Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit
SEWAGE INSTALLATION
LAGOON

Permit # 02380254801

Issued 10/03/02
Expires 04/03/03
Revenue Code 3157

Establishment
DAN & JOYCE WIENEKE
T9N R6E SEC 33 QTR SW
IRREGULAR TRACT LOT 16&17
11000 SW 27 ST

FEES: $200.00

Permittee
DAN & JOYCE WIENEKE
1324 GALLOWAY AVE
LINCOLN NE 68512

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003014

PRE-EXISTING WELL

A

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

Permit Number: 023802548

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 11000 SW 27th St. (no rural route) City _____ NE, Zip _____

Legal Description SW 33 9N 6E NORTH LOT 17 I.T. / SOUTH LOT 16 I.T.
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 DAN & JOYCE WIENEKE Signature _____

Address 1324 GALLOWAY City/State/Zip LINCOLN, NE 68512

☐ Check if owner designed system Home Phone (402) 423-6421 Work Phone (402) 499-0919

C. Contractor

Name VANTAGE POINTE HOMES Company Name DAN KUBR

Address 1000 W. ROKEBY RD. City/State/Zip LINCOLN, NE 68523

☐ Check if contractor designed system Work Phone (402) 423-8821

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 10/3/02 Date frwd 10/9/02	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10.9.02 Date frwd 10.9.02	**ACTION** ☒ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 10/9/02 Date frwd 10/9/02	**ACTION** ☒ Approved ☐ Disapproved Signature Chase Baker	

Line, Lagoon + drawing - Need fence 11/21/02

Installation Final Written Approval

By Doug Smith

Date 2/12/03

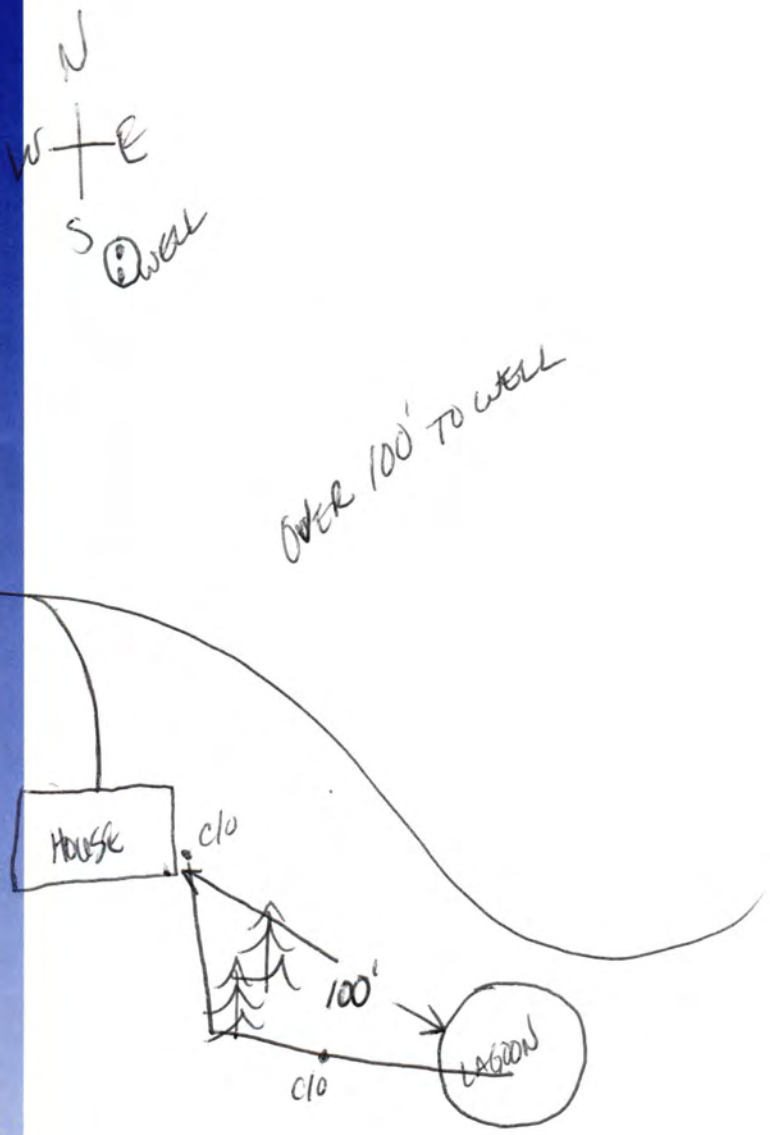
Business Office Use Only

Date Rec'd 10/03/02

Amt Paid 200.00

Rec'd By _____ ~~Cash~~/Check No. 2602

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



Lincoln Insulation
1133 South 7th Street
Suite A
Lincoln, NE 68502
402•421•6160
Fax 402•421•6202
ww.bsiholdings.com

"A team of outstanding professionals striving to serve our customers in outstanding ways."