LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1482-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

June 15, 1979 — THIS PERMIT EXPIRES

Dwain Myers, RFD, Hickman, NE 68372 — ISSUED TO / ADDRESS

T7N, R7E, Section 9 North ½ — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE (Extend, Alter, Repair)

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 15.00	$	$	$ 15.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY | DATE | AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

20109-0977

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
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1482-C

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

DATE: NOV 30, 1978

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. 7N ; Range 7E ; Section 9 N/2 ;
Block ____ ; Lot ____ ; Addition ____
Street Address ____

2. Property Use: Residential ____ ☒; Commercial ____ ☐
No. Bedrooms 3
Describe ____
Other Use ☐
Describe ____

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

4. Description of proposed alteration, extension or repair: CUT OFF LEAKING LATERAL AND ADD 100' OF NEW FIBER GLASS 4" ROUND LATERAL

5. Work to be done by: Owner ☐ ; or Contractor ☒ , BIG CLYDE SANITATION SERVICE
Contractor's Name

6. Estimated cost of project:

a. Materials	$	550 00
b. Labor	$	350 00
c. Other	$	
TOTAL	$	900 00

Road Construction for
701 C4TL
Hickman, Ne 68372

DWAIN MYERS
Signature of Applicant (owner or lessee)

RFD HICKMAN, NE
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 12-14-78
Filing Fee: $ 15 00

2. Site Visits:
Date: ____ by: ____
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Ron Moyer

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-18-78 by: James Wevera

FORM 20105-0477
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

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 7N ; Range 7E ; Section & ¼ Section 9 N/2
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: NOV 14 to NOV 15. Weather: Precip. _____ Temp. _____.
1978
OWNER: DWAINE MYER
Address: RFD HICKMAN NE
FRONT OF PROPERTY

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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	11/14	8:30	11/15	8:30	11/15	10:55	19⅞	12:25	20⅞	30	1	30
2			AM		AM		AM	17		17½		½	60
3								16¾		18		1¼	24
4								18¼		19¾		1½	20
5								20⅛		21⅛		1	30
6								18¼		18½		¼	120

Sum of Percolation Rates: 284
Average of Rates: 47.3
Mean of Rates: _____

Brad Southwick
Signature of Person Conducting Test

Address Hickman Ne Phone 792-2462

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 34 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

E. D. LYMAN, M. D., M.P.H.
DIRECTOR

December 8, 1978

COPY

Mr. Dwain Myers
Route 1
Hickman, NE 68372

Dear Mr. Myers:

On July 14, 1978, the Health Department received a request to inspect and approve the water and sewage systems serving the Denny Merry home, 6111 Panama Road (T7N, R7E, Section 9). On July 17, 1978, an inspection was made of the water and sewage systems serving this home. The water system was approved and water samples were collected, but the sewage system was discharging sewage effluent onto the ground surface. Mrs. Merry, who was at home on this date, was verbally informed of this sewage problem and that a violation of County Resolution No. 2832 would have to be sent to them.

On July 18, 1978, the Health Department received a phone call from Mr. Merry in which he stated that he had mowed the weeds in the area of the malfunctioning sewage system and that there was no sewage discharging onto the ground surface. On July 19, 1978, the Health Department made a reinspection of the problem area and discovered that the tractor used to mow the weeds had been driven over the discharging area and squashed it down thereby stopping the sewage discharge. Since sewage effluent was no longer being discharged at that time, a violation of County Resolution No. 2832 could not be issued to the owners by the Health Department. However, evidence of moist soil and wetland-type vegetation growing in the problem area indicated a malfuntioning sewage system. The Health Department informed the Merrys of the situation as it existed at that time.

The Merrys then notified the Health Department that they needed only water system approval and this was given in the enclosed copy of the letter to the Peterson Construction Company dated July 27, 1978.

It should be noted that Mr. Merry sent a statement (copies dated July 21, 1978 are enclosed) that there was no sewage problem and requested the Health Department to sign this statement. The Health Department's response to this request is given in the copy of the enclosed letter to Mr. Denny Merry, Peterson Construction Company dated July 26, 1978.

SOUTHWICK SERVICES
Bud Southwick
701 E. 4th
Hickman, NE 68372

December 6, 1986

Re: Septic system at 6111 Panama Rd. (Dwain Myers residence)

To whom it may concern:

In November of 1978 Southwick services extended the lateralfield to the north and east of septic tank with 100' length of 5' wide, fiberglass lateral. Thislateral was installed about 4' deep on 8" block covered with 18" or more road gravel aggregate. In addition to the normal construction the lateral lays in a natural vein of sand which is the cause for concern at this time.

In 1980 the Myers installed a ground water heat pumpwith a return well located west of the house at a depth of 29'. With this in Mind, when the sewer backed into the house in the summer of 1982, I opened the lateral to find water coming out ofit even though the septic tank had been pumped. This led me to believe that the water from the heat punp was being discharged into the same vein of sand that the lateral is in. To futher my belief that this is the, in the summer of 1984 the sewer backed up again with the lateral having running water after the septic tank was empty. The only difference being that the water was being discharged over the lateral.

Most recently,after the pumpwater was again discharged back into the discharge well, the sewer again backed up and it was also noted that the basement sump pump also began to pump quite often. Also at this time the septic tank level was lowered to below the outgoing line but the lateral stillruns water when probed with probe rod.

To say the septic system is not working properly couldbe a wrong assu mption as it appears to work properly when the heat pump is discharged away from the return well or over the lateral.

Sincerely,

Bud Southwick

Southwick Sewwer & Drain
701 E 4th
Hickman, Ne 68372
792-2462

SAMPLE NUMBER 196-9028

CENTERS FOR DISEASE CONTROL/NEBRASKA DEPARTMENT OF HEALTH
WELL CONSTRUCTION AND FARM CHEMICAL USE SURVEY

NEBRASKA DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH AND HOUSING SURVEILLANCE
P.O. Box 95007 Lincoln, Nebraska 68509
(402) 471-2541

DATE 02/03/87
EVALUATOR'S NAME JERROLD HOOD WELL ELEVATION _____ FEET
LEGAL LOCATION ¼, NE ¼, S 9, T 7 N, R 7 E. If more than one well, describe _____
COUNTY LANCASTER
DIRECTIONS TO PROPERTY 5801 PANAMA ROAD

LAND OWNER'S NAME STEPHEN MARCELLINO TENANT NAME —
ADDRESS R.F.D. ADDRESS _____
HICKMAN ZIP 68372 _____ ZIP _____
PHONE NUMBER (402) 792-2917 PHONE NUMBER( ) _____
SEND LABORATORY RESULTS TO: Tenant (Landowner) Both
:NUMBER OF PEOPLE USING WELL FOR DRINKING WATER 4
:NUMBER OF WELLS WITHIN QUARTER (¼) MILE ____ (____irrigation) (____stock)
(including neighbors) (2 domestic)
:HAS/HAVE WELL(S) BEEN TESTED IN PAST 3 YEARS FOR:

Nitrates	Yes	Results	0.5	Date	Jan-26-87
Coliform	Yes	Results	0	Date	Jan-26-87
Chemical	_____	Results	_____	Date	_____
Other	_____	Results	_____	Date	_____

WELL DATA:

: IS WELL (Drilled) / Driven(Sandpoint) / Dug / Other _____
: YEAR WELL INSTALLED _____ :DEPTH TO WATER TABLE _____ FEET
: DEPTH OF WELL ____ FEET:
: IS WELL CASED (Yes) / No :CASING IS SEALED WATERTIGHT Yes / No
CASING MATERIAL: Steel / Plastic / Concrete / Brick / Tile / Other _____
CASING DIAMETER 4 INCHES
SANITARY SEAL IN PLACE (Yes) / No
: DOES WELL CASING TERMINATE IN A PIT Yes / (No)
IS PIT SUBJECT TO FLOODING Yes / No
: TYPE OF PUMP (Submersible)/Piston Displacement/Jet pump/Centrifugal

Lincoln-Lancaster County
Health Department

2200 St. Mary's Ave
Lincoln, NE 68502-3785
402-471-7800
M. Jane Ford, Director

February 6, 1987

Stephen Marcellino
R.F.D.
Hickman, NE 68372

Dear Mr. Marcellino:

The Health Department's most recent sampling of your private water supply was negative for organic chemicals. All of the tests for pesticides and volatile organics were less than method detection limit. This indicates your water supply meets organic chemical testing requirements.

Bacterial and nitrate water samples were also satisfactory. Nitrate is 0.5 ppm which is below the 10 ppm limit.

Enclosed is a letter explaining our organic chemical testing survey.

If there are any questions, please contact the Health Department.

Sincerely,

Ron Marquart

Ron Marquart, Field Sanitarian
Food/Water Section
Division of Environmental Health

RM:gl
FG.6211

Enclosure

FILE: J K * STATE OF NEBRASKA VM/CMS TIMESHARING

LOG NO. 157-90066 DATE COLLECTED 01-27-87 DATE RECEIVED 01-27-87
SAMPLE NO. 196-9028 SAMPLE LOCATION: STEPHEN MARCELINO
RFD HICKMAN, SEC. 9,T7N,R7E

VOLATILE ORGANICS DATE ANALYZED 01-28-87

VINYL CHLORIDE	<MDL	1,1,1-TRICHLOROETHANE	<MDL
CHLOROMETHANE	<MDL	CARBON TETRACHLORIDE	<MDL
BROMOMETHANE	<MDL	1,2-DICHLOROPROPANE	<MDL
CHLOROETHANE	<MDL	TRICHLOROETHENE	<MDL
METHYLENE CHLORIDE	<MDL	1,1,2-TRICHLOROETHANE	<MDL
CHLOROFORM	<MDL	1,1,1,2-TETRACHLOROETHANE	<MDL
TRANS-1,3-DICHLOROPROPENE	<MDL	TETRACHLOROETHENE	<MDL
CIS-1,3-DICHLOROPROPENE	<MDL	1,1,2,2-TETRACHLOROETHANE	<MDL
BROMODICHLOROMETHANE	<MDL	CHLOROBENZENE	<MDL
DIBROMOCHLOROMETHANE	<MDL	BENZENE	<MDL
BROMOFORM	<MDL	TOLUENE	<MDL
1,1-DICHLOROETHENE	<MDL	ETHYLBENZENE	<MDL
1,1-DICHLOROETHANE	<MDL	1,2-DIBROMOETHANE	<MDL
CIS-1,2-DICHLOROETHENE	<MDL	1,3-DICHLOROBENZENE	<MDL
TRANS-1,2-DICHLOROETHENE	<MDL	1,2-DICHLOROBENZENE	<MDL
1,2-DICHLOROETHANE	<MDL	1,4-DICHLOROBENZENE	<MDL

COMMENTS _____

NEBRASKA PESTICIDE SCAN DATE ANALYZED 01-28-87

CYANAZINE	(BLADEX)	<MDL
PARATHION		<MDL
TRIFLURALIN	(TREFLAN)	<MDL
ALACHLOR	(LASSO)	<MDL
CHLORPYRIFOS	(LORSBAN)	<MDL
ATRAZINE	(AATREX)	<MDL
METOLACHLOR	(DUAL)	<MDL
DYPHONATE		<MDL
METAFOS		<MDL
METRIBUZIN	(SENCOR)	<MDL
TERBUFOS		<MDL
CARBOFURAN	(FURADAN)	<MDL
CARBARYL	(SEVIN)	<MDL

COMMENTS_____

<MDL: LESS THAN METHOD DETECTION LIMIT

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005813

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 04390080501

Issued 10/26/04
Expires 04/26/05
Revenue Code 3157

Establishment:
DAWN CONNELLY
T7N R7E SEC 9
LOT 18
6111 PANAMA ROAD

FEES: $100.00

Permittee:
DAWN CONNELLY
6111 PANAMA RD
HICKMAN NE 68372

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

#04-100805

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☐ **ALTER** ☒ **EXTEND** ☒ **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:**
   Township 7N Range 7E Section 9 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 6111 Panama Rd. Hickman, Ne 68372

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

3. **Type of Present Individual Disposal System** ☒ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Extend Lateral Field with 75' of Gravelless 3 wide Lateral.

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad Southwick - Southwick Sewer & Drain

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 "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Dawn Connelly Address 6111 Panama Rd. Phone _____
Applicant Signature (owner or lessee) _____

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 10/26/04 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 10/26/04 By J.C. Hood
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 12/1/05 By Jerrold Hood

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 10/26/04 Amount $100.00 Check No. 1044 Initials MO

White - Division Copy Pink - Business Office Revised 9/00

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 10/04

System Location (Indicate correct number and street)

Address 6101 Panama Rd (no rural route) City Hickman NE, Zip 68372

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: Concrete
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 3 X6 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: PVC Drop Box
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

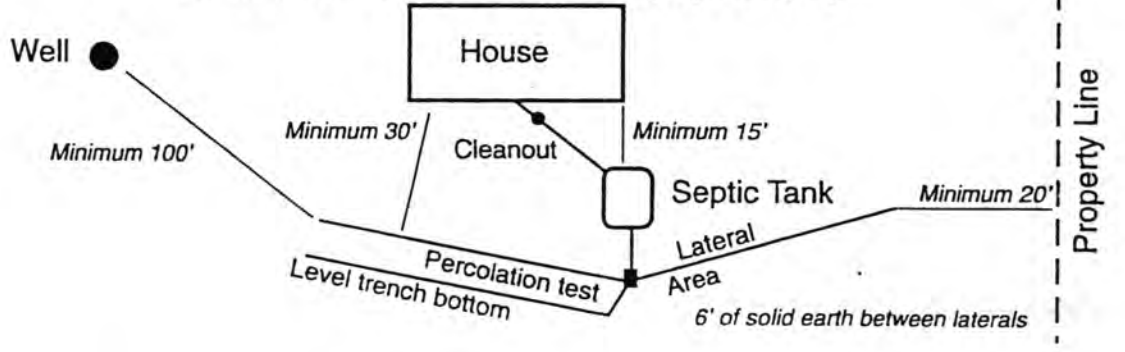
(Provide as-built drawings on back of this form)

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: 100 ft. 95' ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth 30 in
4. Filter material: Gravel / & Gravelless
   Depth of material _____ in.
5. Distances to: Well or suction line >100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line >20 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

RECEIVED MAR 0 3 1992

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.

☑ Evaluation of the Individual Water System Date: 2/14/92

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

1575 Legal Description of Property: TWP. 7N; RANGE 7E; SECTION 9; BLOCK ___

LOT 18; ADDITION ___; Street Address 6111 Panama Road, Hickman, Ne.

Directions to Property 2 miles south of Hickman on 68th St., turn west on Panama Rd (by the church) and go about 7 blocks. House is on south side of road

Location of Well South of house Tap Location: Inside ☐ Outside ☑

Location of Sewage System north of house Year Installed 1974

	NAME	ADDRESS	PHONE
7420 Present Owner:	Dwain & Lynda Myers	6111 Panama Rd.	792-2409
Tenant/Buyer:			
Return to:	Linda Wibbels, Woods Bros.,	7141 A St. Lincoln 68510	Phone 432-0203

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

Signature of Applicant Daniel G. Connelly Address Box 35, Hallam, NE 68368

==========

HEALTH DEPARTMENT USE ONLY

Date Received MARCH 3, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3/4/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☐	☒	Approved:	☒	Date 3/4/92	by J.C.H./J.C.
Bacteria	☒	☐	Provisional:	☐	Date 3/6/92	by J.C.H.
Nitrate 1.0PPM.	☒	☐	Disapproved:	☐	Date ___	by ___

Comments: WELL CAP BROKEN. 3/6/92 Well cap replaced. J.C.H. AFTER SOME PROBLEMS WITH THE ORIGINAL SYSTEM EARLY IN ITS CONSTRUCTION THE SEPTIC SYSTEM NOW APPEARS TO BE OPERATING PROPERLY. See Attached Letter ☐

FINAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☒	Approved: ☒	Provisional Approval: ☐
APPROVED BY	Jerrold C. Wood R.E.H.S.	DATE	MARCH 11, 1992

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

OLOGICAL EXAMINATION OF DRINKING WATER

LE TO BE COLLECTED AND MAILED ON:

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

1. FL 2. N 3. BOTH 4. TPC

UNT NO. (16-22) ADD. TESTS (23)

COLL 3/6/92 3:18PM. BY L. C. Hood
MO./DAY/YR./HOUR (9-16) (17-28)

SS OR LOCATION LOT 18 I.T., SEC. 9, T7N, R7E (29-41)
DWAIN MYERS

AND ADDRESS OF OWNER
NCOLN-LANCASTER COUNTY
NVIRONMENTAL HEALTH
00 ST. MARY'S AVENUE
NCOLN, NEBRASKA 68502

COLN-LANCASTER COUNTY HEALTH DEPARTMENT

WELL CAP REPLACED

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. 142-5160 (44-47)

DATE EXAMINED (48-53)

COLIFORM O /100 mL (54-56)

FLUORIDE mg/LITER (57-60)

NITRATE mg/LITER (61-64)

TPC /100 mL (65-68)

LAB. PROCEDURE MF (69-75)

ANALIZED BY ET (76-79)

92 MAR -6 P3:59

IN

OUT

3-7-92

'92 MAR -5 P4:12

REPORTED

'92 MAR -4 A11:39

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 152-1210

DATE COLLECTED 3 (MO.) 4 (DAY) 92 (YEAR) 11:05AM. (HOUR)

SAMPLE COLLECTED BY JOHN CHESS

SAMPLE LOCATION DWAIN MYERS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 9 TWNSHP 7 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 353.2

NITRATE ANALYSIS FOR DRINKING WATER

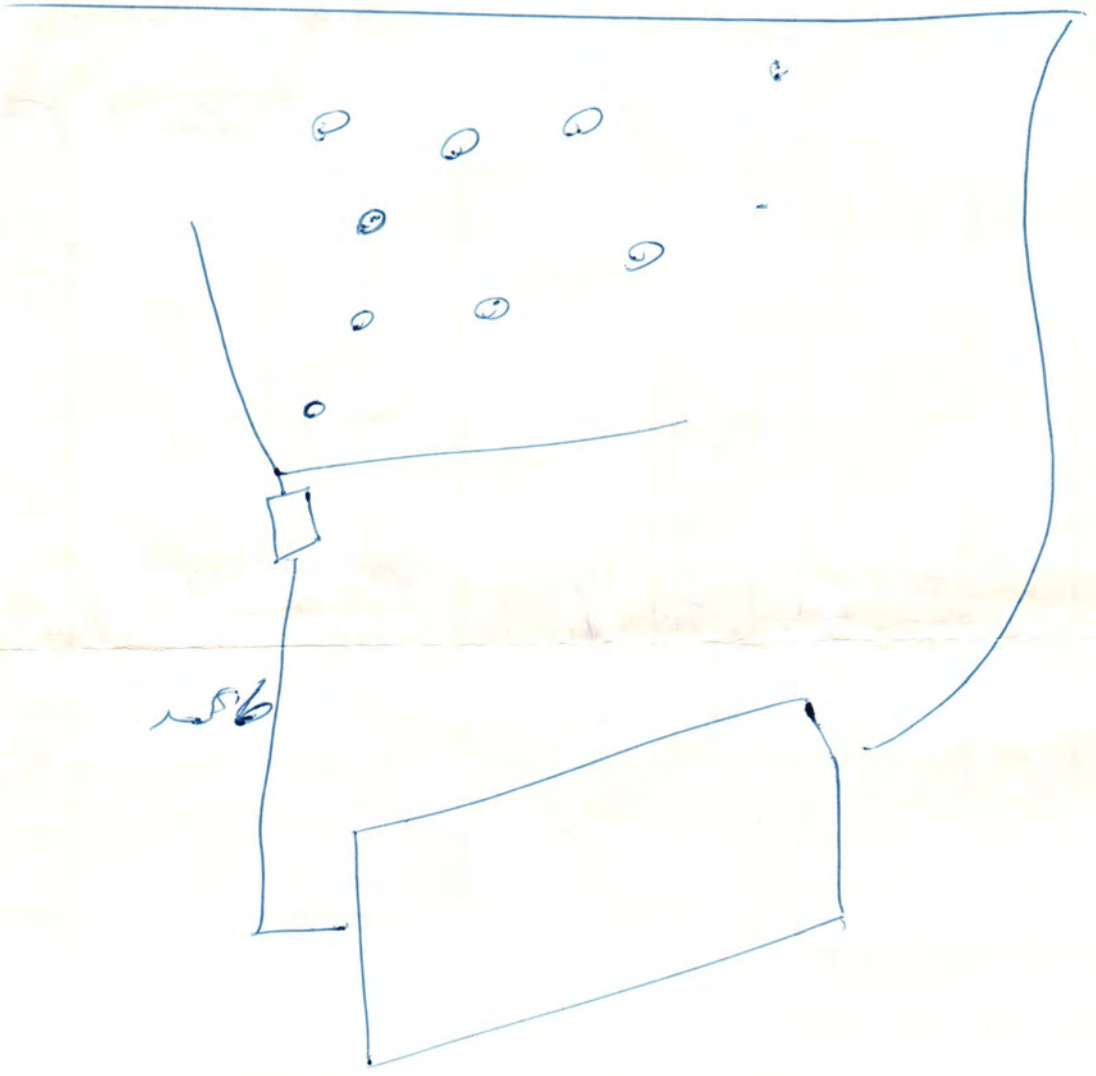
NITRATE — N 1.0 mg/l

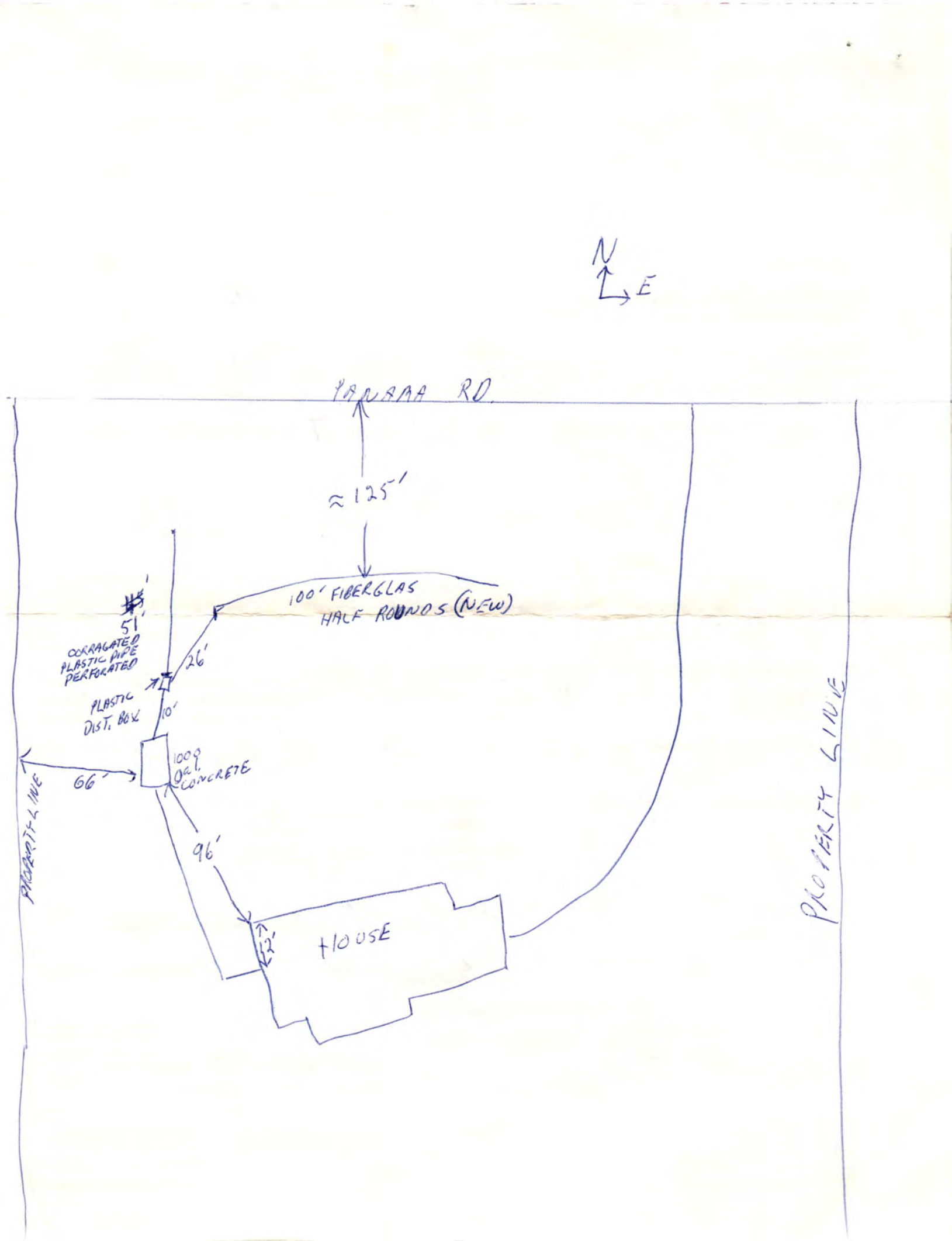
NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINE

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWN 88




N
E
YAUSAA RD.
≈125'
100' FIBERGLAS
HALF ROUNDS (NEW)
51'
CORRAGATED
PLASTIC PIPE
PERFORATED
26'
PLASTIC
DIST. BOX
10'
1000
GAL.
CONCRETE
66'
PROPERTY LINE
96'
12'
+1 OUSE
PROPERTY LINE

SAMPLE NUMBER 196-9028

ADDITIONAL COMMENTS REGARDING THE WELL: _____

DESCRIBE LOCATION OF WELL: SOUTH OF HOUSE, IN LAWN ABOUT 10 FEET FROM HOUSE.

POINT SOURCES--DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

:HOUSE FOUNDATION	10 (distance)	FEET	(U)/D
:CESSPOOL	_____	FEET	U/D
:SEPTIC TANK	100	FEET	U/(D)
:SEWAGE DISTRIBUTION FIELD	100+	FEET	U/(D)
:WASTE STABILIZATION LAGOON	_____	FEET	U/D
:BARN YARD	_____	FEET	U/D
Abandoned: Yes ___ No ___			
:NEAREST WELL	_____	FEET	U/D
:NEAREST PASTURELAND	_____	FEET	U/D
:NEAREST CROPLAND	_____	FEET	U/D
Irrigated: Yes ___ No X			
:SHOP	_____	FEET	U/D
:GRAINERY (Include Old ASCS)	_____	FEET	U/D
:FUEL TANKS	_____	FEET	U/D
Underground ___ Above ___			
:OTHER POTENTIAL CONTAMINATION SOURCE	_____	FEET	WHAT? _____

(Abandoned well, abandoned or present outdoor privy, industry, etc.)

:ARE NITROGEN CONTAINING COMPOUNDS USED ON THESE PREMISES? Yes ___ No ___

Lawn ___ Farm ___ Distance Lawn ___ Distance Farm ___

:ARE PESTICIDES USED ON THESE PREMISES? Yes ___ No ___

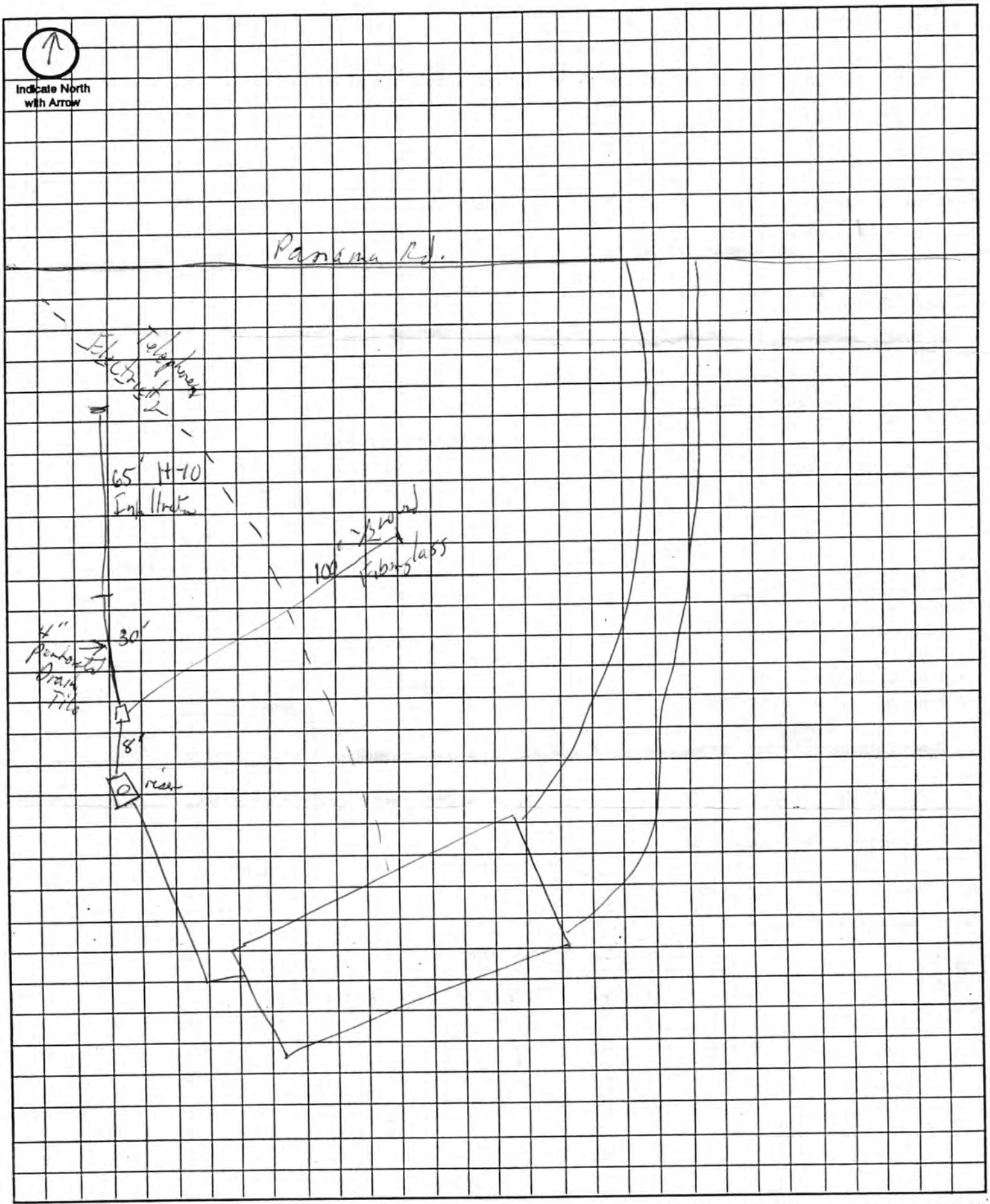
Lawn ___ Farm ___ Distance Lawn ___ Distance Farm ___

:IS WELL SAMPLED LOCATED ON (ACREAGE)/FARM/OTHER (farm = more than 10 acres)

RS:gl

GG.2120

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s