LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380123001

Issued 10/06/94
Expires 04/06/95
Revenue Code 18754

Establishment
GILLIAM CONSTRUCTION
2020 S 202 ST
EAGLE NE 68347

FEES: $150.00

TOTAL $150.00

Permittee
GILLIAM CONSTRUCTION
2020 S 202 ST
EAGLE NE 68347

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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: $ 150.00

FILE NO. _____

DATE: 10/5/94

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 8E ; Section 25 ;
   Block _____ : Lot 6 I.T. : Addition _____
   Street Address 176TH & SOUTH 176TH.

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: _____ ft.

Gilliam Const.
Signature of Applicant (Owner or Lessee)

2220 SO. 202
Address EAGLE, NEBR. 68347

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/5/94 . Date Frwd. 10/5/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10/5/94 . Date Frwd. 10/5/94 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 10-26-94 . Date Frwd. 10-26-94 . ACTION: Approved ☐ Disapproved ☒ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL LAGOON MUST BE OUT OF FLOOD PLAIN

Site Visits:
Date: 4-19-95 by: PD sewer line buried
Date: 6-19-95 by: Dan Jensen investigate dk
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-20-95 By: Ron Marquardt

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. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 8 ; Section & ¼ Section 25 .
Property Dimensions: _____ ft. x _____ ft. Area: 5.688 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☒ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. _____.

OWNER: Gilliam Const

Address: 2220 50th 202nd
Eagle, NE. 68347

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.)

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

Gilliam Const.
Signature of Person Conducting Test

Address 2220 So. 202nd Phone 781-2273

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

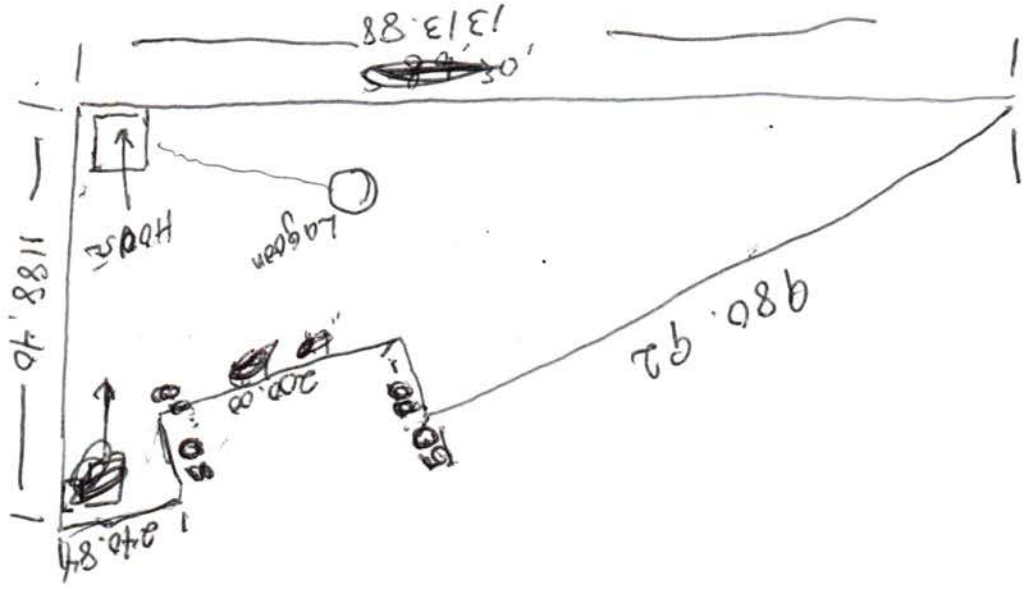
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Lincoln, Nebraska 68502
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C

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: October 5, 1994

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.

Jerrold C. Hood
Signature of Reviewing Official


14
13
Dam
Dam
176TH STREET
NORTH
HOLDREDGE STREET
LANCASTER COUNTY
CASS COUNTY
28
24
26
25
34
RAILROAD
PACIFIC
MISSOURI
BOUNDARY COUNTY
A STREET
APPROX
1000