# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2297-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

SEPTEMBER 12, 1986 — THIS PERMIT EXPIRES

ROBERT G. RENNER — ISSUED TO

RR #1, BOX 124-A CRETE, NE 68333 — ADDRESS

T8N; R6E;of 6th PM; Sec 31; Lot 13 I.T.; West Sprague Roy. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

| PERMIT | INSPECTION FEE | OCCUPATION TAX | TOTAL |
|---|---|---|---|
| $ 60.00 | $ | $ | $ 60.00 |
| 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

20109-0977

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2297-C

DATE: _____

The undersigned hereby requests SITE CLEARANCE and PERMIT 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 of 6 PM; Section 31;
   Block _____: Lot 13 II: Addition _____
   Street Address West Sprague Hwy.

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 (CHANGE TO 2). Describe _____

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

4. Distance to public sewer: _____ ft.

Robert D. Renner
Signature of Applicant (Owner or Lessee)

RR #1 Box 124A Crete Ne. 68333
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/12/86. Date Frwd. 3/13/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Woods

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/13/86. Date Frwd. 3/13/86. ACTION: Approved ☐ Disapproved ☒ Signature: Mary M. Newman

3. City or County Engineer: Date Rec'd. 3/13/86. Date Frwd. 3/13/86. ACTION: Approved ☒ Disapproved ☐ Signature: Lloyd Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-17-87 by: [illegible] (need sched 40 saw pipe)
Date: 8-18-87 by: [illegible] correction made.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-21-87 By: Ron Mangum

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

REC'D SEP 18 1984

FORM 20105-0477
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: 471-7800

**B**

FILE NO. 2297-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8 North; Range 6E of 6PM Section & ¼ Section NW¼ of NW¼ Sec. 31
Property Dimensions: 307.30 ft. x 884.31 ft. Area: 5.15 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9/10/84 to 9/12/84. Weather: Precip. 0 Temp. 78-90°

OWNER: Bob G. Renner

Address: RR #1 Crete

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./ Day) | Water Level (in.) | Elapsed Time (Min.) | Water Level Drop (in.) | Percolation Rates (Min./in.) |
| 1 | 3ft. | 9/10 | 1:30 PM | 9/10 | 5:30 | 9/12 | 2:00 PM | 6 in. | 6:00 | 1 7/8 | 30 | 3/4 | 1 1/32 - 1hr |
| 2 | " | " | " | " | " | " | " | " | " | 2 1/8 | " | 3/4 | 31/32 - 1hr |
| 3 | " | " | " | " | " | " | " | " | " | 1 1/4 | " | 7/8 | 1 3/16 - 1hr |
| 4 | " | " | " | " | " | " | " | " | " | 3 1/8 | " | 1/4 | 23/32 - 1hr |
| 5 | " | " | " | " | " | " | " | " | " | 2 5/8 | " | 1/2 | 27/32 - 1hr |
| 6 | " | " | " | " | " | " | " | " | " | 1 7/8 | " | 5/8 | 1 1/32 - 1hr |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Robert D. Renner
Signature of Person Conducting Test

Address RR #1 Crete Phone 826-4128

(Do not write below this line)

REVIEWING ACTION

Remarks: Several soils in area
Soil Type (SCS): Morrill Clay Loam
Date: September 18, 1984

Approved Percolation Rate (a)
A. 48 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hook
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR 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: 471-7800

**C**

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2297-C

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

Date: MARCH 12, 1986

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 153 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 916 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM CONTROL NUMBER 12398

# LANCASTER COUNTY
## CASH RECEIPT

PAGE 1 OF

| TRANSACTION CODE | C R | CASH RECEIPT NUMBER | DATE OF DEPOSIT (M M D D Y Y) | ACCOUNTING PERIOD (M M Y Y) | BUDGET FY (YY) |
|---|---|---|---|---|---|
| | | 20723 | 03/13/86 | | 86 |

ACTION: [X] ORIGINAL ENTRY (E) [ ] ADJUSTMENT (M)

BANK ACCOUNT: 11

OFFSET CASH ACCOUNT:

COMMENTS: L+L Co Health

| REFERENCE INVOICE NUMBER | REFERENCE INVOICE LINE NO. | FUND | AGENCY | ORGANIZATION | SUB ORG | ACTIVITY | REVENUE SOURCE | SUB REV SRCE | JOB NUMBER | REPT. CATEG | BAL SHEET ACCT. | OBJECT | PROVIDER VENDOR CODE | DESCRIPTION | AMOUNT | INC./DEC IND | P/F IND |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 011 | 999 | | | | 2559 | | | | | | | Sewer permit 2297-C | 60 00 | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | TOTAL | 60 00 | | |

PREPARED BY:
NAME _____ TITLE _____

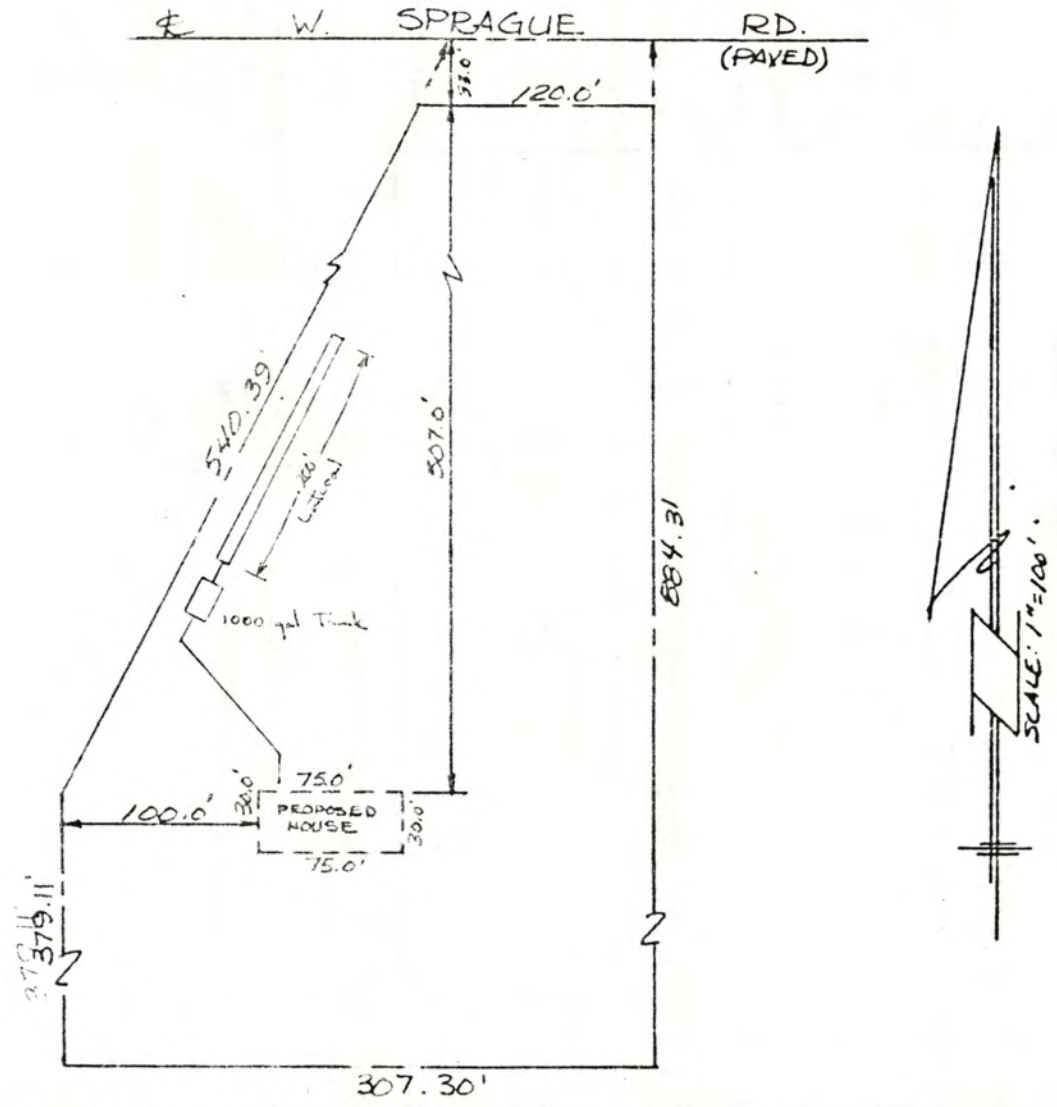
APPROVED BY:
NAME _____ TITLE _____

APPROVED BY:
NAME CB TITLE _____ DATE 3/13/86

ORIGINAL

PRE-CONSTRUCTION

# PROPERTY IMPROVEMENT LOCATION PLAT

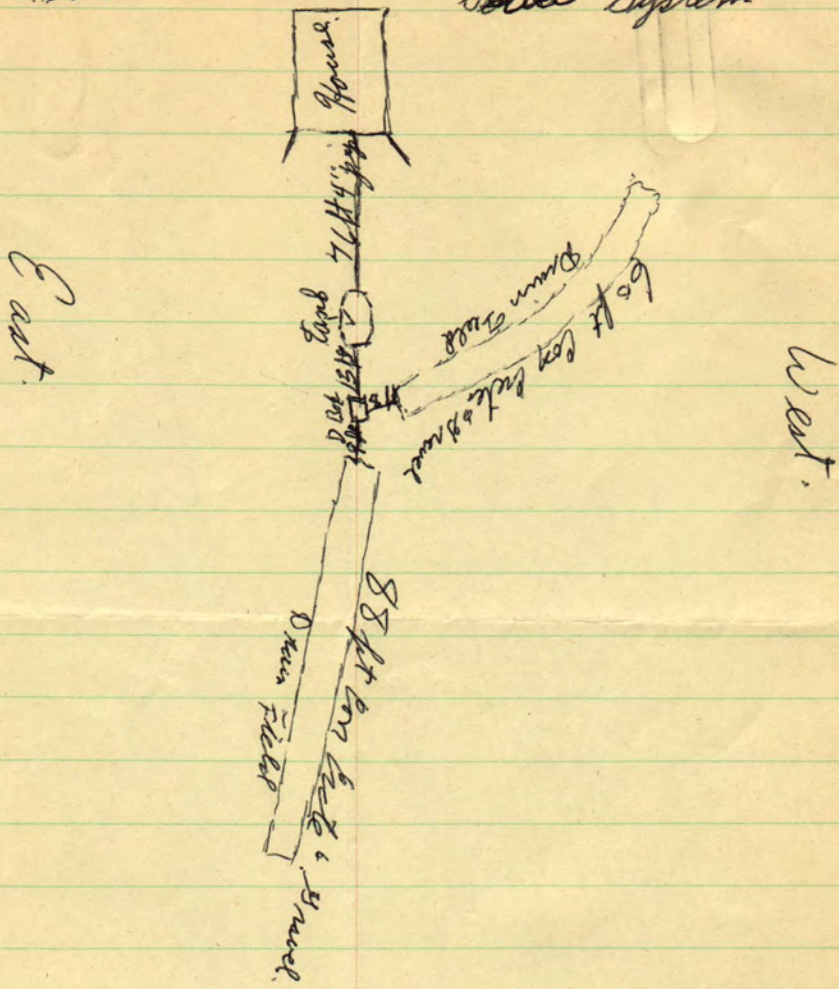



LEGAL DESCRIPTION: Lot 1½, I.T. on the NW/4, NW/4 of Section 31, T8N, R6E of the

2297-C

Bob Renner.

Sewer System




Walts Diggins Sec. Milford Del.

Walt Stuttzman

# 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: 7/15/91

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

Legal Description of Property: TWP. 8N; RANGE 6E; SECTION 31; BLOCK ____

LOT 13; ADDITION _____; Street Address 5701 West Sprague Rd.

Directions to Property South side of Sprague highway between the entrances to the lake on the bottom of the hill.

Location of Well SOUTHEAST Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed 1987

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | Robert G. Renner | RR#1 Box 32C | 794-4990 |
| Tenant/Buyer: | Refinance | | |
| Return to: | Provident Federal | 440 South 13th Linc. P.O. Box 95043 Lin. Ne. 68509 | 474-5559 |

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

Signature of Applicant Robert D. Renner Address RR#1 Box 32C Hallam

==========

*HEALTH DEPARTMENT USE ONLY*

Date Received JULY 17, 1991 Received $150.00 Check ☒ Cash ☐

---

PRELIMINARY STATUS--DATE JULY 18, 1991 7/26/91 by J.C.H.

| WATER SYSTEM: | Approved | Disapproved | SEWAGE SYSTEM: | | SITE VISIT: | |
|---|---|---|---|---|---|---|
| Construction | ☐ | ☒ | Approved: | ☒ | Date 7/18/91 | by J.C.H. |
| Bacteria | ☒ | ☐ | Provisional: | ☐ | Date 7/19/91 | by J.C.H. |
| Nitrate | ☒ | ☐ | Disapproved: | ☐ | Date 7/22/91 | by J.C.H. |

Comments: FROST PROOF HYDRANT TOO CLOSE. 7/22/91 Hydrant removed but hole not filled in. J.C.H. 7/26/91 Hole filled in J.C.H.

See Attached Letter ☐

---

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.S. DATE JULY 30, 1991

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. CHL ONLY 2. N 3. BOTH 4. TPC

DATE COLL. 7/18/91 11:25 A.M. (9-16) MO./DAY/YR./HOUR BY L. C. Hood (17-28)

ADDRESS OR LOCATION LOT 13 I.T., SEC. 31, T8N, R6E (29-41)

NAME AND ADDRESS OF OWNER ROBERT RENNER

FROST PROOF HYDRANT TOO CLOSE

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. ____ (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM ____ (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE < 0.1 (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE ____ (69-75)

ANALIZED BY ____ (76-79)

IN

OUT

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

# WATER CHEMISTRY

STATE LAB NO. 15 4014

COMPLETE INFORMATION BELOW

DATE COLLECTED 7 (MO.) 18 (DAY) 91 (YEAR) 11:25 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ROBERT RENNER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 31 TWNSHP 8 N RANGE 6 E

REPORTED

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

RECEIVED '91 JUL 18 P1

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

HYDRANT REMOVED

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

DATE COLL. 7/26/91 2:13 P.M. (9-16) BY J. C. Wood (17-28)

ADDRESS OR LOCATION LOT 13 I.T., SEC. 31, T8N, R6E ROBERT RENNER (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: ____ (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 Lee (76-79)

'91 JUL 26 P2:38

IN

OUT

July 27, '91

# 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 5701 W. SPRAGUE RD. HALLAM

Twp 8N Range 6E Section 31 1/4 ___ 1/4 ___ Block ___ Lot 13 Addition ___

Directions to Property 77 TOWARD CRETE - RT AT SIGN FOR BLUESTEM LAKE (JUST PAST BLUESTEM LAKE ON LEFT)

Location of Well SIDE YARD - MARKED BY DECORATIVE WELL Tap Location: Inside ☐ Outside ☒

Location of Sewage System ___ Year Installed 1987

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | BOB & GERI RENNER | | |
| Tenant/Buyer: | EDWARD & SHERYLYN HILL | 2311 CALUMET CT LINCOLN | 435-1319 |
| Return to: | DONNA SEMIN - HOME | | 436-3232 |
| | RE - STE 101 225 N. COTNER | LINCOLN 68505 | |

Signature of Applicant [signature] Address 2311 CALUMET CT Date 4/21/95

---

**HEALTH DEPARTMENT USE ONLY**

Date Received 4/21/95 Received $150.00 Check ☒ Cash ☐

**PRELIMINARY STATUS--By** Jerrold C. Hood **DATE:** 4/24/95

| **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:** IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

**FINAL STATUS**

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

Approved by Jerrold C. Hood R.E.H.S. Date 4/27/95

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.

'95 APR 25 PM 2:25

REPORTED

RECEIVED

# WATER CHEMISTRY

STATE LAB NO. 152696

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 4 (MO) 24 (DAY) 95 (YEAR) 9:56AM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BOB RENNER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 31 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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 lw

FOR ACCOUNTING USE ONLY

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

LWN 88

'95 APR 25 A

REPORTED

'95 APR 24 A10:33

RECEIVED

COMPLETE INFORMATION BELOW

# WATER MICROBIOLOGY

STATE LAB NO. 148213

DATE COLLECTED 4 (MO.) 24 (DAY) 95 (YEAR) 9:50 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION BOB RENNER

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 31 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
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 JK

FOR ACCOUNTING USE ONLY

LWB 88

# 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 5701 W. Sprague Rd. Hallam
N.W. Twp 8N Range 6E Section 30 1/4 ___ 1/4 ___ Block ___ Lot 13 Addition ___
Directions to Property 2 1/2 MILES WEST OF SPRAGUE, SOUTH

Location of Well South of House Tap Location: Inside ☐ Outside ☑
Location of Sewage System NORTH OF HOUSE Year Installed 1987

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | TED & SHARRE HALL | 5701 W. SPRAGUE RD HALLAM, NE 68368 | 794-4455 |
| Tenant/Buyer: | John Russnogle | 5797 S.E. Pine Lane Holt, Mo. 64048 | 816-320-3198 |
| Return to: | John Russnogle & copy to sellers | (same as above) | |

Signature of Applicant John M. Russnogle Address 5797 S.E. Pine Holt, Mo 64048 Date 6/20/98

---

**HEALTH DEPARTMENT USE ONLY**

Date Received 6/24/98 JS Received $150.00 Check ☑ # 11572 Cash ☐

**PRELIMINARY STATUS--By** Jerrold Hood (Doug Mace) **DATE:** 6/25/98

| WATER SYSTEM: | Approved | Disapproved |
|---|---|---|
| Construction | ☑ | ☐ |
| Bacteria | ☑ 0 /ml | ☐ ___ /ml |
| Nitrate | ☑ 5.1 ppm | ☐ ___ ppm |

**SEWAGE SYSTEM**
Approved ☑
Provisional ☐
Disapproved ☐

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

**Comments:** SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING.

See Attached Letter ☐

**FINAL STATUS**

**WATER SYSTEM:** Approved: ☑ **SEWAGE DISPOSAL SYSTEM** Approved: ☑ 07 11 00
Provisional Approval: ☐

Approved by Jerrold E. Hood R.E.H.S. Date 6/30/98

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.

RECEIVED
98 JUN 25 PM 3 40
REPORTED
98 JUN 26 AM 11 37

COMPLETE INFORMATION BELOW JUN 30 1998

# WATER MICROBIOLOGY

STATE LAB NO 14/2578

FOR LABORATORY USE ONLY

DATE COLLECTED 6 (MO.) 25 (DAY) 98 (YEAR) 2:25 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION TED HILL

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 31 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
3140 "N" STREET
LINCOLN, NEBRASKA 68510

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

FOR ACCOUNTING USE ONLY

LWB 91

JUN 30 1998

# WATER CHEMISTRY

STATE LAB NO. 155428

COMPLETE INFORMATION BELOW

DATE COLLECTED 6 (MO) 25 (DAY) 98 (YEAR) 2:25 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION TED HILL

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NW SECT 31 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
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 LW
FOR ACCOUNTING USE ONLY

LWN 88

REPORTED JUN 29 98 PM 4
RECEIVED JUN 25 98 PM 3
JUN 25 98 PM 2 25

One mile south of Crete Corner, then 5 miles west. (Sign on road)

# 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 5701 W. Sprague Rd, Hallam, Ne.

Twp 8N Range 6E Section 31 1/4 ___ 1/4 ___ Block ___ Lot 13 Addition NW 31-8-6

Directions to Property (See above.)

Location of Well South of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System North of House Year Installed ___

| | NAME | ADDRESS | PHONE |
|---|---|---|---|
| Present Owner: | John Kussnogle | 5701 W. Sprague Rd Hallam, Ne. | 1-402-794-0284 |
| Tenant/Buyer: | Bill Rethmeier | 1205 Longwood Drive Crete, Ne 68333 | |
| Return to: | Carla Hines Todays Kimball/MMAC | 800 So. 13 Lincoln, Ne 68506 | 432-0252 |

Signature of Applicant Bill Rethmeier Address 1205 Longwood Dr Crete, Ne 68333 Date 7/5/00

### HEALTH DEPARTMENT USE ONLY

**RECEIVED**

Date 7/5/00
Initials CW
Amount 150.00
Check No. 273

**DATA ENTRY**

Date ___/___/___
Case No. ___
Initials ___

**PRELIMINARY STATUS--By** Doug Svec **DATE:** 7/6/00

| WATER SYSTEM: | Approved | Disapproved |
|---|---|---|
| Construction | ☒ | ☐ |
| Bacteria | ☒ 0 /ml | ☐ ___ /ml |
| Nitrate | ☒ .07 ppm | ☐ ___ ppm |

**SEWAGE SYSTEM**

Approved ☒
Provisional ☐
Disapproved ☐

**Additional Site Visits**

Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

**Comments:** No visible malfunction noted- recommend that Septic tank be checked to see if it needs to be pumped

See Attached Letter ☐

**FINAL STATUS**

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

Approved by Doug Svec Date 07/11/00

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

Nebraska Health and Human Service
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

JUL 11 2000

**Laboratory Report Printed on: July 07, 2000**

**LLCHD**
**LINCOLN LANCASTER COUNTY HEALTH DEPT.**
**JOHN CHESS**
**3140 N STREET**
**LINCOLN, NE 68510**

**Laboratory Analysis For: PRIVATE COLIFORM**
**Sample Comments:**

Laboratory Number: **P15676-71**
Sampled By: **DOUG SMITH**
Location: **5701 W SPRAGUE RD**
Sample Point:

Date Collected **06-Jul-2000 02:30 PM**
Date Received: **06-Jul-2000**

| Parameter | Report Level | Units | Method | Analysis Date | Analyst | Results |
|---|---|---|---|---|---|---|
| TOTAL COLIFORM | 0 | cfu/100ml | COLILERT | 07/07/00 | KC | **Total coliform absent - meets bacteriological standards** |
| E. COLI | 0 | cfu/100ml | COLILERT | 07/07/00 | KC | **E. coli absent** |

**Note: see reverse side of report for description of acronyms and data qualifiers**

**For inquiries on result interpretation call: (402) 471-2541.**