Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005177

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC OR LAGOON PENDING PERCOLATION
TEST RESULTS

Permit # 04380284201

Issued 06/09/04
Expires 12/09/04
Revenue Code 3157

Establishment

GAYLAN & VIOLA SUHR
T9N R6E SEC 15
LARSON 2ND ADDN LOT 2
1030 GAILYN CIR-RURAL

FEES: $200.00

Permittee

GAYLAN & VIOLA SUHR
5900 ENGLISH PARK CT
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 04380284201

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 1030 GAILYN CIRCLE (no rural route) City _____ NE, Zip _____

Legal Description Lot 2 Larson 2nd addition 2
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude 15 9N 6E Latitude _____

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

B. Owner

Name Gaylan + Viola Auker Signature Viola M Auker Gaylan J Auker

Address 5900 English Park Ct City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 402-423-8922 Work Phone Cell 430-4620

C. Contractor

Name _____ Company Name DIRTWORKS PLUS

Address 7801 LEIGHTON City/State/Zip LINCOLN NE 68507

☑ Check if contractor designed system Work Phone 560-1208

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

Designer Name _____ Firm _____ Work Phone _____

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 6/9/04 Date frwd 6/9/04	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 6-9-04 Date frwd 6-9-04	**ACTION** ☒ Approved ☐ Disapproved Signature Shawn Johnson	
3. **City or County Engineer**	Date rec'd 6/9/04 Date frwd 6/9/04	**ACTION** ☒ Approved ☐ Disapproved Signature Chase Baker	

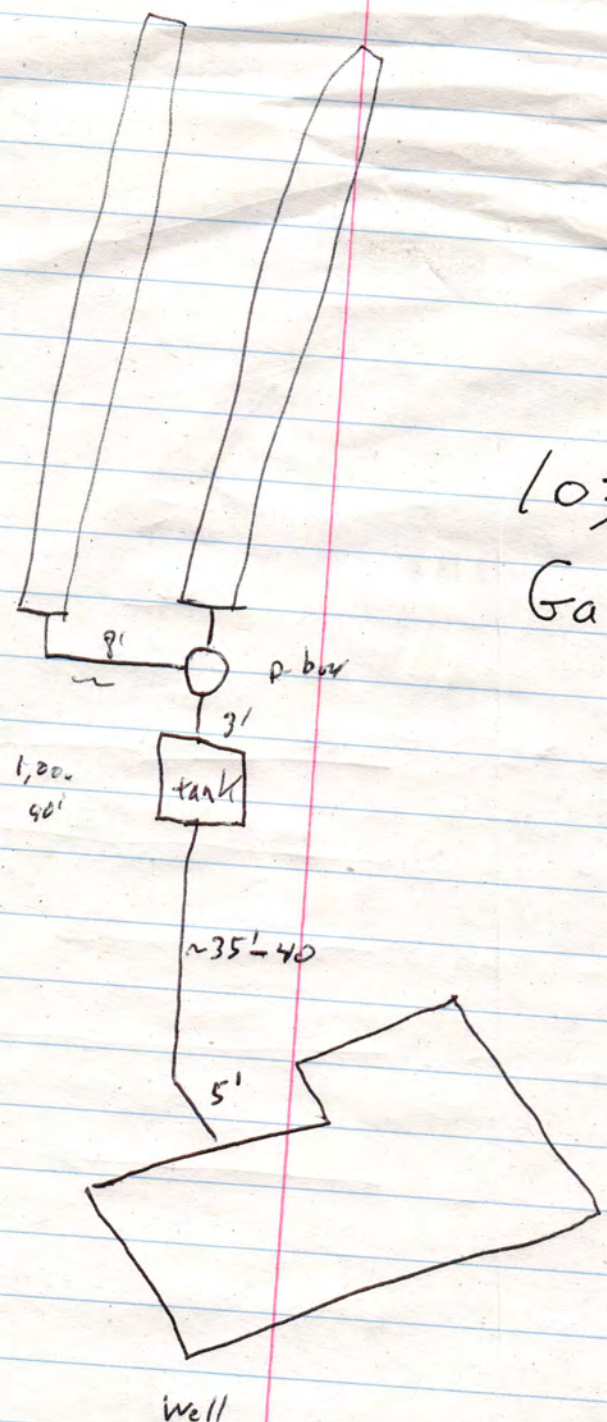
Installation Final Written Approval

By Doug Auker

Date 12/1/04

Business Office Use Only
Date Rec'd 06/09/04
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 6881 LP

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


North
1030
Gailyn
8'
p box
3'
1,000 gal
tank
~35'-40'
5'
well