LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-78

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / L

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: _____

☐ 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:	James Jones	23600 So 110 St	473-5348 BS#
Tenant/Buyer:	Kevin Opfist	2604 No. 59th	467-2982
Return to:	Terri Lindstrom Re-MAX	6940 "O" St Suite 200	420-2127

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

Signature of Applicant Terri Lindstrom Address 6940 "O" St.

Buyers Agent

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 26, 1990 Received $75.00 (150.) Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9/28/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☒	Approved:	☐	Date 9/28/90 by J.C.H.
Bacteria	☒	☐	Provisional:	☒	Date 10-1-90 by m
Nitrate	☒	☐	Disapproved:	☐	Date 10-4-90 by pm

Comments: DEPRESSION AROUND WELL. OLD WELL UNDER WIND MILL MUST BE PROPERLY ABANDONED. Another old well by house must be abandoned

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY _____ DATE 10-9-90

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

FOR LABORATORY USE ONLY

SAMPLES TO BE COLLECTED AND MAILED ON:

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

Peter Cornell 2 Fed wells abandoned

AC (16-22) ADD. TESTS 0 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 10-4-90 (9-16) BY mm (17-28)

ADDRESS OR LOCATION Janice Jones (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. Marys
Lincoln, NE

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

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

LABORATORY NO. 21273 (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 ET (76-79)

IN '90 OCT -4 P2:48

OUT '90 OCT -5 P2:09

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

DEPRESSION AROUND WELL

2-ONLY

DATE COLL. 9/28/90 9:38AM (MO./DAY/YR./HOUR) (9-16) BY J.C. Hood (17-28)

ADDRESS OR LOCATION LOT 1, NW4 SEC. 19, T7N, R8E (29-41)

JANICE JONES

NAME AND ADDRESS OF OWNER

FOR LABORATORY USE ONLY

IN

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. ____ (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM ____ (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE 6.7 (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE ____ (69-75)

ANALIZED BY ____ (76-79)

OUT

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

WATER CHEMISTRY

STATE LAB NO. 15

COMPLETE INFORMATION BELOW:

DATE COLLECTED 9 (Mo.) 28 (Day) 90 (Yr) 9:38 A.M. (Hour)

SAMPLE COLLECTED BY JERROLD HOOP

SAMPLE LOCATION JANICE JONES

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER NW SECTION 19 TOWNSHIP 7 N RANGE 8 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

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

'90 SEP 28 A11:30

'90 OCT -2 P4:17

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ CALCIUM _____ mg/l
- ☐ CHLORIDE _____ mg/l
- ☐ FLUORIDE _____ mg/l
- ☐ IRON _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l
- ☐ pH _____
- ☐ MANGANESE _____
- ☒ NITRATE-N less than 0.7 mg/l
- ☐ SODIUM _____ mg/l
- ☐ SULFATE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY:

FOR ACCOUNTING USE ONLY

LRWC 85