9204010001

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER /

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

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

☐ Evaluation of the Individual Water System Date: _____

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

Legal Description of Property: TWP.____; RANGE ____; SECTION _____; BLOCK ____

LOT ____; ADDITION _____; Street Address _____

Directions to Property _____

_____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:			
Return to:			

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

Signature of Applicant _____ Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received 03/19/92 10 Received ~~$75.00~~ 150.00 Cashier's Check ☒ Cash ☐

#17321

PRELIMINARY STATUS--DATE MARCH 20, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☐	Date 3/20/92 by LCH
Bacteria	☒	☐	Provisional:	☐	Date 3/23/92 by LCH
Nitrate 10 ppm	☒	☐	Disapproved:	☒	Date _____ by ____

Comments: NEED SIGNS ON LAGOON + LOCK ON GATE.
NEED DEPRESSION FILLED NEAR WELL. ok corrected 3/23/92 LCH

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY _____ DATE _____

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

DEPRESSION FILLED

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. 3/23/92 2:20 P.M. (9-16) MO./DAY/YR./HOUR BY J.C. Hood (17-28)

ADDRESS OR LOCATION LOT 145, T., SEC. 17, T 7N, R 7E (29-41)

NAME AND ADDRESS OF OWNER PATRICA KOHAT

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARYS 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. 142-6317 (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 SW (76-79)

IN '92 MAR 23 P3:49

OUT '92 MAR 24 P1:22

WATER CHEMISTRY

STATE LAB NO. 15 1533

COMPLETE INFORMATION BELOW

DATE COLLECTED 3 (MO.) 20 (DAY) 92 (YEAR) 2:58PM. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION PATRICA KOHAT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 17 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

REPORTED '92 MAR 24 P3:58

RECEIVED '92 MAR 20 P3:28

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