# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

**NON TRANSFERABLE**

PERMIT

SEWAGE SYSTEM REPAIR

No. 91390022601

Issued 04/09/91
Expires 10/09/91

ESTABLISHMENT

HELMER WUNIBALD
T8N R7E SEC 2
LOT 15

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

HELMER WUNIBALD
520 VILLAGE VIEW
HICKMAN NE 68372

Issued By COUNTY HEALTH

| VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE | |
|---|---|
| DATE | AMOUNT |
| 4/15/91 | PAID |

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

RECEIVED APR 0 8 1991

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: $ 50.00

FILE NO. _____

DATE: 4-5-91

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. 2N ; Range 7E ; Section 2 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☒ lagoon

4. Distance to public sewer: _____ ft.

Helmer Wunibald.
Signature of Applicant (Owner or Lessee)

520 Village View
Address
Hickman, Ne. 68372

(Do not write below this double line)

1. Health Department: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE:_____

The undersigned hereby applies for a permit to ALTER ☒, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 8N ; Range 7E ; Section 2 ;
Block_____; Lot_____; Addition_____
Street Address_____

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 4
Describe_____
Other Use ☐
Describe_____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☐; Other ☒

4. Description of proposed alteration, extension or repair: CHANGE FROM SEPTIC TANK TO LAGOON

5. Work to be done by: Owner ☐ ; or Contractor ☐ , _____
Contractor's Name

6. Estimated cost of project:

| | | |
|---|---|---|
| a. Materials | $ | |
| b. Labor | $ | |
| c. Other | $ | |
| TOTAL | $ | |

HELMER WUNIBALD
Signature of Applicant (owner or lessee)

520 VILLAGE VIEW, HICKMAN, NEBRASKA, 68372
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 50.00

2. Site Visits:
Date: 6/6/91 by: [illegible]
Date: 6/6/91 by: N.C.H.
Date: 7-10-91 by: PD

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hoop

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-19-91 by: Paul Dyer

Dear Sirs, 4-5-91

The request for a sewage lagoon permit is to replace a septic tank system on our farm residence at 8907 Saltillo Rd. It is located in the center of the section south of Saltillo Rd.

We have the house rented out.

Our address however is: Helmer Wunibald
520 Village View
Hickman, Ne.
68372

Tel. no. 402-792-2401

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Division of Environmental Health
2200 St. Marys Ave.
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TO: Division of Environmental Health
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Describe_____
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