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: 475-6221)

FILE NO._____

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

DATE: 12-30-81

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 8E ; Section 5 ;
Block _____ ; Lot 6 I.T. ; Addition _____
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: SWITCH TO LAGOON SYSTEM

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

6. Estimated cost of project:

a. Materials	$ 3
b. Labor	$
c. Other	$
TOTAL	$ 387.00

G Landon Townsend
Signature of Applicant (owner or lessee)

Box 138
Hickman, Neb. 68372
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ NO FEE

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

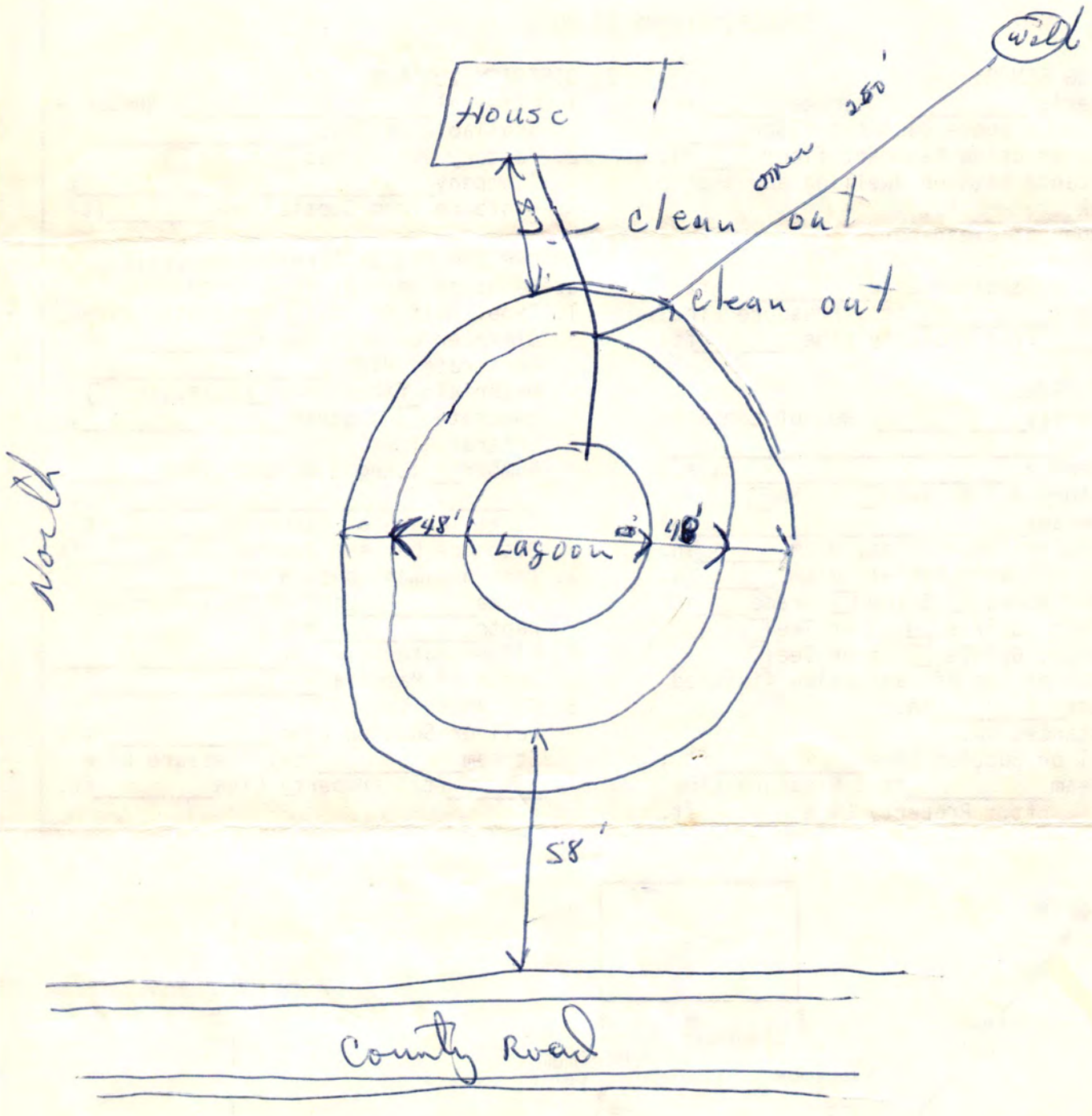
4. INSTALLATION FINAL WRITTEN APPROVAL ☒
Date: _____ by: _____

* Disapproved, Lagoon too deep, sides too steep.

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER _____

East



West