LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1775-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

November 6, 1981
THIS PERMIT EXPIRES

DOUGLAS & CINDY HOLDEN
ISSUED TO

ADAMS NE
ADDRESS

T7N, R8E, Section 14, Lot 13 Irregular Tract, Addition-SE¼ of SE ¼
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

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	AMOUNT
EB	5 6 81	

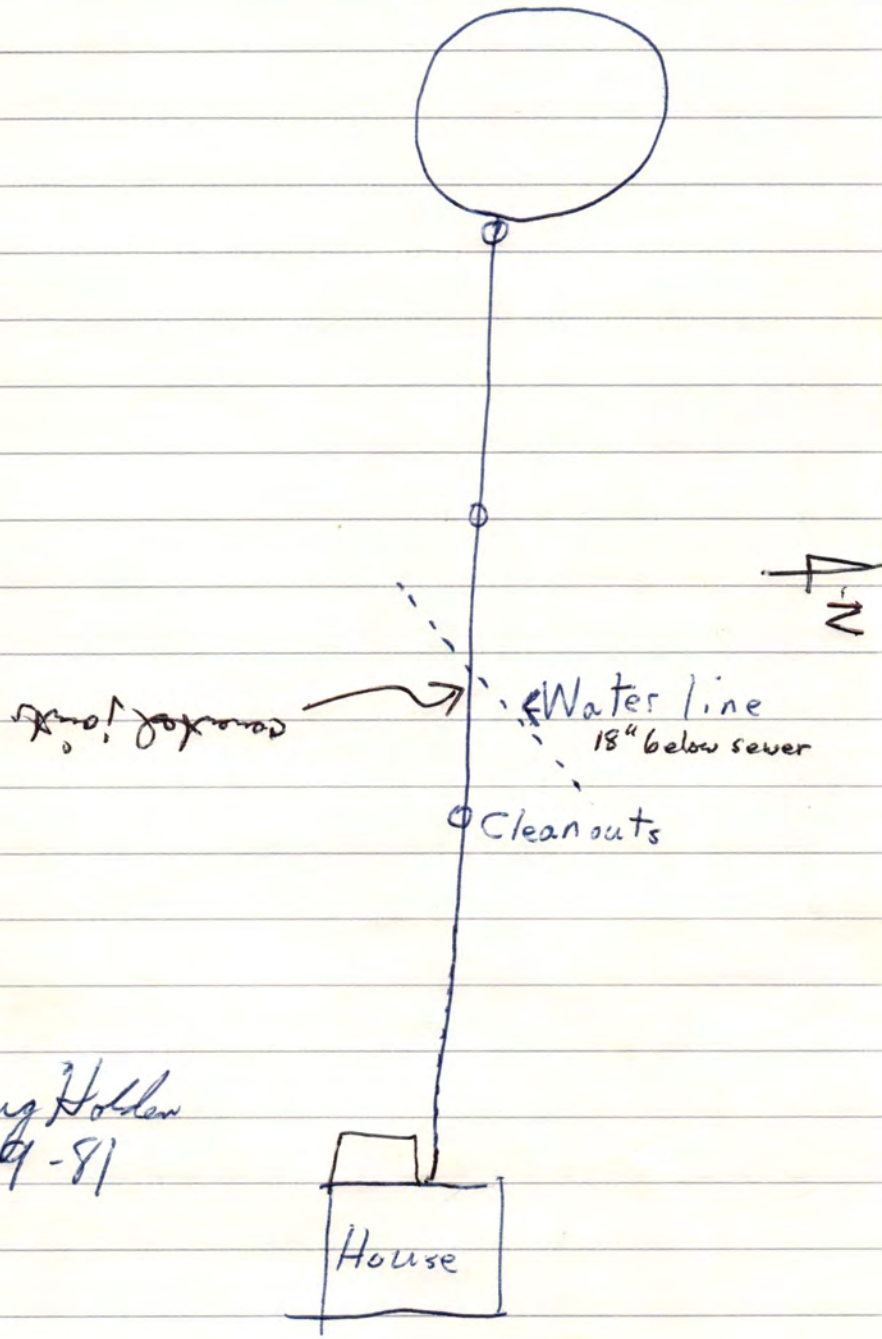
VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

2882

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

20109-0977



Doug Holden
9-19-81

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: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1775-C

DATE: May. 6, 1981

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. 7 N ; Range 8 E ; Section 14 ;
   Block _____ : Lot 13 I.T. : Addition SE¼ of SE¼
   Street Address 17500 Princeton Rd. 5.84 acres

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

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

4. Distance to public sewer: _____ ft.

Mrs. Douglas Holden
Signature of Applicant (Owner or Lessee)

RR #1 Adams, NE 68301
Address
home: 788-2725
wks: 788-2269

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/6/81 . Date Frwd. 5/6/81 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoad

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5-6-81 . Date Frwd. 5-6-81 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauma

3. City or County Engineer: Date Rec'd. _____ . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Con Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-18-81 by: mm
Date: 9-19-81 by: mm
Date: 1/29/82 by: J.C.H.
8/4/82

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

J.C.H. bonded Still need bond

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8/4/82 By: Jerrold C. Hoad

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 Division of Environmental Health 2200 St. Marys Avenue Lincoln, Nebraska 68502 Phone: 474-1541 **C**
Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.	FILE NO._____

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

REVIEWING ACTION

Remarks: Soils map indicates pawnee clay loam soil. Owner wants to install lagoon & will seal.

Date: 5-6-81

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