Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005834

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380292401

Issued 11/04/04
Expires 05/04/05
Revenue Code 3157

Establishment:
CHRISTIAN HERITAGE CHILDREN'S HOMES
T9N R8E SEC 10 QTR SW
LOT 23IT
14880 OLD CHENEY RD-WALTON

FEES: $200.00

Permittee:
CHRISTIAN HERITAGE CHILDREN'S HOMES
2930 RIDGE LINE RD
APT 110
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: 04380292401

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 14880 Old Cheney Rd. (no rural route) City Walton NE, Zip 68461

Legal Description SW 1/4 10 Section T9N Township 8E Range Subdivision Addition 23 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 Christian Heritage Childrens Homes Signature _____

Address 2930 Ridgelone Rd City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone _____ Work Phone 423-3270

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 Steve Nickel Firm Nickel Engineering Work Phone 423-0559

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms _____ Is there a Whirlpool Bathtub YES NO

☒ Commercial Establishment/Other Facility Specify office Bldg

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 11/4/04 Date frwd 11/5/04 **ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-5-04 Date frwd 11-5-04 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3/19/07 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 3/19/2007

Business Office Use Only

Date Rec'd 11/04/04

Amt Paid 200.00

Rec'd By _____ Cash/Check No. 6053

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