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. 93380098501

Issued 05/06/93
Expires 11/06/93
Revenue Code 18754

Establishment
IVAN WALVOORD
T7N R7E SEC 11

FEES: $150.00

TOTAL $150.00

Permittee
IVAN WALVOORD
RR0001
BOX 0038A
FIRTH NE 68358

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

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: 4-29-93

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. 7N ; Range 7E ; Section SE¼ 11 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: _____ ft.

Ivan Walsworth
Signature of Applicant (Owner or Lessee)

Rt 1 Box 38A Firth Ne 68358
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/6/93 . Date Frwd. 5/7/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nobb

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/7/93 . Date Frwd. 5/7/93 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer : Date Rec'd. 05/07/93. Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

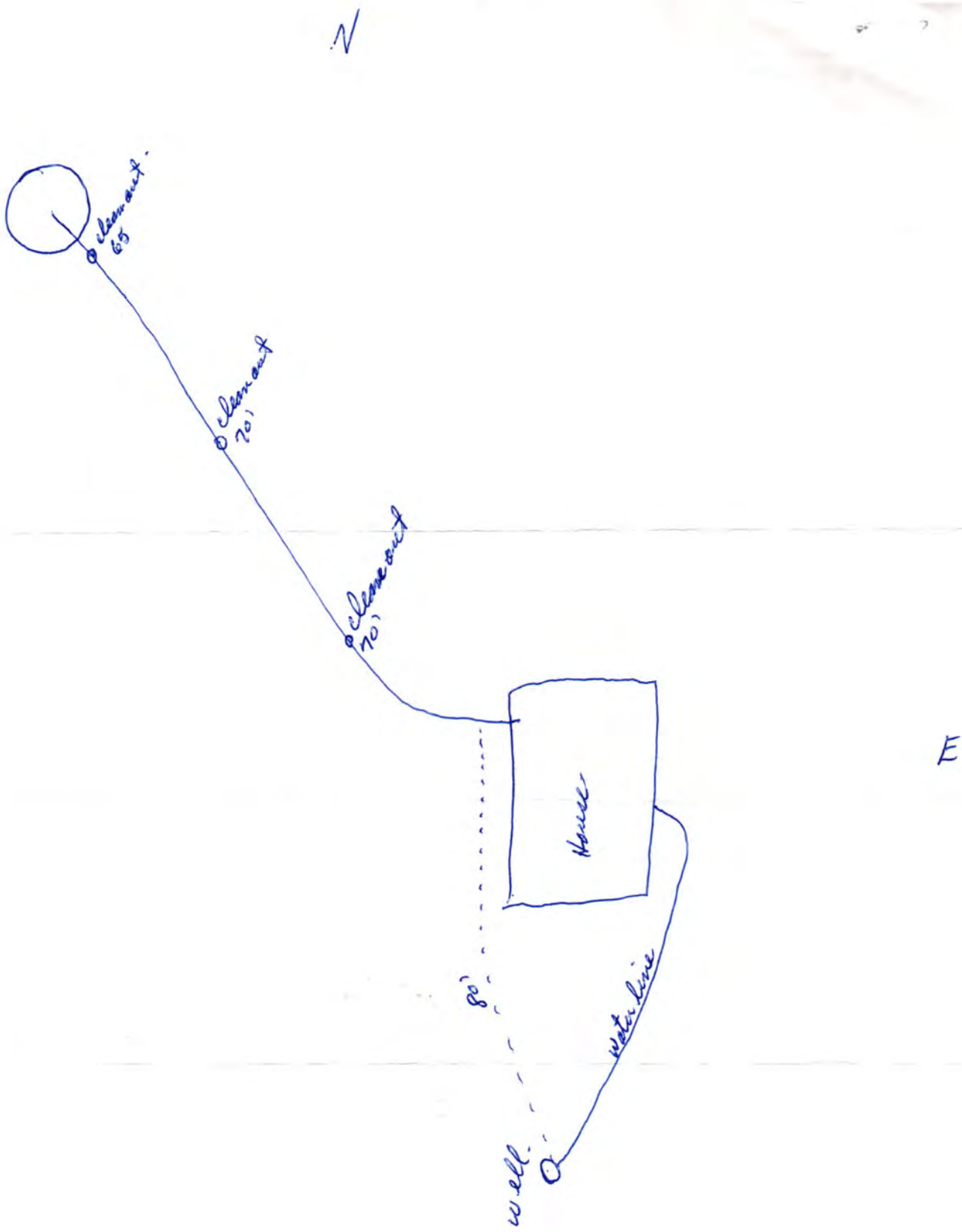
REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: / /93 by: L.C.
Date: / /93 by: L.C.H. & L.C.
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

FORM 23-43



Coating well + Plbg.