LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2614-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

JUNE 18, 1988 — THIS PERMIT EXPIRES

ROD & RENEI LANIK — ISSUED TO

11100 STAGECOACH ROAD HICKMAN, NE 68372 — ADDRESS

T8N; R8E; Sec 31; Lots 14 & 23 I.T.; 11100 Stagecoach Rd.
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: $ 60.00

FILE NO. 2614-C

DATE: DEC 14, 1987

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. 8N ; Range 8E ; Section 31 ;
   Block _____ : Lots 14 & 23I.T. Addition _____
   Street Address 11100 STAGE COACH ROAD

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

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft. ~~EXPERIMENTAL SYSTEM~~ LANIK

Rod & Rene Lanik
Signature of Applicant (Owner or Lessee)

11100 Stagecoach Rd. Hickman
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/18/87. Date Frwd. 12/18/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 12/18/87. Date Frwd. 12/18/87. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 12/18/87. Date Frwd. 12/18/87. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/6/88 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/6/88 By: J. C. Hood

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

FORM 23-43

FORM 20105-0477
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: 471-7800

B

FILE NO. 2614-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8N ; Range 8E ; Section & ¼ Section 31 .
Property Dimensions: _____ ft. x _____ ft. Area: 11.10 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 11-4 to 11-5 . Weather: Precip. _____ Temp. 52° .

OWNER: ROD & RENEE LANIK

Address: 11100 STAGE COACH ROAD

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	3'	11-4	10:00	11-4	3:00	11-5	10:50	24 1/4	2:20	26 7/8	210	2.375	88.42
2	3'	11-4	10:00	11-4	3:00	11-5	10:50	26	2:20	29 3/4	210	3.75	56.00
3	3'	11-4	10:00	11-4	3:00	11-5	10:50	28	2:20	32	210	4.00	52.50
4	3'	11-4	10:00	11-4	3:00	11-5	10:50	27	2:20	30 3/4	210	3.75	56.00
5	3'	11-4	10:00	11-4	3:00	11-5	10:50	30	2:20	33 3/4	210	3.75	56.00
6	3'	11-4	10:00	11-4	3:00	11-5	10:50	25 3/4	2:20	30	210	4.25	49.41

Robert Helter very little water was left in the holes
Signature of Person Conducting Test

Address Rt. 1 Bennet NE Phone 782-8992

Sum of Percolation Rates: 358.33
Average of Rates: 59.72
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

FORM 20105-0477
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: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 11100 Stage Coach Rd.

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 3-21 to 3-22. Weather: Precip. — Temp. 75°.

OWNER: Loeck Designs

Address: _____

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30"	3-21	12:15 PM	3-22	9:00 AM	3-22	11:30 AM	17"	12:30 PM	18 1/8	30	1 1/8	
2								6 1/8		6 5/8		1/2	
3								6 3/4		7 1/4		1/2	
4								7 1/2		8 1/2		1	
5								12 1/2		13 5/8		1 1/8	
6								9 3/4		11 1/2		1 3/4	

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

Tony Schwarck
Signature of Person Conducting Test

Address 8200 old Cheney Rd Phone 489-7294

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

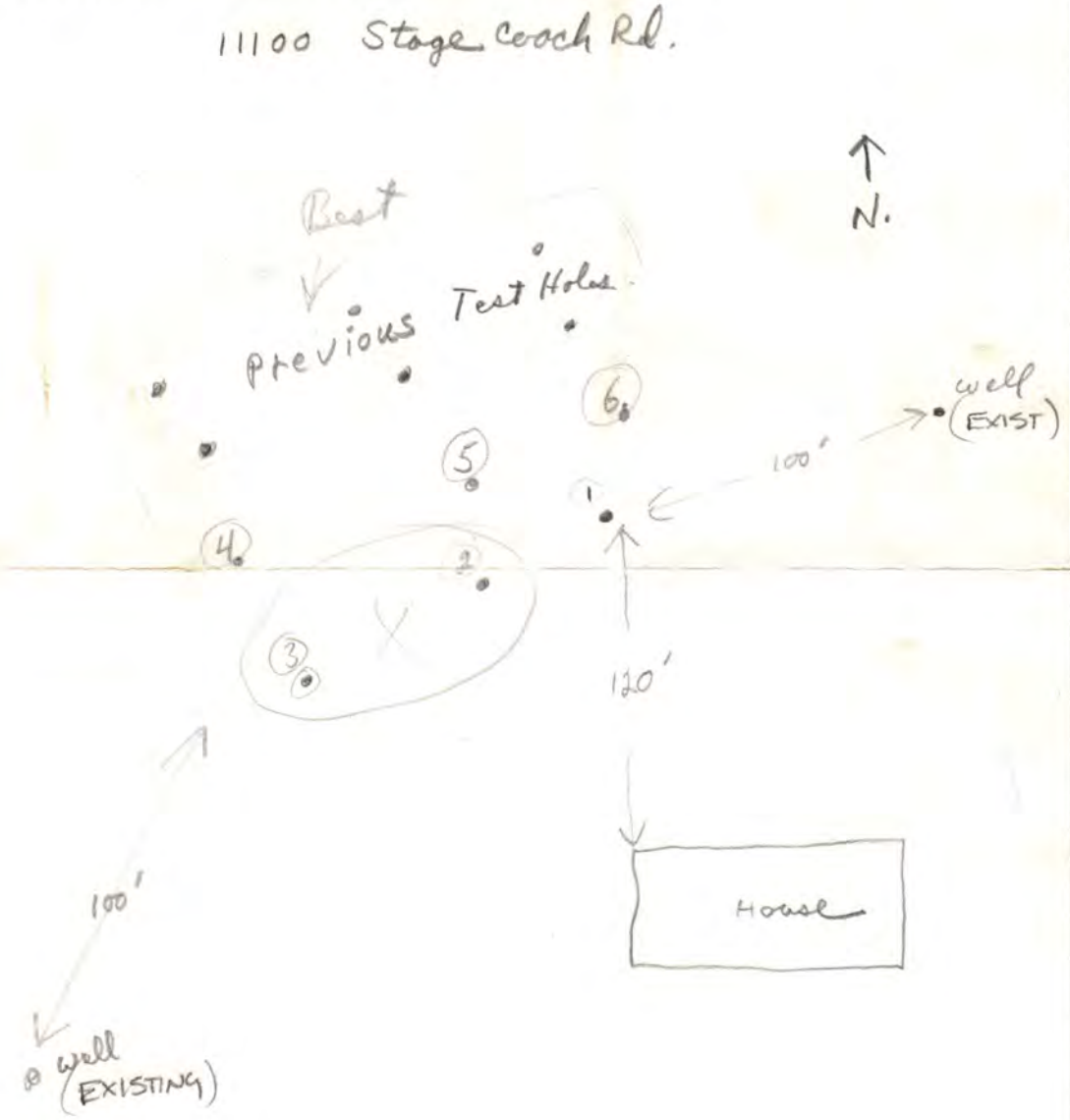
Date: _____

Approved Percolation Rate (a)
A. 30 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

FORM 20102-0477 PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application) 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 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement

1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals_____ ft.
3. With a Trench Width of_____ in.
4. Total Area of Lateral needed 500 sq.ft.

_____

Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

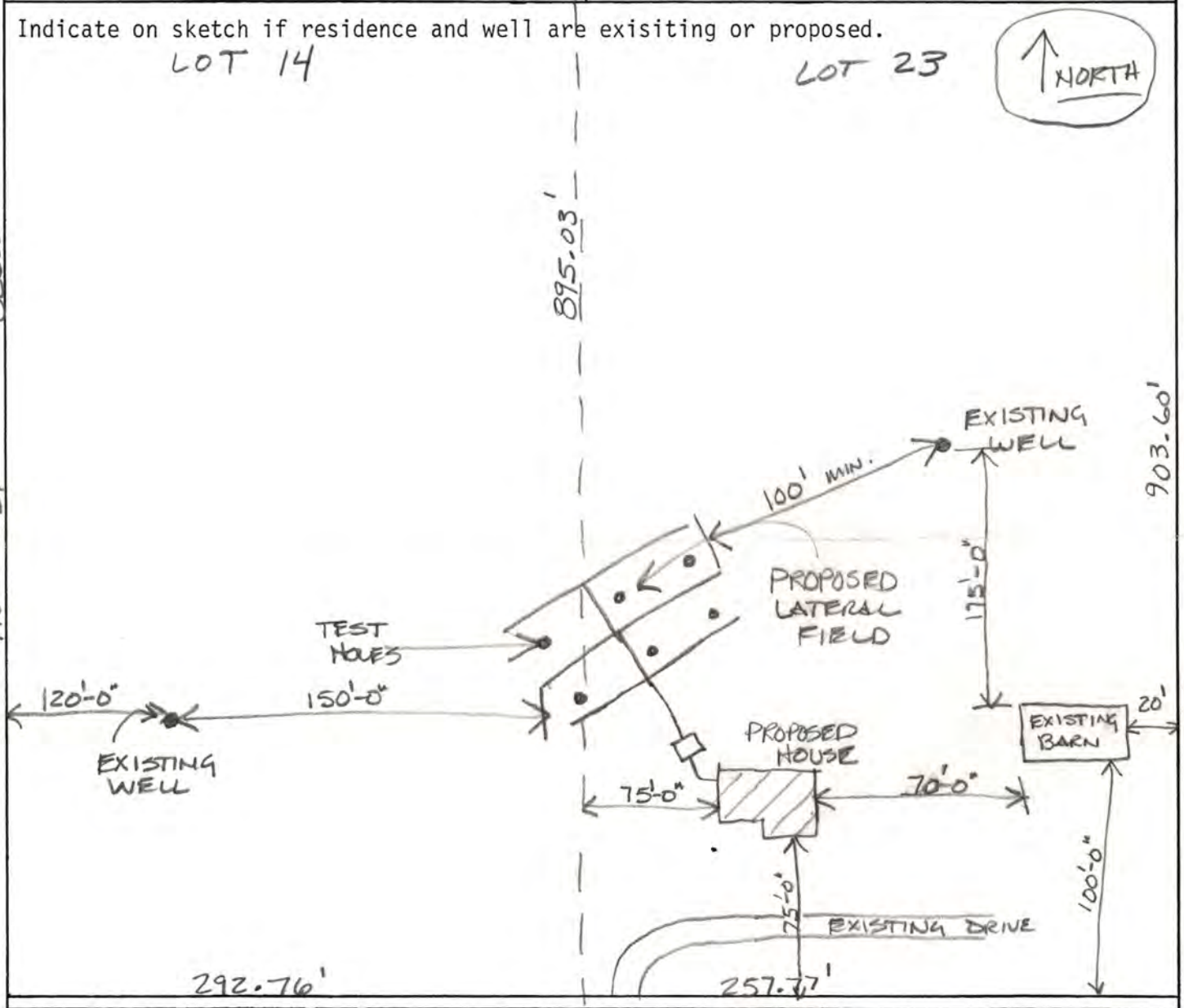
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2614-C

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official

013

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: 3-12-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 8N ; RANGE 8E ; SECTION 31 ; BLOCK ___

LOT 23 ; ADDITION _____ ; Street Address 11100 Stagecoach Rd Hickman NE

Directions to Property 3/4 110th + Stagecoach Rd, 1 mile south of Wagon Train Lake, left onto Stagecoach Rd 1st Driveway 2-Story Cedar home Silver Bmw Blue truck in drive

Location of Well 125' North of Northeast corner of house Tap Location: Inside ☐ Outside ☒ East side

Location of Sewage System _____ Year Installed 1988

	NAME	ADDRESS	PHONE
Present Owner:	Rodney & Renee J. Lantz	11100 Stagecoach Rd Hickman NE	792-2686
Tenant/Buyer:			
Return to:	Rodney & Renee J. Lantz	11100 Stagecoach Rd Hickman NE 68332	792-2686

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

Signature of Applicant Renee J. Lantz Address 11100 Stagecoach Rd Hickman NE 68332

==========

HEALTH DEPARTMENT USE ONLY

Date Received MARCH 17, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE MARCH 19, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☒	Date 3/19/92 by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ___
Nitrate	☒	☐	Disapproved:	☐	Date _____ by ___

Comments: IT WOULD BE WISE TO CHECK THE SEPTIC TANK TO SEE IF IT NEEDS PUMPING.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE MARCH 23, 1992

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

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 3 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 3/19/92 2:47 p.m. (9-16) MO./DAY/YR./HOUR BY J.C. Hood (17-28)

ADDRESS OR LOCATION LOT 23 I.T. SEC. 36 T8N, R8E (29-41)

NAME AND ADDRESS OF OWNER
RODNEY LANIK
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. 142-6276 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE mf (69-75)

ANALIZED BY Sw (76-79)

IN

OUT 92 MAR 20 P1:41

92 MAR 20 P3:34

REPORTED

RECEIVED

WATER CHEMISTRY

STATE LAB NO. 152-1518

COMPLETE INFORMATION BELOW

DATE COLLECTED 3 (MO) 19 (DAY) 92 (YEAR) 2:47 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION RODNEY LANIK

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR SW 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 less than 0.1 mg/l

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

TEST(S) BY

FOR ACCOUNTING USE ONLY

LWN 88

Larry Schwanck

April 6 - 87

