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. 96380151001

Issued 11/01/96
Expires 05/01/97
Revenue Code

Establishment
KATHY WILCOX
T8N R5E SEC 25
18300 SW 72 STREET

FEES: $150.00

TOTAL $150.00

Permittee
KATHY WILCOX
441 S 47 ST
LINCOLN NE 68510

Issued By M. Jane Ford
Health Director

2773

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

OCT 3 1 1996

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150 = #1736
10/31/96 ks

FILE NO. _____

DATE: 10-29-96

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. 8N ; Range 5E of the 6th ; Section 25 ;
   Block _____ : Lot _____ : Addition ~~Unplatted~~ SW¼
   Street Address 8300 SW 72nd
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ Lagoon
4. Distance to public sewer: _____ ft.

Kathy Wilcox
Signature of Applicant (Owner or Lessee)

441 S. 47th Lincoln NE 68510
Address 489-9367

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/1/96 . Date Frwd. 11/1/96 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 11-4-96. Date Frwd. 11-4-96 ACTION: Approved ☒ Disapproved ☐ Signature: _____
3. City or County Engineer : Date Rec'd. 11/4/96 . Date Frwd. 11/4/96 . ACTION: Approved ☒ Disapproved ☐ Signature: Doug Pollard

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/16/97 by: L.C.H. Consultation
Date: _____ by: L.C.H. Need fence, signs, etc
Date: 8/18/97 by: L.C.H.
8/27/97 Ed J. C.H.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/27/97 By: Jerrold C. Hood

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

FORM 23-43

OCT 3 1 1996

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

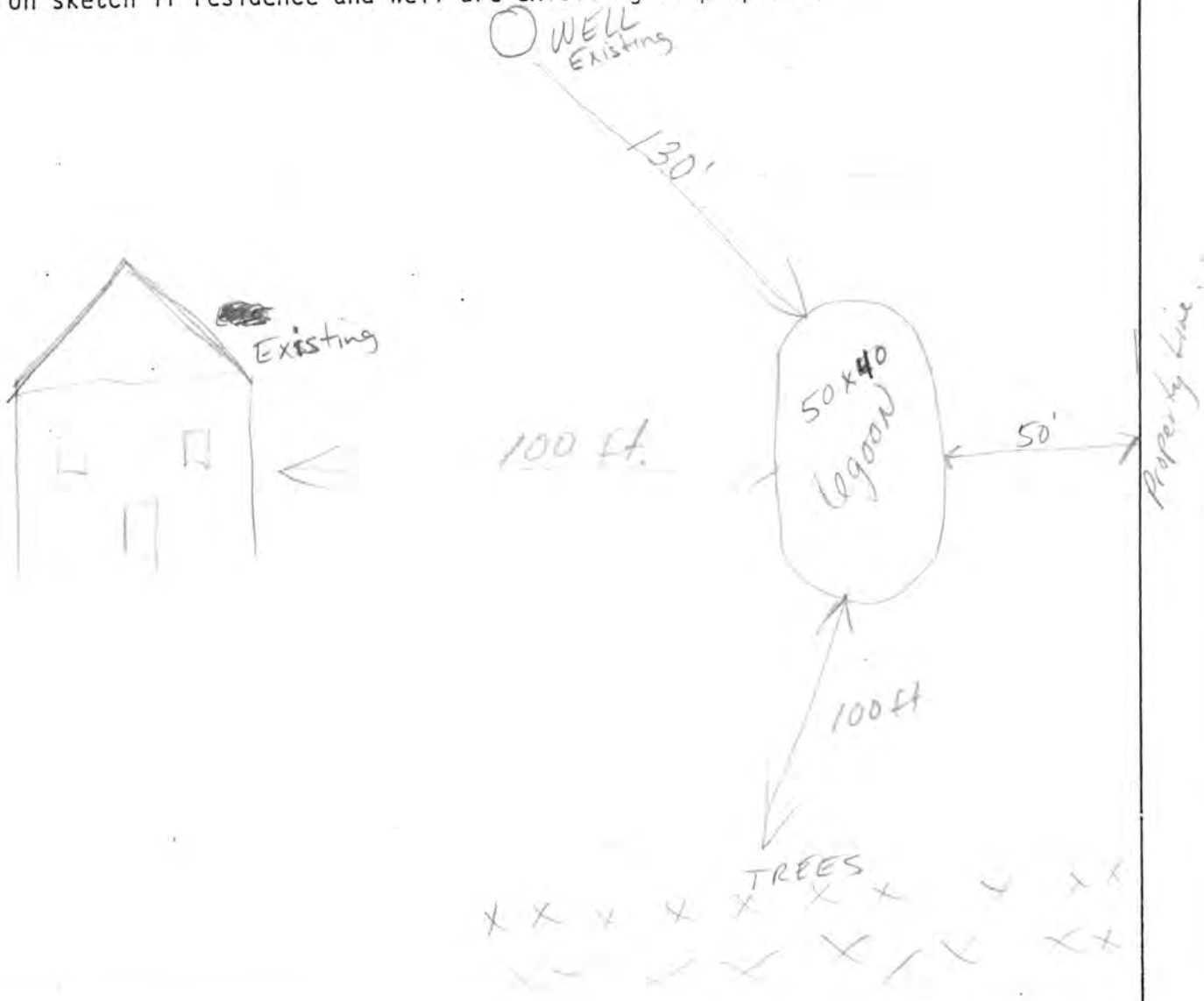
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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C

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:_____

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.

_____
Signature of Reviewing Official