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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: MAY 2 90

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. 7 N ; Range 5 E ; Section SE¼ 4 ;
   Block _____ : Lot _____ : Addition _____
   Street Address 10400 W. PANAMA ROAD
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ LAGOON
4. Distance to public sewer: _____ ft.

Lee C Miller
Signature of Applicant (Owner or Lessee)
1402 MADISON
BELLEVUE NE 68005
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/2/90 . Date Frwd. 5/8/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5-8-90 . Date Frwd. 5-8-90 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauma
3. City or County Engineer: Date Rec'd. 05/08/90 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Wayne Raymond

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/8/90 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/10/90 By: Jerrold C. Hood

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 ☒

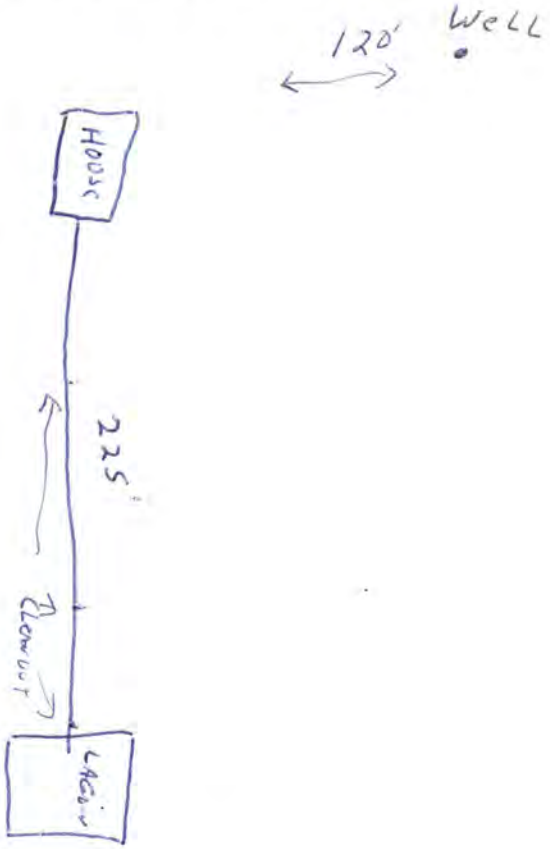
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Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

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



PAWNEE CLAY LOAM

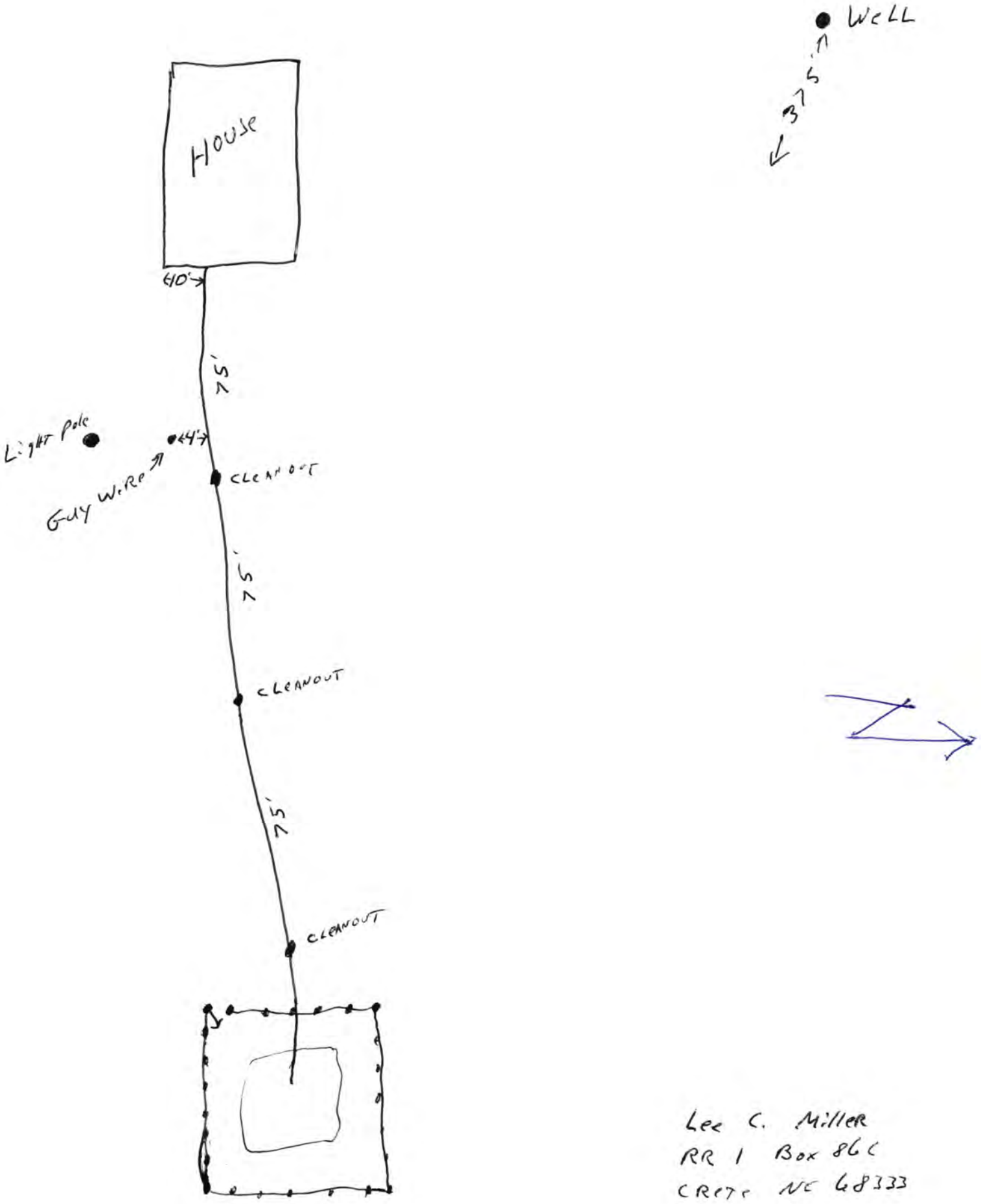
REVIEWING ACTION

Remarks: _____

Date: May 2 90

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.

Jerrold C. Hood
Signature of Reviewing Official



Lee C. Miller
RR 1 Box 86C
Crete NE 68333