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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 11105 S. 14th St. Lincoln 68512
Twp 9N Range 6E Section 35 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition Lot 43, Southeast
Directions to Property Just north of Saltillo Rd. Corner of 35-9-6, LLCN

Location of Well next to patio, south Tap Location: Inside ☐ Outside ☒
Location of Sewage System east of house Year Installed 1967

	NAME	ADDRESS	PHONE
Present Owner:	Mahmood & Eet Arbob	11105 S. 14th St. Lincoln, NE 68512	423-7846
Tenant/Buyer:	Paul & Teri Richardson	2620 Surrey Ct. Lincoln, NE 68512	421-8557
Return to:	Paul & Teri Richardson	"	"

Signature of Applicant Paul Richardson 421-8557 Address 2620 SURREY CT LINCOLN Date 7/8/96

HEALTH DEPARTMENT USE ONLY

Date Received 7/8/96 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 7/9/96

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ___ /ml
Nitrate	☒ 2.4 ppm	☐ ___ ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: SEWAGE SYSTEM PREDATES REGULATIONS & INSPECTIONS HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION, SEPTIC TANK SHOULD BE CHECKED TO SEE IF IT IS IN NEED OF PUMPING. See Attached Letter ☐

FINAL STATUS

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

Approved by Jerrold C. Hood R.E.H.S. Date 7/12/96

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.

Lincoln-Lancaster County Health Department

5/22/02
Copy faxed
Original mailed

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 11105 So. 14

Parcel ID 09 - 35 - 400 - 023 - 000 (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 35 1/4 ___ 1/4 ___ Block ___ Lot 43 Addition LCN

Directions to Property _____

Location of Well By Patio Tap Location: Inside ☐ Outside ☑

Location of Sewage System Front Yard NE of House Year Installed 1967?

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	[redacted] Paul Richardson	11105 So. 14 Roca, NE 68430	402-770-4698
Tenant/Buyer:	None		
Return to:	Century 21 Home & Farm	2200 So 40 Suite 101 Lincoln, NE 68506	402 489-5911 402-489-3952 (Fax)

Signature of Applicant Kristine S. Childers Address _____ Date ___/___/___

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 5/16/02 Amount $200.00 Check No. 4683 Initials ___

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 05/17/02

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0.0 /ml	☐ ____ /ml
Nitrate	☑ 3.4 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☑
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: No visible malfunction of on-site wastewater treatment system noted. Recommend septic tank be checked to see if pumping is needed. System predates regulation and inspection. See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 05/22/02

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