LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT
SEWAGE INSTALLATION

No. 90380062501

Issued 08/03/90
Expires 02/03/91

ESTABLISHMENT
FAITH MAZE
T/N R8E SEC 1
18101 STAGECOACH RD

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE
FAITH MAZE
RR0005
BEATRICE NE 68310

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
8/13/90	PAID

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

9038000625

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: $_____

FILE NO._____

DATE: 8-3-90

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. 7N ; Range 8E ; Section 1 ; NE¼ OF NW¼ OF SE¼ OF NW¼
   Block_____: Lot_____: Addition_____
   Street Address 18101 Stagecoach Road
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.

Keith Maze
Signature of Applicant (Owner or Lessee)

Box 5 Beatrice Ne 68310
Address

(Do not write below this double line) 223-2176

1. Health Department: Date Rec'd. 8/7/90. Date Frwd. 8/8/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8-8-90. Date Frwd. 8-8-90. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bourne
3. City or County Engineer: Date Rec'd._____. Date Frwd._____. ACTION: Approved ☒ Disapproved ☐ Signature: Jon Blazek

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 9-5-90 by: rm not final, need drawing
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ By:_____

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

FORM 23-43