LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1006 -C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

September 2, 1977 — THIS PERMIT EXPIRES

Dennis L. Frey, — ISSUED TO

5247 Goldenrod Circle, Lincoln, NE 68512 — ADDRESS

T8N; R6E; Sec. NW quarter of 2, Block 2, Lot 4, Wilderness Park 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. 1006-C

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

DATE: 3-2-77

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. 8 North; Range 6 E; Section NW quarter of 2
Block 2; Lot 4; Addition Wilderness Park 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.

Dennis L. Frey
Signature of Applicant (Owner or Lessee)

5247 Goldenrod Circle Lincoln, NB 68512
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 3/2/77. Date Frwd. 3/2/77.
ACTION: Approved ☒ Disapproved ☐
Signature: Jerrold C. Hood

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

3. City or County Engineer: Date Rec'd. 3/2/77. Date Frwd. 3/2/77.
ACTION: Approved ☒ Disapproved ☐
Signature: Henry Graf
Rec'd mail 3/2/77

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. 1006-C

DATE: 3-2-77

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. 8 North; Range 6 E; Section Waverly #2 ; Block 2 ; Lot 4 ; Addition Wilderness Park 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. 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).

Dennis Yost
Signature of Applicant (owner or lessee)

5317 Goldenrod Circle
Address

(Do not write below double line)

REVIEWING ACTION

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

2. Site Visits:
Date: 7-12-77 by: sm
Date: _____ by: _____
Date: _____ by: _____

3. Date: 3/2/77 Approved ☒; Disapproved ☐
by: Jerold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-12-77 by: Ron Mayo

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. 1006-C

SPECIFICATIONS

DATE: _____

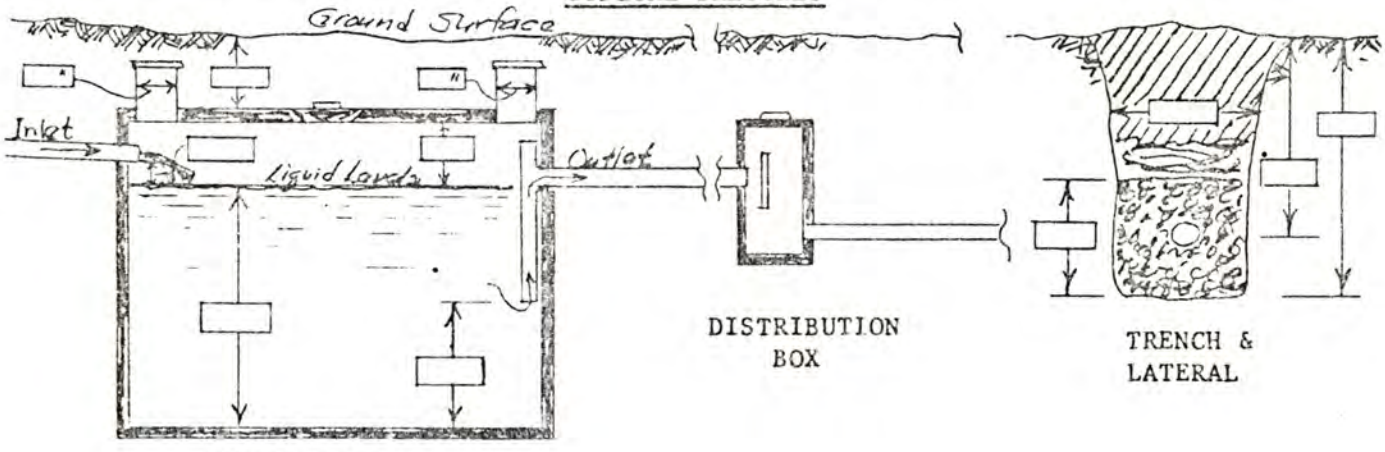
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property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

B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity 1000 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: HALF MOON
2. Lateral Lines: Depth below grade __in.
Number ____; Length of each line ___ft
Total length of Laterals 163 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 48 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

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. 1006-C

PROPERTY WHERE SOIL TESTED:
Location: Township 8 N : Range 6
Section & ¼ Sect. NW 1/4 Sec. 2
Property Dimensions: 348'8" ft. x 375 ft.
Area: 3.01 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ; (Silty Clay Loam) ; Sandy Loam
Silty Loam ; Clay Loam ; Sandy Clay

Owner: Dennis L. Frey
Address:

Dates of Tests: 2-26-77 to 2-27-77. Weather: Precip. 0 Temp. 40

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	30	2-26	1300	2-27	1200	2-27	1310	6	1340	4.5	30	1.5	
2	30	2-26	1300	2-27	1200	2-27	1315	6	1345	4.5	30	1.5	
3	30	2-26	1300	2-27	1200	2-27	1320	6	1350	4.7	30	1.3	
4	30	2-26	1300	2-27	1200	2-27	1325	6	1355	5	30	1	
5	30	2-26	1300	2-27	1200	2-27	1330	6	1400	4.8	30	1.2	
6	30	2-26	1300	2-27	1200	2-27	1335	6	1405	4.5	30	1.5	

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

Dennis L Frey
Signature of Person Conducting Test

Address 5247 Goldenrod Circle
Phone 423-7698

(Do not write below this line)

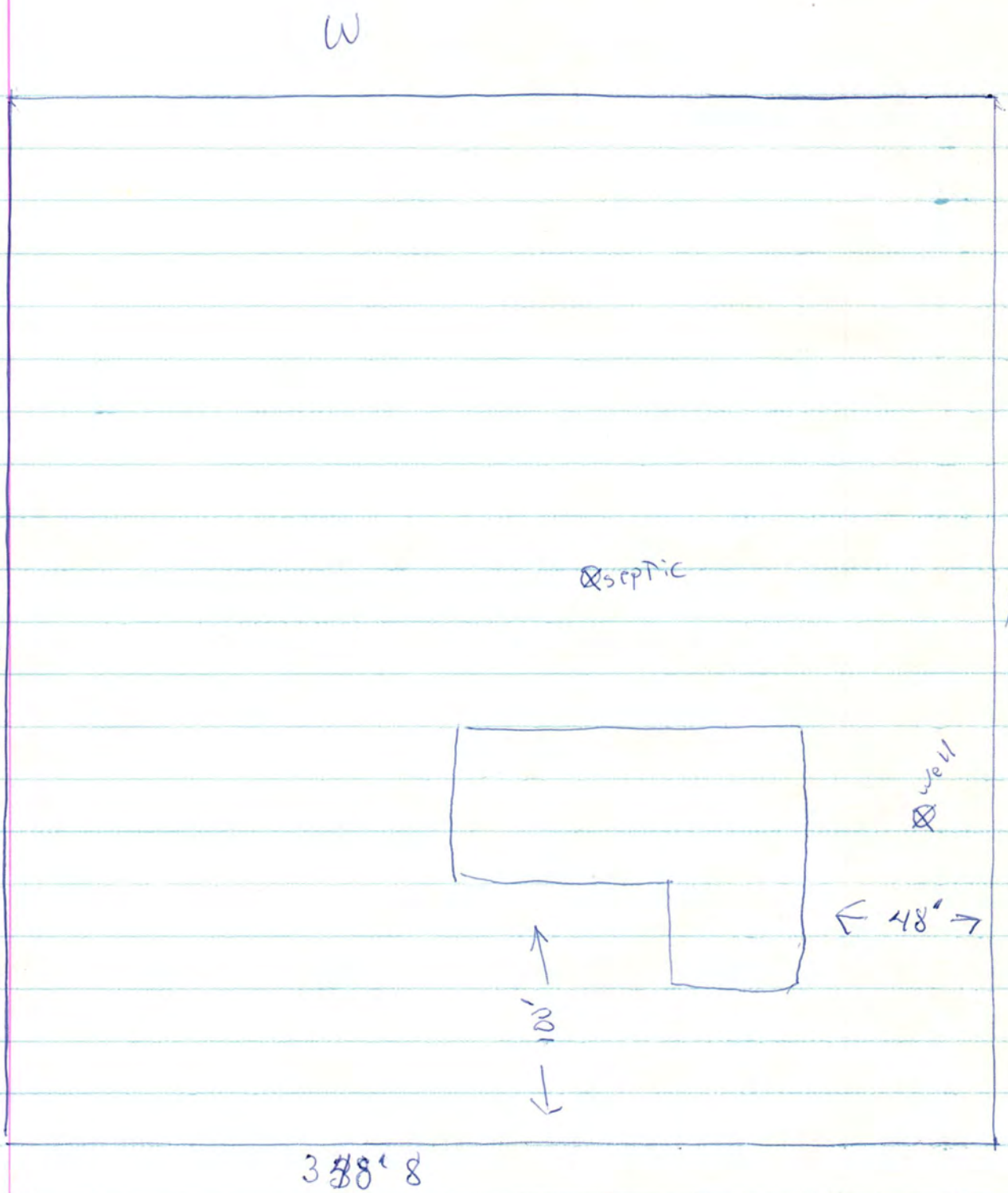
REVIEWING ACTION

REMARKS:

DATE: March 2, 1977

Approved Percolation Rate (a)
A. 22 min./inch
B. _____ min./inch
C. _____ min./inch

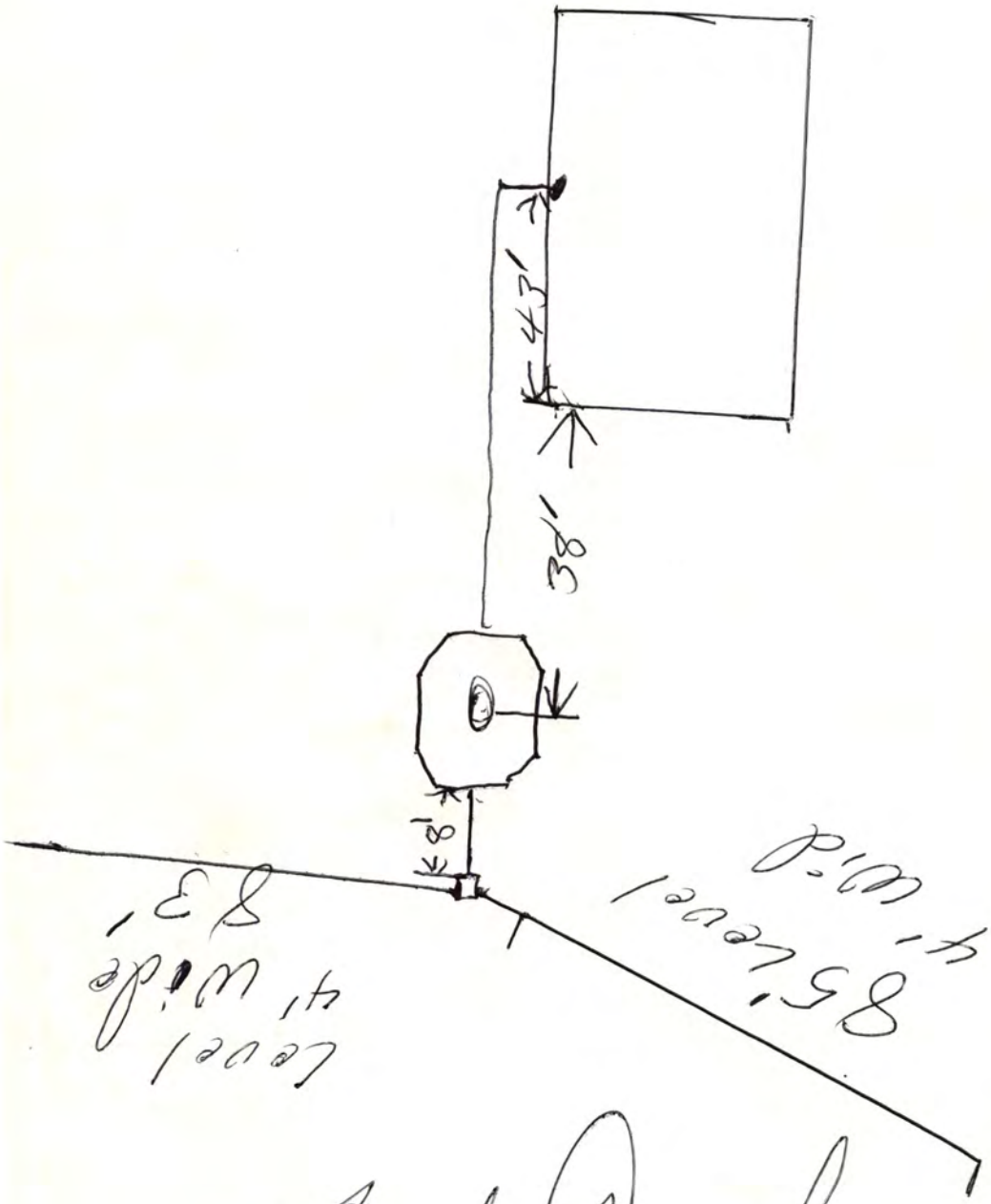
Jerrold C. Hood
Signature of Reviewing Official


W
372'
Septic
N
S
well
48"
3'
388' 8
E

11201 S. 5th

Wall

N



Richard Darel
Bouwens Plumbing
7-12-77

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: 8-13-90

☑ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 8N ; RANGE 6E ; SECTION 2 ; BLOCK 2

LOT 4 ; ADDITION Wilderness park Estates ; Street Address 11301 S. 57th

Directions to Property 3rd house south of 57th & Saltillo on the west side Yellow house

Location of Well N.W. of house 25' Tap Location: Inside ☐ Outside ☐

Location of Sewage System S W of house 20' Year Installed 1977

	NAME	ADDRESS	PHONE
Present Owner:	Dennis Frey	RT 1 Box 88A Hickman	560-2211
Tenant/Buyer:	Jamey Gifford	512 W Keating	477-0696
Return to:	will pick up call 560-2211 when ready ASAP		

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

Signature of Applicant Dennis L. Frey Address RT 1 Box 88A Hickman

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HEALTH DEPARTMENT USE ONLY

Date Received AUGUST 13, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 8/13/90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 8/13/90 by LCH
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: OWNER INDICATES SEPTIC TANK WAS PUMPED THIS PAST YEAR. SEWAGE SYSTEM IS NOW 13 YEARS OLD.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerold C. Hood R.S. DATE AUGUST 15, 1990

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

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

DATE COLL 8/13/90 11:54 A.M. (9-16) BY L. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 2, T8N, R6E, LOT 4, (29-41)
BLK 2, WILDERNESS PARK ESTATES

NAME AND ADDRESS OF OWNER DENNIS FREY
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. 16403 (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 [signature] (76-79)

'90 AUG 13 P3:03

OUT

'90 AUG 14 P2:2

WATER CHEMISTRY

STATE LAB NO. 156085

COMPLETE INFORMATION BELOW

DATE COLLECTED 8 (MO) 13 (DAY) 90 (YEAR) 11:54 AM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DENNIS FREY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 2 TWNSHP 8 N RANGE 6 E

REPORTED

RECEIVED

AUG 14 P 4:28 '90

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 0.2 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY BT

FOR ACCOUNTING USE ONLY

LWN 88

9203170009

Jerry - Call Terri Gifford for exact locations! 421-3648

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: 3-10-92

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

Legal Description of Property: TWP. 8N ; RANGE 6E ; SECTION 2 ; BLOCK 2

LOT 4 ; ADDITION Wilderness Park Estates ; Street Address 11701 So. 5th St. Roca, Ne.

Directions to Property Highway # 77 So. to Saltillo Rd, west on Saltillo to So. 5th St., So. on So. 5th St, west side of Road.

Location of Well N.W of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System S.W of House Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	Jamey + Terri Gifford	11701 So. 5th St, Roca, Ne	421-3648
Tenant/Buyer:	Gary + VaNee Thomsen	2100 S.W 14th St, Linc, Ne	476-9100
Return to:	Mike Poskochil Woods Bros. Realty	7141 "A" St. Linc Ne 68510	483-~~4900~~ 4741

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

Signature of Applicant Mike Poskochil Kirk Buyers Address 7141 "A" St, Linc, Ne.

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HEALTH DEPARTMENT USE ONLY

Date Received MARCH 10, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 3/11/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 3/11/92 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date ____ by ____
Nitrate <0.1 p.p.m	☒	☐	Disapproved:	☐	Date ____ by ____

Comments: _____

_____ See Attached Letter ☐

FINAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☒	Approved: ☒	Provisional Approval: ☐
APPROVED BY	Jerrold C. Hood R.E.H.S.	DATE	MARCH 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

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

DATE COLL. 3/11/92 3:04PM (MO/DAY/YR/HOUR (9-16)) BY J. C. Hood (17-28)

ADDRESS OR LOCATION BLK 2, LOT 4, WILDERNESS PARK ESTATES, SEC. 2, T8N, R6E (29-41) JAMEY GIFFORD

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. 142-5562 (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 RKF (76-79)

IN

OUT

MAR 11 P3:31

MAR 12 P3:35

WATER CHEMISTRY

STATE LAB NO. 152-/359

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 3 (MO) 11 (DAY) 92 (YEAR) 3:04p.m. (HOUR)

TEST METHOD: USEPA METHOD 353.2

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JAMEY GIFFORD

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 2 TWNSHP 8 N RANGE 6 E

REPORTED

'92 MAR 12 P3:41

RECEIVED

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

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 LW

FOR ACCOUNTING USE ONLY

LWN 88

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 11701 S. 5th Street

Twp 8N Range 6E Section 2 1/4 ___ 1/4 ___ Block 2 Lot 4 Addition Wilderness Park Estates

Directions to Property South on Highway 77 to Saltillo Road, West to South 5th, South, 3rd House on right Large brick w/yellow Siding

Location of Well North of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System South of House Year Installed 1978

	NAME	ADDRESS	PHONE
Present Owner:	Gary & VaNee Thomsen	11701 S. 5th Street Roca, NE 68430	421-1959
Tenant/Buyer:	Refinance		
Return to:	Same		

Signature of Applicant VaNee K. Thomsen Address 11701 S. 5th St. Roca, NE 68430 Date 6/1/93

HEALTH DEPARTMENT USE ONLY

Date Received 07/02/93 Received $150.00 Check ☒ #6023 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hoad **DATE:** 7/6/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM		Additional Site Visits
Construction	☒	☐	Approved	☒	Date___/___/___by___
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional	☐	Date___/___/___by___
Nitrate	☒ 0.1 ppm	☐ ___ ppm	Disapproved	☐	Date___/___/___by___

Comments: ___

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hoad R.E.H.S. Date 7/14/93

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.

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED ON:

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

ACCOUNT NO. ____ (16-22) ADD. TESTS 3 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 7/6/93 1:31 P.M. (9-16) BY J. C. Hood (17-28)

ADDRESS OR LOCATION LOT 4, BLK 2, WILDERNESS PARK ESTATES SEC. 2, T8N, R6E (29-41)

NAME AND ADDRESS OF OWNER GARY THOMSEN
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. 14270 (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 ____ (76-79)

IN '93 JUL -6 P1:59

OUT '93 JUL -7 P2

WATER CHEMISTRY

STATE LAB NO. 155808

COMPLETE INFORMATION BELOW

DATE COLLECTED 7 (MO.) 6 (DAY) 93 (YEAR) 1:31 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION GARY THOMSEN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 2 TWNSHP 8 N RANGE 6 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 0.1 mg/l

NOT TESTED BECAUSE OF:
☐ DAMAGE
☐ INSUFFICIENT AMOUNT
☐ IMPROPER CONTAINER

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED 93 JUL -6 P1:38

REPORTED JUL -8 P4:52