011

Lincoln-Lancaster County Health Department

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

REAL ESTATE TRANSFER/LOAN

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

This form must be completed and returned to requ

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

LOT 1 SW 31-8-8

Legal Description of Property: Street Address 11205 WAGON TRAIN RD HICKMAN (HOUSE LOCATED ON SE CORNER AS YOU HIT GRAVEL AT 112th)

Twp 8N Range 8E Section 31 1/4 ___ 1/4 ___ Block ___ Lot ~~11~~ Addition ___

Directions to Property TURN LEFT AT CASEY'S IN HICKMAN (EAST) FOLLOW PAVEMENT (IT WILL CURVE SOUTH AROUND LAKE) TURN LEFT (EAST) AT 96th & WAGON TRAIN UNTIL HIT GRAVEL OUR

Location of Well 200' SW OF HOUSE Tap Location: Inside ☐ Outside ☒ BARN

Location of Sewage System 300' WEST OF HOUSE Year Installed 1994 (APPROX)

	NAME	ADDRESS	PHONE
Present Owner:	JEFFERY & THERESE NISBET	RT 1 BOX 144A HICKMAN, NE 68372	792-2862 (HOME) 486-6236 (WORK)
Tenant/Buyer:	SAME	JEFF CELL	432-3749
Return to:	SAME AS ABOVE		

Signature of Applicant Therese Nisbet Address RT 1 BOX 144A HICKMAN, NE 68372 Date 9/29/93

HEALTH DEPARTMENT USE ONLY

Date Received 10/6/93 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Moore **DATE:** 10/7/93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 10/14/93 by J.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date 10/15/93 by RM
Nitrate	☒ 3.1 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: SEPTIC SYSTEM IS LEAKING OUT. CAP MISSING ON CLEAN OUT. Need cut sewage pumped out of Septic System. Correction appears to have been made See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Maynard R.S. Date 10/15/93

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.

049

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. WK. (4) DAY (5) SAMP/DAY (6-7)

A [redacted] (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE 5/7/93 10:18 A.M. BY J.C. Hood

MO./DAY/YR./HOUR (9-16) (17-28)

ADDRESS OR LOCATION LOT 4 I.T., SEC. 31, T8N, R8E JEFFERY NESBIT (29-41)

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. 25579 (44-47)

DATE EXAMINED (48-53)

COLIFORM 0 /100 mL. (54-56)

FLUORIDE mg/LITER (57-60)

NITRATE mg/LITER (61-64)

TPC /100 mL. (65-68)

LAB. PROCEDURE mf (69-75)

ANALIZED BY AC (76-79)

IN '93 OCT -7 P3:59

OUT '93 OCT -8 P1:17

WATER CHEMISTRY

STATE LAB NO. 151175

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO) 7 (DAY) 93 (YEAR) 10:18 AM (HOUR)

SAMPLE [redacted]TED BY JERROLD HOOD

SAMP JEFFERY NESBIT

PROP DESCRIPTION: COUNTY LANCASTER

QRTR SECT 31 TWNSHP 8 N RANGE 8 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 3.1 mg/l

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

TEST(S) BY RFJ

FOR ACCOUNTING USE ONLY

LWN 88

REPORTED OCT -8 '93 P3:52

RECEIVED OCT -7 '93 P3:58

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 11005 Wagon Tr Rd

Parcel ID 21 - 31 - 300 - 004 - 000 (i.e. 99-99-999-999-999)

Twp 8N Range 8E Section 3 1/4 NW 1/4 SE Block ___ Lot 4 Addition ___

Directions to Property From Hickman Rd. 2 miles east to 96th St. turn right - 1/4 mile to Stop Sign a Wagon Tr. - turn left. 1st house on right after 110th St.

Location of Well UNK SOUTH WEST OF HOUSE Tap Location: Inside ☒ Outside ☐

Location of Sewage System UNK WEST OF HOUSE Year Installed ___

Site Hazards (dogs, etc.) none

	NAME	ADDRESS	PHONE
Present Owner:	Jeff and Theresa Nash	10908 S. 180th St. Omaha, NE 68136	402 332-5860
Tenant/Buyer:	Eric + Theresa LaVen	415 Judson Lincoln, NE 68521	475-65-75
Return to:	Kristen Anderson- Woods Bros.	1100 S. 29th Lincoln, NE 68516	499-7618 434-3605 (Fax)

Signature of Applicant [signature] Address 415 Judson Lincoln, NE 68521 Date 2/23/04

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 2/24/04 Amount $200.00 Check No. 5257 Initials TLV

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 2/25/04

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 1.6 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date 3/24/04 by JCH

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: IT APPEARS THAT THE SEPTIC SYSTEM HAD LEAKED OUT AT THE BEGINNING OF THE LATERALS (HOUSE WAS VACANT AT TIME OF INSPECTION) SHOULD CONTACT SEPTIC INSTALLER TO FIND OUT WHAT MIGHT BE OCCURRING. See Attached Letter ☐ SUNKEN PLACES OVER LATERAL MUST BE FILLED IN (ONE NORTH LATERAL IS PARTICULARLY BAD). IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 3/24/04

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

Revised/Reprint: 9-00

3/24/04 SUNKEN PLACES FILLED IN. OWNER STATES THAT DISTURBED AREA THAT APPEARED TO HAVE LEAKED WAS THE RESULT OF A REPAIR ON A BREAKAGE IN THE SYSTEM.

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

FEB 2 7 2004

Laboratory Report Printed on: February 26, 2004

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

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P24318-32**
Sampled By: **JERROLD HOOD**
Location: **11005 WAGON TRAIN RD**
Sample Point:

Date Collected: **25-Feb-2004 12:23 PM**
Date Received: **25-Feb-2004**

Parameters	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	02/26/04	HK
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	02/26/04	HK

Analysis Report Remarks: LOT 278DY

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