Jerry Hood

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment 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.

Legal Description of Property: Street Address 18101 PRINCETON RD. – PANAMA HOUSE – BUILDINGS – AND 11 ACRES
Twp 7 Range 8 Section 24 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___
Directions to Property 2 miles South of Panama on Hiwy 43 — and 1½ miles East on Princeton Rd. Grey House on South Side
Location of Well South end of Property (center) Tap Location: Inside ☐ Outside ☒
Location of Sewage System 18ft. from west side of House Year Installed 1972

	NAME	ADDRESS	PHONE
Present Owner:	RONALD STEEVES	6600 CUMBERLAND DR, LINCOLN, NE. 68516	423-3415
Tenant/Buyer:	RICK AND CINDY GOEBEL	Rt. 1 Box 88 ADAMS, NE. 68301	788-2842
		18101 PRINCETON RD. PANAMA	
Return to:	BRUCE ERICKSON PREMIER MORTGAGE	SUITE 126, 770 N. COTNER LINCOLN, NE. 68505	467-3232 467-3248 FAX
Signature of Applicant		Address (SAME AS ABOVE)	Date 5/8/98

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 5/8/98
Initials ___
Amount $150.00
Check No. 3478

DATA ENTRY
Date 5/8/98
Case No. ___
Initials ___

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 5/11/98

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☒
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☐ ___ppm	☐ ___ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☐
Disapproved ☒

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: See report. Nitrate sample collected

See Attached Letter ☐

FINAL STATUS

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

Approved by ___ Date ___/___/___

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 7-8-24 Location 18101 Princeton Rd

Owner/Requestor Steeves / Goebel

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

____ New system, initial
____ New system, followup
____ Existing system, repair
____ Existing system, followup
X Loan approval
____ Consultation
____ Other (Specify)

REMARKS (2.) + 6G Well located in a pit, no sanitary seal. Nitrate sample collected

(11) Open pipe drains into field. Unable to locate septic laterals Dye placed into septic system. Resident states open pipe is from clothes washer

Water System

1. Approved Permit; (Permit not applicable)
(2.) Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leech Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   (G.) Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System X Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
(11) Other Deficiencies (Specify)

Inspected by: Paul Protzmann Received by: ____

Date: 5-11-98

WA1002

WATER CHEMISTRY

STATE LAB NO. 153560

COMPLETE INFORMATION BELOW

DATE COLLECTED 5-11-98 2:55
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMAN

SAMPLE LOCATION Steeves; 18101 Princeton Rd

PROPERTY LEGAL DESCRIPTION: COUNTY LANC

QRTR ____ SECT 24 TWNSHP 7 N S RANGE 8 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

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 JS
FOR ACCOUNTING USE ONLY

LWN 88

98 MAY 11 PM 2 41 RECEIVED

98 MAY 11 PM 3 39 REPORTED