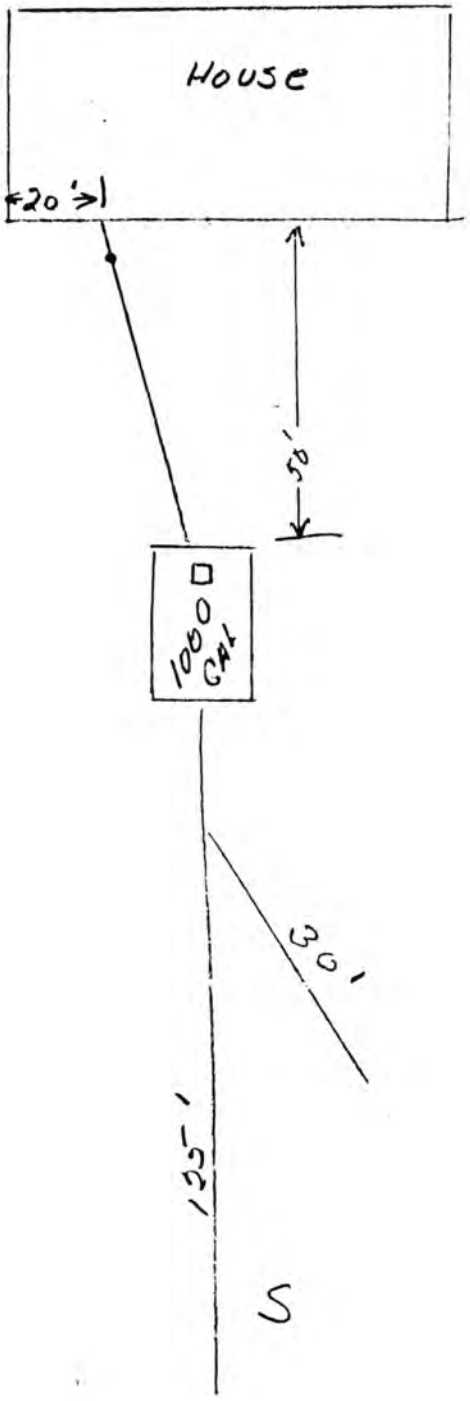
AS BUILT DRAWING OF SYSTEM

DATE 9-26-78 INSTALLER Terry Bernard

8500 WAGON TRAIN RD. N



T8N R7E Sec 35

Ron Krieger
9-26-78

GICAL EXAMINATION OF DRINKING WATER

COLLECTED AND MAILED ON:

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. 11-28-90 MO./DAY/YR./HOUR (9-16) BY ____ (17-28)

ADDRESS OR LOCATION Roger Schreiner (29-41)

NAME AND ADDRESS OF OWNER

LLCHD
2200 St. Marys
Lincoln, NE

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORA

SPECIAL REQUEST: ____
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETUR

LABORATORY NO. 25 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 4 (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 CC (76-79)

NOV 29 P 4:44

'90 NOV 29 P 7:02

REPORTED

'90 NOV 28 P 3:07

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 159028

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 3.9 mg/l

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

TEST(S) BY

FOR ACCOUNTING USE ONLY

LECTED 11 - 28 - 90 1100
MO. DAY YEAR HOUR

OLLECTED BY Marquart

LOCATION Roger Schreiner

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QRTR ____ SECT ____ TWNSHP ____ N S RANGE ____ E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS
THIS LAB REPORT IS TO BE MAILED TO:
LLCHD
2200 St. Mary's
Lincoln, NE

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

LWN 86

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: 11-26-90

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $75.00 ~~$75.00~~ 150

Legal Description of Property: TWP. 8N; RANGE 7E; SECTION 35; BLOCK ____

LOT ____; ADDITION _____; Street Address 8500 WAGONTRAIN RD

Directions to Property 1½ MILES EAST OF HICKMAN FROM SOUTH END OF TOWN ON NORTH SIDE OF ROAD - BRICK - BERM TYPE HOUSE

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:			
Return to:			

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

Signature of Applicant _____ Address _____

==========

HEALTH DEPARTMENT USE ONLY

Date Received 11-27-90 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 11-28-90

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 11-28-90 by [illegible]
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend checking to see if septic tank needs pumping

_____

_____ See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Ron Mangum DATE 11-30-90

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

013

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

2200 St. Marys Avenue Phone (402) 471-7800

REAL ESTATE TRANSFER / LOAN

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: 09-21-92

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

Legal Description of Property: TWP. 8N; RANGE 7E; SECTION 35; BLOCK ____

LOT 28; ADDITION _____; Street Address 8500 Wagon Train Road

Directions to Property _____

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System _____ Year Installed ____

	NAME	ADDRESS	PHONE
Present Owner:	John P. Lyne + Karen	8500 Wagon Train Rd.	467-5321 / John work #
Tenant/Buyer:	Home phone # 792-2244	Karen's work # →	423-6571
Return to:	Security Federal Savings	P.O. Box 80609, Lincoln 68501-0609	474-4444

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

Signature of Applicant Pamela S. Kemper Address 1330 N Street Lincoln 68508

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 22, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9/23/92

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 9/23/92 by J.CH
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate 3.9 PPM	☒	☐	Disapproved:	☐	Date _____ by ____

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

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE SEPTEMBER 23, 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)

ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

ACCOUNT NO.

COLL. 9/23/92 3:10 P.M. BY L. C. Wood
MO./DAY/YR./HOUR (9-16) (17-28)

ADDRESS OR LOCATION LOT 28 I.T., SEC. 35, T8N, R7E (29-41)

JOHN LYNE

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. 23063 (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 ET (76-79)

'92 SEP 23 P3:50 IN

'92 SEP 24 P2:20 OUT

WATER CHEMISTRY

STATE LAB NO. 15 5084

COMPLETE INFORMATION BELOW

DATE COLLECTED 9 (MO) 23 (DAY) 92 (YEAR) 3:16pm (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION JOHN LYNE

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 35 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
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 3.9 mg/l

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

TEST(S) BY CC
FOR ACCOUNTING USE ONLY

LWN 88

RECEIVED '92 SEP 23 P3:50

REPORTED '92 SEP 28 A7:04