ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

Lincoln-Lancaster County He

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 98?? PRINCETON

Twp 13 Range 7 Section 13 1/4 ___ 1/4 ___ Block ___ Lot 6 Addition ___

Directions to Property EAST 2½ MILES OF NORRIS SCHOOL

Location of Well SOUTH EAST OF HOUSE Tap Location: Inside ☐ Outside ☐

Location of Sewage System WEST OF HOUSE (LAGOON) Year Installed UNKNOWN

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:	TIM LINDSTROM		
Return to:	437-6770 FAX 476-0635		

Signature of Applicant _____ Address 9020 N.W. 81 Date 9/15/93

HEALTH DEPARTMENT USE ONLY

Date Received 9/16/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 9/17/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date 10/8/93 by L.C.H
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: NEED VEGETATION CUT INSIDE LAGOON. NEED CATAILS KILLED OUT AND REMOVED ALONG WITH NEARBY TREES. NEED WARNING SIGNS ON FENCE. NEED LOCK ON GATE. Corrected 10/8/93 See Attached Letter ☐

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 10/8/93

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.

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BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

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

ACCOUNT NO. ____ ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL 9/17/93 2:24PM. BY J. C. Hood
MO./DAY/YR./HOUR (9-16) (17-28)

ADDRESS OR LOCATION LOT 6 E.T., SEC. 13, T7N, R7E (29-41)

NAME AND ADDRESS OF OWNER TIM LINDSTROM
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 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. 23100 (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 CC (76-79)

IN
SEP 17 P3:39

OUT
SEP 18 P6:28

'93 SEP 21 P4:37

REPORTED

'93 SEP 17 P3:39

RECEIVED

[redacted] IFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 15 10072

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

D[redacted]ECTED 9 (MO) 17 (DAY) 93 (YEAR) 2:24 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION TIM LINDSTROM

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 13 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

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