Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit
SEWAGE INSTALLATION
LAGOON

Permit # 02380248001

Issued 05/21/02
Expires 11/21/02
Revenue Code 3157

Establishment
SCHOTT DEVELOPMENT
T7N R7E SEC 36
LOT 13IT
9750 GAGE RD-FIRTH

FEES: $200.00

TOTAL: $200.00

Permittee
SCHOTT DEVELOPMENT
6555 S 148 ST
WALTON NE 68461

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002381

MAY 2 9 2002

A

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

Permit Number: 023802480

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 9750 Gage Rd. (no rural route) City Firth NE, Zip _____

Legal Description 36 7N. 7E _____ 18 I.T.
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Schott Dev. Signature Brian X

Address 6555 S. 148th City/State/Zip Walton Ne.

☐ Check if owner designed system Home Phone _____ Work Phone 440 6153

C. Contractor

Name Schott Dev. Company Name Brian Vogler

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone 440-6153

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

Designer Name Clint Presnell Firm Wellmann Plumbing Work Phone 434-2400

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**	Date rec'd 5/21/02 Date frwd _____	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Nood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 5-25-02 Date frwd _____	**ACTION** ☒ Approved ☐ Disapproved Signature Madonna Badura	
3. **City or County Engineer**	Date rec'd 5/29/02 Date frwd 5/29/02	**ACTION** ☒ Approved ☐ Disapproved Signature Dan Ellis	

Installation Final Written Approval

By Jerrold C. Nood R.E., P.L.S.

Date NOVEMBER 21, 2002

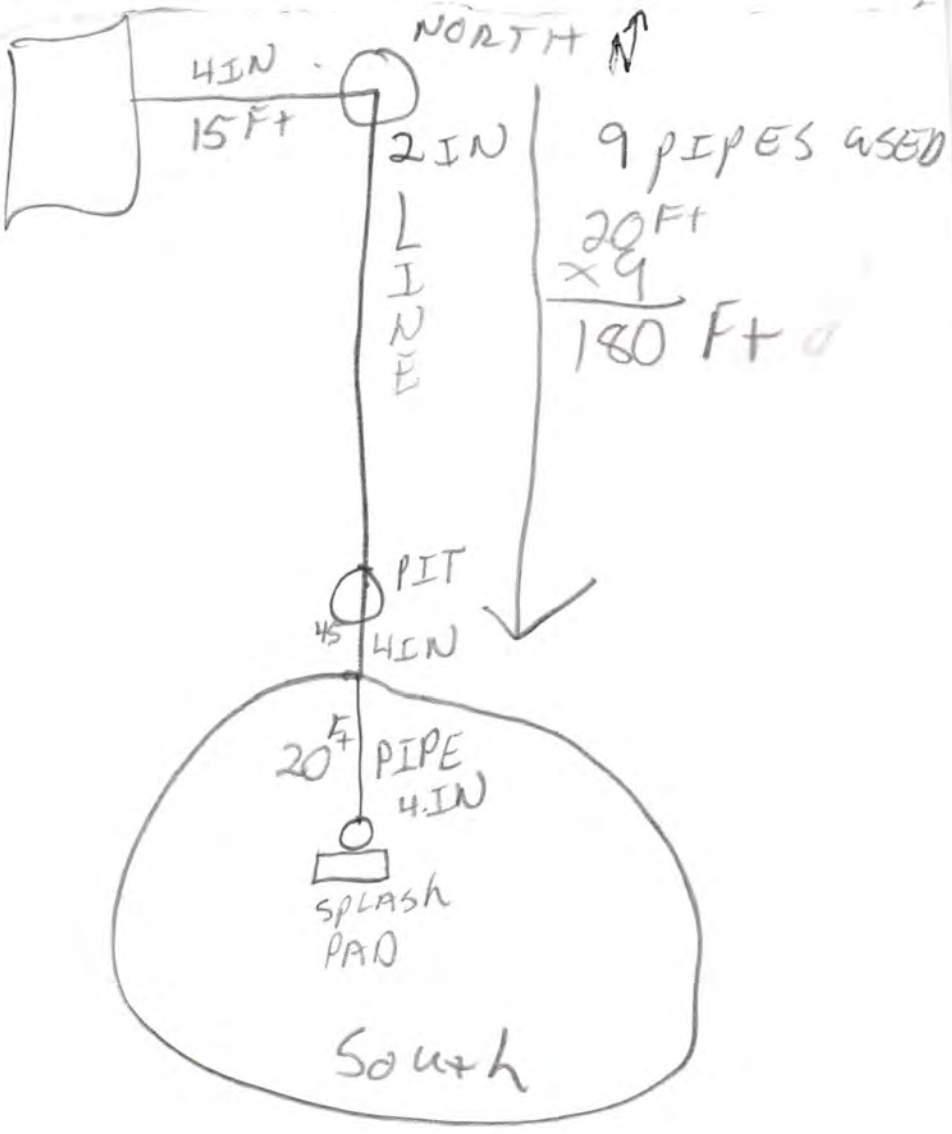
Business Office Use Only

Date Rec'd 05/21/02

Amt Paid 200.00

Rec'd By LC Cash/Check No. 2340

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



98th & GAGE ROAD

3130 South 6th Street - #100 • Lincoln, NE 68502 • Phone (402) 434-2400