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
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

RECEIVED OCT 17 1990

FILE NO. _____

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

DATE: 10-8-90

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. 7N ; Range 6E ; Section 31 ;
Block _____ ; Lot _____ ; Addition _____
Street Address Box 130 RR2, 5101 West Hallam Road

2. Property Use: Residential X ☐; Commercial _____ ☐
No. Bedrooms 4
Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair:
Lay new Drainage field, use existing Septic tank

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

6. Estimated cost of project:

a. Materials	$	400.00
b. Labor	$	50.00
c. Other	$	
TOTAL	$	450.00

Lynn Nantell
Signature of Applicant (owner or lessee)

RR2 Box 130 Hallam NE 68368
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 11-19-90 by: old hand pump well about 60 ft from Natural
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold C. Reed

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 90390021701

Issued 11/28/90
Expires 05/28/91

ESTABLISHMENT

LYNN HARTZELL
T7N R6E SEC 31 QTR NW

FEES: Permit 018754 $50.00

Total $50.00

Issued By COUNTY HEALTH

PERMITTEE

LYNN HARTZELL
RR0002
BOX 00130
HALLAM NE 68368

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

Data Documents 10-574850-01 1L3 1,2