Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008507

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Establishment:
GENE OSBORN
T9N R6E SEC 33
PARCEL 1 LOT 31
10600 SW 27 ST

Permittee:
GENE OSBORN
8340 HOLLYNN LN
APT 42
LINCOLN NE 68512

Permit # 05380313001

Issued 11/15/05
Expires 11/15/06
Revenue Code 3157

FEES: $275.00

TOTAL: $275.00

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

NOV 16 2005

A

Permit Number: 05380313001

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 10600 SW. 27th street (no rural route) City Lincoln NE, Zip 68523

Legal Description 33 9N 6E SEE ATTACHED 31 1st
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Gene Osborn Signature Gene Osborn

Address 8340 Hollyhock Ln. #42 City/State/Zip Lincoln NE 68512

☐ Check if owner designed system Home Phone 402-420-1951 Work Phone Same

C. Contractor

Name _____ Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

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 11/15/05 Date frwd 11/15/05	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 11/15/05 Date frwd 11/15/05	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 11-15-05 Date frwd _____	**ACTION** ☒ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By _____

Date 2/24/06

Business Office Use Only

Date Rec'd 11-15-05
Amt Paid 275.00
Rec'd By TLW Cash/Check No. 3645

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

field notes

