LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 98390057401

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Issued 01/07/98
Expires 07/07/98
Revenue Code 3157

Establishment

JEFF EPPERSON
T11N R7E SEC 11
8500 WAVERLY RD

FEES: $50.00

Permittee

JEFF EPPERSON
8500 WAVERLY RD
LINCOLN NE 68517-9708

TOTAL $50.00

Issued By Gregg Wright MD.
M. Jane Ford
Health Director

5852

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

call Friesen 730-3277 11:00

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☑

Lincoln-Lancaster County HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 1-5-98

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☑, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11N ; Range 7E ; Section 11 ;
Block _____; Lot _____; Addition _____
Street Address 8500 Waverly Rd 68517-9708

2. Property Use: Residential ☑ ; Commercial ☐
No. Bedrooms _____ Describe _____
Jeff Eppson
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐

4. Description of proposed alteration, extension or repair: 2 - 100' x 3' Laterals

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Friesen Excavating
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$ 1500	00

Percolation test for this repair permit was waived because of winter weather conditions, provided that soil map indicated a satisfactory soil and drainfield laterals are sized to maximum linear feet for 60 min./inch.

Dewayne Friesen
Signature of Applicant (owner or lessee)

Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 1-5-98
Filing Fee: $ 50.00 CK #14017 rdf

2. Site Visits:
Date: 1-6-98 by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Ron Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-14-98 by: Ron Maynard

N

— SHEET NUMBER 15

