LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit

SEWAGE INSTALLATION

No. 94380113601

Issued 03/23/94
Expires 09/23/94
Revenue Code 18754

Establishment

WAYNE LARSON
T7N R8E SEC 28
LOT 3
13800 FIRTH ROAD

FEES: $150.00

TOTAL $150.00

Permittee

WAYNE LARSON
13800 FIRTH ROAD
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: Mar. 21, 94

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:

~~Parcel 1 LOT 3 IRREG TRACTS IN SW¼ of Sec 28 T5 7 RANGE 8 except a Portion Lake, Case No.~~

1. Legal description of property: Twp. 7N ; Range 8E ; Section 28 ; Block _____ : Lot 3 I.T. : Addition PARCEL 1
   Street Address 13800 FIRTH ROAD
2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe FARM HOUSE MOBILE HM ON 160 ACR Plot
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☑
4. Distance to public sewer: 4 Years ft. LAGOON

NO PERC TEST
WILL SEAL W/ BENTONITE

Wayne Lam c/o S&L Farms
Signature of Applicant (Owner or Lessee)

13800 FIRTH ROAD
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/22/94. Date Frwd. 3/23/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/23/94. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer : Date Rec'd. 03/23/94. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: J.C.H.
Date: 3/22/94 by: J.C.H.
Date: 5/5/94 by: J.C.H.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/10/94 By: Jerrold C. Hood

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

FORM 23-43

13800 FIRTH RD.

