LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

X

No. 91380067601

Issued 03/01/91
Expires 09/01/91

ESTABLISHMENT

MIKE POE BUILDERS
T8N R7E SEC 26
LOT 13

FEES: Permit 018754 $150.0

Total $150.0

PERMITTEE

MIKE POE BUILDERS
7925 COOPER AV
LINCOLN NE 68506

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
3/1/91	PAID

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

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: 2-27-91

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. 8N ; Range 7E ; Section 26 ;
   Block _____ : Lot 13 Irr. Addition of 6th P.M
   Street Address 17695 So. 96th (Phil Weber Residence)

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 2.5 Baths, Will do LAGOON IF septic doesn't work

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

4. Distance to public sewer: 3 miles ft. WILL PUT IN WHAT PERC TEST INDICATES

John G. Lee, Builder 483-4532
Signature of Applicant (Owner or Lessee)

7925 Cooper Ave. CALL PAUL
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/27/91 . Date Frwd. 3/1/91 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 3/1/91 . Date Frwd. 3/1/91 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 3/1/91 . Date Frwd. 3/1/91 . ACTION: Approved ☑ Disapproved ☐ Signature: Lyn Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/3/91 by: [illegible] 2" trench not enough lateral
Date: 6/6/91 by: [illegible]
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/24/04 By: Jerrold C. Hood

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

FORM 23-43

JOB 17695 South 96 ST.

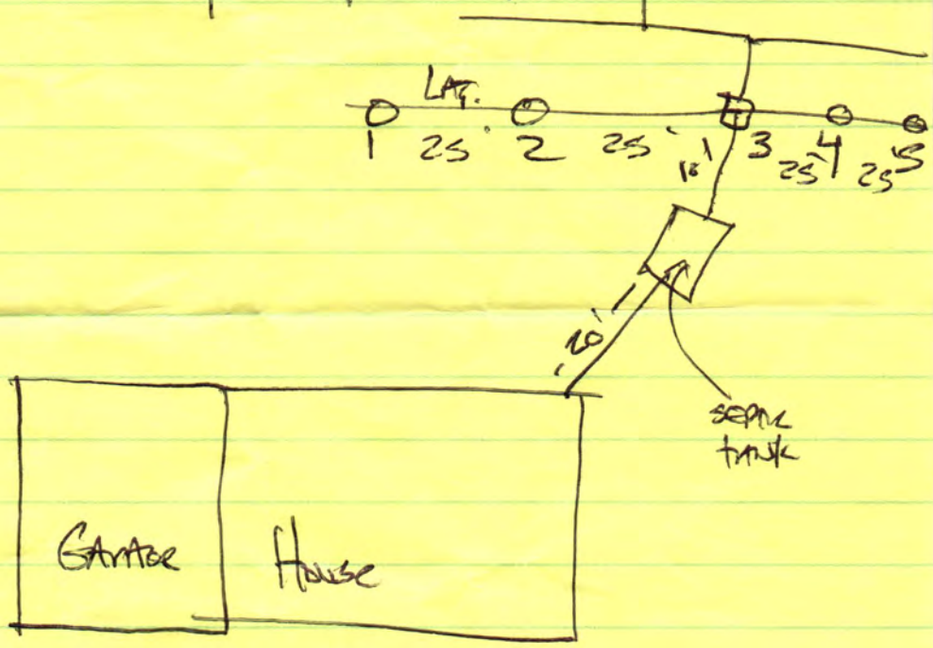
Prep ~~test~~

16

DATE: 5-7-91

Prep time: 5-8-91

time PM.	Hole ①	②	③	④	⑤
3:30	2	1 1/8	1 1/4	1	1 1/4
4:00	2	1 1/4	1	1	1 1/4
4:30	2	1 1/4	1 1/8	1	1 1/8
5:00	1 5/8	1	1	0 3/4	1
5:30	1 3/4	1	1	1	1
6:00	1 3/4	1	1 1/8	1 1/8	1
6:30	1 1/2	1	1	1 1/4	1



Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005451

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR.
SEWAGE REPAIR-EXTEND EXISTING LATERAL

Permit # 04390079701

Issued 08/09/04
Expires 02/09/05
Revenue Code 3157

Establishment: PHIL WEBER
T8N R7E SEC 26
LOT 13

FEES: $100.00

Permittee: PHIL WEBER
17695 S 96 ST
HICKMAN NE 68347

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date: 8/19/04	File No.:

The undersigned hereby applies for a permit to: ☐ **ALTER** ☑ **EXTEND** ☐ **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:**
   Township 8N Range 7E Section 26 1/4 Section NE
   Block _____ Lot _____ Addition _____

   Street Address _____

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms _____ Describe _____

3. **Type of Present Individual Disposal System:** ☑ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair:** ADD 360# of Lateral

5. **Work to be done by:** ☐ owner ☑ contractor's name Dirt Works Plus Inc

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name PHIL WEBER Address 17695 HICKMAN, NE. Phone _____
Applicant Signature (owner or lessee) Phil Weber

Please include the permit fee ~~($50.00)~~ 100.00 with this application

(Please do not write below this line)

Date rec'd 8/19/04 REVIEW: ☒ approved ☐ disapproved By: Jerrold C. Hood

Site visits:
Date 8/19/04 By J C. Hood
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 8/24/04 By Jerrold C. Hood

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

#1118 $100.00 8/19/04 cw

White - EH Pink - Business Office Revised 1/98