LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380077201

Issued 10/25/91
Expires 04/25/92

ESTABLISHMENT

ELMER REETZ
T8N R5E SEC 22 QTR NW
RR 1 BOX 226

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

ELMER REETZ
RR0001
BOX 00226
CRETE NE 68333

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
10/29/91	PAID

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

RECEIVED OCT 2 5 1991

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. Oct. 23-1991

DATE: Oct. 23-1991

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 S½ NW¼ 22 ;
   Block _____ : Lot _____ : Addition _____
   Street Address RR1 Box 226, Crete, Nebr.

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.

Elmer M. Reeh
Signature of Applicant (Owner or Lessee)

Crete, Neb RR 1 Box 226 68333
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/25/91. Date Frwd. 10/28/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoob

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10-28-91. Date Frwd. 10-28-91. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Baumert

3. City or County Engineer: Date Rec'd. 10-28-91. Date Frwd. 10-28-91. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/27/91 by: L.C.H. Need fence + ~~heating~~
Date: _____ by: _____
Date: _____ by: _____

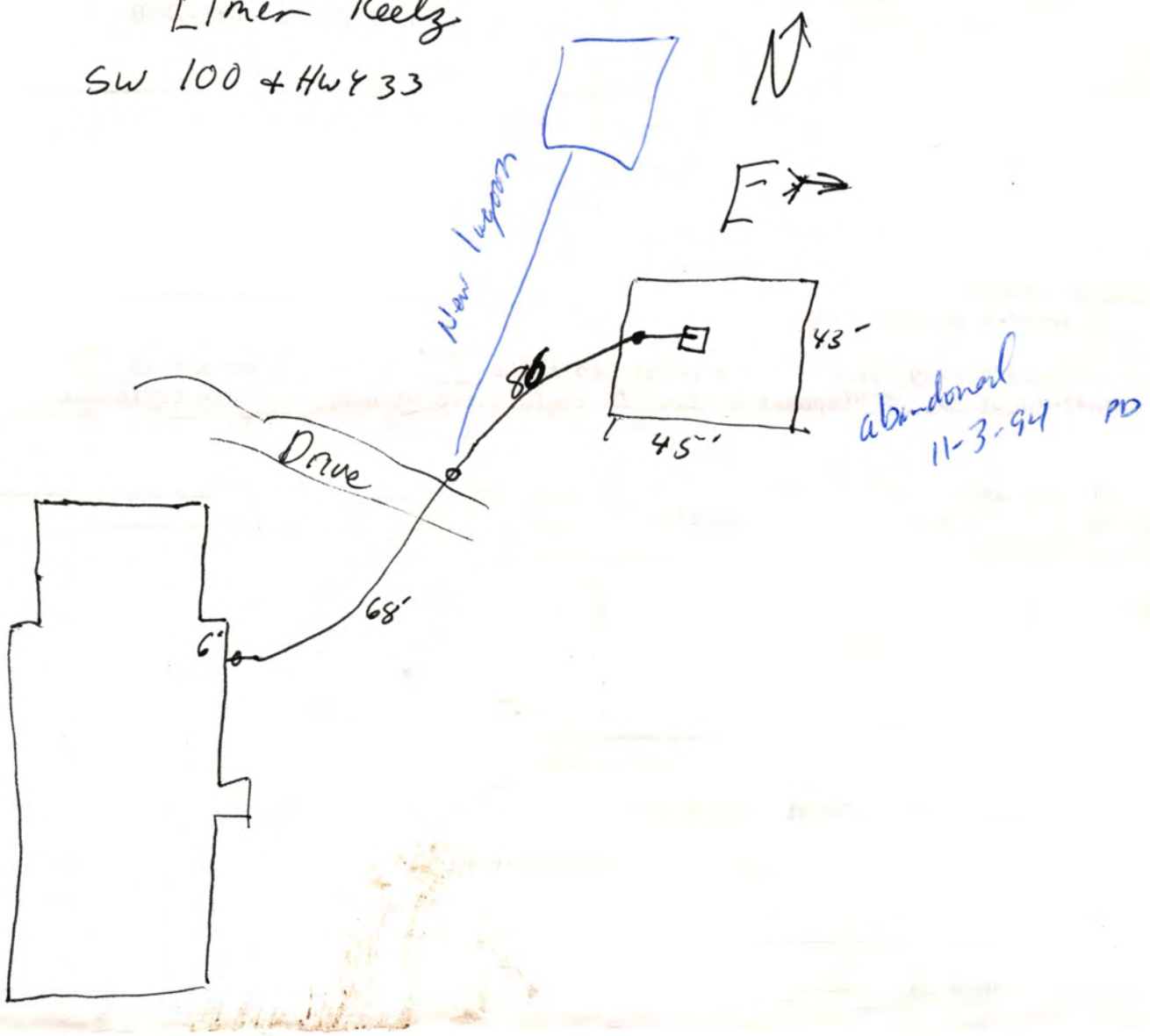
INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

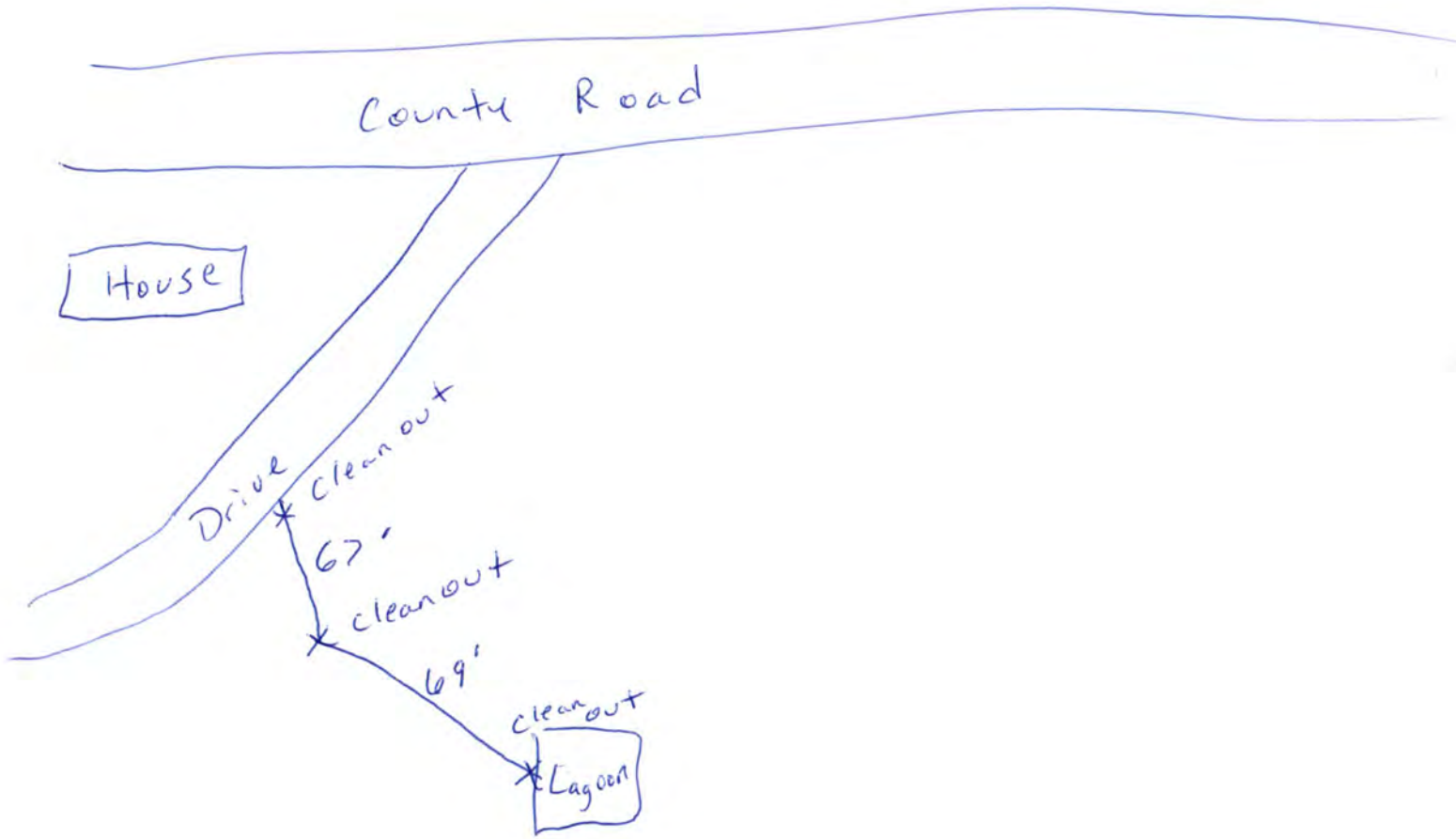
Elmer Reetz

SW 100 & Hwy 33



Elmer Reetz

W



S

N

E