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: $ 130.00

FILE NO. _____

DATE: 10-13-92

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. 9N ; Range 5E ; Section 8 ; L-26 NE 8-9-5
   Block 0 : Lot 26 I.T. : Addition 5
   Street Address on 112th St ½ mile South of Pioneers Blvd on West Side

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

3. Type of Individual Sewage Disposal System: Septic Tank ☐ OR ; Other ☑ LAGOON

4. Distance to public sewer: None ft.

Oswald L Barry
Signature of Applicant (Owner or Lessee)

3716 N.W. EBONY CT. LINCOLN
Address 68521
441-1237

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/13/92 . Date Frwd. 10/14/92 . ACTION: Approved ☑ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☑ Disapproved ☐ Signature: Jim Plough

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-11-92 by: P.D.
Date: 4/30/93 by: L.C.H.
Date: 10-19-94 by: P.D.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-18-96 By: Paul Wyman

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

FORM 23-43

FORM HD- 43(73) 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 475-6221)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: Don Barry
Address Pioneers & W 112th (½ mile So)

Soil Type: Silty Clay ☐; Silty Clay Loam ☒; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: 10-14-92 to 10-15-92. Weather: Precip. none Temp. 35 F

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
*	30"	10-14	17:50	10-15	17:00	10-15	17:00		21:00		30 min		
1	"	"	"	"	"	"	"		"		"	2	
2	"	"	"	"	"	"	"		"		"	1¼	
3	"	"	"	"	"	"	"		"		"	1¾	
4	"	"	"	"	"	"	"		"		"	1	
5	"	"	"	"	"	"	"		"		"	1½	
6	"	"	"	"	"	"	"		"		"	1¾	

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

Buy on Manley
Signature of Person Conducting Test

Address 612 Wolf Dr. Eagle NE.
Phone: 464-0638 Work 781-2919 Home.

(Do not write below this line)

REVIEWING ACTION

REMARKS: Judson Silt loam near Hodaway

DATE: November 19, 1992

Approved Percolation Rate(s)
A. 19 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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 3-18-96

FILE NO: _____

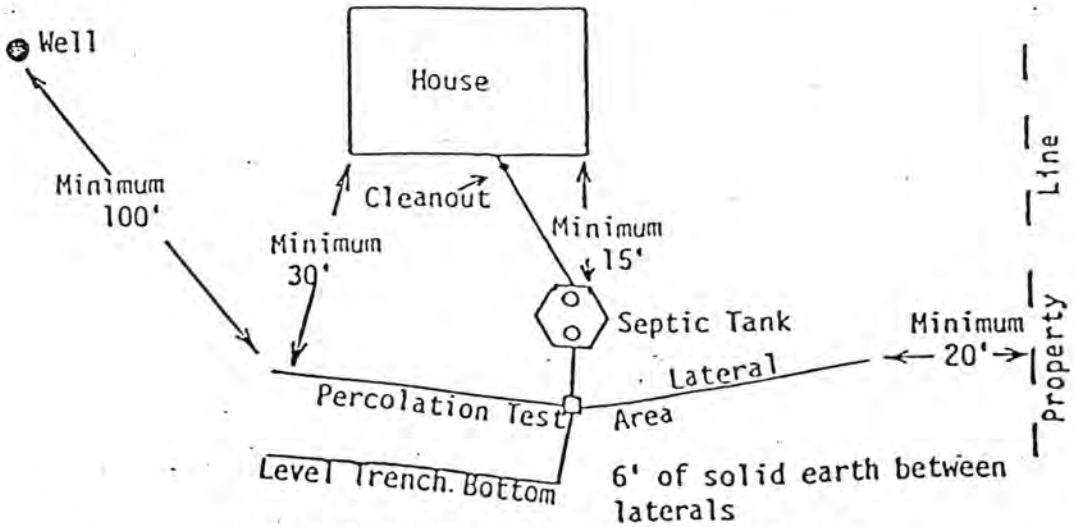
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 6.
5. Distances to:
Well or Suction Line 100 + ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 70 ft.

B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ 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 _____ 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 ☐
(Company _____)
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.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ 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.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

003

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 4949 SW 112 Denton 1900

Twp 9N Range 5E Section 8 1/4 NE 1/4 Block ___ Lot 26 Addition LLCN

Directions to Property From Emerald go south on NW 84 3 miles to W. Pioneer turn west to SW 112

Location of Well N of House Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon left side of Drive Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Donald Barry	4949 SW 112 Denton	795-2112
Tenant/Buyer:	Allen & Gina Blackburn	10510 N 138 St Waverly Ne	786-2393
Return to:	Leslie Applegarth	c/o Woods Bros Realty 7141 A St Lincoln Ne 68510	430-0460 434-3800

Signature of Applicant Gina L Blackburn Address PO Box 5464 Lincoln, Ne 68505 Date 09/30/96

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 09/30/96
Initials JS
Amount 150.00
Check No. 1817

DATA ENTRY

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

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 10/1/96

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

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 10/14/96 by J.C.H.
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: INSIDE LAGOON FENCE NEEDS MOWING BADLY. Cutting done 10/14/96 Good Job! J.C.H.

See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.P. Date 10/4/96

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

'96 OCT -1 P2:20 RECEIVED

'96 OCT 2 AM 7 57 '96 OCT 2 PM 3 02 REPORTED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 15 9044

DATE COLLECTED 10 (MO.) 1 (DAY) 96 (YEAR) 11:15 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DONALD BARRY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 8 TWNSHP 9 N RANGE 5 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 0.2 mg/l

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

TEST(S) BY SW

FOR ACCOUNTING USE ONLY

LWN 88

WATER MICROBIOLOGY

STATE LAB NO 1420727

COMPLETE INFORMATION BELOW

DATE COLLECTED 10 (MO.) 1 (DAY) 96 (YEAR) 11:15 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DONALD BARRY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 8 TWNSHP 9 N RANGE 5 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
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: ☒ 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

'96 OCT 3 PM 1 35 REPORTED

'96 OCT -1 P2:20 RECEIVED

'96 OCT 30 AM 8 00

002

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 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 4949 S.W. 112, Denton 1900

Twp 9 N Range 5 E Section 8 1/4 NE 1/4 Block ___ Lot 26 Addition Irregular Tract

Directions to Property From Emerald go south on NW 84 3 miles to W. Pioneer, turn West to 112

Location of Well north of house Tap Location: Inside ☐ Outside ☐

Location of Sewage System Lagoon left side of drive Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Donald Larry	4949 SW 112, Denton	795-2112 484-5940
Tenant/Buyer:	Douglas Powell	2200 SW 13, Lincoln	477-6170
Return to:	Capital Title Attn: Marilyn Wimer	P O Box 6577, Lincoln 68506-6577	434-3713

Signature of Applicant Douglas Powell Address 2300 SW 34th St. Lincoln NE 68522 Date 1/25/97

HEALTH DEPARTMENT USE ONLY

Date Received 1/30/97 lo Received $150.00 Check ☒ Cash ☐ #1427 4/11/97 by L.C.H.

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 1/31/97 2/21/97 by L.C.H. 2/14/97 by L.C.H. clear

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☒ 1 /ml
Nitrate	☒ 0.2 ppm	☐ ___ ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date 2/11/97 by L.C.H.

Date 2/12/97 by L.C.H.

Date 2/13/97 by L.C.H. 2-21-97 by L.C.H.

Comments: Chlorinator in station 4/11/97

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ APPROVAL IS FOR CHLORINATED WATER ONLY AND ONLY AS LONG AS CHLORINATOR IS PROPERLY OPERATED AND MAINTAINED

SEWAGE DISPOSAL SYSTEM Approved: ☒ Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 4/16/97

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 APR 12 PM 5 2D7 APR 13 PM 12 30

RECEIVED

REPORTED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 14 7587

DATE COLLECTED 4 (MO.) 11 (DAY) 97 (YEAR) 1:15 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DONALD BARRY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 8 TWNSHP 9 N RANGE 5 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: ☒ 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 CC

FOR ACCOUNTING USE ONLY

LWB 91

'97 FEB 3 AM 9

REPORTED

97 JAN 31 AM 10:09

RECEIVED

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 157-718

DATE COLLECTED 1 (MO.) 31 (DAY) 97 (YEAR) 10:35 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DONALD BARRY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 8 TWNSHP 9 N RANGE 5 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 0.2 mg/l

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

TEST(S) BY ET
FOR ACCOUNTING USE ONLY

LWN 88

WATER MICROBIOLOGY

STATE LAB NO 142655

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 1 (MO) 31 (DAY) 97 (YEAR) 10:35 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DONALD BARRY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 8 TWNSHP 9 N RANGE 5 E

TEST METHOD: X MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 16 PER 100 ML.

☐ THE WATER MEETS BACTERIOLOGICAL STANDARD

X 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

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

LWB 91

RECEIVED JAN 31 AM 10:10 '97 FEB 13 REPORTED

'97 FEB 13 PM 1 05 RECEIVED

'97 FEB 14 AM 9 19 REPORTED

COMPLETE INFORMATION BELOW FEB 19 1997

WATER MICROBIOLOGY

STATE LAB NO 143684

DATE COLLECTED 2 (MO.) 13 (DAY) 97 (YEAR) 11:30 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DONALD BARRY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 8 TWNSHP 9 N RANGE 5 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: ☒ 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 JW

FOR ACCOUNTING USE ONLY

LWB 91

REPORTED 97 FEB 16 AM 11 00

RECEIVED 97 FEB 14 P2:5

COMPLETE INFORMATION BELOW FEB 19 1997

WATER MICROBIOLOGY

STATE LAB NO 143750

FOR LABORATORY USE ONLY

DATE COLLECTED 2 (MO.) 14 (DAY) 97 (YEAR) 10:05 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOP

SAMPLE LOCATION DONALD BARRY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 8 TWNSHP 9 N RANGE 5 E

TEST METHOD: ☑ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 2 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

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

TEST(S) BY ET

FOR ACCOUNTING USE ONLY

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

LWB 91

WATER MICROBIOLOGY

STATE LAB NO 14 4146

FOR LABORATORY USE ONLY

COMPLETE INFORMATION BELOW

DATE COLLECTED 2-20-97 2:35
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY P. DROTZMANN

SAMPLE LOCATION BARRY ; 4949 SW 112th

PROPERTY LEGAL DESCRIPTION: COUNTY LANC.

QRTR SE SECT 8 TWNSHP 9 N S RANGE 5 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 Health Dept.
3140 "N" Street
Lincoln, NE 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

'97 FEB 21 PM 4 41 RECEIVED

'97 FEB 23 AM 11 REPORTED

WATER MICROBIOLOGY

STATE LAB NO 147-4154

COMPLETE INFORMATION BELOW

FOR LABORATORY USE ONLY

DATE COLLECTED 2 - 21 - 97 1100
MO. DAY YEAR HOUR

SAMPLE COLLECTED BY R. Marquart

SAMPLE LOCATION Donald Barry

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
3140 'N' St
Lincoln, NE

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

REPORTED '97 FEB 23 AM 11 46

RECEIVED 2-21-97

TEST METHOD: ☒ MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 1 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

'97 APR 14 AM 11 597 APR 15 AM 11 24

RECEIVED

REPORTED

COMPLETE INFORMATION BELOW

WATER MICROBIOLOGY

STATE LAB NO 14 7608

FOR LABORATORY USE ONLY

DATE COLLECTED 4 (MO) 14 (DAY) 97 (YEAR) 10:22AM (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION DONALD BARRY

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SE SECT 8 TWNSHP 9 N RANGE 5 E

TEST METHOD: X MEMBRANE FILTER ☐ MPN

COLIFORM PURITY TEST FOR DRINKING WATER

TOTAL COLIFORMS 0 PER 100 ML.

X 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

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

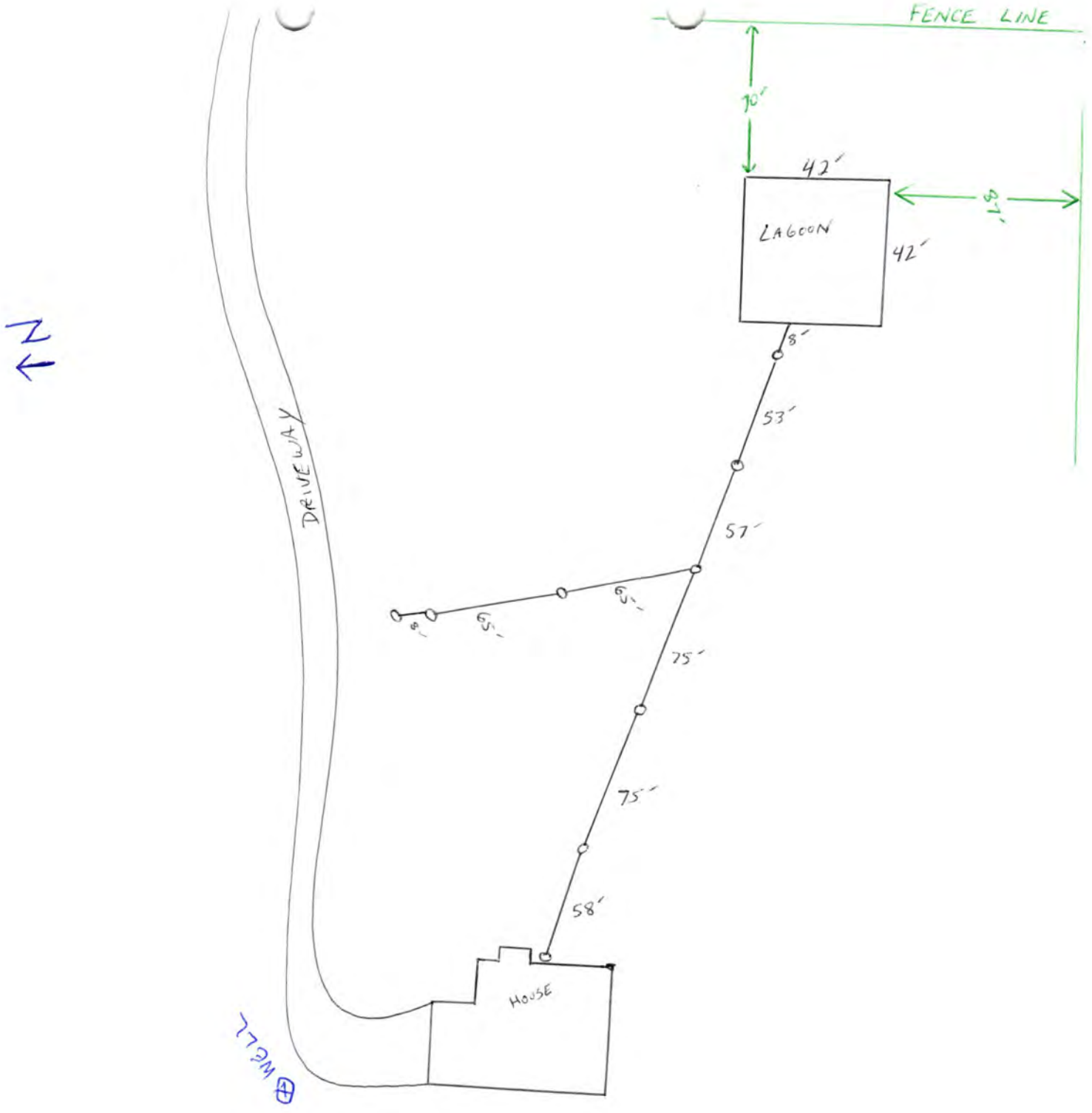
TEST METHOD NUMBER: NIPDWR 141.27

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

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

LWB 91


FENCE LINE
70'
42'
87'
LAGOON
42'
8'
53'
57'
5'
5'
5'
8'
75'
75'
58'
HOUSE
DRIVEWAY
WELL
N