LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 765-C

INDIVIDUAL SEWAGE SYSTEM SONSTRUCTION — TYPE OF PERMIT

August 27, 1976 — THIS PERMIT EXPIRES

James J. Buresh — ISSUED TO

1315 Chautauqua — ADDRESS

T8N; R5E; Sec. 2; Lot 14 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 765-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: Febr. 26-76

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Lot 14 Knoedler Tract Twp. 8 North; Range 5 East; Section 2
Block ____; Lot 14 I.T.; Addition ____
Street Address ____

2. Property Use: Residential ____ ☑; Commercial ____ ☐
No. of Bedrooms 3. Describe: ____
Other Use ____ ☐
Describe: ____

3. Type of Individual Sewage Disposal System: Septic Tank ☐; Other ☒

4. Distance to public sewer: None Arround ft.

James J. Buresh
Signature of Applicant (Owner or Lessee)

1315 Chautauqua, Lincoln Nebr. 68510
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 2/26/76. Date Frwd. 2/27/76. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 2-27-76. Date Frwd. 2-27-76. ACTION: Approved ☒ Disapproved ☐ Signature: Williamson

3. City or County Engineer: Date Rec'd. 2/27/76. Date Frwd. 2/27/76. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL ____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 765-C

DATE: 26 Febr. 76

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Lot 14 Eraqular Tract Twp. 8 North ; Range 5 East ; Section 2 ; Block ; Lot 14 I.T. ; Addition .
Street Address .

2. Property Use: Residential ☒ ☐; Commercial ☐
No. of Bedrooms 3
Other Use
Describe:
Describe:

3. Type of Individual Sewage Disposal System: Septic Tank ☐; Other ☒

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

James J. Buresh
Signature of Applicant (owner or lessee)

1315 Chautauqua, Lincoln, Ne. 68510
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

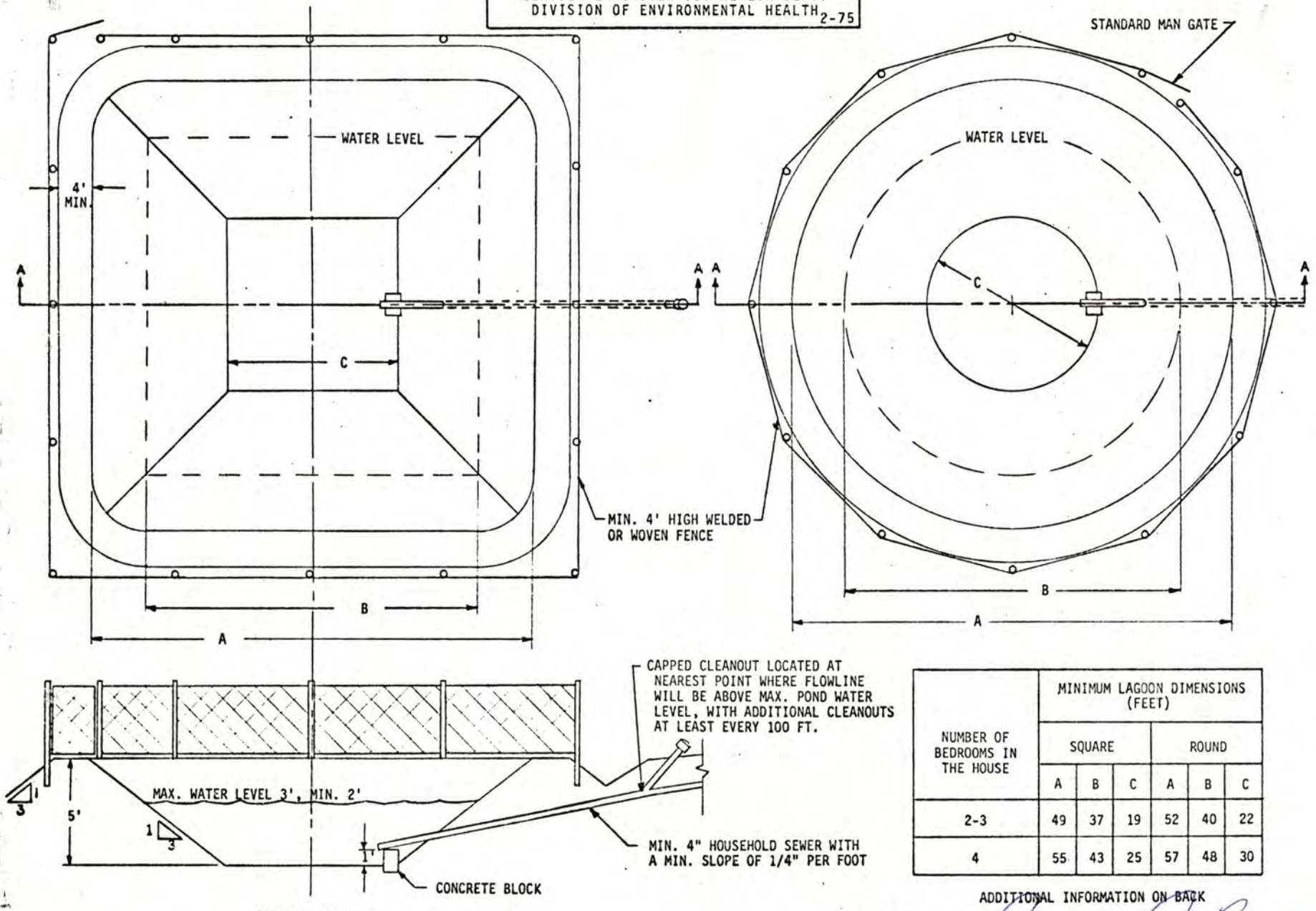
2. Site Visits:
Date: 5-5-76 by: jw
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 2/26/76
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-5-76 by: James Wenrich

WASTE STABILIZATION POND

LINCOLN-LANCASTER CO. HEALTH DEPT.
DIVISION OF ENVIRONMENTAL HEALTH 2-75



SECTION VIEW A-A
(APPLICABLE TO BOTH DESIGNS)

NUMBER OF BEDROOMS IN THE HOUSE	MINIMUM LAGOON DIMENSIONS (FEET)					
	SQUARE			ROUND		
	A	B	C	A	B	C
2-3	49	37	19	52	40	22
4	55	43	25	57	48	30

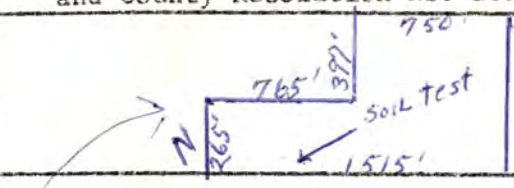
ADDITIONAL INFORMATION ON BACK

SIGNATURE OF APPLICANT James J. Bursch

HD-46(75)

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)



FILE NO. 765-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8 North; Range 5 East
Section & ¼ Sect. 2
Property Dimensions: ____ft. x ____ ft.
Area: 16 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Owner: James J. & Alice M. Bureah
Address 1315 Chautauqua - Lincoln Ne. 68510

Dates of Tests: 19 Febr. 76 to 20 Febr. 76. Weather: Precip. Fair Temp. 44 F

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36"	Feb 19	10:15	Feb 19	0215	Feb 20	1020	.06"	1052	05 15/16	32	1/16	

Sum of Percolation Rates
Average of Rates:
Mean of Rates:

James J. Bureah
Signature of Person Conducting Test

Address 1315 Chautauqua Lincoln Ne. 68510
Phone: 435 8247

(Do not write below this line)

REVIEWING ACTION

REMARKS:

Approved Percolation Rate(s)
A. 480 min./inch
B. ____ min./inch
C. ____ min./inch

DATE: February 26, 1976

Jerrold C. Hood
Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM

(Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. _____

SPECIFICATIONS

DATE: 5-5-76

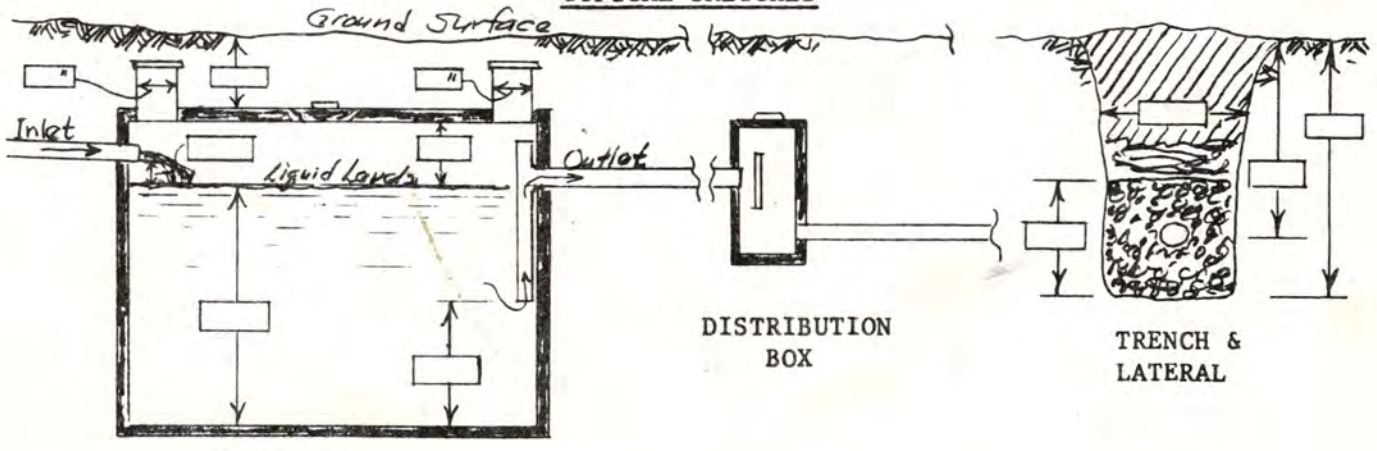
A. BUILDING SEWER:
1. Material Plastic; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor 12 in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs 2.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity _____gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade __in. Number ____; Length of each line ___ft Total length of Laterals ____ft.; Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width ____in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



_____
Signature of Applicant

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOAN APPRO

This form must be completed and returned to request a real

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

☒ Evaluation of the Individual Water System Date: 3/27/89

☒ Evaluation of the Sewage Disposal System 5E ☒ Enclosed is $75.00

Legal Description of Property: TWP. 8N; RANGE 8; SECTION 02; BLOCK ____

LOT 14; ADDITION _____; Street Address 8001 West Saltillo Rd

Directions to Property West on Saltillo Rd Morrill 68364

from Hwy 71.

Location of Well So. of House Tap Location: Inside ☒ Outside ☐ (Well-79

Location of Sewage System West of House Year Installed 76 -Lagoon

	NAME	ADDRESS	PHONE
Present Owner:	Mr & James Burson	RFD Morrill	797-5195
Tenant/Buyer:	Roger & Diana Wright	4007 Touzalin Lincoln	464-2766
Return to:	Betty Heckman Wobbe	Bty 1630 S 70th Lincoln NE	68506

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

Signature of Applicant Betty Lou Heckman Wobbe Betty Jim Address 1630 S. 70th Lincoln NE. 68506

==========

HEALTH DEPARTMENT USE ONLY

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

PRELIMINARY STATUS--DATE 3-28-89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 3-28-89 by JM
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☒ Corrected	Date 3-30-89 by JM

Comments: Need a standard gate with lock in lagoon fence. Also need two signs No Trespassing - Waste lagoon. Corrected

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ken Mangum DATE 4-4-89

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

SHALLOW

FOR LABORATORY USE ONLY

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. 3 (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. 3-28-89 (9-16) BY ____ (17-28)

ADDRESS OR LOCATION S. Top (29-40)

NAME AND ADDRESS OF OWNER

James Buresh

Real Estate

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. 54 (44-47)

DATE EXAMINED 3-28-89 (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE <0.1 State (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE ____ (69-75)

ANALIZED BY mjg (76-79)

IN

3-28-89
4:00p
mjg

OUT

3-28-89
3:36p
mjg

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

WATER CHEMISTRY

STATE LAB NO. 15 1906

COMPLETE INFORMATION BELOW:

DATE COLLECTED 3 (Mo.) - 28 (Day) - 89 (Yr) 10:00 (Hour)

SAMPLE COLLECTED BY Maravart

SAMPLE LOCATION Buresh

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QUARTER _____ SECTION _____ TOWNSHIP _____ N S RANGE _____ E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LLCHD

2200 St. Marys

Lincoln, NE

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

'89 MAR 31 AM 8:52

'89 MAR 28 P1:52

REC.

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☐ CHLORIDE _____ mg/l
- ☐ NITRATE-N 8.1 mg/l (Dog yam)
- ☐ 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: CW

FOR ACCOUNTING USE ONLY

LRWC 85

005

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LOAN

This form must be completed and returned to request a

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

☐ Evaluation of the Individual Water System Date: 9-2-92

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

Legal Description of Property: TWP. 9N; RANGE 5E; SECTION 6; BLOCK ____

LOT 14; ADDITION ____; Street Address 8001 W. Scottsdale Martell, NE

Directions to Property Call owner

Location of Well Ask Owner Tap Location: Inside ☐ Outside ☒

Location of Sewage System Lagoon Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Roger & Diana Wright	8001 W Scottsdale Martell NE	hm # 797-7260
Tenant/Buyer:			
Return to:	Vista Bank	P.O. Box 5356 Lincoln NE 68505	BUS # 434-4339

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

Signature of Applicant Carley Mueller Loan Processor Address Vista Bank

==========

HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 3, 1992 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE SEPTEMBER 8, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☒	Approved:	☐	Date 9/8/92 by CH
Bacteria	☒	☐	Provisional:	☐	Date 9/14/92 by LC
Nitrate <3/PPM	☒	☐	Disapproved:	☒	Date ____ by ____

Comments: WELL CAP LOOSE ON DEEP WELL. HOLES NEED TO BE SEALED IN SHALLOW WELL CAP & CASING. LAGOON NEEDS VEGETATION MOWED AND MORE WATER. See Attached Letter ☐

FINAL STATUS APPROVAL IS FOR DEEP WELL ONLY

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

APPROVED BY Ronald C. Moon R.E.H.S. DATE SEPTEMBER 16, 1992

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

SHALLOW

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

TOLL. 9/14/92 3:25PM. BY J. C. Hood
MO./DAY/YR./HOUR (9-16) (17-28)

ADDRESS OR LOCATION LOT 147 T. 9, SEC. 2, T8N R5E SHALLOW WELL ROGER WRIGHT (29-41)

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: 21964 (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. _____ (44-47)

DATE EXAMINED _____ (48-53)

COLIFORM 1 (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 SEP 14 P4:01

OUT '92 SEP 15 P1:35

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

COLL 9/14/92 3:25PM (MO/DAY/YR/HOUR) (9-16) BY J.C. Wood (17-28)

ADDRESS OR LOCATION LOT 14 I.T., SEC. 2, T10N, R5E (29-41)
DEEP WELL ROGER WRIGHT

NAME AND ADDRESS OF OWNER
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA
68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

DEEP WELL

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. 21695 (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 JS (76-79)

IN '92 SEP 14 P4:01

OUT '92 SEP 15 P1:35

Deep

WATER CHEMISTRY

STATE LAB NO. 15483

COMPLETE INFORMATION BELOW

DATE COLLECTED 9 (MO.) 14 (DAY) 92 (YEAR) 3:25 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ROGER WRIGHT DEEP WELL

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 2 TWNSHP 8 N RANGE 5 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:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY ET
FOR ACCOUNTING USE ONLY

LWN 88

REPORTED SEP 15 '92 P3:51

RECEIVED SEP 14 '92 P4:00

SHALLOW

WATER CHEMISTRY

STATE LAB NO. 154697

COMPLETE INFORMATION BELOW

DATE COLLECTED 9 (MO.) 8 (DAY) 92 (YEAR) 2:26 P.M. (HOUR)

COLLECTED BY JERROLD HOOD

LOCATION ROGER WRIGHT - DEEP WELL

LEGAL DESCRIPTION: COUNTY LANCASTER

NE SECT 2 TWNSHP 8 N RANGE 5 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. MARYS 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:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY ET
FOR ACCOUNTING USE ONLY

LWN 88

'92 SEP -9 P5:11

RECEIVED

SHALLOW

LOGICAL EXAMINATION OF DRINKING WATER

TO BE COLLECTED AND MAILED ON:

CL 0.0 RECHECK

(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. 9/24/92 3:15 P.M. (9-16) MO./DAY/YR./HOUR BY L. C. Hood (17-28)

ADDRESS OR LOCATION NE¼ SEC. 2, T8N, R5E (29-41)

ROGER WRIGHT

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. 23285 (44-47)

DATE EXAMINED (48-53)

COLIFORM 1 /100 mL. (54-56)

FLUORIDE mg/LITER (57-60)

NITRATE mg/LITER (61-64)

TPC /100 mL. (65-68)

LAB. PROCEDURE MF (69-75)

ANALIZED BY ET (76-79)

IN SEP 24 P3:50

OUT 92 SEP 25 P1:00

SHALLOW

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE COLLECTED AND MAILED ON: RECHECK

M ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

1. FL 2. N 3. BOTH 4. TPC

ACCOUNT NO. ____ (16-22) ADD. TESTS ____ (23)

DATE COLL. 9/25/92 1:45 P.M. (9-16) BY J. C. Hood (17-28)

ADDRESS OR LOCATION NE¼ SEC. 2, T8N, R5E (29-41)
ROGER WRIGHT

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. 23333 (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 RPS (76-79)

IN SEP 25 '92 P3:38

OUT SEP 26 '92 P4:33

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~~ $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 8001 W. Saltillo Road

Twp 8N Range 5E Section 2 1/4 ___ 1/4 ___ Block ___ Lot 4 FT Addition ___

Directions to Property Denton Road to SW 70th, South 3 miles, 1/2 west on Saltillo Road

Location of Well 2 wells- South of House (one in well house) Tap Location: Inside ☒ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Roger & Diana Wright	~~Fancy~~ 2847 Mayberry East Taneytown, MD 21787	410-346-7641
Tenant/Buyer:			
Return to:	Bruce Ostrander	2229 N.W. 49TH STREET LINCOLN, NEBRASKA	~~470-2987~~ 402-797-8002

Signature of Applicant Bruce Ostrander Address 8001 Saltillo Date 8/28/97

Paul → Jerry Hood

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 8/29/97
Initials J.C.H
Amount 150.00
Check No. 1247

DATA ENTRY
Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 9/3/97

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	
Construction	☒ 1ST WELL	☐ 2ND WELL	Approved	☐
Bacteria	☒ 0 /ml	☒ TNTC /ml	Provisional	☐
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved	☒

Additional Site Visits
Date 9/5/97 by J.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: FENCE DROOPS AT NORTHEAST CORNER BELOW 4 FEET. WARNING SIGNS NEED REPLACEMENT, LAGOON NEEDS WATER

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

SEP 9 1997

WATER CHEMISTRY

STATE LAB NO. 156585

COMPLETE INFORMATION BELOW

DATE COLLECTED 9 (MO.) 3 (DAY) 97 (YEAR) 2:15 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ROGER WRIGHT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 2 TWNSHP 8 N RANGE 5 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
3140 "N" STREET
LINCOLN, NEBRASKA 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 VSC
FOR ACCOUNTING USE ONLY

LWN 88

'97 SEP 4 PM 4 23
REPORTED

'97 SEP -3 P3:21
RECEIVED

'97 SEP -5 AM 11:40 RECEIVED

'97 SEP 6 AM 11 44 REPORTED

WATER MICROBIOLOGY

SEP 9 1997

STATE LAB NO 14/9209

COMPLETE INFORMATION BELOW

DATE COLLECTED 9 (MO.) 5 (DAY) 97 (YEAR) 9:36AM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BRUCE OSTRANDER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 2 TWNSHP 8 N RANGE 5 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS TNTC PER 100 ML.

☐ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY LB

FOR ACCOUNTING USE ONLY

LWB 91

WATER CHEMISTRY

STATE LAB NO. 156746

COMPLETE INFORMATION BELOW

DATE COLLECTED 9 (MO.) 5 (DAY) 97 (YEAR) 9:36 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BRUCE OSTRANDER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 2 TWNSHP 8 N RANGE 5 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

REPORTED 8 SEP '97 AM 4 41

RECEIVED 5 SEP '97 AM 11:40

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:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY JS

FOR ACCOUNTING USE ONLY

LWN 88

'97 SEP 4 AM 11 4

REPORTED

'97 SEP -3 P3:22

RECEIVED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 1418912

DATE COLLECTED 9 (MO.) 3 (DAY) 97 (YEAR) 2:15 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ROGER WRIGHT

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 2 TWNSHP 8 N RANGE 5 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

FOR LABORATORY USE ONLY

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

☒ THE WATER MEETS BACTERIOLOGICAL STANDARD

☐ WATER DOES NOT MEET BACTERIOLOGICAL STANDARD

☐ RESULTS MAY BE INVALID DUE TO EXCESSIVE AGE*

*SAMPLES RECEIVED BETWEEN 30-48 HRS. AFTER COLLECTION

SAMPLE NOT ANALYZED BECAUSE OF:

☐ EXCESSIVE AGE ☐ INSUFFICIENT AMOUNT

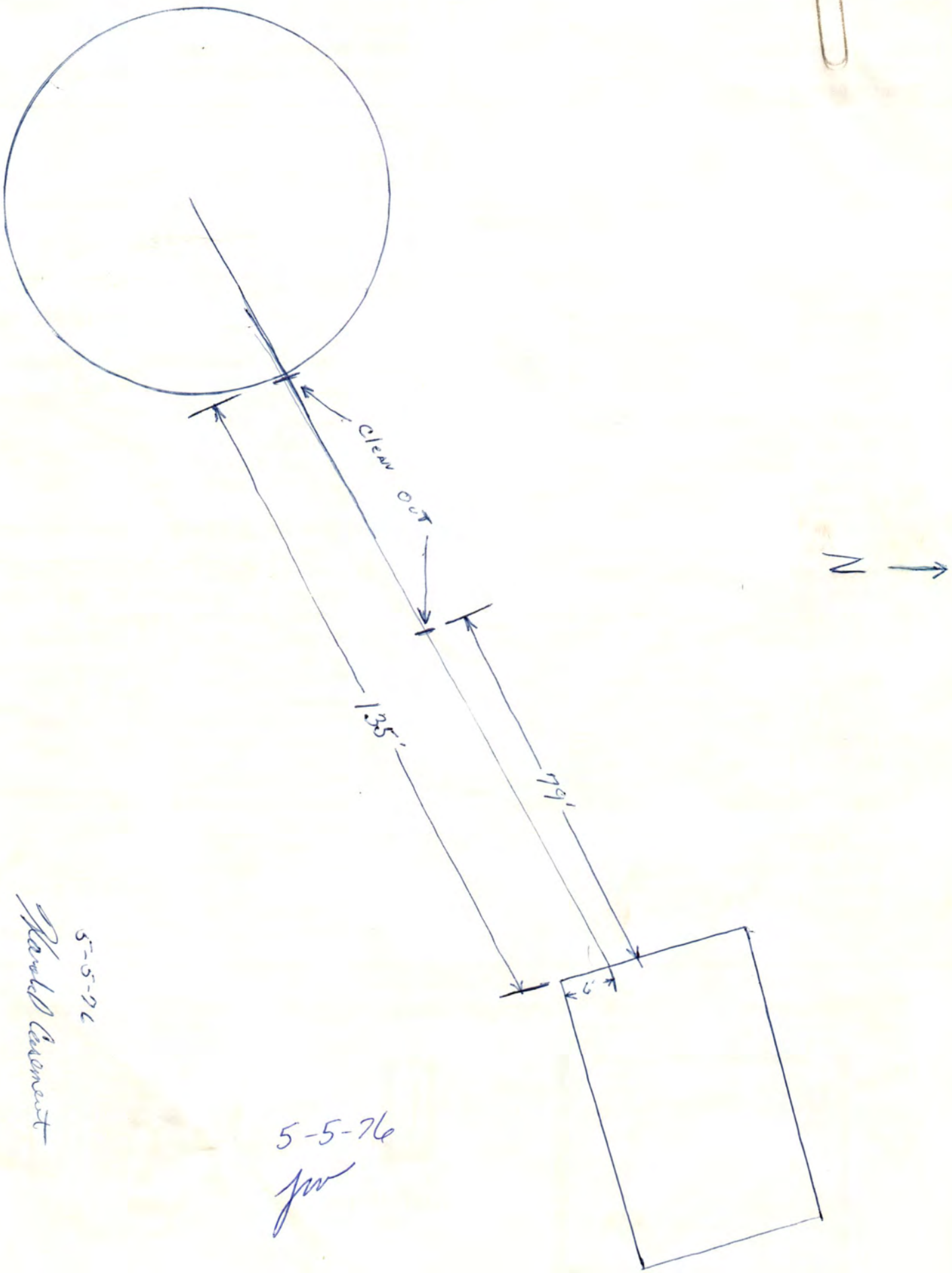
☐ DAMAGE ☐ IMPROPER CONTAINER

TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY NB

FOR ACCOUNTING USE ONLY

LWB 91



5-5-76
Ronald Casement

5-5-76
jw