Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008197

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380309201

Issued 09/07/05
Expires 09/07/06
Revenue Code 3157

Establishment:
MCGILL CUSTOM HOMES
T10N R8E SEC 24
WYNDAM PLACE-1ST LOT 2
18000 WYNDAM DR

FEES: $200.00

Permittee:
MCGILL CUSTOM HOMES
BOX 81723
LINCOLN NE 68501-1723

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

RECEIVED SEP 0 6 2005

A

Permit Number: 05380309201

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 18000 Wyndam Drive (no rural route) City Lincoln NE, Zip

Legal Description 24 (1/4) 10N (1/4) 8E (Section, Township, Range) Wyndam Place (Subdivision) 1st (Addition) (Block) 2 (Lot)

Geographical Location (if known): Longitude Latitude

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name McGill Custom Homes Signature S.D. McGill

Address P.O. Box 81723 City/State/Zip Lincoln NE 68501

☐ Check if owner designed system Home Phone 402-477-7007 Work Phone 402-432-8142

C. Contractor

Name McGill Custom Homes Company Name Shawn McGill

Address P.O. Box 81723 City/State/Zip Lincoln NE 68501

☐ Check if contractor designed system Work Phone

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Mike Plautz Firm AP Plumbing Work Phone 402-580-0466

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day_____ Type of Wastewater: ☐ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** (11-2-05, Neal Strong)
   Date rec'd 9/6/05 Date frwd 9/7/05
   ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood

2. **Supt. Bldg. Insp. or Village Clerk**
   Date rec'd Date frwd
   ACTION ☒ Approved ☐ Disapproved Signature

3. **City or County Engineer**
   Date rec'd 9-7-05 Date frwd 9-7-05
   ACTION ☒ Approved ☐ Disapproved Signature Jim Blouzek

Installation Final Written Approval

By Ron Mayfield

Date 11-2-05

Business Office Use Only

Date Rec'd 09/07/05
Amt Paid 200.00
Rec'd By S Cash/Check No. 8366

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

RECEIVED
SEP 06 2005

B

Permit Number: 053803092

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 18000 Windom Dr. (no rural route) City Eagle NE, Zip 68347

Owner Shawn McGill Addresss

Soil Type (SCS): SHC / JUC Percolation Rate: min./inch

Date of Tests 8/25 to 8/26/05 Weather: Precipitation .15 Temperature 85

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	32	8/25	6:45	8/26	9:30	8/26	11:00	29½	8/26	11:30	30	¾	40
2			PM		AM			27⅝				¾	40
3								27⅜				⅞	34
4								27⅞				¾	40
5	↓							28				⅞	34
6	26							21¾				⅞	34
7	32							28¾				¾	40

Sum of Percolation Rates: 262
Average of Rates: 38
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Brad Smith
Phone: 430-7606 / 475-2462
Address 17201 S. 72nd St.
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

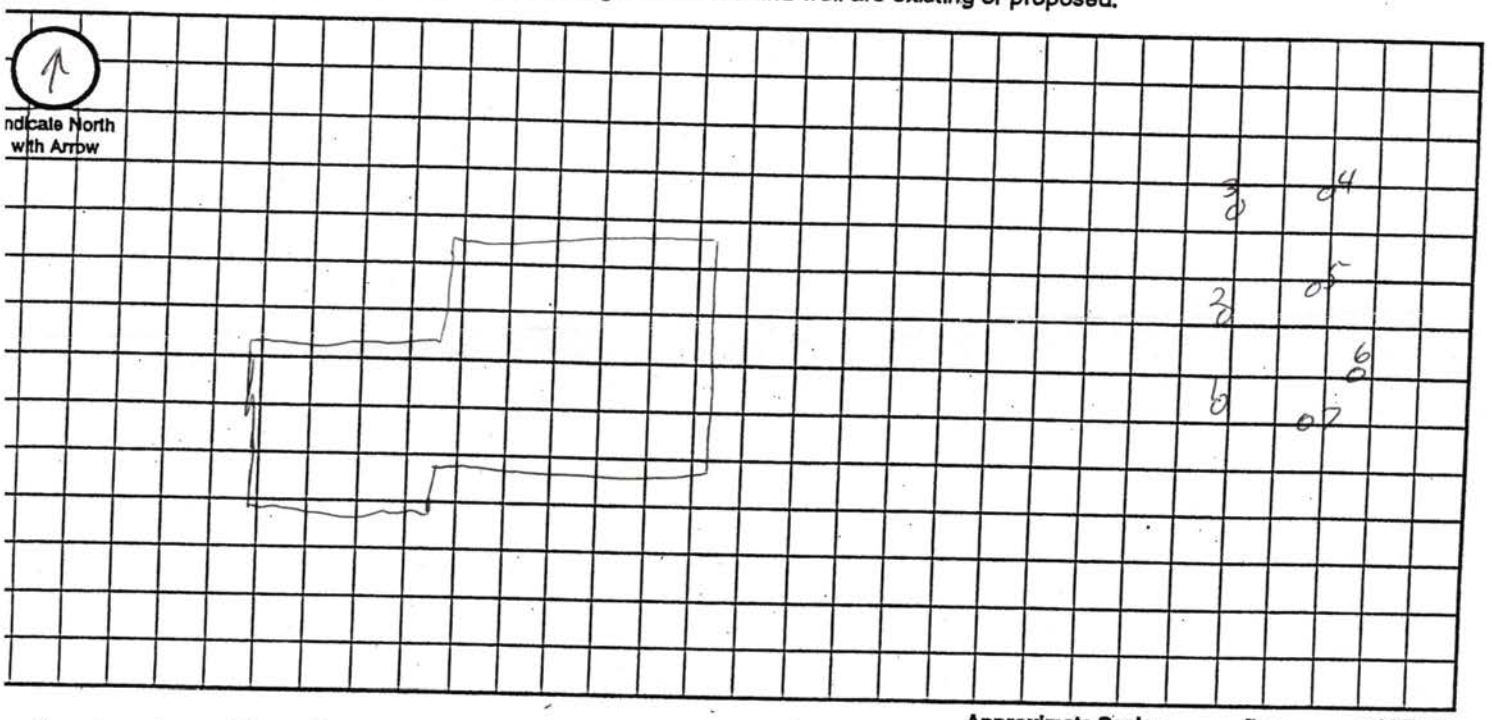
RECEIVED SEP 0 6 2005

C

Permit Number: 053803092

Sewage Disposal System
Preliminary Plan Specifications

raw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, ompass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



. System Location (Indicate correct number and street)

ldress (no rural route) 18000 Windam Dr. City Eagle NE, Zip 68347

. Proposed Septic Tank/s

nk Material: ☐ Concrete ☒ Plastic ☐ Other _____

. Proposed Absorption System (See Form B for Percolation Information)

rcolation Rate 38 (40) (min. per inch) Soil Type: SHC / JVC Land Slope: _____ %

e of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

al Square Feet of Field Required: 825 sq. ft. 4 | 825 = 206

e of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

pacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

al Length of Laterals 206 ft. Number of Trenches 3 Trench Width 4ft

Setbacks Check the Boxes Below if the Required Setback has been Satisfied

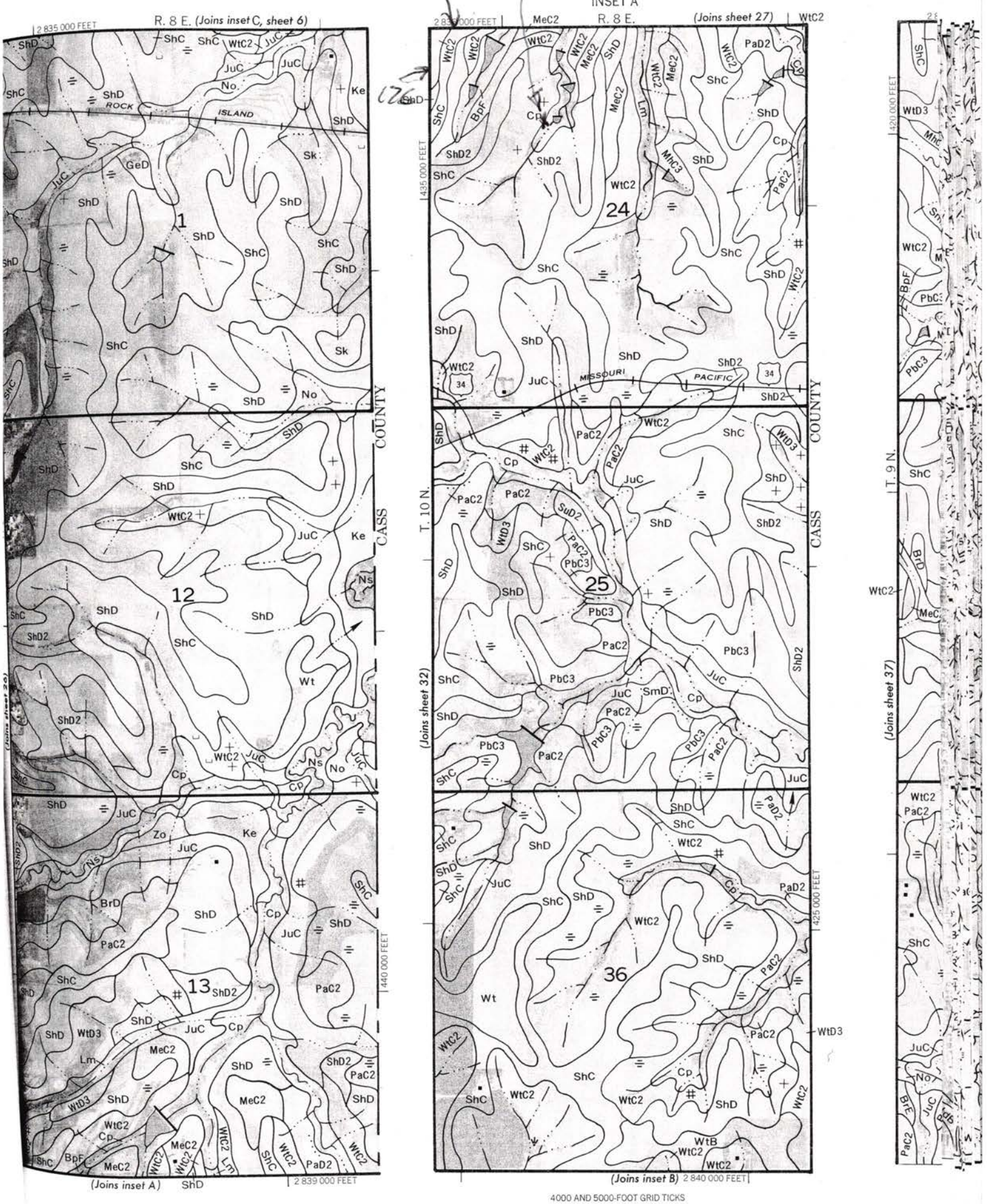
istance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
ank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
ield (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
oon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

e Building Contractor McGill Custom Homes SO.NZN Date 9-6-05

ıller Brad Southern Date 8/29/05

23-102 10-96


INSET A
R. 8 E. (Joins inset C, sheet 6)
R. 8 E. (Joins sheet 27)
2 835 000 FEET
2 839 000 FEET
435 000 FEET
440 000 FEET
425 000 FEET
420 000 FEET
T. 10 N.
T. 9 N.
CASS COUNTY
ROCK ISLAND
MISSOURI PACIFIC
1
12
13
24
25
36
(Joins inset A)
(Joins inset B) 2 840 000 FEET
(Joins sheet 26)
(Joins sheet 32)
(Joins sheet 37)
4000 AND 5000-FOOT GRID TICKS
4000 AND 5000-FOOT GRID TICKS