LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2752-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

SCOTT FITZGERALD/GENERAL EXCAVATING 4401 NO. 27TH LINCOLN, NE 68521
ISSUED TO — ADDRESS

T8N; R8E; Sec. 8; E½ SW¼ SW¼
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
MC	10.7.88	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. ———

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: $ _____

FILE NO. 2752-C

DATE: 10-6-88

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. 8N ; Range 8E ; Section 8 ;
   Block _____ : Lot _____ : Addition E½ SW¼ SW¼
   Street Address 120th + Wittstruck

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

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

4. Distance to public sewer: _____ ft.

Scott Fitzgerald Construction Co.
Signature of Applicant (Owner or Lessee)

4401 N 27th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/6/88. Date Frwd. 10/7/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/7/88. Date Frwd. 10/8/88. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 10/7/88. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/3/88 by: L.C. Hood
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/3/88 By: Jerold C. Hood

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

FORM 23-43

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. _____

PROPERTY WHERE SOIL TESTED:

E½ SW¼ SW¼

Location: Township 8N; Range 8E; Section & ¼ Section 8.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

3 Bedroom

423-6259 OWNER: DAN DOLLMAN

Address: 120th & WITTSTRUCK

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	36"	6-27	4:00	6-28	4:00	6-28	4:00	12"	6:00	9"	30	3"	2 HR DROP
2	36"	6-27	4:00	6-28	4:00	6-28	4:00	12"	6:00	9"	30	3"	
3	36"	6-27	4:00	6-28	4:00	6-28	4:00	12"	6:00	6"	30	6"	
4	36"	6-27	4:00	6-28	4:00	6-28	4:00	12"	6:00	7"	30	5"	
5	36"	6-27	4:00	6-28	4:00	6-28	4:00	12"	6:00	9½"	30	2½"	
6	36"	6-27	4:00	6-28	4:00	6-28	4:00	12"	6:00	9¼"	30	2¾"	

TERRY CLIFTON (general exc.)
Signature of Person Conducting Test

Address 4401 N 27th Phone 467-1627

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

(Do not write below this line)

REVIEWING ACTION

Remarks: ~~Does not~~ Conformed 11/3/88

Soil Type (SCS): Wymore Silty Clay Loam

Date: _____

Approved Percolation Rate (a)
A. ~~30~~ 23 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold C. Hood
Signature of Reviewing Official

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: _____

FILE NO. _____

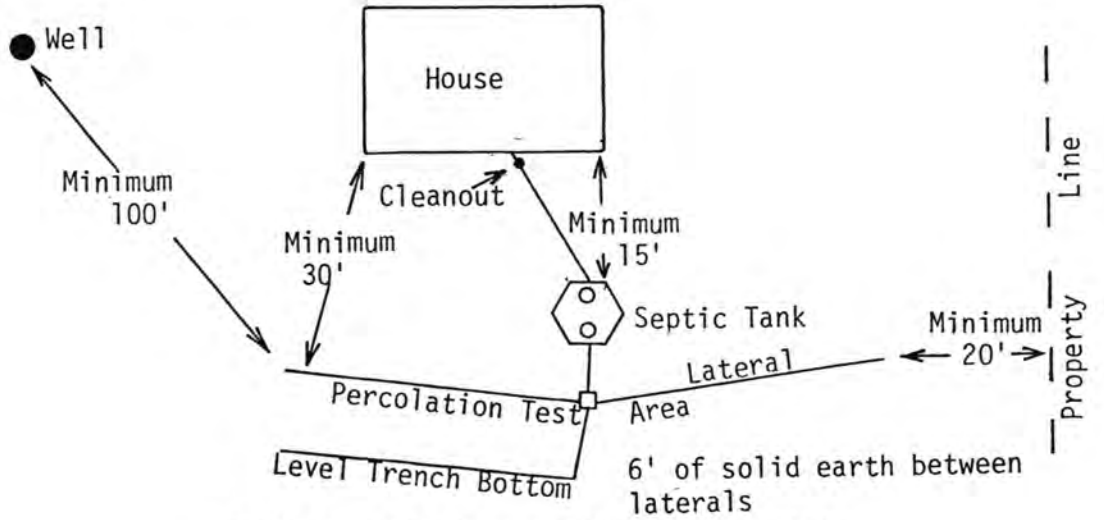
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material #160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 44 in.
3. Distance between dwelling and septic tank 131 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Precast; No. of compartments _____.
2. Capacity 1000 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 8"-2" in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pre Cast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 7' 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 2; Length of each line 100, 100, _____, _____, _____ ft.;
Total length of laterals 200 ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width _____ ft.;
Slope 5" in/100 ft.; Average Depth 36 in. 64 ton
4. Filter Material: Road Gravel
Depth of Material 20 in.
5. Distances to:
Well or Suction Line 200' ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

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: MARCH 30, 1989

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

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

LOT ____; ADDITION _____; Street Address 13100 WITTBRUCK RD. LINCOLN

Directions to Property E. on HWY 2 TO 130TH SOUTH ON 130TH TO WITTBRUCK IS 1/2 MI E ON WITTBRUCK

Location of Well SOUTHEAST OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System SOUTHEAST OF HOUSE Year Installed 1986

	NAME	ADDRESS	PHONE
Present Owner:	Dan & Becky Dallman	13100 Wittbruck Rd	786-8782
Tenant/Buyer:			
Return to:	Same		

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

Signature of Applicant Becky Dallman Address 13100 WITTBRUCK RD. DENTON, NE

==========

HEALTH DEPARTMENT USE ONLY

Date Received MARCH 30, 1989 Received $75.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 4/3/89

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 4/3/89 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ____
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ____

Comments: _____

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Lowell C. Hood R.S. DATE APRIL 10, 1989

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. FL 2. N 3. BOTH 4. TPC

DATE COLL. 4/3/89 11:30 A.M. (9-16) BY L. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 8, T8N, R8E E 1/2 OF SW 1/4 OF SW 1/4 (29-41)

NAME AND ADDRESS OF OWNER

DAN DALLMAN
12100 WITTSTRUCK RD.
LINCOLN, NEBRASKA

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. 1 (44-47)

DATE EXAMINED 4-3-89 (48-53)

COLIFORM 0 /100 mL. (54-56)

FLUORIDE ____ mg/LITER (57-60)

NITRATE <0.1 mg/LITER (61-64) STATE TEST

TPC ____ /100 mL. (65-68)

LAB. PROCEDURE ____ (69-75)

ANALIZED BY mjg (76-79)

IN 4-3-89 3:40P ah

OUT 4-4-89 4:00P mjg

WATER CHEMISTRY

STATE LAB NO. 159 1987

COMPLETE INFORMATION BELOW:

DATE COLLECTED 4 (Mo.) 3 (Day) 89 (Yr) 11:30 A.M. (Hour)

SAMPLE COLLECTED BY JERROLD C. HOOD

SAMPLE LOCATION DAN DALLMAN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QUARTER SW SECTION 8 TOWNSHIP 8 N RANGE 8 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

REC.

REC.

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

APR -5 '89 P1:15

APR -3 '89 P3:18

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: JW

FOR ACCOUNTING USE ONLY

LRWC 85

012

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-780

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / LO

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: 9-22-92

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

Legal Description of Property: TWP. 8N; RANGE 8E; SECTION E½ OF SW¼ OF SW¼; BLOCK ____

LOT ____; ADDITION _____; Street Address 12100 WITTSTRUCK RD. BENNET

Directions to Property E ON HWY 2 TO 120TH S ON 120TH 3 mi.

E ON WITTSTRUCK APX 1/8 mi GRAY-WHITE 2 STORY N SIDE OF RD.

Location of Well Apx 500 FT N & SLIGHTLY EAST OF HOUSE IN FIELD Tap Location: Inside ☐ Outside ☒

Location of Sewage System N OF HOUSE APX 30 FEET N OF SWING SET TO EDGE OF MILO ABOUT 200 FT LATERALS 1000 GALLON TANK Year Installed 1989

YOU HAVE INSPECTED THIS BEFORE ✓ RECORDS FOR ANY QUESTIONS AND DIFFUSION BOX

	NAME	ADDRESS	PHONE
Present Owner:	Dan & Becky Dallman	12100 WITTSTRUCK RD.	488-8217 W 782-8742 H
Tenant/Buyer:	REFINANCE		
Return to:	Crown Closing 70th & Vista Building		

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

Signature of Applicant Becky Dallman Address SAME

==========

HEALTH DEPARTMENT USE ONLY

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

PRELIMINARY STATUS--DATE SEPTEMBER 24, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 9/24/92 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 9/25/92 by J.C.H.
Nitrate <10 ppm	☒	☐	Disapproved:	☐	Date _____ by ____

could not find well

Comments: _____

_____

_____ 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 22, 1992

...oval or disapproval is based on written standards for construction, location and ...quality. Inspection is based on visible construction and operation at the time of ...ion. Approval or provisional approval does not imply or express a guarantee of ...peration. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska
INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

[redacted]AL EXAMINATION OF DRINKING WATER

[redacted]CTED AND MAILED ON:

[redacted]WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

1. FL 2. N

ACCOUNT NO. ____ (16-22) ADD. TESTS ____ (23) 3. BOTH 4. TPC

DATE COLL. 9/25/92 2:27PM (MO./DAY/YR./HOUR (9-16)) BY J. C. Hood (17-28)

ADDRESS OR LOCATION SEC. 8, T8N, R8E (29-41)

DAN DALLMAN

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. 23332 (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 RBJ (76-79)

2 IN SEP 25 P3:38 '92 OUT SEP 26 P4:33

WATER CHEMISTRY

STATE LAB NO. 15 B126

COMPLETE INFORMATION BELOW

DATE COLLECTED 9 (MO.) 24 (DAY) 92 (YEAR) 12:36 p.m. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DAN DALLMAN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW SECT 8 TWNSHP 8 N RANGE 8 E 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
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

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

REPORTED SEP 28 '92 A7:08

RECEIVED SEP 24 '92 P3:48

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 CC

FOR ACCOUNTING USE ONLY

LWN 88

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.

Legal Description of Property: Street Address 12100 WITTSTRUCK ROAD

Parcel ID 21 - 08 - 300 - 006 - 000 (i.e. 99-99-999-999-999)

Twp 8N Range 8E Section 8 1/4 1/4 Block Lot 5 I.T. Addition Lot 5 SW [redacted] 8-8-8, Irregular Tract Lot 5 located in the SW, Sect 8, Township 8 North, Range 8 East of the 6th P.M.

Directions to Property South on 56th to Saltillo Rd. East on Saltillo to 120th. South to Wittstruck Rd (2 miles). East 1/4 mile, the Blue house on North side of Road.

Location of Well ABOUT 75-100 yards from back of house towards the pond in the field Tap Location: Inside ☐ Outside ☒

Location of Sewage System SEPTIC System, about 25 yards from back of house Year Installed 1989

Site Hazards (dogs, etc.) NONE

	NAME	ADDRESS	PHONE
Present Owner:	Rick Roberts	2412 Dawn Dr. Lake Havasu City, AZ 86404	928 486-4750 (cell) 928 764-2080 (home)
Tenant/Buyer:	Mike & Joyce Greenfield	9001 W Waverly Road Malcolm, NE 68402	434-9661 (work) 796-2431 (home)
Return to:	Mike Greenfield	9001 W Waverly Road Malcolm, NE 68402	↑ (Fax)

Signature of Applicant Michael A. Greenfield Address same as above Date 2 / 14 / 2002

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 2/14/02 Amount 200.00 Check No. 8298 Initials CW

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

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 2/15/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 0.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: SHOULD DIG UP DISTRIBUTION BOX AND SEE IF IT IS STILL SITTING LEVEL THE LOWER LATERAL SEEMS TO BE GETTING MORE LIQUID THAN UPPER LATERAL. SUNKEN PLACES IN LATERAL SHOULD BE FILLED TO PREVENT PRECIPITATION FROM POOLING ON THE LATERAL. 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 Gerald C. Hood R.E.H.S. Date 2/20/02

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

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

FEB 2 0 2002

Laboratory Report Printed on:

February 19, 2002

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

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

Laboratory Number: **P20016-18**
Sampled By: **JERROLD HOOD**
Location: **12100 WITTSTRUCK RD**
Sample Point:

Date Collected: **15-Feb-2002 02:17 PM**
Date Received: **15-Feb-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	02/16/02	KC
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	02/16/02	KC

Note: see reverse side of report for description of acronyms and data qualifiers
For inquiries on result interpretation call: (402) 471-6435.

Larry Schwarck 11-3-88

