LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380102101

Issued 07/12/93
Expires 01/12/94
Revenue Code 18754

Establishment
KALMER KNUDSON
T12N R6E SEC 22
801 W ROCK CREEK ROAD

FEES: $150.00

TOTAL $150.00

Permittee
KALMER KNUDSON
4919 HILL DR
LINCOLN NE 68510

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

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

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FILING FEE: $ 150.00

FILE NO. _____

DATE: 7-8-93

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. 12 North; Range 6E; Section 22 NW¼;
   Block _____: Lot _____: Addition _____
   Street Address 801 West Rock Creek Rd
2. Property Use: Residential ☒; Commercial ☐ Other Use ☐
   No. of Bedrooms 4. Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒
4. Distance to public sewer: miles ~~ft.~~

Kalmes Knudson
Signature of Applicant (Owner or Lessee)

4619 Hill Dr, Lincoln, Ne. 68510
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/12/93. Date Frwd. 7/12/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Nobe
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Norm
3. City or County Engineer: Date Rec'd. 07/12/93. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Virgil Chapman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-22-93 by: rm need fence + liner
Date: 12-12-97 by: rm fence up.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-12-97 By: Ron Magenau

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

FORM 23-43

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

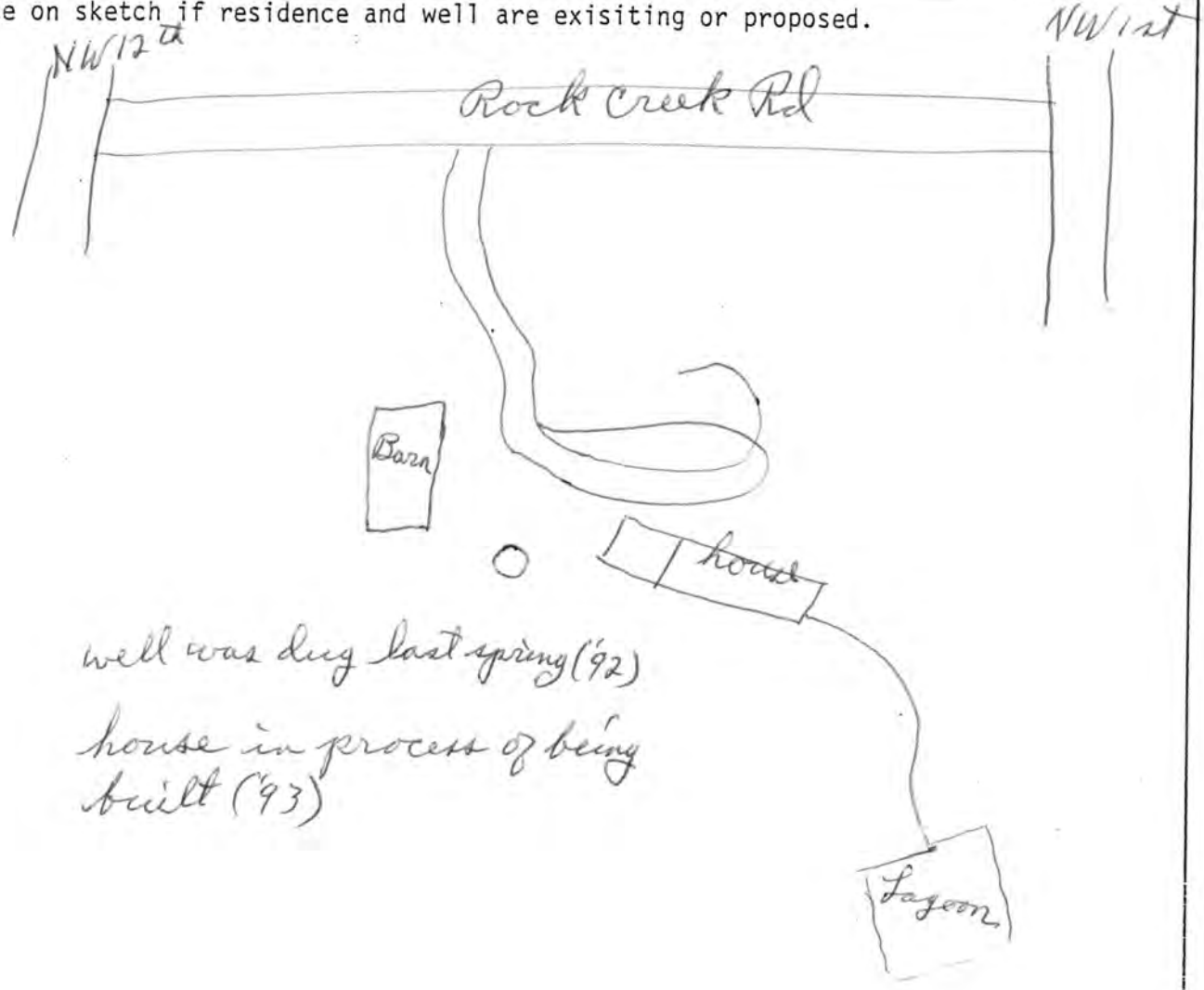
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C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.



well was dug last spring ('92)

house in process of being built ('93)

REVIEWING ACTION

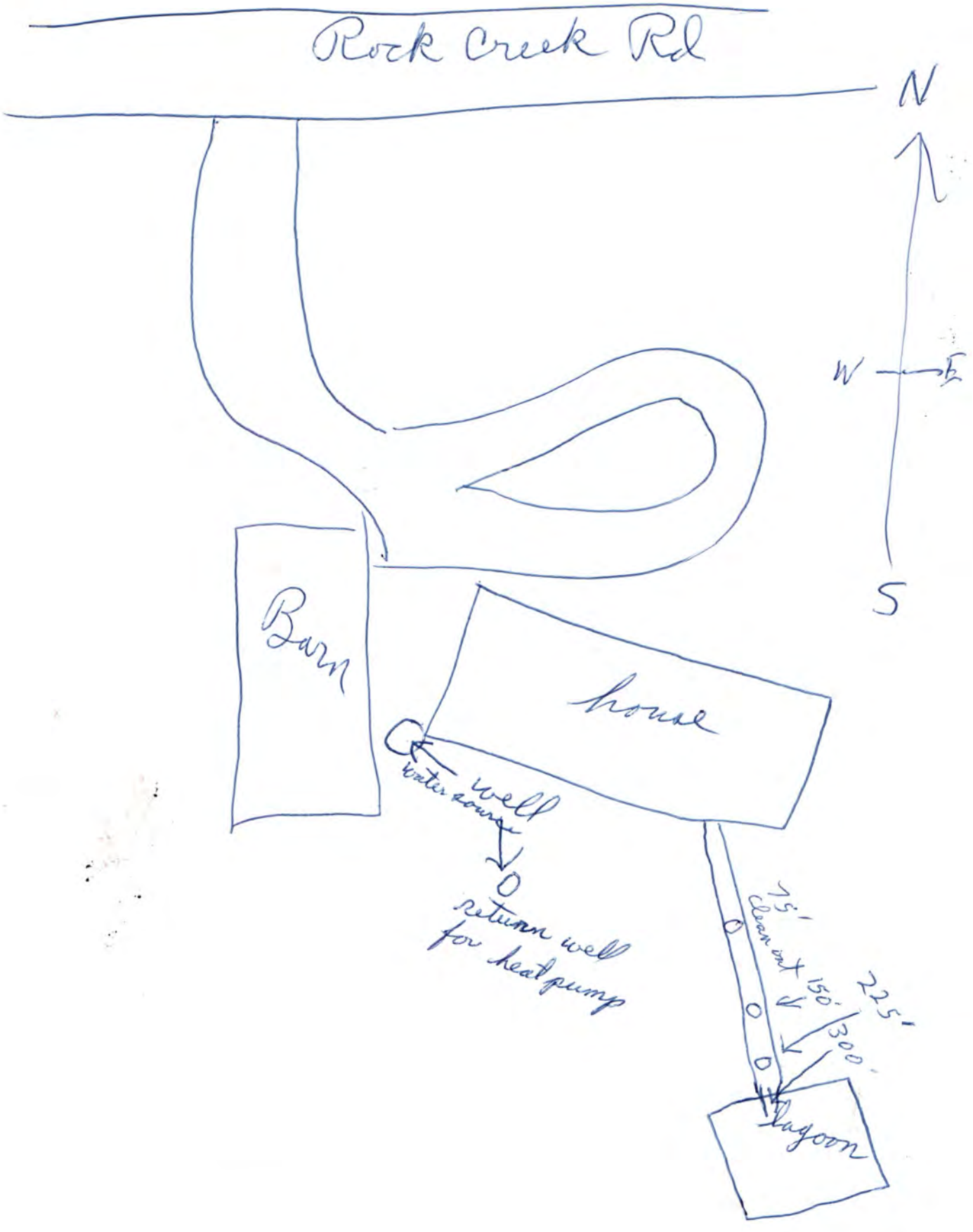
Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed _____ sq.ft.

_____
Signature of Reviewing Official


Rock Creek Rd
N
W
E
S
Barn
house
well
water source
return well
for heat pump
75'
clean out
150'
225'
300'
lagoon