Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008680

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 06380316501

Issued 03/08/06
Expires 03/08/07
Revenue Code 3157

Establishment: JIM WISSENBURG
T8N R5E SEC 27 QTR SE
8800 W SPRAGUE RD-CRETE

FEES: $275.00

Permittee: JIM WISSENBURG
8800 W SPRAGUE RD
CRETE NE 68333

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

MAR 7 2006

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

A

Permit Number: 063803165O1

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 8800 west Sprague Rd (no rural route) City Crete NE, Zip 68333

Legal Description SE (1/4) 27 (1/4) 8N (Section) 5E (Township) N/A (Range) — (Subdivision) — (Addition) — (Block) I.T (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Jim Wissenburg Signature Jim Wissenburg

Address 8800 west Sprague Rd City/State/Zip Crete Ne 68333

☐ Check if owner designed system Home Phone 826-5652 Work Phone _____

C. Contractor

Name Mitch Martin Company Name AQUA plumbing #0131

Address 1025 west 10th City/State/Zip Crete Ne 68333

☒ Check if contractor designed system Work Phone 826-2101 - 0357

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

Designer Name Mitch Martin Firm AQUA plumbing Work Phone 826-2101

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 ~~600~~ 300 Type of Wastewater: ☒ Domestic ☐ Non-Domestic.

x 9.76 = 2762.5 **DO NOT WRITE BELOW THIS LINE**

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

1. **Health Department** Date rec'd 3/8/06 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/9/06 Date frwd 3/9/06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3-9-06 Date frwd 3-9-06 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 5/8/07

Business Office Use Only
Date Rec'd 3-8-06
Amt Paid $275.00
Rec'd By _____ Cash/Check No. 7969

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