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 2714 So. Folsom ST Lincoln, Ne. 68522

Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 3 1/4 ___ 1/4 ___ Block ___ Lot 61 Addition ___

Directions to Property East of Regional Center

Location of Well North side in white Well house Tap Location: Inside ☐ Outside ☐

Location of Sewage System City Sewer Year Installed ___

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Fussbudget Inc	421 S. 5th Lincoln Ne. 68510	
Tenant/Buyer:	Karalyn L. Neville	4340 Witherbee Blvd Lincoln, Ne. 68510	484-6640
Return to:	Bob Neville	7100 S. 29th Lincoln Ne. 68516	434-3600 402-434-3605 (Fax)

Signature of Applicant Karalyn L Neville Address 4340 Witherbee Blvd Lincoln, Ne. 68510 Date 12/6/02

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 12/9/02 Amount $200.00 Check No. 1493 Initials CW.

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 12/10/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ ____/ml	☐ ____/ml
Nitrate	☒ 0.35 ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

City of Lincoln

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Jet pump

Bacteria + nitrate results are satisfactory. The water may have a high iron content based on color + fixture appearance. This does not represent a health concern. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐ City of Lincoln

Approved by Doug Smith Date 12/16/02

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 S 14th Street
Lincoln, NE 68502
402-471-2122
402-471-2080 (fax)

DEC 1 2 2002

Laboratory Report Printed on: December 11, 2002

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

Laboratory Analysis For: PRIVATE COLIFORM

Sample Comments:

Laboratory Number: **P21886-17**
Sampled By: **DOUG SMITH**
Location: **2714 S FOLSOM**
Sample Point:

Date Collected: **10-Dec-2002 09:30 AM**
Date Received: **10-Dec-2002**

Parameter	Results	Units	Method	Analysis Date	Analyst
TOTAL COLIFORM	**Total coliform absent - meets bacteriological standards**	cfu/100ml	9223B-PA	12/11/02	KC
E. COLI	**E. coli absent**	cfu/100ml	9223B-PA	12/11/02	KC

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-6435.

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: 9-4-91

☐ Evaluation of the Sewage Disposal System ☑ Enclosed is $150.00

Legal Description of Property: TWP. 9N; RANGE 6E; SECTION 3; BLOCK ___

LOT ___; ADDITION ___; Street Address 2932 SW 16th Street

Directions to Property ___ n Dorn until it turns to W. Van Dorn

n south (1 block west of new by-pass)

Location of Well ___ Tap Location: Inside ☑ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	[illegible]	4320 S. 61	489-3027
Tenant/Buyer:	[illegible] and	2932 SW 16	476-1805
Return to:	Commercial Federal, Attn Jeanne Minnick		

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

Signature of Applicant Bernice R. Ross Address 4320 S 61st Lincoln NE 68516

Kalin Ross

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HEALTH DEPARTMENT USE ONLY

Date Received SEPTEMBER 10, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE 9/10/91

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 9/10/91 by L.C.H.
Bacteria	☒	☐	Provisional:	☐	Date ___ by ___
Nitrate	☒	☐	Disapproved:	☐	Date ___ by ___

Comments: ___

___

___ See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒

SEWAGE DISPOSAL SYSTEM: MUNICIPAL SEWER Approved: ☐ Provisional Approval: ☐

APPROVED BY Gerrold E. Hood R.S. DATE SEPTEMBER 12, 1991

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

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☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

On public sewer

Legal Description of Property: Street Address 2932 SW 6th 3442

Twp 10N Range 6E Section 3 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property ___

Location of Well ___ Tap Location: Inside ☐ Outside ☐

Location of Sewage System ___ Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	DAVID T WELAND MICHELLE E WELAND	2932 SW 6th (22)	
Tenant/Buyer:	RICHARD REYNOLDS II	937 F Street (07)	435-0265
Return to:	Capitol Title Marilyn Wimer	4645 Normal Blvd Ste 150 (01)	434-3736

Signature of Applicant Richard E Reynolds II Address 937 F St Date 9/16/97

HEALTH DEPARTMENT USE ONLY

Date Received 9/17/97 Received $150.00 Check ☒ Cash ☐

M.O # 3410 8963 464

PRELIMINARY STATUS--By Gerald C. Hoedl **DATE:** 9/18/97

Richard E Reynolds II

MUNICIPAL

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 9/19/97 by J.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <10.1 ppm	☐ ___ ppm	Disapproved ☐	Date ___/___/___ by ___

Comments: 9/18/97 COULD NOT GET HOSE OFF OF HOSE BIB. LEFT NOTE. ALTHOUGH WELL CAP IS TIGHT THERE ARE TWO MISSING BOLTS THAT SHOULD BE REPLACED IN THE CAP. K.D. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒

MUNICIPAL

Provisional Approval: ☐

937 F St

Approved by Paul D Zimmann Date 9/26/97

185 C8

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.