____ DATE 8/12/92

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

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

13

Lincoln-Lancaster County H

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

Legal Description of Property: Street Address 26205 So. 25th St, Martell, NE 68404
Twp 7N Range 6E Section 24 1/4 ___ 1/4 ___ Block ___ Lot 6 Addition IT SE 1/4
Directions to Property Hwy 77 to Princeton, 2nd left to Pella Road, left to 25th, left, first house on left side.
Location of Well under Kitchen Tap Location: Inside ☒ Outside ☐
Location of Sewage System 250' south from house Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Ingrid LongSoldier	26205 So. 25th St. Martell, NE 68404	798-7013
Tenant/Buyer:			
Return to:			

Signature of Applicant Ingrid LongSoldier Address 26205 So. 25th Martell, NE 68404 Date 4/22/96

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 04/23/96
Initials ___
Amount $ 150.00
Check No. # 323

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By John Ahern **DATE:** 4/25/96

WATER SYSTEM:		Approved	Disapproved
Construction		☒	☐
Bacteria	4/30/96	☒ 0 /ml	☐ ___ /ml
Nitrate	5-7-96	☒ 2.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Lagoon has a FOG SIGN around it. Level below dike, no evidence of leakage - well checked by driveway. System inspected inside the house to sterilize the water - per Ingrid. Sample taken from tap in the house - not hooked up to the unit. Liquid
See Attached Letter ☐

FINAL STATUS

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

Approved by John Ahern AP Date 05/07/96

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

AP3C32.RFT

'92 JUL 29 A10:11

REPORTED

'92 JUL 27 P3:08

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 153898

DATE COLLECTED 7 (MO.) 27 (DAY) 92 (YEAR) 2:30 (HOUR)

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION Dan Hauer

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QRTR SE 1/4 SECT ____ TWNSHP 7 S RANGE 6 W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

John Chess (Dan Hauer
2200 St Marys
Lincoln NE
68522

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 ET
FOR ACCOUNTING USE ONLY

LWN 88

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACC ____ (16-22) ADD. TESTS 2 (23) 1. FL (2 N) 3. BOTH 4. TPC

DATE COLL 7/27/92 (9-16) BY John Chess (17-28)

ADDRESS OR LOCATION Dan Hauer, Dennis (29-41)

NAME AND ADDRESS OF OWNER

John Chess - Dan Hauer

2200 St Marys

Lincoln NE 68522

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. 17284 (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 ____ (76-79)

IN

OUT

JUL 27 P3:08

JUL 28 P1:07

JUL 27 P3:08

'96 MAY 3 PM 5 33

REP.
REC.

96-04-25 3:14

COMPLETE INFORMATION BELOW:

WATER CHEMISTRY

STATE LAB NO. 156-2719

DATE COLLECTED 4 (Mo.) 25 (Day) 96 (Yr) (Hour)

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION 26205 So 25

PROPERTY LEGAL DESCRIPTION: COUNTY

QUARTER SECTION 24 TOWNSHIP 7 (N) (S) RANGE 6 (E) (W)

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

John Chess
LLCCHD
3140 N
Lincoln NE 68572

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N LESS THAN 0.1 mg/l
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY: ET

FOR ACCOUNTING USE ONLY

LRWC 85

REPORTED

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 146-8035

DATE COLLECTED 04 (MO.) 25 (DAY) 96 (YEAR) (HOUR)

SAMPLE COLLECTED BY Chess

SAMPLE LOCATION 26205 S. 25

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR ____ SECT 24 TWNSHP 7 N S RANGE 6 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

John J Chess
LLCCHD
3140 N
Lincoln NE 68521

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 CC

FOR ACCOUNTING USE ONLY

LWB 91

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

Lincoln-Lancaster County

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

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

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 26205 SOUTH 25TH STREET

Parcel ID 07 - 24 - 400 - 002 - 000 (i.e. 99-99-999-999-999)

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

Directions to Property Highway 77 South to Princeton, turn left (east) just South of Princeton, at corner of 12th St. + Princeton Rd. turn left again onto Princeton Rd. (take Princeton Rd. past to 25th, turn right onto 25th, house is 2nd on the right side. (26205 on mailbox)

Location of Well under kitchen Tap Location: Inside ☐ Outside ☐

Location of Sewage System South of house Year Installed ___

Site Hazards (dogs, etc.) none

	NAME	ADDRESS	PHONE
Present Owner:	Ingrid Long-Soldier	26205 So. 25th Martell, NE 68404	798-7013
Tenant/Buyer:	John Carter	544 N. 24th Lincoln, NE 68503	476-5730
Return to:	Ingrid Long Soldier	26205 So. 25th Martell, NE 68404	___ ___ (Fax)

Signature of Applicant Ingrid Long Soldier Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7/10/01 Amount 200.00 Check No. 1089 Initials CW

DATA ENTRY Date ___/___/___ Case No. ___ Initials ___

PRELIMINARY STATUS--By Doug Smith **DATE:** 7/11/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒ 7/19/01	☐
Bacteria	8/13/01 ☒ 0.0 /ml	☐ ___ /ml
Nitrate	☒ 0.6 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: 7/18/01 Well cap bolts are loose and need to be replaced with bolts designed for cap. Well seal is cracked + needs replacement. No2 only, followed up 7/18 Ingrid called + stated that she cannot find repair See Attached Letter ☐ and is unwilling to contact Mote-Well Drilling (original installer). No action will be taken until completed.

FINAL STATUS 7/19/01 Repairs made - Water sample collected 7/23 Positive Col. 7/24 2nd sample - Positive Col. 7/25 Informed Ingrid of results 8/13/01 System has been Chlorinated + results all

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

Approved by Doug Smith Date 08/13/01

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White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00

LOGO---LLCHD

Laboratory Water Test Request

Lab Test #_____ Method_____

Test For: Nitrate/Coliform/Other:_____

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

Collected by: Doug Smith Date/Time 07/11/2001 2:00 am/pm
MM DD YYYY

LLCHD Permit #_____ State ID #_ P18494-27

Well Location
Address: 26205 South 25

NO LABEL ON SPECIMEN

Legal Description: T N R E Sec 1/4 1/4 or b a b a
c d c d

GPS: Long._____ Lat._____

RESULTS: 0.6 7-12-01

Wayne Nelson