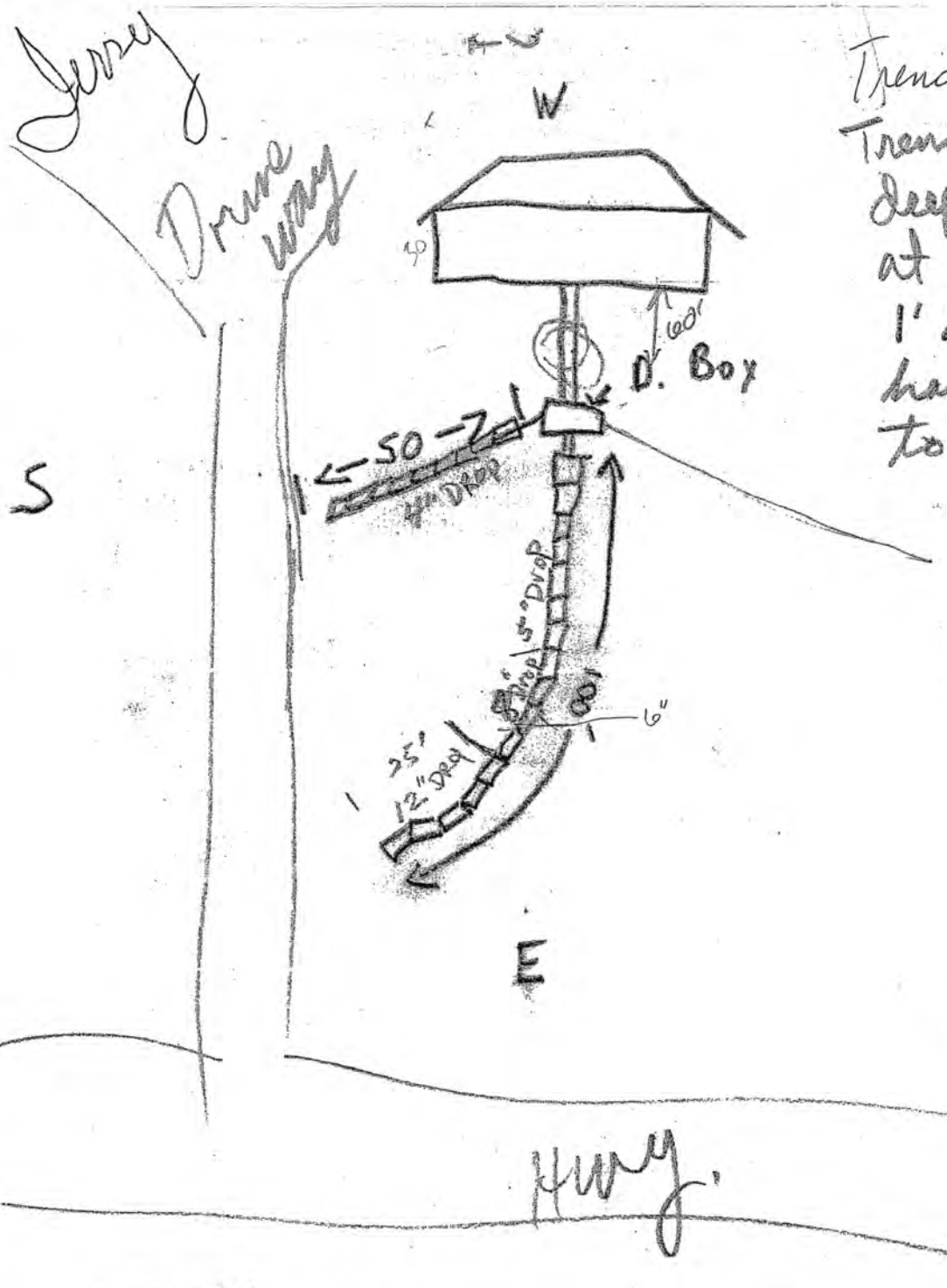


Trench 4' wide
Trench 4' deep to Top of gravel at D. Box - gravel at 1' deep + 20" for half arcons = 6½ da to bottom of trench

scraped of 1½ off from of trench

1st 68' = 4-5" Drop

last 24' = 2½

baffle is 8 feet long

10-14-81
100' ft lateral restructured
1st 68ft. 4-5 inch slope
8 ft. wide berm
then additional 24 ft - 2½ inch drop
scraped 1½ feet of cover off trench at the beginning of the laterals. This cover had been backfilled in with the

FOR OFFICE USE ONLY rev 5/08
APD No. HPT00 ___ ___ ___
Initialized __/__/__ By _____
FO$ Rec'd __/__/__ By _____
Amt _____ ck# _____
Posted __/__/__ By _____
Return to Water Team Support Staff

Onsite Wastewater Treatment System
Property Transfer Inspection Report
Lincoln-Lancaster County Health Department
Environmental Public Health Division (441-8031)
3140 "N" Street, Lincoln, NE 68510

Property Address: 605 SW 84th

Legal Description: T___ R___ S___ ¼___ Subdiv._____ Blk ____ Lot ____

Parcel ID: __-__-___-___-___

Owner Name: Kathy Sapp Phone #1: 486-8686 Phone #2: 432-0686

Owner E-mail address: _____ Fax # _____

Authorized Agent*: Earnest Well Drilling Inc. Phone #1: 761-2281 Phone #2: 641-6174

Agent Address (not required for PTI): 2796 W. Milford Rd P.O. Box H

Agent E-mail address: office@earnestwell.com Fax # 761-4281

(*Authorized Agent shall mean a Real Estate Agent, Property Transfer Inspector (PTI), or any individual or corporation authorized, in writing, to act as the legal representative in all matters authorized by the owner.)

Onsite Water Supply System (check one)

- ☒ Private Well
- ☐ Shared Well
- ☐ Public Water

Onsite Wastewater Treatment System (check one)

- ☐ Lagoon
- ☒ Standard Septic
- ☐ Non-Standard (specify) _____
- ☐ Community System

Required Information for Standard and Non-Standard Systems:

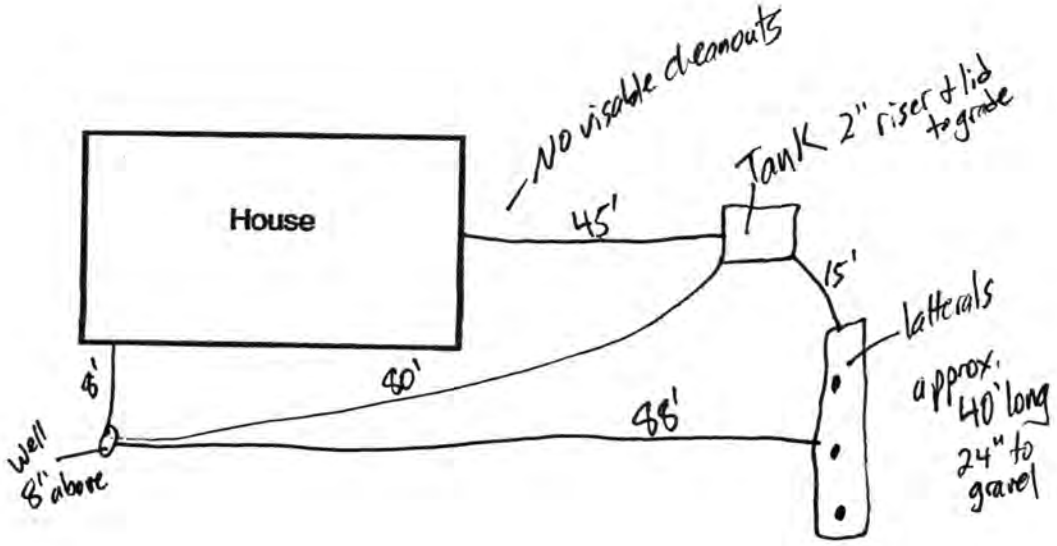
1. The septic tank shows indication of collapse or leakage	Yes	No	could not see riser full of water
2 The sludge layer is less than 12 inches below the outlet baffle	Yes	No	O.K.
3. The bottom of scum layer is less than 3 inches above the bottom of the outlet baffle	Yes	No	Problem
4. The location of laterals has been identified and a drawing has been completed	(Yes)	No	Corrected 3/28/12
5. The laterals and surrounding areas show visible signs of failure	(Yes)	No	D.S. +
6. The laterals have been probed	(Yes)	No	J.C.
7. The laterals show evidence of excess effluent	(Yes)	No	
8. Has the system been modified, altered, or extended since the original permit was issued? If yes, please describe: _____	Yes	(No)	
9. Other evidence the system is in failure or at increased risk of failure (describe) Ruts in ground where laterals are from pumping tank probbed & water started running out	(Yes)	No	
10. Is the house vacant? If yes, for how long: _____	Yes	(No)	

Required Information for Lagoons:

1. Evidence of damage to the dike due to animal burrows, damage, cracks, crevices	Yes	No
2. Evidence of wastewater overflow or encroachment within 1 foot of dike top	Yes	No
3. Evidence of over the ground surface water inflow	Yes	No
4. Presence of cattails, other emergent plants or trees that might damage the lagoon seal or dike construction	Yes	No
5. Other evidence the system is in failure or at increased risk of failure (describe)	Yes	No
6. A fence is present that meets standards	Yes	No
7. Is the house vacant? If yes, for how long: _____	Yes	No

Onsite Wastewater Treatment System Layout
Property Transfer Inspection Report
(Include distances)

N



• areas probbed

D.S. 3/28/12
— Additional information from LLCHD files

— Additional (main lateral) exists east - southeast of tank.

— Lateral repaired Problem corrected

1. Indicate location of septic tank (distance and direction from house).
2. Indicate location and distance of wastewater lagoon.
3. Indicate location and distance of closest building foundations.
4. Indicate location of well.
5. Indicate number of laterals. Indicate approximate areas of probing.
6. Age of system (if known) Unknown

General Comments:

In septic tank riser 6" of water bubbling, could not verify inlet or outlet. Owner had tank pumped recently, Pump truck drove over latterals & when we probbed the water started to surface. Latterals only 88' From well.

Onsite Water Supply System
Property Transfer Inspection Report
Lincoln-Lancaster County Health Department
Environmental Public Health Division (441-8031)
3140 "N" Street, Lincoln, NE 68510

FOR OFFICE USE ONLY rev 6/06
APD No. HPT00 ___ ___ ___
Initialized ___/___/___ By _____
FO$ Rec'd ___/___/___ By _____
Amt _____ ck#_____
Posted ___/___/___ By _____
Return to Water Team Support Staff

Property Address: 605 SW 84th

Legal Description: T___ R___ S___ ¼___ Subdiv._____ Blk ____ Lot ____

Parcel ID: __-__-___-___-___

Owner Name: Kathy Sapp Phone #1: 486-8688 Phone #2: 432-0686

Owner E-mail address: _____ Fax #: _____

Authorized Agent*: Earnest Well Drilling Inc. Phone #1: 761-2281 Phone #2: 641-6174

Agent Address (not required for PTI): 2946 W. Milford Rd P.O. Box H Fax #: 761-4281

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Onsite Water Supply System (check one)

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- ☐ Public Water

Onsite Wastewater Treatment System (check one)

- ☐ Lagoon
- ☒ Standard Septic
- ☐ Non-Standard (specify) _____
- ☐ Community System

Required Information:

1. The well meets setback requirements from known sources of contamination	Yes	(No)
2. The well is visibly in substantial compliance with Title 178 NAC 3	Yes	(No)
3. Water sample tests for coliform bacteria were negative	(Yes)	No
4. Water sample tests for nitrate were less than 10 mg/l	(Yes)	No
Nitrate test result 0.32 mg/L		
5. Additional inspection information attached	(Yes)	No

Comments: Well is only 8' from basement, pitless unit only 8" above grade, latteral field is only 88' from well, Motor checks out fine, Tank is a little low on air pressure.

Note: If the onsite water supply serving this property is not located on the described property, a copy of an agreement to use the supply must be included with this report.

The system has been inspected within the guidelines established by the Lincoln-Lancaster County Health Department.

Signature: _____ Property Transfer Inspector Permit No.: HPTINS00 ____ Date: 3/20/12

RETURN COMPLETED INSPECTION WITH $90 FEE MADE PAYABLE TO LLCHD TO ADDRESS ABOVE

Lincoln-Lancaster County Health Department

Dan B - FAX 328-8443

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 605 SW 84 Lincoln
Parcel ID 04-27-200-006-000 (i.e. 99-99-999-999-999)
Twp 10N Range 5E Section 27 1/4 1/4 Block Lot Addition
Directions to Property West "O" Street to SW 84th

Location of Well SW Corner of house
Location of Sewage System To front of house Tap Location: Inside ☐ Outside ☒
Site Hazards (dogs, etc.) None Year Installed ?

	NAME	ADDRESS	PHONE
Present Owner:	Daniel Bergman	6001 Se. Coddington	432-2669
Tenant/Buyer:	Darl + Cathy Sapp	310 No. Coddington	988-8015
Return to:	Capitol Title	3900 South St.	434-3714
or Barb Hoffman 432-0207	(Sheryl) 434-3801	Lincoln, NE 68510	434-3736 (Fax)

Signature of Applicant Darl Sapp Address 310 N. Coddington Date 4/6/05

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 4/7/05 Amount $200.00 Check No. 16678 Initials TW

DATA ENTRY Date / / Case No. Initials

PRELIMINARY STATUS–By Doug Svoboda DATE: 4/7/05

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0.0 /ml	☐ /ml
Nitrate	☒ 0.0 ppm	☐ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☑
Disapproved	☐

Additional Site Visits
Date 4/18/05 by
Date 4/20/05 by
Date / / by

Comments: Two consequtive water samples indicate that bacteria is no longer present in the system.

See Attached Letter ☒

FINAL STATUS

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

Approved by Doug Svoboda Date 4/26/05

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
Revised/Reprint: 9-00

4-18-05 CO-0 FC-0 P27361-11
4-21-05 CO-0 FC-0 P27361-14