LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION
LAGOON

No. 89380003201

Issued 09/18/89
Expires 03/18/90

ESTABLISHMENT

SAM ELY
T8N R5E SEC 2
LOT 25

FEES: Permit 018754 $60.00

Total $60.00

PERMITTEE

SAM ELY
RR0001
ROCA NE 68430

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

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

89380032

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: $ 60 00/100

FILE NO. _____

DATE: 18 Sept 1989

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. T8N ; Range R5E ; Section 2 ;
   Block _____ : Lot 25 I.T. ; Addition _____
   Street Address 7900 SW Saltillo

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

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

4. Distance to public sewer: None ft.

Sam J Eg
Signature of Applicant (Owner or Lessee)

RT 1, Roca Nebr 68430
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/18/89. Date Frwd. 9/20/89. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9-20-89. Date Frwd. 9-20-89. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bouma

3. City or County Engineer: Date Rec'd. 9/20/89. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: Lyle Klemmet

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/8/89 by: J. C. H.
Date: 12/5/89 by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12/6/89 By: Jerrold Wood

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

FORM 23-43

7901 W. Salt. Lo Rd

Sam Eby

