# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 2003-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

January 11, 1978 — THIS PERMIT EXPIRES

Donald W. Olsson — ISSUED TO

2620 High Street, Lincoln, NE 68502 — ADDRESS

T8N, R5E, Section 17, Block 3, Lot 5, Addition Elsner Lakeside Estates — 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

HEALTH

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. 2003-C

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

DATE: 7-8-77

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: Twp. 8N ; Range 5E ; Section 17 SW4
   Block 3 ; Lot 5 ; Addition Elsner Lakeside Estates
   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: _____ ft.

Donald W Olsson
Signature of Applicant (Owner or Lessee)

2620 High st 68502
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 7/11/77 . Date Frwd. 7/11/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Todd

2. Supt. Bldg. Insp.: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer : Date Rec'd. 7/11/77 . Date Frwd. 7/11/77 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff
   Rec'd 7/11/77 7:45 B.

REMARKS OR REASONS FOR DISAPPROVAL _____

hite: Health Dept. Copy
llow: Engineers Copy
nk: Bldg. Inspector's Copy

FORM HD-42(73) APPLICATION ☐ 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. 2003-C

DATE: 7-8-77

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: Twp. 8N ; Range 5E ; Section 17 ; Block 3 ; Lot 5 ; Addition Elsner Lakeside Estates SW4
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. 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).

Donald W. Alsson
Signature of Applicant (owner or lessee)

2620 Hayes St 68502
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: 7/11/77 Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

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 474-1541)

FILE NO. 2003-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8N : Range 5E
Section & ¼ Sect. 17 SW¼
Property Dimensions: ____ft. x ____ft.
Area: ____acres. (Attach sketch of property showing hole location).
Soil Type: (Silty Clay) ; (Silty Clay Loam) ; Sandy Loam
(Silty Loam) ; Clay Loam ; Sandy Clay

Owner: Donald W Olson
Address: 2620 Hyde st

Dates of Tests: 7-7-77 to 7-8-77. Weather: Precip. No Temp. 85

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 | | | | |
| Hold 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 | 20" | 7-7-77 | 12AM | 7-7-77 | 5PM | 7-8 | 12A | 6 | 4PM | 5½ | 60 | 3½ | |
| 2 | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | 6 | ↓ | 4¾ | 60 | 1¼ | |
| 3 | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | 6 | ↓ | 4⅝ | 60 | 1⅜ | |
| 4 | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | 6 | ↓ | 4¾ | 60 | 1¼ | |
| 5 | ↓ | ↓ | ↓ | Would | not | Hold | ↓ | 6 no | take | no | 60 | no | take |
| 6 | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | 6 | ↓ | 4⅞ | 60 | 1⅛ | |
| | | | | | | | | | | | | | |
| 1 | 54" | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | 42 | ↓ | 39 | 60 | 3 | |
| | | ↓ | | | | | | | | | | | |
| 2 | 54" | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | 42 | ↓ | 41 | 60 | 1 | |

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

Installer Service Co.
Signature of Person Conducting Test

Address 2425 Fair St
Phone 475-1486

(Do not write below this line)

REVIEWING ACTION

REMARKS: Installer indicates good area is not large enough for lateral field

DATE: ____

Approved Percolation Rate (a)
A. 56 min./inch
B. ____ min./inch
C. ____ min./inch

Signature of Reviewing Official

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DIS[illegible]AL SYSTEM
(Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

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

15601 Hello Side

FILE NO. 2003-C

## SPECIFICATIONS

DATE: _____

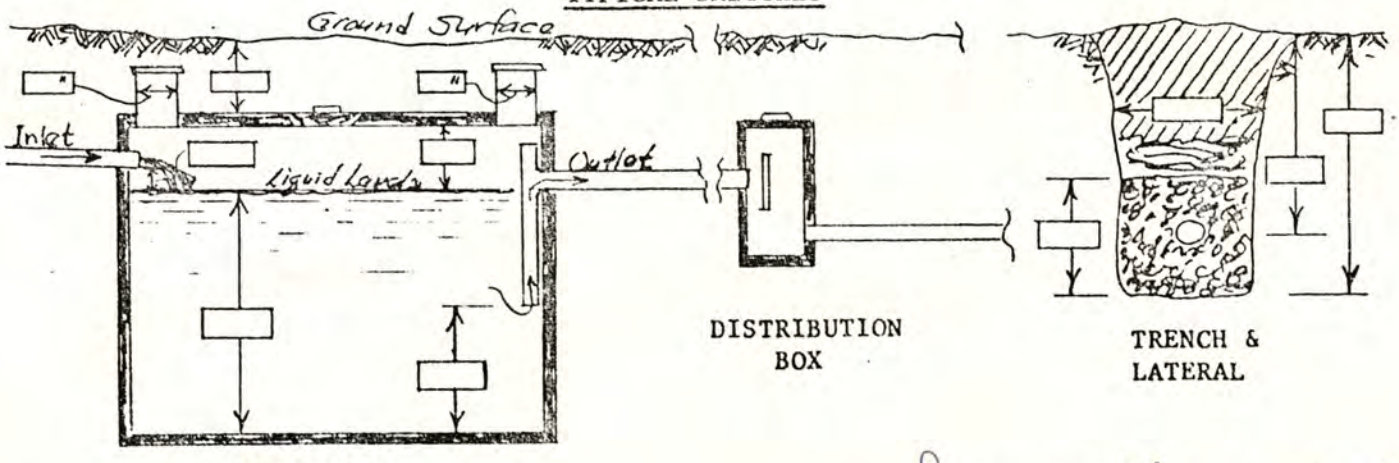
A. BUILDING SEWER:
1. Material Pla; Diameter 4 in.
2. Distance above basement floor ___ in.; or below basement floor 15 in.
3. Distance between dwelling and septic tank 50 ft.
4. Number of clean-outs 1.
5. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 100 ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Conc; No. of compartments 1.
2. Capacity 1000 gals.; Liquid depth 54 in.
3. Factory Built: Yes ☐ (Company Sun-Tek) No ☐
4. Manholes: Over Inlet; diam. 4 in.
Over Outlet; diam. 6 in.
Below Grade 8 in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☒
Depth of outlet below inlet 4 in.
7. Depth of top of tank below finished grade 8 in.
8. Distances To:
Well or Suction Line ___ ft.;
Stream ___ ft.; Pressure Line ___ ft.;
Property Line 100 ft.

C. DISTRIBUTION BOX
1. Material Pla; No. available outlets 7. +1 on top to grade
2. Factory Built: Yes ☒, (Company Handcrete) No ☐
3. Dimension: Length 24 in.; Width 12 in. Depth 12 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. 953 sq. ft.
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




Donald W Olson
Signature of Applicant

# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2559-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

MARCH 11, 1988 — THIS PERMIT EXPIRES

SCOTT FITZGERALD, STROHMYER EXCAVATING CO., 4201 NO. 27 ST, LINCOLN (21)
ISSUED TO — ADDRESS

T8N; R5E; Sec 17; Bk 3; Lot 5; Elsner Lakeside Estates
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

| 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 |
|---|---|---|
| MC | 9-11-87 | |

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

Bud Olssen

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 2559-C

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

DATE: _____

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 8N ; Range 5E ; Section 17 ;
Block 3 ; Lot 5 ; Addition ELSNER LAKE SIDE ESTATES
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: Add new septic tank, dirt box, 160' of lateral 4' wide

5. Work to be done by: Owner ☐ ; or Contractor ☒, Strohmyer Excavating
Contractor's Name

6. Estimated cost of project:

| | |
|---|---|
| a. Materials | $ |
| b. Labor | $ |
| c. Other | $ |
| TOTAL | $ |

Scott Strohmyer Strohmyer Exc
Signature of Applicant (owner or lessee)

4201 N 24th
Address

(Do not write below this line)

REVIEWING ACTION

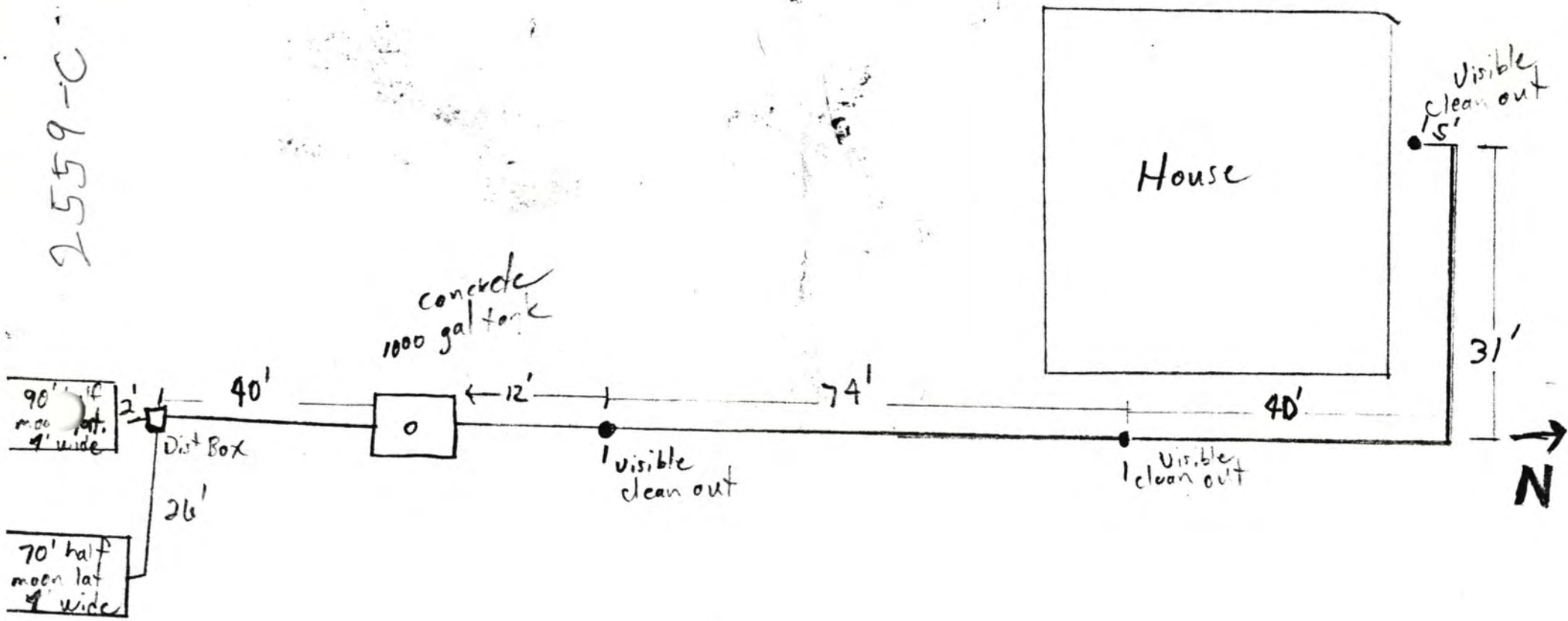
1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: July-87 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hoak

4. INSTALLATION ~~FINAL~~ PROVISIONAL WRITTEN APPROVAL
Date: 9-11-87 by: Ken Maynard

2559-C


House
Visible clean out
15'
31'
concrete 1000 gal tank
90' half moon lat. 4' wide
2'
40'
Dist Box
12'
74'
40'
26'
70' half moon lat 4' wide
1 visible clean out
1 visible clean out
N

008

# 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: 1/27/92

☐ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 8N; RANGE 5E; SECTION 17; BLOCK 3

LOT 5; ADDITION Elsner Lakeside Estates; Street Address _____

Directions to Property Approx 11 mi West of Highway 77 on Highway 33. 2nd House North of Log Home

Location of Well Just NE of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System ~~Corner~~ South of House Year Installed 1988

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | David + Janeese Olsson | RR #1 Box 242AA Crete | 826-5617 |
| Tenant/Buyer: | | | |
| Return to: | Val Sabata ~~Commercial Fed Mortgage~~ | 5555 "O", Lincoln NE 68510 | 473-0800 473-0810 |

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

Signature of Applicant David W. Olsson Address RR #1 Box 242AA, Crete NE

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*HEALTH DEPARTMENT USE ONLY*

Date Received JANUARY 29, 1992 Received $150.00 Check ☒ Cash ☐

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PRELIMINARY STATUS--DATE 1/30/92

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM: | | SITE VISIT: |
|---|---|---|---|---|---|
| Construction | ☐ | ☒ | Approved: | ☐ | Date 1/30/92 by JCH. |
| Bacteria | ☒ | ☐ | Provisional: | ☐ | Date 2-4-92 by PD |
| Nitrate | ☒ | ☐ | Disapproved: | ☒ | Date _____ by ___ |

Comments: DEPRESSION AROUND WELL. SOME BROKEN CLEANOUTS IN SEWAGE SYSTEM. WELL CAP MISSING ONE BOLT.

PD 2-4-92 Cleanouts repaired. Depression filled & Bolt replaced. See Attached Letter ☐

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FINAL STATUS

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

APPROVED BY Gerald E. Hood R.E.H.T. DATE FEBRUARY 7, 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

'92 JAN 31 P3:24

'92 JAN 30 P2:53

RECEIVED

# WATER CHEMISTRY

STATE LAB NO. 15 484

COMPLETE INFORMATION BELOW

DATE COLLECTED 1 (MO.) 30 (DAY) 92 (YEAR) 1:52PM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DONALD OLSON

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

SE SECT 17 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:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

# BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

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

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

DATE -92 10:30 BY P.D ROTZMANN (17-28)
(9-16) /DAY/YR./HOUR DON OLSSON

ADDRESS OR LOCATION T8N, R5E SEC 17 BLK 3 LOT S (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. Mary's
LINCOLN, NE 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. 2594 (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 [illegible] (76-79)

IN 92 FEB -4 AM 11:21

OUT 92 FEB -5 P 2:00

Closing June 15, 1994

004

# Lincoln-Lancaster County Health Department

**2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022**

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 15601 Lakeside Dr., Crete

Twp 8N Range 5E Section 17 1/4 ___ 1/4 ___ Block 3 Lot 5 Addition ___

Directions to Property L5, B3, Elsner Lakeside Estates, Crete, Lancaster County, NE

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Bud/Janeese Olsson | 5926 Fieldcrest Way | 432-5617 or 434-1628 |
| Tenant/Buyer: | Jean/Eric Wichlund | 4900 SW 112th, Denton | |
| Return to: | Mary Ann Rummings | 7141 A St Woods Lincolnshire | 483-4741 |

Signature of Applicant Eric Wichlund Address 4900 S W 112th Denton Date 5/12/94

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**HEALTH DEPARTMENT USE ONLY**

Date Received 5/12/94 Received $150.00 Check ☒ Cash ☐

**PRELIMINARY STATUS--By** Jerrold C. Hood **DATE:** 5/13/94

| WATER SYSTEM: | Approved | Disapproved |
|---|---|---|
| Construction | ☐ | ☒ |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml |
| Nitrate | ☒ <0.1 ppm | ☐ ___ ppm |

**SEWAGE SYSTEM**

Approved ☒

Provisional ☐

Disapproved ☐

**Additional Site Visits**

Date 5/17/94 by J.C.H.

Date ___/___/___ by ___

Date ___/___/___ by ___

**Comments:** PLATE MISSING OFF OF ELECTRICAL CONDUIT AT WELL HEAD. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

Well Inspected J.C.H. 5/17/94

**FINAL STATUS**

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

Approved by Jerrold C. Hood R.E.H.S. Date 5/20/94

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.

# WATER MICROBIOLOGY

STATE LAB NO. 14 10234

FOR LABORATORY USE ONLY

MAY 18 A9:47

REPORTED

RECEIVED

COMPLETE INFORMATION BELOW

DATE COLLECTED 5 (MO.) 17 (DAY) 94 (YEAR) 10:24 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BUD OLSSON

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 17 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

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 CR

FOR ACCOUNTING USE ONLY

LWB 91

'94 MAY 13 P4:01

REPORTED

'94 MAY 13 P12:00

RECEIVED

# WATER CHEMISTRY

STATE LAB NO. 154-9171

COMPLETE INFORMATION BELOW

DATE COLLECTED 5 (MO) 13 (DAY) 94 (YEAR) 10:50 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BUD OLSSON

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 17 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:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY JK

FOR ACCOUNTING USE ONLY

LWN 88

007

# Lincoln-Lancaster County Health Department

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

## REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned 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.

☐ Evaluation of the Individual Water System ☑ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 15601 Interside Dr. Elsmere Lk Estates NE 2548

Twp 8N Range 5E Section 17 1/4 ___ 1/4 ___ Block 3 Lot 5 Addition ___

Directions to Property Hwy 33 to Elsmere Lake go North Lake Right 3rd House North - Woods Bros Sign

Location of Well NE of Home Tap Location: Inside ☐ Outside ☐

Location of Sewage System South of Home Year Installed ?

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Eric Wickland | | |
| Tenant/Buyer: | Jeff Hutchinson | 3825 S. 44th Lincoln 68506 | 483-2124 |
| Return to: | John W Bacon | | 430-6603 |

Signature of Applicant John W Bacon Address 3737 S. 27 Lincoln NE Date 11/18/96

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**HEALTH DEPARTMENT USE ONLY**

Date Received 11/18/96 Received $150.00 Check ☑ Cash ☐ #446

**PRELIMINARY STATUS--By** Jerrold C. Hood **DATE:** 11/19/96

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM | Additional Site Visits |
|---|---|---|---|---|
| Construction | ☐ | ☑ | Approved ☑ | Date 12/9/96 by J.C.H |
| Bacteria | ☑ 0 /ml | ☐ ___ /ml | Provisional ☐ | Date ___/___/___ by ___ |
| Nitrate | ☑ 2.0 ppm | ☐ ___ ppm | Disapproved ☐ | Date ___/___/___ by ___ |

**Comments:** COVER PLATE ON CONDUIT ON WELL HEAD BENT OUT. Corrected 12/9/96 J.C.H.

See Attached Letter ☐

**FINAL STATUS**

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

Approved by Jerrold C. Hood R.E.H.S. Date 12/12/96

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.

'96 DEC -9 P2:32 RECEIVED

'96 DEC 11 PM 1 18 REPORTED

# WATER MICROBIOLOGY

STATE LAB NO 14262

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 12 (MO.) 9 (DAY) 96 (YEAR) 1:55 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ERIC WICKLUND

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 17 TWNSHP 8 N RANGE 5 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
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

TEST METHOD: ☑ MEMBRANE FILTER ☐ M

## 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 ET

FOR ACCOUNTING USE ONLY

LWB 91

'96 NOV 20 PM 4 26

REPORTED

RECEIVED

'96 NOV 19 P2:59

# WATER CHEMISTRY

STATE LAB NO. 1510343

COMPLETE INFORMATION BELOW

DATE COLLECTED 11 (MO.) 19 (DAY) 96 (YEAR) 1:44 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ERIC WICKLAND

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 17 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 ET

FOR ACCOUNTING USE ONLY

LWN 88

1560 Lakeside

