LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2750-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

GLEN E. JUNE — ISSUED TO

RT. 1, BOX 203 — ADDRESS

CRETE, NE 68333

T8N; R5E; Sec SW¼ 7: — 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	AMOUNT
NG	10-16-58	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

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

A

FILING FEE: $_____

FILE NO. 2750-C

DATE: 10-4-88

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. 8N ; Range 5E ; Section 7 ; SW¼
   Block _____ : Lot _____ : Addition 55 Acres
   Street Address _____

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

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

4. Distance to public sewer: 5 miles ft.

Glen E Johnson
Signature of Applicant (Owner or Lessee)

Rt 1 Box 203 Crete 68333
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/4/88 . Date Frwd. 10/5/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 10-5-88 . Date Frwd. 10-20-88 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Boom

3. City or County Engineer: Date Rec'd. 10/5/88 . Date Frwd. 10/5/88 . ACTION: Approved ☑ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-8-88 by: mm Lagoon somewhat large, clearouts > 100 ft. + Dept did not see sewerline before covered
Date: 11-17-88 by: mm All corrections complete
Date: 5-12-89 by: mm Dept NO SD, HDPE sewer pipe need to re-type interior of likes

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-15-89 By: Ron Bryant

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

FORM 23-43

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

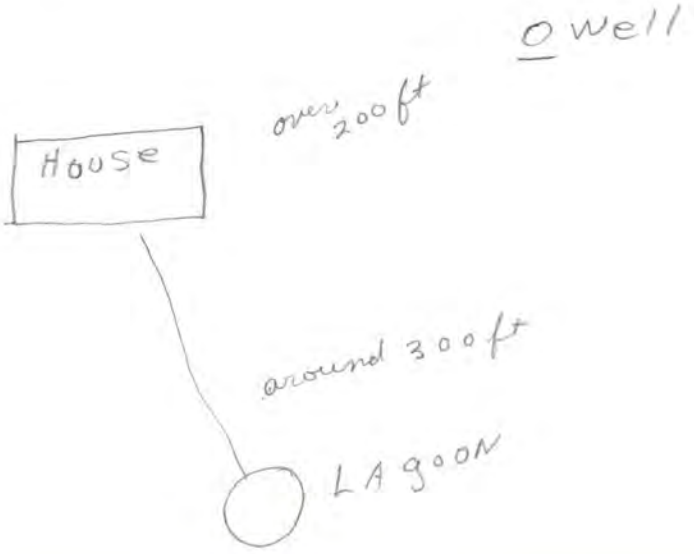
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: Lagoon must be sealed

Date: October 3, 1988

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.

Gerald C. Hood
Signature of Reviewing Official

FORM CONTROL NUMBER 16872

LANCASTER COUNTY
CASH RECEIPT

PAGE 1 OF 1

TRANSACTION CODE	C	R	CASH RECEIPT NUMBER	DATE OF DEPOSIT	ACCOUNTING PERIOD	BUDGET FY
			31989	M M D D Y Y: 10/08/88	M M Y Y	Y Y: 89

ACTION: [X] ORIGINAL ENTRY (E) [ ] ADJUSTMENT (M)

BANK ACCOUNT: 11

OFFSET CASH ACCOUNT:

COMMENTS: L & L County Health

REFERENCE INVOICE NUMBER	REFERENCE INVOICE LINE NO.	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV SRCE	JOB NUMBER	REPT. CATEG	BAL SHEET ACCT.	OBJECT	SUB-OBJ	VENDOR/ PROVIDER	AMOUNT	INC./ DEC IND	P/F IND
		011	999				2559								60.00		
DESCRIPTION: Sewer Permit #2250-C																	
DESCRIPTION																	
DESCRIPTION																	
DESCRIPTION																	
DESCRIPTION																	
DESCRIPTION																	
DESCRIPTION																	

TOTAL 60.00

PREPARED BY: NAME _____ TITLE _____ DATE _____

APPROVED BY: NAME _____ TITLE _____ DATE _____

APPROVED BY: NAME MG TITLE _____ DATE 10-10-88

ORIGINAL

N
100 ft
0 reel
lagoon
clearings
House
290°