LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT
SEWAGE INSTALLATION

No. 90380064101

Issued 10/03/90
Expires 04/03/91

ESTABLISHMENT
ROBERT GILLIAM
T10N R7E SEC 14
LOT 49

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE ROBERT GILLIAM
900 APPLEWOOD ST
EAGLE NE 68347

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
10/3/90	PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

RECEIVED OCT 0 2 1990

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: $_____

FILE NO._____

DATE: 10-1-90

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. 10N ; Range 7E ; Section 14 ;
   Block_____: Lot 49I.T. Addition_____
   Street Address_____

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

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

4. Distance to public sewer: N/A ft. WILL PUT IN WHATEVER PERC TEST INDICATE

Robert L. Gilliam
Signature of Applicant (Owner or Lessee)

900 Applewood
Address Eagle, Ne 68347

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/2/90 . Date Frwd. 10/3/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nobe

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10-3-90 . Date Frwd. 10-3-90 . ACTION: Approved ☒ Disapproved ☐ Signature: Duane Paulsen

3. City or County Engineer: Date Rec'd. 10-3-90 . Date Frwd. 10-3-90 . ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bestole

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 10/26/90 by: J.C.H.
Date: 2/28/91 by: mm see note on sheet C.
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-10-92 By: Ron Maynard

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

FORM 23-43

31" deep

RECEIVED FEB 19 1991

1	1	2	3	4	5	6
12:30	22 3/4	20"	19 1/2	22 1/2	24 1/4	21
1:00	24"	21 1/4	21	24"	25 1/2	22 1/2
1:30	25"	21 3/4	22 1/4	25"	26 1/2	23 1/2
2:00	26"	22 1/4	23"	26"	27	24 1/2
2:30	26 1/2	23	24"	26 3/4	27 3/4	25
3.00	27 1/4	23 1/2	24 3/4	27 1/2	28 1/2	25 3/4
	3/4	1/2	3/4	3/4	3/4	3/4

.75 = 1.25
.5
.75 = 1.50
.75
.75 = 1.50
.75
4.25

708
6 | 4.25
42
50

filled with water to 22 3/4"

44 min/inch
need 288 ft
3 ft inch

trench
3' wide 4" plastic P.V.C pipe

144' laterals

Jerry Hood - 471-~~8002~~ 8022

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

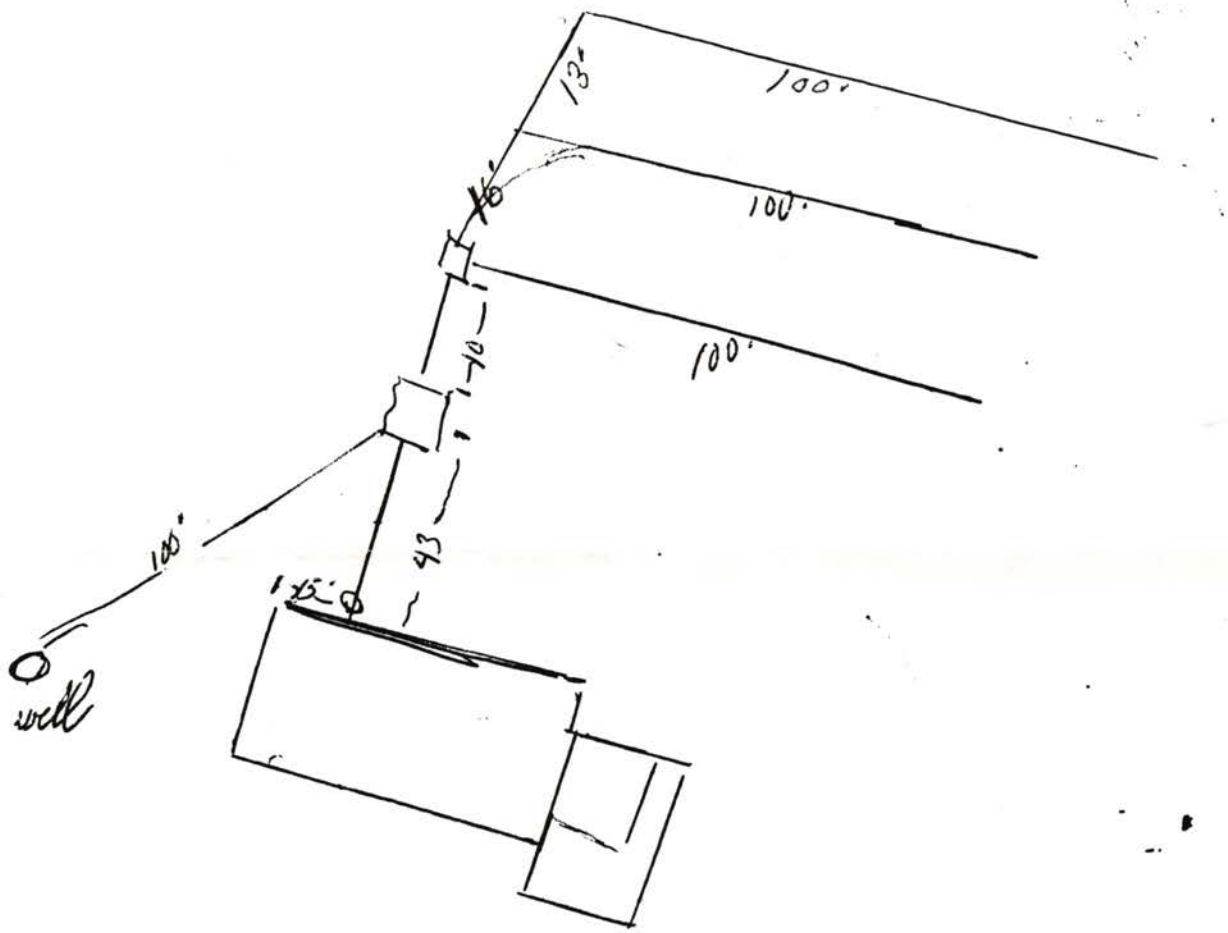
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



Township 10N - Range 7E, SW1/4 Sec. 14
8840 Holdrege, Lincoln, Lancaster Co. Ne

REVIEWING ACTION

Remarks: _____

Date: 2-28-91 Could not ascertain if 3rd lateral was installed because of final grading over system

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals 298 ft.
3. With a Trench Width of 36 in.
4. Total Area of Lateral needed _____ sq.ft.

Ron Marquet
Signature of Reviewing Official

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 8840 Holdrege

Parcel ID 17-14-300-011-000 (i.e. 99-99-999-999-999)

Twp 10N Range 7E Section 14 1/4 SW 1/4 Block ___ Lot 49 Addition ___

Directions to Property East on Holdrege

Location of Well SW of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System Straight North of House Year Installed ___

Site Hazards (dogs, etc.) ___

	NAME	ADDRESS	PHONE
Present Owner:	Joel & Mary K Schlautman	8840 Holdrege Lincoln, Ne 68505	467-8827 486-3370 ~~465-6991~~
Tenant/Buyer:	Roger B Drucker	2519 "E" St Lincoln, Ne 68510	402-432-4398
Return to:	ATI	8720 North Cotner #402 Lincoln, Ne 68505	434-3260 (Fax)

Signature of Applicant [signature] Address 2519 E ST Lin, Ne. 68510 Date 7/31/01

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 7/31/01 Amount 200.00 Check No. 2466 Initials [initials]

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

PRELIMINARY STATUS--By Ron Marquart **DATE:** 8/2/01

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

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Recommend checking to see if the septic tank needs pumping

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart, RS Date 8/7/01

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.

Bal. P18273-38

White - Applicant after approval Yellow - Environmental Health

Revised/Reprint: 9-00

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502-3785
(402) 471-8000

Legal Description 14-10-7 Location 8840 Holdrege

Owner/Requestor Joel Schlautman

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

____ New system, initial
____ New system, followup
____ Existing system, repair
____ Existing system, followup
____ Loan approval
____ Consultation
____ Other (Specify)

REMARKS Not certain if 3rd 100 ft lateral was installed. Hence provisional
Used tile probe + found 3 laterals

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leech Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System X Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: R. Maravart Received by: _____

Date: 11-10-92

WA1002

005

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 471-8022

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 8840 Holdrege

Twp 10N Range 7E Section 14 1/4 ___ 1/4 ___ Block ___ Lot 491 Addition ___

Directions to Property ½ mile north of Holdrege @ 88th

Location of Well 40' Southwest of House Tap Location: Inside ☒ Outside ☐

Location of Sewage System Northwest of House Year Installed 1991

	NAME	ADDRESS	PHONE
Present Owner:	Joel Schlautman	8840 Holdrege Lincoln NE 68505	(402) 486-3330
Tenant/Buyer:	Same		
Return to:	Same		

Signature of Applicant Joel Schlautman Address 8840 Holdrege Lincoln NE 68505 Date 11/05/92

HEALTH DEPARTMENT USE ONLY

Date Received 11/09/92 Received $150.00 Check ☑ Cash ☐ #2610 Dawes 1st Bank.

PRELIMINARY STATUS--By Ron Marquart **DATE:** 11/10/92

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☒ ____/ml	☐ ____/ml
Nitrate	☒ 0.1 ppm	☐ ____ppm

SEWAGE SYSTEM

Approved ☐

Provisional ☒

Disapproved ☐

Additional Site Visits

Date 11/10/92 by RM

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Recommend checking to see if septic tank needs pumping.

See Attached Letter ☐

FINAL STATUS

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

Approved by Ron Marquart RS Date 11/17/92

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.