LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 95390048301

Issued 11/09/95
Expires 05/09/96
Revenue Code 18754

Establishment
ED LOCOCO
T8N R7E SEC 6
LOT 32
3645 SALTILLO ROAD

FEES: $50.00

TOTAL $50.00

Permittee
ED LOCOCO
3645 SALTILLO RD
ROCA NE 68430

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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 7E ; Section 6 ;
Block _____ ; Lot 32 I.T. ; Addition _____
Street Address 3645 SALTILLO ROAD

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 LATERAL

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ OVER 400 00

ED LOCOCO
Signature of Applicant (owner or lessee)

3645 SALTILLO ROAD, ROCA, NE.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: _____ by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: 11/14/95 Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/14/95 by: J. C. Hood

FORM 20104-0477
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

D

DATE: 11/3/95

FILE NO. _____

existing

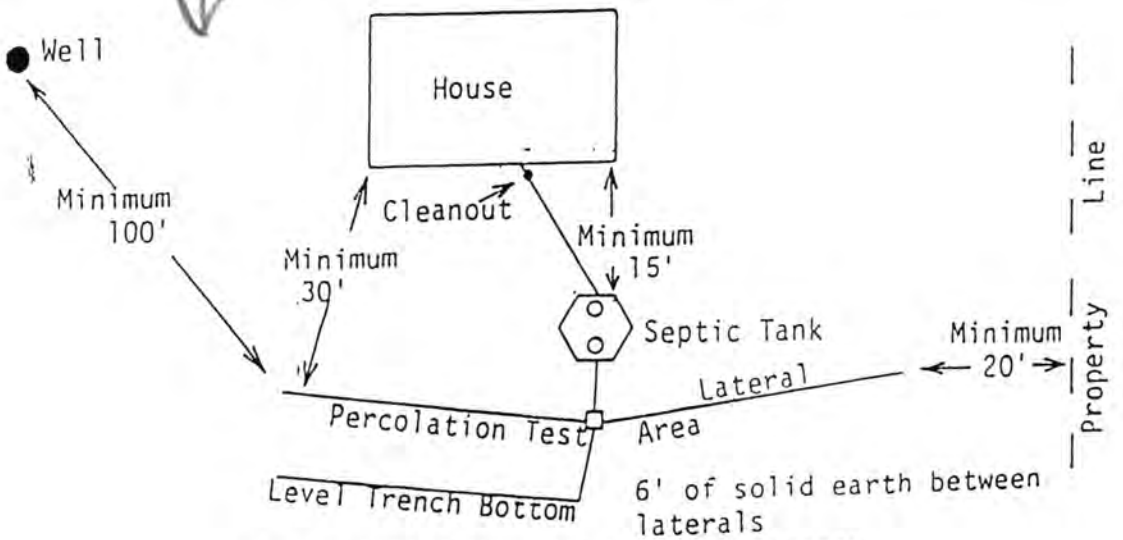
SPECIFICATIONS AS BUILT Ed Laccoco Roca. 3645 Saltillo

A. BUILDING SEWER:
1. Material C ; 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:
1. Material ____; No. of compartments ____.
2. Capacity ____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
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 Concrete ; Number - available outlets 6 .
2. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
3. Distance from Septic Tank 54' ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☑
Diameter of Half Round 15" or Perforated Pipe 4 .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other PVC .
2. Lateral Lines:
Number 1 ; Length of each line 100' , ____, ____, ____, ____ ft.;
Total length of laterals 200' ft.;
Distance between lateral lines 20+ ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth 24 in.
4. Filter Material: Rd. Gravel
Depth of Material 18 in.
5. Distances to:
Well or Suction Line 100+ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Please Rush!

Lincoln-Lancaster County Health Department

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

001

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 3645 Satillo Rds Roca NE

Twp 8N Range 7E Section 6 1/4 ___ 1/4 ___ Block ___ Lot 32 Addition ___

Directions to Property: Lot 32, Irregular Tract in the Northeast Quarter of section6, Township 8 North, Range 7, East of the 6th P.M., Lancaster County, NE

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Edward Lococo (Call for well info)	3645 Satillo Rd	Hm 421-3577 Wk 434-6060
Tenant/Buyer:			
Return to:	Security Federal	PO Box 80609 Lincoln, NE 68501	434-3333

Signature of Applicant ___ Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 12/19/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 12/20/94

	WATER SYSTEM: Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 8/18/95 by L.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date 10/27/95 by L.C.H.
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: SEWAGE SYSTEM IS RUNNING OUT ONTO OF GROUND MUST BE REPAIRED, WHETHER LOAN IS INVOLVED OR NOT. Corrective work done, still need permit 10/27/95 L.C.H. ☐ See Attached Letter ☐

11/7/95 Permit issued. Approval is provisional because the remainder of the system was installed prior to regulation and inspection. L.C.H.

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 11/7/95

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.

'94 DEC 21 A8:43

REPORTED

RECEIVED

WATER MICROBIOLOGY

STATE LAB NO. 143160

COMPLETE INFORMATION BELOW

DATE COLLECTED 12 (MO.) 20 (DAY) 94 (YEAR) 1:34 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION EDWARD LOCOCO

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 6 TWNSHP 8 N RANGE 7 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 CW

FOR ACCOUNTING USE ONLY

LWB 88

'94 DEC 21 P2:53 REPORTED

'94 DEC 20 P2:19 RECEIVED

WATER CHEMISTRY

STATE LAB NO. 15 2042

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 12 (MO.) 20 (DAY) 94 (YEAR) 1:34 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION EDWARD LOCOCO

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 6 TWNSHP 8 N RANGE 7 E

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N less than 0.1 mg/l

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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

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

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

TEST(S) BY JW

FOR ACCOUNTING USE ONLY

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

LWN 88

Coli + No3
10/1/01

011008002
tdf

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

LCR 2907

Legal Description of Property: Street Address 3645 Saltillo Rd

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 8N Range 7E Section 16 1/4 NE 1/4 NE Block ____ Lot 32 Addition ____

Directions to Property ____

Location of Well ____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System BACK YARD Year Installed ____

Site Hazards (dogs, etc.) NONE

	NAME	ADDRESS	PHONE
Present Owner:	Eduard & Karen Lococo	735 Sunflower Dr. Hickman, NE 68372-9812	792-2948
Tenant/Buyer:	Larry & Connie Scott	3604 Randolph Lincoln, NE	476-2530
Return to:	____	____	____ (Fax)

Signature of Applicant Larry L Scott / Connie J. Scott Address 3604 Randolph Lincoln, NE 68510 Date 9/27/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 9/28/01 Amount $200.00 Check No. 9075 Initials ____

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 10/1/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.2 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits
Date ____/____/____ by ____
Date ____/____/____ by ____
Date ____/____/____ by ____

Comments: NO VISIBLE MALFUNCTION. HOWEVER THIS SEPTIC SYSTEM HAS PRESENTED PROBLEMS IN THE PAST. BECAUSE PORTIONS OF THIS SYSTEM PREDATES REGULATIONS AND INSPECTIONS AND ITS PAST HISTORY, THE HEALTH DEPARTMENT CAN ONLY GIVE PROVISIONAL APPROVAL. See Attached Letter ☐ SEPTIC SYSTEM
THE SOIL HERE IS VERY POOR FOR SEPTIC OPERATION. THE SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING. SUNKEN SPOTS OVER THE LATERALS SHOULD BE FILLED IN.

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 10/3/01

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: 9-00

P18273-81

LOGO---LLCHD
Laboratory Water Test Request

Lab Test #_____ **Method**_____

Test For: [Nitrate] / Coliform/Other: _____
Reason: Annual Well, [Loan Approval,] New Well, Other:

Collected by: JERROLD HOOD **Date/Time** 10/1/01/9:25 (am)/pm
MM DD YYYY

LLCHD Permit #_____ **State ID #**_____

Well Location
Address: 3645 SALTILLO ROAD
ROCA, NEBRASKA

Legal Description: T8N R7E Sec 6 1/4 NE 1/4___ or b a b a
c d c d

GPS: Long._____ Lat._____

RESULTS: 0.2 mg 10-1-01

Wayne Mallett

OCT 3 2001

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

Laboratory Report Printed on:

October 02, 2001

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

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

Laboratory Number: **P18273-81**
Sampled By: **JERROLD HOOD**
Location: **3645 SALTILLO ROAD**
Sample Point:

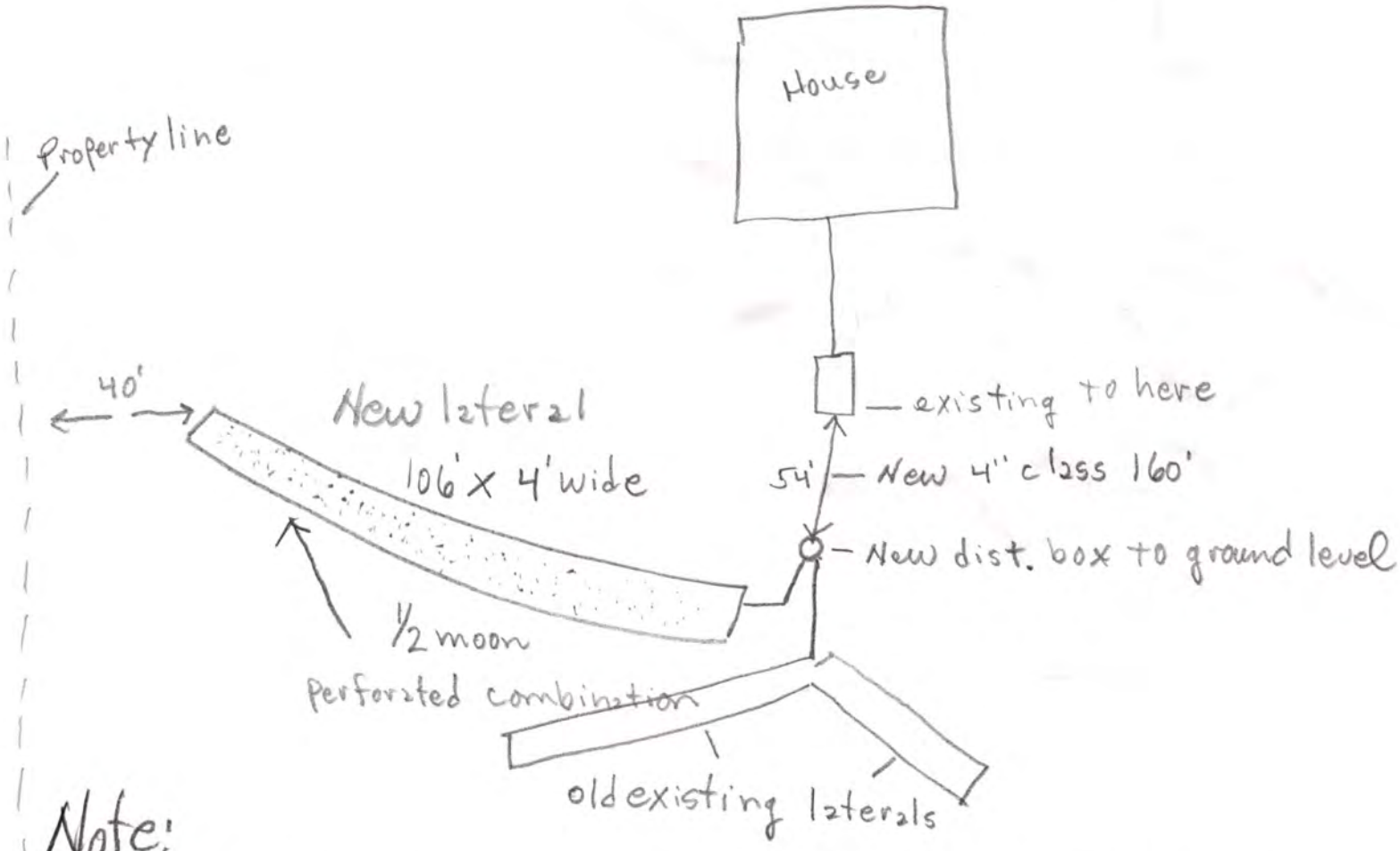
Date Collected **01-Oct-2001 09:25 AM**
Date Received: **01-Oct-2001**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	10/02/01	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	10/02/01	JN

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

For inquiries on result interpretation call: (402) 471-6435.

11/3/95



Note:

The pipes are adjusted in the dist. box to load the new laterals before any water goes to the old laterals.

ATTN. Jerry Hood

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 95390048301

Issued 11/09/95
Expires 05/09/96
Revenue Code 18754

Establishment
ED LOCOCO
T8N R7E SEC 6
LOT 32
3645 SALTILLO ROAD

FEES: $50.00

TOTAL $50.00

Permittee
ED LOCOCO
3645 SALTILLO RD
ROCA NE 68430

Issued By M. Jane Ford
Health Director

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"POST IN A PROMINENT PLACE"

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
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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 7E ; Section 6 ;
Block _____ ; Lot 32 I.T. ; Addition _____
Street Address 3645 SALTILLO ROAD

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 LATERAL

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ OVER 400 00

ED LOCOCO
Signature of Applicant (owner or lessee)

3645 SALTILLO ROAD, ROCA, NE.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: _____ by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: 11/14/95 Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/14/95 by: J. C. Hood

FORM 20104-0477
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

D

DATE: 11/3/95

FILE NO. _____

existing

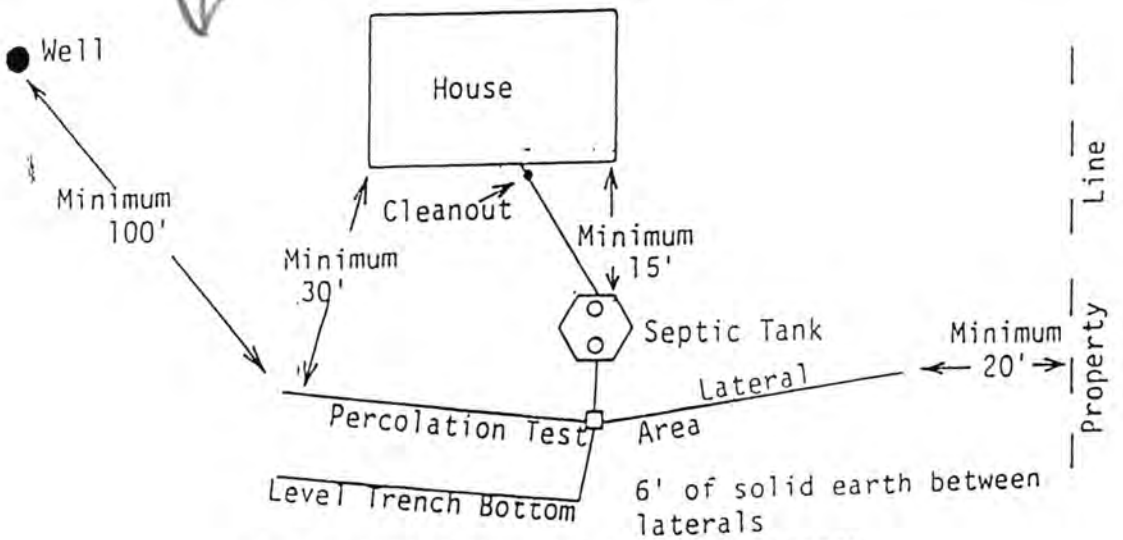
SPECIFICATIONS AS BUILT Ed Laccoco Roca. 3645 Saltillo

A. BUILDING SEWER:
1. Material C ; 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:
1. Material ____; No. of compartments ____.
2. Capacity ____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company ____)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
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 Concrete ; Number - available outlets 6 .
2. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
3. Distance from Septic Tank 54' ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☑
Diameter of Half Round 15" or Perforated Pipe 4 .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other PVC .
2. Lateral Lines:
Number 1 ; Length of each line 100' , ____, ____, ____, ____ ft.;
Total length of laterals 200' ft.;
Distance between lateral lines 20+ ft.
3. Trench dimensions: Width 4 ft.;
Slope 2 in/100 ft.; Average Depth 24 in.
4. Filter Material: Rd. Gravel
Depth of Material 18 in.
5. Distances to:
Well or Suction Line 100+ ft.;
Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Please Rush!

Lincoln-Lancaster County Health Department

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

001

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Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Edward Lococo (Call for well info)	3645 Satillo Rd	Hm 421-3577 Wk 434-6060
Tenant/Buyer:			
Return to:	Security Federal	PO Box 80609 Lincoln, NE 68501	434-3333

Signature of Applicant ___ Address ___ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

Date Received 12/19/94 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 12/20/94

	WATER SYSTEM: Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 8/18/95 by L.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date 10/27/95 by L.C.H.
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: SEWAGE SYSTEM IS RUNNING OUT ONTO OF GROUND MUST BE REPAIRED, WHETHER LOAN IS INVOLVED OR NOT. Corrective work done, still need permit 10/27/95 L.C.H. ☐ See Attached Letter ☐

11/7/95 Permit issued. Approval is provisional because the remainder of the system was installed prior to regulation and inspection. L.C.H.

FINAL STATUS

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

Approved by Gerald C. Hood R.E.H.S. Date 11/7/95

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.

'94 DEC 21 A8:43

REPORTED

RECEIVED

WATER MICROBIOLOGY

STATE LAB NO. 143160

COMPLETE INFORMATION BELOW

DATE COLLECTED 12 (MO.) 20 (DAY) 94 (YEAR) 1:34 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION EDWARD LOCOCO

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 6 TWNSHP 8 N RANGE 7 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 CW

FOR ACCOUNTING USE ONLY

LWB 88

'94 DEC 21 P2:53 REPORTED

'94 DEC 20 P2:19 RECEIVED

WATER CHEMISTRY

STATE LAB NO. 15 2042

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 12 (MO.) 20 (DAY) 94 (YEAR) 1:34 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION EDWARD LOCOCO

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 6 TWNSHP 8 N RANGE 7 E

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N less than 0.1 mg/l

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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

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

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
3140 "N" STREET
LINCOLN, NEBRASKA 68510

TEST(S) BY JW

FOR ACCOUNTING USE ONLY

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

LWN 88

Coli + No3
10/1/01

011008002
tdf

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

LCR 2907

Legal Description of Property: Street Address 3645 Saltillo Rd

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 8N Range 7E Section 16 1/4 NE 1/4 NE Block ____ Lot 32 Addition ____

Directions to Property ____

Location of Well ____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System BACK YARD Year Installed ____

Site Hazards (dogs, etc.) NONE

	NAME	ADDRESS	PHONE
Present Owner:	Eduard & Karen Lococo	735 Sunflower Dr. Hickman, NE 68372-9812	792-2948
Tenant/Buyer:	Larry & Connie Scott	3604 Randolph Lincoln, NE	476-2530
Return to:	____	____	____ (Fax)

Signature of Applicant Larry L Scott / Connie J. Scott Address 3604 Randolph Lincoln, NE 68510 Date 9/27/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 9/28/01 Amount $200.00 Check No. 9075 Initials ____

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 10/1/01

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.2 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits
Date ____/____/____ by ____
Date ____/____/____ by ____
Date ____/____/____ by ____

Comments: NO VISIBLE MALFUNCTION. HOWEVER THIS SEPTIC SYSTEM HAS PRESENTED PROBLEMS IN THE PAST. BECAUSE PORTIONS OF THIS SYSTEM PREDATES REGULATIONS AND INSPECTIONS AND ITS PAST HISTORY, THE HEALTH DEPARTMENT CAN ONLY GIVE PROVISIONAL APPROVAL. See Attached Letter ☐ SEPTIC SYSTEM
THE SOIL HERE IS VERY POOR FOR SEPTIC OPERATION. THE SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING. SUNKEN SPOTS OVER THE LATERALS SHOULD BE FILLED IN.

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 10/3/01

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: 9-00

P18273-81

LOGO---LLCHD
Laboratory Water Test Request

Lab Test #_____ **Method**_____

Test For: [Nitrate] / Coliform/Other: _____
Reason: Annual Well, [Loan Approval,] New Well, Other:

Collected by: JERROLD HOOD **Date/Time** 10/1/01/9:25 (am)/pm
MM DD YYYY

LLCHD Permit #_____ **State ID #**_____

Well Location
Address: 3645 SALTILLO ROAD
ROCA, NEBRASKA

Legal Description: T8N R7E Sec 6 1/4 NE 1/4___ or b a b a
c d c d

GPS: Long._____ Lat._____

RESULTS: 0.2 mg 10-1-01

Wayne Mallett

OCT 3 2001

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

Laboratory Report Printed on:

October 02, 2001

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

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

Laboratory Number: **P18273-81**
Sampled By: **JERROLD HOOD**
Location: **3645 SALTILLO ROAD**
Sample Point:

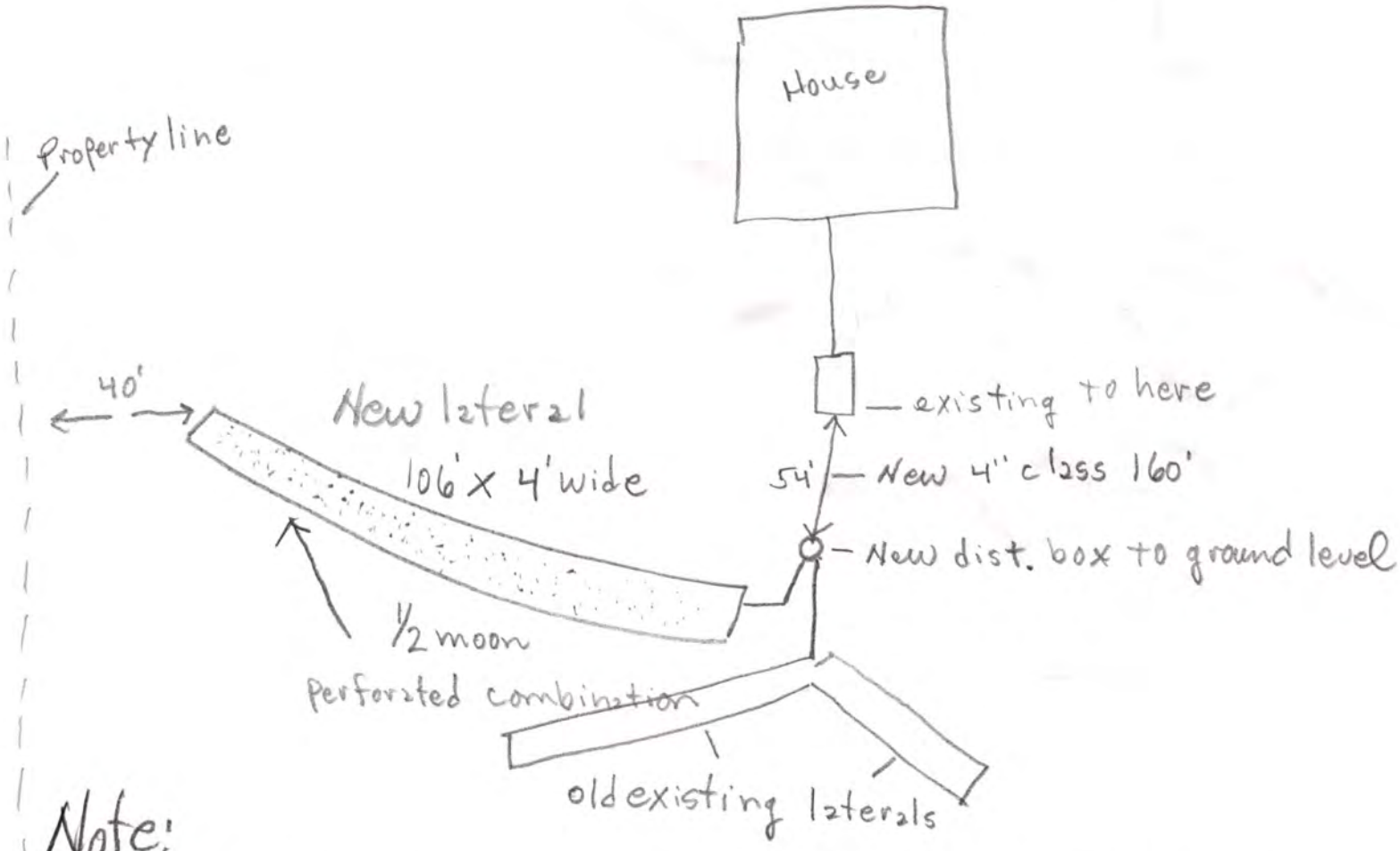
Date Collected **01-Oct-2001 09:25 AM**
Date Received: **01-Oct-2001**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	10/02/01	JN
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	10/02/01	JN

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

For inquiries on result interpretation call: (402) 471-6435.

11/3/95



Note:

The pipes are adjusted in the dist. box to load the new laterals before any water goes to the old laterals.

ATTN. Jerry Hood