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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 14100 BENNET RD 3340

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

Directions to Property #2 EAST TO 134th SOUTH TO BENNET RD EAST TO PROPERTY NORTH SIDE

Location of Well FRONT YARD Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:			
Tenant/Buyer:			CELL 450-1669
Return to:	EMERY J VENIS		423-5799

Signature of Applicant Emery J. Venis Address 6900 COUNTRY VIEW, LINCOLN 68516 Date 6/6/97

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 6/6/97
Initials ___
Amount $150.00 ✓
Check No. 1724 ✓

DATA ENTRY

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

PRELIMINARY STATUS--By PAUL DROTLEMANN **DATE:** 6/9/97

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

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

Comments: Sewage system apparently pre-dates regulations. No records of construction on file. Unused well should be properly abandoned. Water samples collected P.D.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Morgan, R.S. Date 6/11/97

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.

'97 JUN -9 P3:38

RECEIVED

'97 JUN 10 PM 3 10

REPORTED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 153656

DATE COLLECTED 6-9-97 (MO. DAY YEAR) 2:50 (HOUR)

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION VENIS ; 14100 Bennet Rd

PROPERTY LEGAL DESCRIPTION: COUNTY LANC,

QRTR ____ SECT 4 TWNSHP 8 S RANGE 8 W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 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 1.1 mg/l

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

TEST(S) BY SB

FOR ACCOUNTING USE ONLY

LWN 88

'97 JUN 9 PM 3 59 RECEIVED

'97 JUN 10 PM 1 2 REPORTED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 14 11955

DATE COLLECTED 6-9-97 (MO. DAY YEAR) 2:50 (HOUR)

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION VENIS; 14100 Bennett Rd

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR ____ SECT 4 TWNSHP 8 S RANGE 8 E W

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

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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 RT
FOR ACCOUNTING USE ONLY

LWB 91

CASE#: 970613005 DATE: 06/13/97 TAKEN BY: COOK CITY

LOCATION: T8N R8E SEC 4 REASON: SERVICE REQUEST

REQUESTOR: EMERY VENIS REQ.TYPE: OWNER

& ADDRESS: 6900 COUNTRY ----------COMPLAINT TYPE-------

SECTION: WATER/WASTEWATER/REC SAN 1:

ASSIGN TO: MARQUART RON R 2:

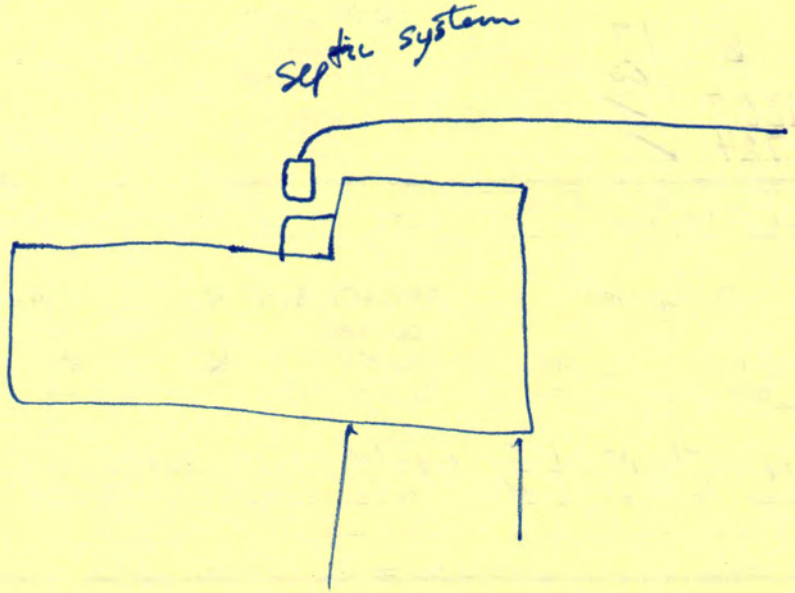
PERMIT TYPE: 3:

COMMENTS: LOAN APPROVAL

XREF CASE:

RESIDENT CR# _____ ADDRESS CR# _____ LEGAL CR# _____

↑



⊗ WELL