LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2377-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

FEBRUARY 14, 1987 — THIS PERMIT EXPIRES

GAYLAN KOCH — ISSUED TO

ROUTE #2, BOX 42 — ADDRESS

DE WITT, NE 68341

T7N; R8E; Sec 5; E½ SW¼ — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE 8/15/86 — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: $ 60.00

FILE NO. 2377-C

DATE: 8-15-86

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 5 ;
   Block ~~4~~ : Lot ____ : Addition E½ SW¼
   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: NONE ~~A~~ ft.

LAGOON MUST BE SEALED

Gaylan Kock
Signature of Applicant (Owner or Lessee)

RR 2 Box 42 DeWitt Nebr. 68341
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/15/86. Date Frwd. 8/15/86. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8-15-86. Date Frwd. 8-15-86. ACTION: Approved ☒ Disapproved ☐ Signature: Maud Boeman

3. City or County Engineer: Date Rec'd. 8/15/86. Date Frwd. 8/15/86. ACTION: Approved ☒ Disapproved ☐ Signature: Lloyd L. Worrell

REMARKS OR REASONS FOR DISAPPROVAL ____

Site Visits:
Date: 10/29/86 by: J.C.H. need fence drawing + north side more gradual slope.
Date: ____ by: ____
Date: ____ by: ____

INSTALLATION FINAL WRITTEN APPROVAL
Date: ____ By: ____

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

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

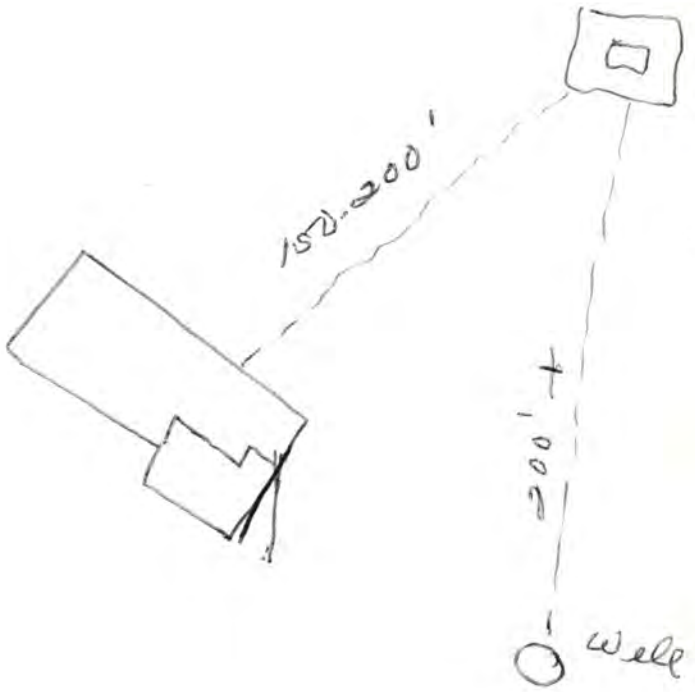
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2377-C

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



REVIEWING ACTION

Remarks: _____

_____

Date: _____

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.

_____
Signature of Reviewing Official