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

A

Permit Number: 9838 01801

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)

CR#063696

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 20935 So 68th St (no rural route) City Hickman NE, Zip 68372

Legal Description Sec 4 T 7N R 7E 30 F.T.
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 ROY SCHRODER Signature _____

Address 20935 So 68TH ST City/State/Zip HICKMAN NE 68372

☒ Check if owner designed system Home Phone 792-2110 Work Phone SAME

C. Contractor

Name N/A Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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

Designer Name FRED MURREY Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 7-15-98 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
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 _____

~~Installation~~ Final Written Approval

By Paul Williams

Date 7-30-98

Business Office Use Only

Date Rec'd 07/15/98
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 1078

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: 983801801

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 20935 S. 68th (no rural route) City Hickman NE, Zip 68372

Owner Roy Schroeder Address 20935 S. 68th

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

Date of Tests 7-7-98 to 7-8-98 Weather: Precipitation 0 Temperature 90

All Holes Had Water

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	7-7	630	7-8	615	7-8	615	6	645	7-8	30	6	N/A
2	36	7-7	630	7-8	615	7-8	615	6	645	7-8	30	0	N/A
3	36	7-7	630	7-8	615	7-8	615	6	645	7-8	30	1/8	240
4	36	7-7	630	7-8	615	7-8	615	6	645	7-8	30	0	N/A
5	36	7-7	630	7-8	615	7-8	615	6	645	7-8	30	1/8	240
6	36	7-7	630	7-8	615	7-8	615	6	645	7-8	30	0	N/A
7													

Sum of Percolation Rates: N/A
Average of Rates: 240
Rate Used for Calculation: 240

Person Conducting Percolation Tests

Name: Brian Shafer
Phone: 464-0638
Address 2700 Dan Ave.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks NOT APPROVED FOR TRADITIONAL SEPTIC SYSTEM.
Lagoon to replace failing subsurface disposal system - P.D.

Signature of Reviewing Official John E Marin R.E.H.S. Date 7-10-98

FORM 21.101 10-96

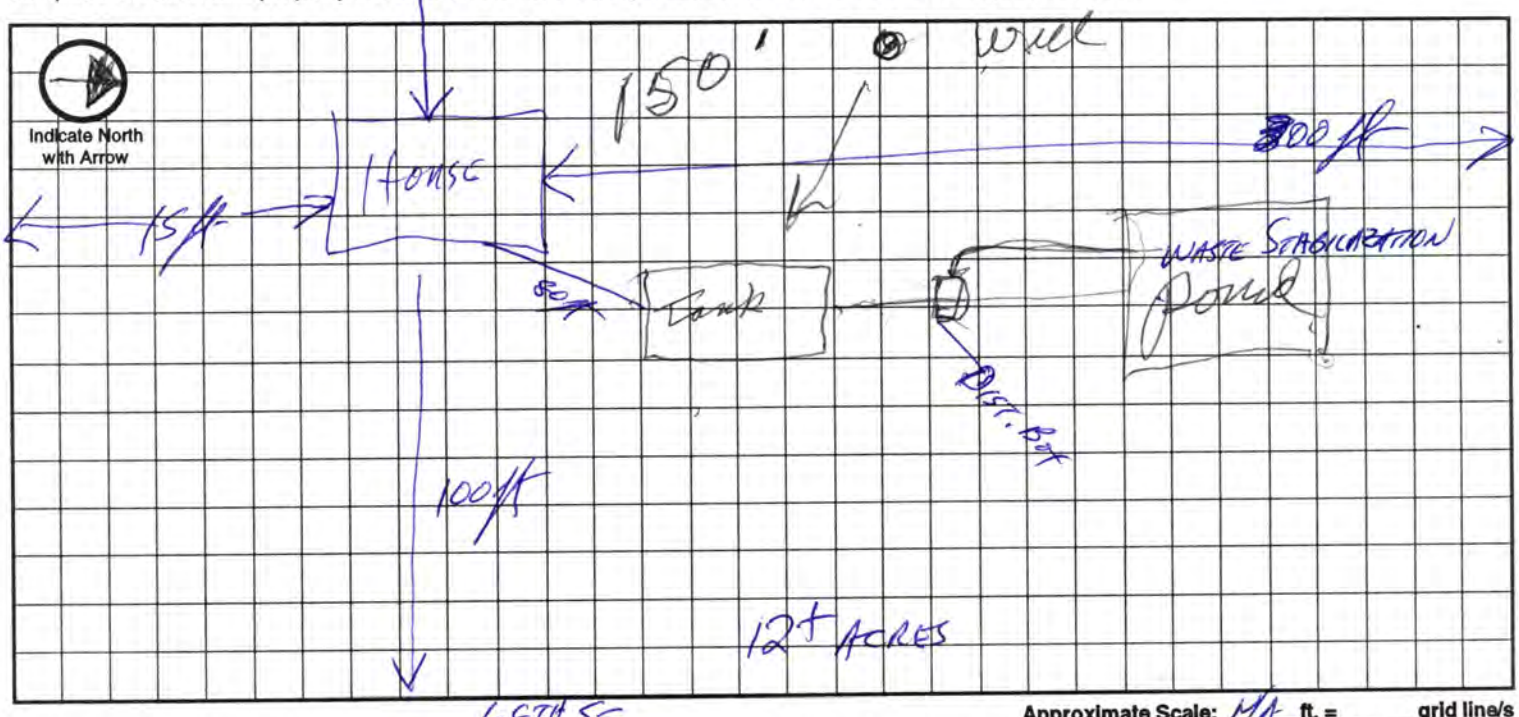
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98330181

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: N/A ft. = ____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 20935 So 68 St City Hickman NE, Zip 68372

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 N/A EXISTING HOME Date ____

Installer FRED MURREY Date ____

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: 98380180/

Sewage Disposal System

As Built Plans & Specifications

Date 7-30-98

System Location (Indicate correct number and street)

Address 20935 So. 68th (no rural route) City Hickman NE, Zip 68372

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: NA 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

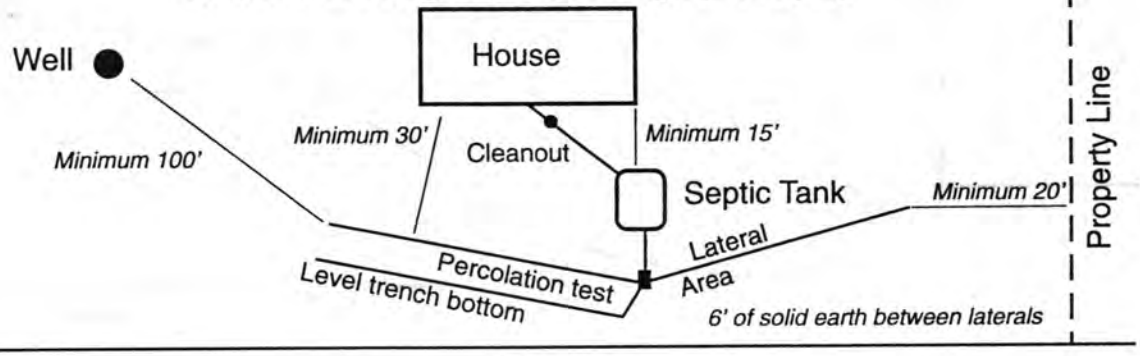
(Provide as-built drawings on back of this form)

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.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



98080 4019

Lincoln-Lancaster County Health Department

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.

LCR 3699

Legal Description of Property: Street Address 20935 S. 68th St. Hickman, Ne. 68372

Twp 7N Range 7E Section 4 1/4 ___ 1/4 ___ Block ___ Lot 30 Addition ___

Directions to Property Take 68th St. South out of Hickman 9/10 mile 2nd house on Rt.

Location of Well N.W. of House 100 ft Tap Location: Inside ☐ Outside ☒

Location of Sewage System N.E. of House 200 ft Year Installed 1972

	NAME	ADDRESS	PHONE
Present Owner:	Roy Schroeder	20935 S. 68th St. Hickman, Ne. 68372	402-792-2110
Tenant/Buyer:	Darrell Daniel	20935 S. 68th St. Hickman, Ne. 68372	402-792-2077
Return to:	Deb Holsing	NorWest Bank	FAX 434-6149 434-6140

Signature of Applicant Darrell Daniel Address 20935 S. 68th St. Hickman, Ne. 68372 Date 7/2/98

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 7/2/98
Initials ___
Amount $150.00
Check No. 1982 ✓

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

PRELIMINARY STATUS--By PAUL DRUTZMANN **DATE:** 7/2/98

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ <0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date 7/17/98 by RD
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: Water samples collected. Waste water running out at end of lateral in the field 7-29-98 Septic Lagoon installed, fence erected.

See Attached Letter ☐

FINAL STATUS

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

Approved by Paul Drutzmann Date 7/30/98

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

WATER CHEMISTRY

STATE LAB NO. 158-5768

COMPLETE INFORMATION BELOW

DATE COLLECTED 7-2-98 1:45
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROZMAN

SAMPLE LOCATION Schroeder; 20935 So 68

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 4 TWNSHP 7 S RANGE 7 W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 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:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE
☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED 98 JUL 2 PM 2 55

REPORTED 98 JUL 7 PM 3 55

98 JUL 3 AM 10 30

REPORTED

98 JUL 2 PM 2 54

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 148-13037

DATE COLLECTED 7-2-98 1:45
MO DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION Schroeder's, 20935 So. 68th

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 4 TWNSHP 7 N S RANGE 7 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 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 LB

FOR ACCOUNTING USE ONLY

LWB 91

RECEIVED SEP 27 1993

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 R.R. #1-21705 So. 68th St

Twp 7N Range 7E Section 4 1/4 1/4 Block Lot 30 Addition

Directions to Property 1/8 mile So of R. Road track from Hickman on West Side of 68th St

Location of Well 200' N.W. of House Tap Location: Inside ☒ Outside ☒

Location of Sewage System 100' NE of House Year Installed 1972

	NAME	ADDRESS	PHONE
Present Owner:	Roy F Schroeder	Rt 1 Box 363 Hickman	792-2110
Tenant/Buyer:	Same as owner		
Return to:	1st Federal Lincoln	3901 Normal Blvd Ste 100 Lincoln	473-6104

Signature of Applicant Roy F Schroeder Address Rt 1 Box 363 Hickman Neb Date 9/24/93

HEALTH DEPARTMENT USE ONLY

Date Received 9/27/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By PAUL EROTZINGER **DATE:** 9/28/93

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ /ml
Nitrate	☒ 0.1 ppm	☐ ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☐

Disapproved ☒

Additional Site Visits

Date / / by

Date / / by

Date / / by

Comments: Sewage seeping onto ground surface at end of lateral

See Attached Letter ☐

FINAL STATUS

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

Approved by Date / /

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.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

No. 98380180101

Permit

SEWAGE INSTALLATION
LAGOON

Issued 07/15/98
Expires 01/15/99
Revenue Code 3157

Establishment

ROY SCHRODER
T7N R7E SEC 4
LOT 30IT
20935 SO 68TH ST

FEES: $150.00

TOTAL $150.00

Permittee

ROY SCHRODER
20935 S 68 ST
HICKMAN NE 68372

Issued By Health Director
Lincoln-Lancaster County Health Department

007838

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

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 Roy F Schroeder **Date** 9/24/93

Phone: Home 792-2110 **Work** retired

Address or Location of Property: Rt 1 Box 363 Hickman Neb.

FILE: PEST 15391906 A1 STATE OF NEBRASKA - VM/CMS TIMESHARING

153-91906 (LAB NO.) SAMPLE: LLCHD-93 DATE SAMPLED 09-28-93
ROY SCHROEDER-HICKMAN
31-XXXXX (EHHS NO.) SAMPLER: PAUL DROTZMANN DATE RECEIVED 09-28-93

REQUESTED BY: LOCATION: RON MARQUART DATE REPORTED 10-15-93
PMP EHHS CITY PRI SP LINCOLN LAN. CO. HEALTH
01 02 03 04 05 2200 ST. MARYS AVE. ANALYST: SJB
05 LINCOLN, NE 68502

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

LABORATORY REPORT

LABORATORY EXAMINATION FOR VOLATILE ORGANICS — LAB #:153-91903

SAMPLE INFORMATION:

LOCATION: ROY SCHROEDER — DATE COLLECTED: 09-28-93

COLLECTED BY: PAUL DROTZMANN — TIME COLLECTED: 11:30 AM

CITY: HICKMAN — DATE RECEIVED: 09-28-93

TEST COMPLETED: 09-28-93

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

ANALYST: AL

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

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

DETAILED SUPPLEMENTAL REPORT FOR VOLATILE ORGANICS

SAMPLE INFORMATION:
LOCATION: ROY SCHROEDER
COLLECTED BY: PAUL DROTZMANN
CITY: HICKMAN

LAB #:153-91903
DATE COLLECTED: 09-28-93
TIME COLLECTED: 11:30 AM
DATE RECEIVED: 09-28-93
TEST COMPLETED: 09-28-93

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: AL

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

'93 SEP 29 P4:07

REPORTED

RECEIVED

'93 SEP 28 P1:09

WATER CHEMISTRY

STATE LAB NO. 15 10575

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 9-28-93 10:30
MO DAY YEAR HOUR

TEST METHOD: USEPA METHOD 353.2

SAMPLE COLLECTED BY PAUL DROTZMANN

SAMPLE LOCATION Roy Schroeder Hickman So. 68

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 4 TWNSHP 7 N S RANGE 7 E W

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N Less than 0.1 mg/l

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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

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

LLCHD
2200 St. Mary's Ave
LINCOLN NE 68502

TEST(S) BY

FOR ACCOUNTING USE ONLY

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

LWN 88

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 _____ (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL 9-28-93 11:30 (9-16) MO./DAY/YR./HOUR BY PAUL DROTZMANN (17-28)

ADDRESS OR LOCATION Roy Schroeder Hickman, S.60th (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. Mary's Ave
LINCOLN NE 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. 24134 (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.

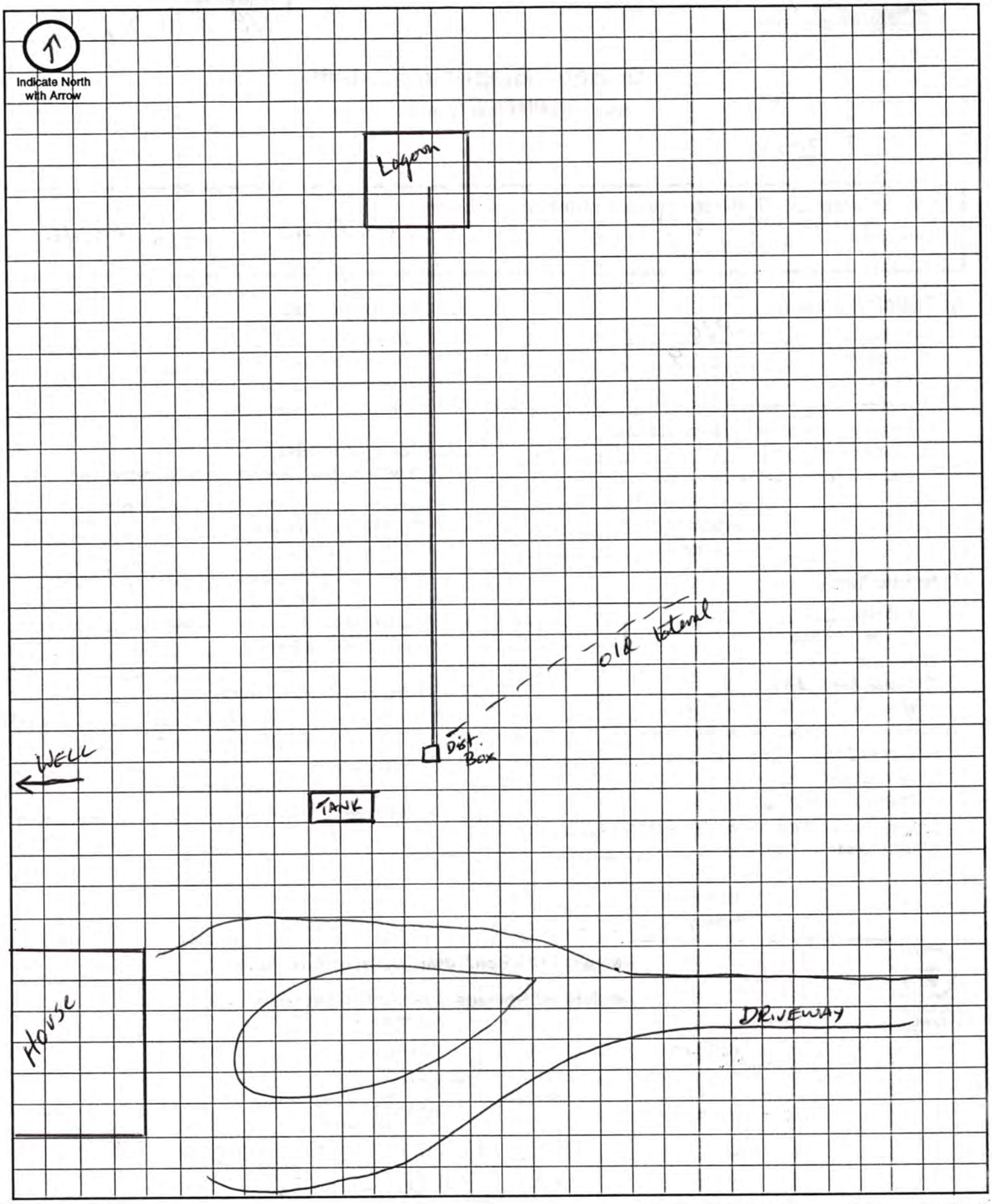
LAB. PROCEDURE mf (69-75)

ANALIZED BY Sue (76-79)

93 SEP 28 P1:09 IN

93 SEP 29 P2:12 OUT

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s