LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 93390035001

Issued 10/15/93
Expires 04/15/94
Revenue Code 18754

Establishment
HAROLD CASEMENT
T7N R6E SEC 1 QTR SE

FEES: $50.00

TOTAL $50.00

Permittee
HAROLD CASEMENT
2141 W PLUM ST
LINCOLN NE 68522

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

FILE NO. _____

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

DATE: 10-12-93

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 36 ;
Block _____ ; Lot _____ ; Addition _____
Street Address 10,000 Wagon train Rd.

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3 Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Lagoon to replace septic system. (Abandoned tank) Install 200 new sewer line, also 2241 sqft 40 equivalent

5. Work to be done by: Owner ☐ ; or Contractor ☐ , Capital City Trenching
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	2403 01

Ronald J Beaumont
Signature of Applicant (owner or lessee)

2141 West Plum
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 10-12-93
Filing Fee: $ 50.00

2. Site Visits:
Date: 10-12-93 by: RM (need tank)
Date: 10-20-93 by: RM tank abandoned
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-31-93 by: Ron Maynard

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 99380199701

Issued 06/01/99
Expires 12/01/99
Revenue Code 3157

Establishment

MICHAEL HARRINGTON
T8N R7E SEC 36 QTR SW
LOT 28IT
10000 STAGECOACH RD.-HICKMAN

FEES: $150.00

Permitee

MICHAEL HARRINGTON
8100 OLD CHENEY RD
LINCOLN NE 68516

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010427

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number: 9938 01997

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 10000 STAGECOACH RD (no rural route) City HICKMAN NE, Zip 68372

Legal Description SW 36 8N 7E 28 IT.
(1/4 | 1/4 | Section | Township | Range | Subdivision | Addition | Block | Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name Michael Hamilton Signature Michael Hamilton

Address 816 CCD CIRCLE City/State/Zip Lincoln NE 68506

☐ Check if owner designed system Home Phone 402-488-1870 Work Phone 402-488-2345

C. Contractor

Name COUNTRYSIDE HOMES OF LINCOLN Company Name _____

Address 5300 W. "O" ST. City/State/Zip LINCOLN NE 68528

☐ Check if contractor designed system Work Phone (402) 474-2441

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name HARPER WELL & PLUMBING INC Firm HARPER WELL & PLUMBING Work Phone 402-988-2055

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 2832

1. **Health Department** Date rec'd 6-1-99 Date frwd 6/2/99 **ACTION** ☑ Approved ☐ Disapproved Signature John T Mann
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 06/02/99 Date frwd _____ **ACTION** ☒ Approved * ☐ Disapproved Signature Virgil Wearmat *

* VERIFY ADDRESS CK FLOODPLAIN
* Verify Lagoon Is Not In Flood Plain need P. Street name

Installation Final Written Approval

By _____

Date 12-7-00

Business Office Use Only

Date Rec'd 06/01/99
Amt Paid 150 cc
Rec'd By ns Cash/Check No. 3176

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number: 99380179 7

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1000 STATE CAPITOL RD (no rural route) City HICKMAN NE, Zip _____

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: N/A

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks SEALED LAGOON NO PERC TEST. JM

Signature of Reviewing Official _____ Date 6-1-99

FORM 23-101 10-96

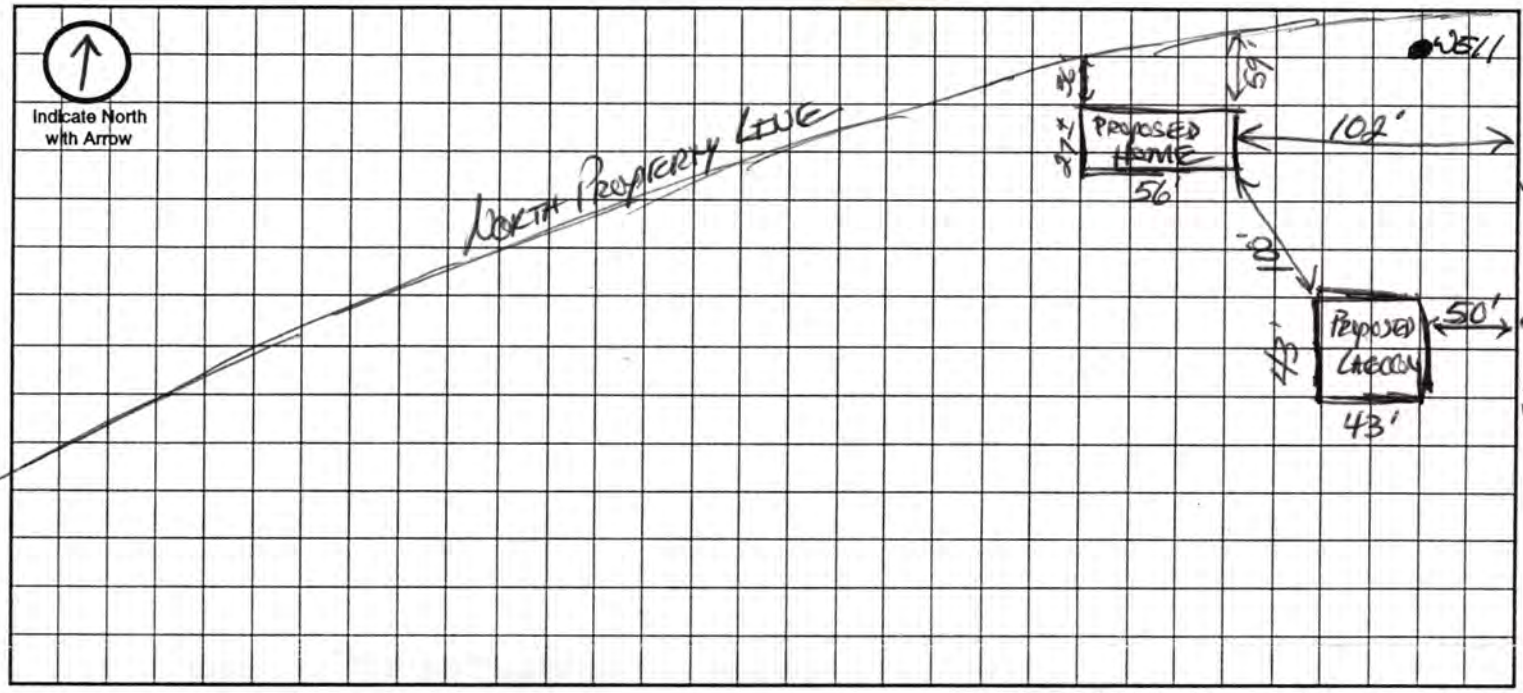
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 9938019977

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 10000 STAGECOACH RD. City HICKMAN NE, Zip 68372

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other LAGOON

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☒	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor COUNTRYSIDE HOMES OF LINCOLN INC. Date 5/28/99

Installer HARPER WELL & PLUMBING INC Adams, NE Date 5/28/99

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

D

Permit Number: 9938019970l

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 10000 Stagecoach (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance 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: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

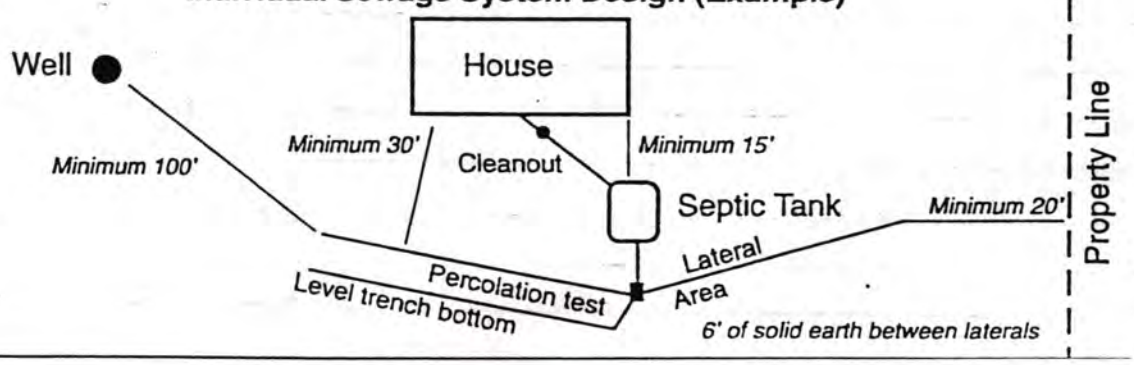
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

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: 1/30/89

☒ Evaluation of the Sewage Disposal System ☐ Enclosed is $75.00

Legal Description of Property: TWP. 8N; RANGE 7E; SECTION 36; BLOCK ____

LOT ____; ADDITION _____; Street Address 10000 Wagon Train Rd.

Directions to Property _____

Location of Well East of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System South West of House Year Installed 1978

	NAME	ADDRESS	PHONE
Present Owner:	Allen Bretz		
Tenant/Buyer:	Charles Enyeart	10000 Wagon Train	792-2765
Return to:	Enyeart & Provident	4420 So 13th	474-5959

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

Signature of Applicant Joan Enyeart Address 10000 Wagon Train

==========

HEALTH DEPARTMENT USE ONLY

Date Received 1-30-89 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 1-30-89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 1-30-89 by mm
Bacteria	☒	☐	Provisional:	☒	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: Recommend a riser on septic tank and proper fill of distribution Box to prevent surface water from draining into septic system. 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 Maynard DATE 2-3-89

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. 3 (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. 1-30-89 (9-16) MO./DAY/YR./HOUR BY ____ (17-28)

ADDRESS OR LOCATION N. Yard Hy Grant (29-41) Rd E of Bats

NAME AND ADDRESS OF OWNER

Charles Enyeart

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. 74 (44-47)

DATE EXAMINED 1-30-89 (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE <0.1 (stat) (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE ____ (69-75)

ANALIZED BY mjg (76-79)

IN 1-30-89 mjg

OUT 1-31-89 mjg 5:05P

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

'89 FEB -1 A9:54

'89 JAN 30 P3:12

REP.

REC.

COMPLETE INFORMATION BELOW:

WATER CHEMISTRY

STATE LAB NO. 159-729

DATE COLLECTED 1-30-89 1100 (Mo.) (Day) (Yr) (Hour)

SAMPLE COLLECTED BY Marquart

SAMPLE LOCATION Enyeart

PROPERTY LEGAL DESCRIPTION: COUNTY Lancaster

QUARTER _____ SECTION _____ TOWNSHIP _____ N S RANGE _____ E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

_____ REC.

_____

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LWCFD

2200 St. Mary

Lincoln, NE

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

CHECK TESTS REQUESTED

- ☐ ALL TESTS BELOW
- ☐ pH _____
- ☐ CALCIUM _____ mg/l
- ☐ MANGANESE _____ mg/l
- ☐ CHLORIDE _____ mg/l
- ☑ NITRATE-N less than 0.1 mg/l
- ☐ FLUORIDE _____ mg/l
- ☐ SODIUM _____ mg/l
- ☐ IRON _____ mg/l
- ☐ SULFATE _____ mg/l
- ☐ TOTAL ALKALINITY _____ mg/l as $CaCO_3$
- ☐ TOTAL HARDNESS _____ mg/l as $CaCO_3$
- ☐ TOTAL DISSOLVED SOLIDS BY CONDUCTANCE _____ mg/l

NOT TESTED BECAUSE OF:

- ☐ DAMAGE
- ☐ INSUFFICIENT AMOUNT
- ☐ IMPROPER CONTAINER

☐ NITRATE AND BACTERIOLOGICAL PURITY COMBINATION TEST

TEST(S) BY:

FOR ACCOUNTING USE ONLY

LRWC 85

001

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 10000 Wagon Train Rd

Twp 8N Range 7E Section 36 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition 36-8-7

Directions to Property East of Hickman 3/4 mile on Wagon Train Rd North side

Location of Well East of house Tap Location: Inside ☐ Outside ☑

Location of Sewage System West of house Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	Cap Enyeart	10000 Wagon train Rd Hickman NE 68372	792-2765
Tenant/Buyer:	Scott L. Johnson	4240 So 38th Lincoln NE 68506	483-2097
Return to:	Chris Granatowicz	2200 So 40th St Suite 103 Lincoln NE 68506	421-2094

Signature of Applicant Scott L Johnson Address 4240 So 38th Lincoln NE 68506 Date 3/11/94

HEALTH DEPARTMENT USE ONLY

Date Received 3/11/94 Received $150.00 Check ☑ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 3/14/94

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☐	☑	Approved ☐	Date 3/18/94 by LCH.
Bacteria	☑ 0 /ml	☐ ____ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☑ <.01 ppm	☐ ____ ppm	Disapproved ☑	Date ___/___/___ by ___

Comments: NEED LOCK ON LAGOON GATE. OLD WELL IN FRONT YARD MUST BE PROPERLY ABANDONED. WITHIN 100 FEET OF WELL BEING USED. Lock on lagoon gate 3/16/94 C.H. None written ☐ See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 3/21/94

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.

002

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. 3214 68372

Legal Description of Property: Street Address 10000 Wagon Train Road, Hickman, NE

Twp 8N Range 7E Section 36 1/4 NW 1/4 Block ___ Lot ___ Addition ___

Directions to Property HICKMAN GO THROUGH TOWN TO WAGON TRAIN TAKE A LEFT ON Gravel 1.5 - CROSS PAVEMENT + 96TH STREET + IT WILL be 1st ACREAGE TO LEFT

Location of Well ~~West of House~~ East of House Tap Location: Inside ☒ Outside ☐

Location of Sewage System West of House Year Installed 1993

	NAME	ADDRESS	PHONE
Present Owner:	Scott L. + Tonya J. Johnson	10000 Wagon Train Rd Hickman, NE 68372	(402) 792-2554
Tenant/Buyer:			
Return to:	CHRIS GRABOWICZ	2711 Coronado Dr Lincoln NE 68516	402 421-7094

Signature of Applicant Scott L. Johnson Tonya J. Johnson Address 10000 Wagon Train Rd Hickman, NE 68372 Date 11/05/96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 11/12/96
Initials lo
Amount $150
Check No. # 0843

DATA ENTRY

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 11/13/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.4 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

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

Comments: OLD WELL TO BE USED? Will retain see attached

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 12/4/96

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.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

WATER MICROBIOLOGY

STATE LAB NO 1424084

FOR LABORATORY USE ONLY

COMPLETE INFORMATION BELOW

DATE COLLECTED 11 (MO.) 13 (DAY) 96 (YEAR) 10:26A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION SCOTT JOHNSON

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QTR SW SECT 36 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

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

RECEIVED
96 NOV 13 AM 7:37

24 HOT REPORTED ON 96

'96 NOV 14 PM 2 54

REPORTED

RECEIVED

96 NOV 13 AM 37

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 15|0166

DATE COLLECTED 11 (MO.) 13 (DAY) 96 (YEAR) 10:26AM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION Scott Johnson

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 36 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: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

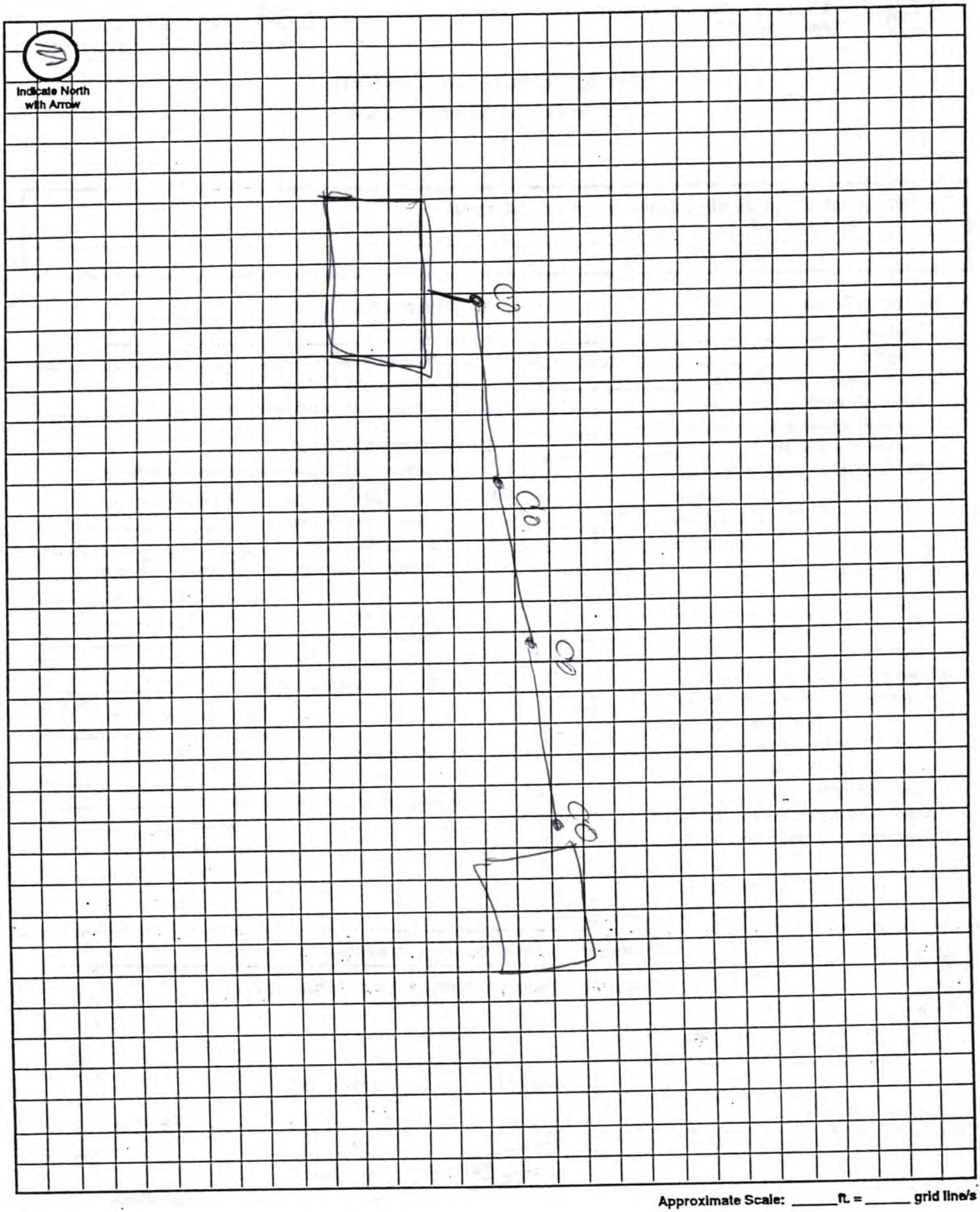
NITRATE — N 0.4 mg/l

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

TEST(S) BY BT
FOR ACCOUNTING USE ONLY

LWN 88

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s