930616004

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

REAL ESTATE TRANSFER/LOA

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to rec

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 7900 Princeton Rd

Twp 9N Range 7E Section 15 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property 3/4 of a mile east of 68th + Princeton Rd. North side of Road

Location of Well North of House Tap Location: Inside ☑ Outside ☐

Location of Sewage System East of garage Year Installed 1973?

	NAME	ADDRESS	PHONE
Present Owner:	Edward C. Wappel	RR. 1 Box 94A Firth Nebr. 68358	791-2006
Tenant/Buyer:	same		
Return to:			

Signature of Applicant Edward C. Wappel Address same Date 3/29/93

HEALTH DEPARTMENT USE ONLY

Date Received 06/07/93 Received $150.00 Check ☑ #445176 Cash ☐

PRELIMINARY STATUS--By Jerrold Hood **DATE:** 6/11/93

WATER SYSTEM:	Approved	Disapproved	**SEWAGE SYSTEM**	**Additional Site Visits**
Construction	☒	☐	Approved ☐	Date ___/___/___ by ___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☒	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: PORTIONS OF THIS SEPTIC SYSTEM PRE DATE REGULATIONS HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 6/16/93

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.

014

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE [illegible]CTED AND MAILED ON:

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

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 6/11/93 2:57 p.m. (9-16) MO./DAY/YR./HOUR BY J. C. Hook (17-28)

ADDRESS OR LOCATION SE¼ SEC. 15, T7N, R7E (29-41)

EDWARD WOEPPEL

NAME AND ADDRESS OF OWNER

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. 12360 (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 AP (76-79)

IN '93 JUN 11 P3:42

OUT '93 JUN 12 A11:00

WATER CHEMISTRY

STATE LAB NO. 15 5142

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 (MO) 11 (DAY) 93 (YEAR) 2:57 PM (HOUR)

SAMPLE COL[illegible] BY JERROLD C. HOOD

SAMPLE LOCA. EDWARD WOEPPEL

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 15 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 less than 0.1 mg/l

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

TEST(S) BY CW

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED '93 JUN 15 A9:21

RECEIVED '93 JUN 11 P3:42

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: 8/24/89

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $75.00

Legal Description of Property: TWP. 7N; RANGE 7E; SECTION 15; BLOCK ____

LOT 5I; ADDITION _____; Street Address 7900 Princeton Rd.

Directions to Property 3/4 of a mile east of Norris school - Norris school is 3 miles south of Hickman

Location of Well North of House Tap Location: Inside ☑ Outside ☑

Location of Sewage System East of house Year Installed 1972

	NAME	ADDRESS	PHONE
Present Owner:	Brad + Nancy Nicklas	Minneapolis, Kansas	913/392-2113
Tenant/Buyer:	Ed Woeppel	301 Centennial Mall South P.O. 14787	471-2441
Return to:	Ed Woeppel	"	"

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

Signature of Applicant Edward C. Woeppel Address 615 South 32nd, Lincoln 68510

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HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 28, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 8/29/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 8/29/89 by L.C.H
Bacteria	☒	☐	Provisional:	☒	Date 9/5/89 by L.C.H
Nitrate	☒	☐	Disapproved:	☐	Date 10/26/89 by L.C.H

Comments: _____

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Wilbur C. Hoge, M.D. DATE OCTOBER 30, 1989

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

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON: Cl 0.0 RECHECK

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. 10/26/89 11:24 A.M. (MO./DAY/YR./HOUR (9-16)) BY J.C. Wood (17-28)

ADDRESS OR LOCATION SEC. 15, T7N, R7E (29-41)
LOT 5 I.T.

NAME AND ADDRESS OF OWNER

BRAD NICKLES
MINNEAPOLIS, KANSAS

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. #100 (44-47)

DATE EXAMINED #10/26/89 (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 ____ (69-75)

ANALIZED BY JP (76-79)

IN 10-26-89 4pm

OUT 10-27-89 4pm

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON: EAST TAP

MO. 3 (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. 9/12/89 11:44 A.M. (9-16) BY J. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 15, T7N, R7E LOT 5 I.T. (29-41)

NAME AND ADDRESS OF OWNER

BRAD NICKLES
MINNEAPOLIS, KANSAS

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: 2. check (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ___ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 32 (44-47)

DATE EXAMINED 9-12-89 (48-53)

COLIFORM TNTC with 125 coliform /100 mL (54-56)

FLUORIDE ___ mg/LITER (57-60)

NITRATE ___ mg/LITER (61-64)

TPC ___ /100 mL. (65-68)

LAB. PROCEDURE ___ (69-75)

ANALIZED BY mjs (76-79)

IN
9-12-89
4:00
P
mjs

OUT
9-13-89
4:45
P
mjs

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON: cl 0.0

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. 9/5/89 3:12PM. (MO./DAY/YR./HOUR (9-16)) BY L.C. Hood (17-28)

ADDRESS OR LOCATION SEC. 15, T7N, R7E LOT 5 I.T. (29-41)

NAME AND ADDRESS OF OWNER

BRAD NICKLES

MINNEAPOLIS, KANSAS

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. 9 (44-47)

DATE EXAMINED 9-5-89 (48-53)

COLIFORM 120 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE ____ (69-75)

ANALIZED BY mjg (76-79)

IN 9-5-89 4:30 P mjg

OUT 9-8-89 3:10

Name and Address of Owner:

Brad Nuckles

Minneapolis Ks

Sample Location: Sec 15, T1N, R1E Lot 5 I T

Collection Date: 9-5-89

Anaylsis Date: 9-5-89

Verification Completion Date:

Laboratory No.: #9

Preliminary Report

Presumptive test results: 120 coliforms/100ml

Verified test results: available 9-7-89 or 9-8-89 coliforms/100ml

Adjusted count: coliforms/100ml

Analyzed by: mjs

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

DATE COLL. 8/29/89 10:53AM (9-16) MO./DAY/YR./HOUR BY L.C. Hood (17-28)

ADDRESS OR LOCATION SEC. 15, T7N, R7E (29-41)
20 T.S.T.

NAME AND ADDRESS OF OWNER

BRAD NICKLES

MINNEAPOLIS, KANSAS

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. 89 (44-47)

DATE EXAMINED 8-29-89 (48-53)

COLIFORM TNTC w/o Coliform (54-56) /100 mL

FLUORIDE New Specimen Requested (57-60) mg/LITER

NITRATE <0.1 STATE TEST (61-64) mg/LITER

TPC ____ (65-68) /100 mL

LAB. PROCEDURE ____ (69-75)

ANALYZED BY ____ (76-79)

IN 8-29-89 2:00P

OUT 8-30-89

'89 SEP -1 A7:49

'89 AUG 29 P2:02

REP.

REC.

COMPLETE INFORMATION BELOW:

WATER CHEMISTRY

STATE LAB NO. 15 6795

DATE COLLECTED 8 (Mo.) 29 (Day) 89 (Yr) 10:53 A.M. (Hour)

SAMPLE COLLECTED BY JERROLD HOOP

SAMPLE LOCATION BRAD NICKELS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER SE SECTION 15 TOWNSHIP 7 N RANGE 7 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE less than mg/l
- ☐ CHLORIDE _____ mg/l
- ☒ NITRATE-N 8.1 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: Lw

FOR ACCOUNTING USE ONLY

LRWC 85

O A S I S - LANCASTER COUNTY

P R O P E R T Y I N F O R M A T I O N

08/31/05

WOEPPEL, EDWARD C & LISA T
7900 PRINCETON RD
FIRTH NE 68358 USA

PARCEL 14-15-400-003-000
ALTERNATE KEY 1136571
7900 PRINCETON RD
RURAL

PROP CLASS: RGBA TAX DISTRICT: 0062 NBHD CODE: 3800

L E G A L D E S C R I P T I O N

LOT 5 SE 15-7-7

S A L E S H I S T O R Y

(NO DATA AVAILABLE)

P L A N N I N G A N D B U I L D I N G

ID	PERMIT NUM/ CERT OF OCC#	PERM DT/ CERT DT	COMPLETE DATE	BLD G ID	PERMIT AMOUNT	DESC OF CONSTRUCTION	APPR ID/ FINAL DT
001	BC950105	10/24/95	01/22/96		15000	3 ADDN & GARAGE	FARM 01/22/96
002	REV 97	01/22/96	12/03/96			1 POST NEW MRKT, SEE NOTES	FARM 12/03/96
003	BC030039	04/01/03	08/14/03		900	ENCLOSE PORCH OF SINGLE F	BATCH 08/14/03
004	P3000016	05/22/03	05/22/03		158000	PROPERTY PROTEST	PROT 05/22/03
	000158000	05/22/03					
005	GROW 2003	08/14/03	09/12/03			0 EFP IS COMPLETE	FARM
006	TREV	10/12/04	10/12/04			0 NO DAMAGE	FARM 10/12/04

A P P R A I S E R N O T E S

1994 10/29/93 EXT REV. AVERAGE MAINTENANCE, ROOF COVER OLDER TWO SIDES OF HOUSE EARTH BERMED, WOOD ROT IN AREAS, NEEDS MINOR REPAIRS. RTP

1996 1-22-96 EXT REV, TALKED TO CONTRACTOR. ADDITION & GARAGE ARE FRAMED, NOT DRYWALLED. WILL ADD 2 BDRMS & 1 BATH. DFG ON LISTING BURNED DOWN. CORRECTED & RE-SKETCHED LISTING WITH NO CHANGE TO VALUE FOR 96. POST NEW MRKT FOR 97. EXT OF HOUSE SHOWS MIN MTC SINCE IT WAS BUILT. CDU 2/1 TO 2/5. CAB

2003 6-19-03 REVIEWED AND APPROVED FOR 456 FOR 2003. THIS PARCEL IS RENTED OUT FOR GRAZING. CB

2004 08/14/03 EXT REV TO CHECK COMPLETION OF PERMIT FOR ENCLOSED PORCH. EFP IS COMPLETE. OWNERS HAVE BUILT A 10X24 EFP TO FRONT OF HOUSE. RTP

2005 10/12/04 EXT INSP FOR TORNADO DAMAGE REV. NO DAMAGE NOTICED. OLDER SHINGLES ON RES W/SOME MISSING. SOME DEF MTC ON SIDING OLDER A/C UNIT. CHANGED COND FROM 2 TO 3. REMOVE A FBV. 5 BLDGS & 2 GRAIN BLDGS N/L. EST WBS. JMH/JJD
10/14/04 OWNER CALLED REGARDING STORM DAMAGE. OWNER STATED A 30X10X12 HOGSHED AND 12X12 STORAGE SHED WERE DESTROYED. HOUSE HAD MINOR DAMAGE TO SCREEN DOOR AND SHINGLES. REPAIRS HAVE BEEN MADE. OWNER STATED HE WOULD NOT BE REBUILDING SHEDS, POSSIBLY MOVING IN PORTABLES. RTP/RC

****

L A N D D A T A

LL	LUSE	UT	FRONT	DEPTH	DP-FACT	LAND UNITS	O	LAND RATE	LOC	SHP	PHY	VALUES
01	FARM	LT	0	0	1.00000	3455.00		0.00	100	100	100	0
	AG											0
02	5100	AC	0	0	1.00000	6.29		5100.00				32,079
												0
03	ST07	AC	0	0	1.00000	1.00		5100.00				5,100
												0

TOTAL LAND ADJUSTED VALUE 37,179
TOTAL AGRICULTURE VALUE 0

NEIGHBORHOOD 3800 MARKET AREA EIGHT

ASSEMBLAGE	:	INCA VERIFIED	:	NRA/SFLA	: 0
SALE/BLDG.PMT	:	MH COND	:	GROSS	: 0
LAND REV 05	:	OTHER +/-	:	OTHER VALUE	: 0
LAND CODED 06	:	SKETCHED 06	:	VALUED 06	:

****

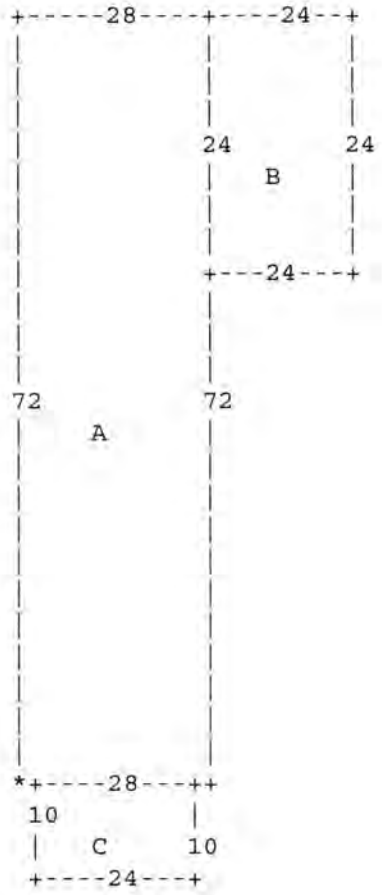
B U I L D I N G I N F O R M A T I O N

****

B U I L D I N G : 01

****

B U I L D I N G S K E T C H



****

B U I L D I N G D I M E N S I O N S

CU72X28
U72R28CR24X24
R2CR24X10

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B U I L D I N G C H A R A C T E R I S T I C S

IMPROVEMENT TYPE: RE SP ARCH CODE: H CONDO DATA:
QUALITY GRADE: 200 CDU/CONDITION: 3 LAND LINE: 01
ACTUAL YEAR BUILT: 1977 EFF AGE GROUP: 4 REMODELED YEAR:
FUNCTIONAL OBS: 00% ECONOMIC OBS: 00%

APPRAISED BY: AJM AMY MITCHELL ON: 10/19/04 NEXT REV DATE:
INSPECTED BY: JMH JEANETTE M HEIKES ON: 10/12/04

SECTION ID	UPR TYPE	# STRY	WALL STRY	CODE	O	PERIMTR	SF AREA	ADDL STRY	ADDL PERIMTR	----- REFINEMENTS -----			
01	RES	1.00	01			200	2,016	0.00	0	N	0	0	0
02	AFG	1.00				96	576	0.00	0	N	0	0	0
03	EFP	1.00				68	240	0.00	0	N	0	0	0

TOTAL SF AREA 2,832

****

B U I L D I N G R E F I N E M E N T S

4-FIX BATHS: 0 3-FIX BATHS: 3 2-FIX BATHS: 0 EXTRA FIX: 0
BEDROOMS: 5 FIREPLACES: 0 AIR COND: Y FOUNDATION : 1
HEAT METHOD1: 01 HEAT METHOD2: 00 HEAT SOURCE1: 01 HEAT SOURCE2: 00
ROOF TYPE : 02 ROOF COVER : 01 INT FINISH1 : 01 INT FINISH2 : 01
BASEMENT : 0 BSMT FINISH : 0 BSMT MIN FIN: 0

RANGE/OVEN	0	G DISPOSAL	0	COMPACTOR	0	SECURITY	0	DISHWASHER	0
INTERCOM	0	VACCUUM	0	UNITS	0	TEST 2	0	TEST 3	0

****

M I S C E L L A N E O U S I M P R O V E M E N T S

ID	TYP	LL	UT	NUM UNITS	L/D	W/H	GRD	LF	MOD	CDS	YRIN	CC	RCNLD	MAV
01	LSP	01	UT	1.00	0	0	3	99			2002		2,000	2,000
02	UTL	01	UT	1.00	0	0	3	99			2002		10,000	10,000
				AS OF 11/13/04					TOTAL VALUES				12,000	12,000

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M A R K E T M E T H O D

MARKET METHOD VALUE = 153,900
MRA VALUE = 139,257

****

I N C O M E M E T H O D

***** 55 RE 05 05 14-15-400-003-000 ***** ICAP-RECORD-MISSING

****

C O S T M E T H O D

TOTAL BLDG R.C.N.	129,363	12/15/04
TOTAL BLDG DEPR.	-19,404	
TOTAL, R.C.N.L.D.	109,959	
MISC.IMPR.(DEPR.)	12,000	11/13/04

LAND VALUE 37,179 11/13/04
MARKET ADJUSTMENT 0
COST, MARKET ADJ. 159,138

BLDG ID	BLDG TYPE	BUILDING RCN	DEPRECIATION PCT PHYS	FUNC	ECON	TOTAL	DEPRECIATION AMOUNT	BUILDING RCNLD
01	R	129,363	15	00	00	15	19,404	109,959* MAX DEPR *

****

V A L U E S E L E C T E D

SPECIAL METHOD VALUE 153,900

****

T O T A L V A L U E S

LAND VALUE	+37,179
IMPROVEMENTS VALUE	+121,959
MARKET VALUE	+157,108
EXEMPTION VALUE	+0
TAXABLE VALUE	+130,076