LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1084-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — December 20, 1977

TYPE OF PERMIT — THIS PERMIT EXPIRES

Mrs. BOB GILLIAM, RFD, PLEASANT DALE, NE 68532

ISSUED TO — ADDRESS

T9N, R5E, Section 3, East Tract

LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1084

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: June 20, 1977

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

SEE ATTACHED

1. Legal description of property: Twp. 9N ; Range 5E ; Section 3
   Block _____; Lot _____; Addition _____
   Street Address _____

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

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

4. Distance to public sewer: _____ ft.

East Track

Mrs. Bob Gilliam
Signature of Applicant (Owner or Lessee)

RFD Pleasant Dale, Nebr.
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/20/77. Date Frwd. 6/20/77. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd. 6/20/77. Date Frwd. 6/20/77 ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 6-20-77. Date Frwd. 6-20-77. ACTION: Approved ☑ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 1084

DATE: June 20, 1977

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 9N ; Range 5E ; Section 3 ; Block ; Lot ; Addition . SEE ATTACHED
Street Address .

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

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

East Track

Mrs. Audrey Gilliam
Signature of Applicant (owner or lessee)

RFD Pleasant Dale
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
Filing Fee: $ 30.00

2. Site Visits:
Date: 8-25-77 by: rm
Date: by:
Date: by:

3. Date: Approved ☒; Disapproved ☐ 6/30/77
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-22-77 by: Rondi Mayquard

FORM HD- 45(73) PLANS & SPECIFICATIONS
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: 475-6221)

FILE NO. _____

SPECIFICATIONS

DATE: _____

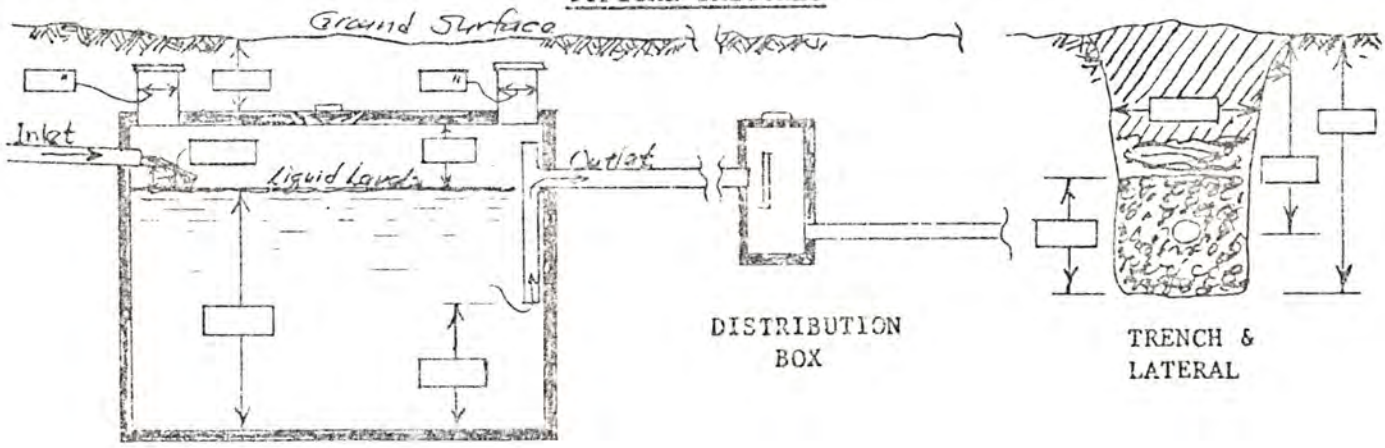
A. BUILDING SEWER:
1. Material _____; Diameter ____ in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

B. SEPTIC TANK (Provide construction drawings.)
1. Material Concrete No. of compartments _____.
2. Capacity 1000 gals.; Liquid depth ____in.
3. Factory Built: Yes ☒ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade 18 in.
8. Distances To:
Well or Suction Line 110 ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
1. Material Concrete; No. available outlets 5.
2. Factory Built: Yes ☒, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank 10' ft.
5. Serial Distribution: Yes ☐, No ☐
(If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: _____
2. Lateral Lines: Depth below grade __in.
Number ____; Length of each line ___ft
Total length of Laterals ____ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width ____in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line ____ft.;
Stream _____ft.; Pressure Line ____ft.
Property Line ____ft.
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

DISTRIBUTION BOX

TRENCH & LATERAL

_____
Signature of Applicant

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, NE 68502
Phone: 474-1541

Enclosed is $45.00 Fee ☒

DATE: Oct. 22, 1979

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply

☒ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 9N ; Range 5E ; Section 3 ;
Block ; Lot ; Addition .
Street Address 8600 Buckboard .
Directions on how to get to property 2½ miles south of Emerald on blacktop) ¼ west North side of Rd. 6 .
Location of well .
Where is tap: Inside ☐ Outside ☐ .

	NAME	ADDRESS	PHONE
Present Owner:	Robert Gilliam	Rt. #1 Pleasant Dale	796-3425
Tenant:			
Lending Agency: sent to JV	Jerish Federal	Clocktower Office	475-0521

Joe Bohaboj loan

(Do not write below double lines)

Health Department: Date Received 10/22/79
Received $45.00 Check ☒ Cash ☐

Site Visits: Date 10-23-79 by sm
Date 11-5-79 by sm
Date ____ by ____

Mrs. Bob Gilliam
Signature of Applicant

Rt. #1 Pleasant Dale Ne
Address

PRELIMINARY STATUS -- DATE 10-23-79

Water System:
Approved ☐ Disapproved ☒

Sewage Disposal System:
Approved ☒ Provisional Approval ☐
Disapproved ☐

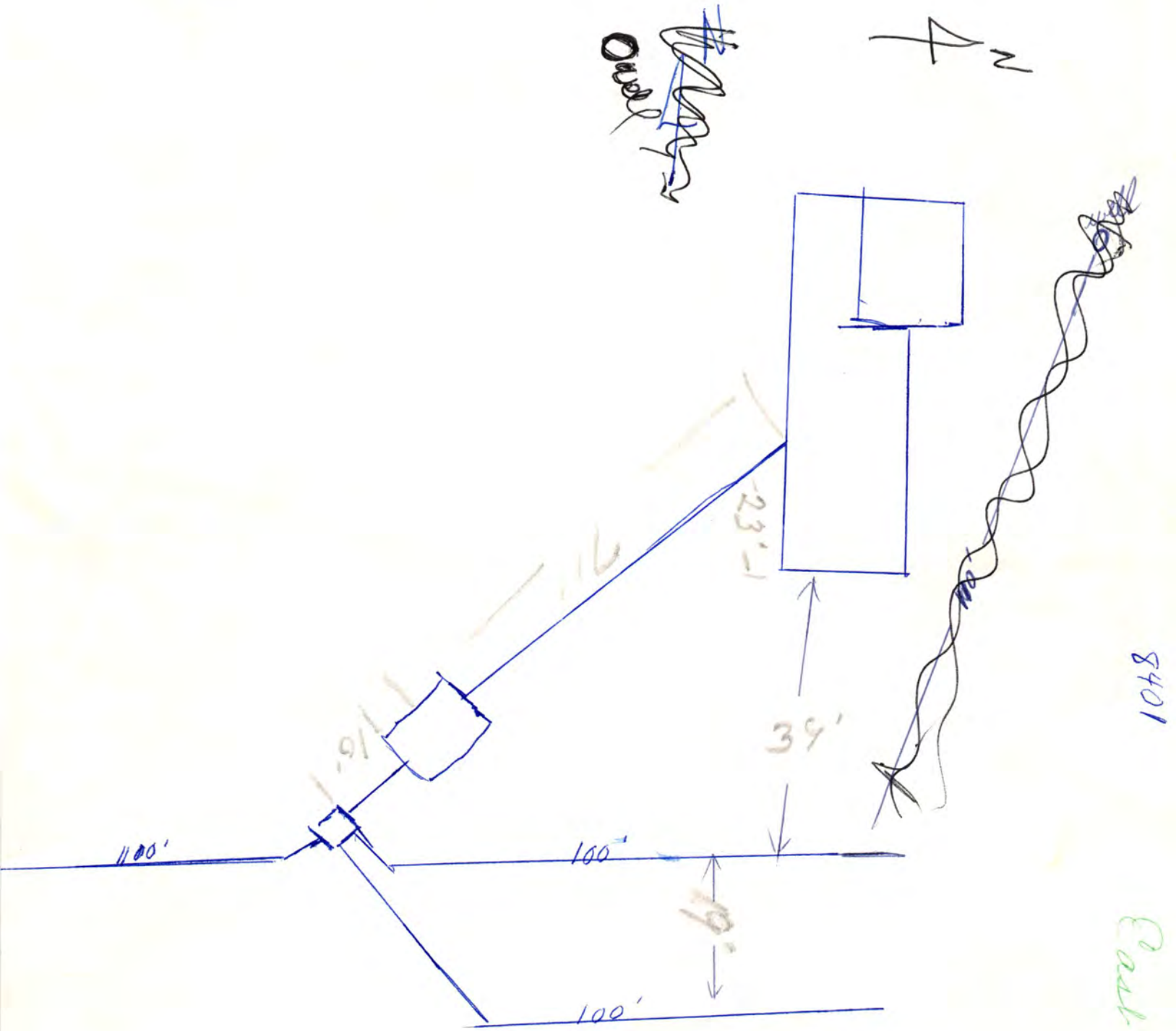
Corrections Required or Reasons for Disapproval ~~Unsatisfactory sample.~~ Second Sample OK .

☐ See Attached Letter.

FINAL APPROVAL -- DATE 11-6-79

Water System ☒ . Sewage Disposal System ☒ . BY Ron Mangnant

Form Number 20215-0878


Overhead
N
23'
39'
100'
100'
100'
1048
Coal Track