LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380102501

Issued 07/13/93
Expires 01/13/94
Revenue Code 18754

Establishment
HANS KAISER
T8N R5E SEC 35
LOT 7,8,9,10,11

FEES: $150.00

TOTAL $150.00

Permittee
HANS KAISER
RR0001
BOX 00990
CRETE NE 68333

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: 7-13-93

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 35 ;
   Block _____ : Lot 7,8,9,10,11 ft Addition _____
   Street Address R.R. 1 Box 99C, 9500 W. STAGECOACH RD, CRETE, 68333

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: _____ ft.

Hans S Kaur
Signature of Applicant (Owner or Lessee)

R.R 1 99C CRETE, NEBR 68333
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/13/93 . Date Frwd. 7/13/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/13/93 . Date Frwd. 7/13/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Ray Spurr

3. City or County Engineer: Date Rec'd. 7-13-93 Date Frwd. 7-13-93. ACTION: Approved ☒ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

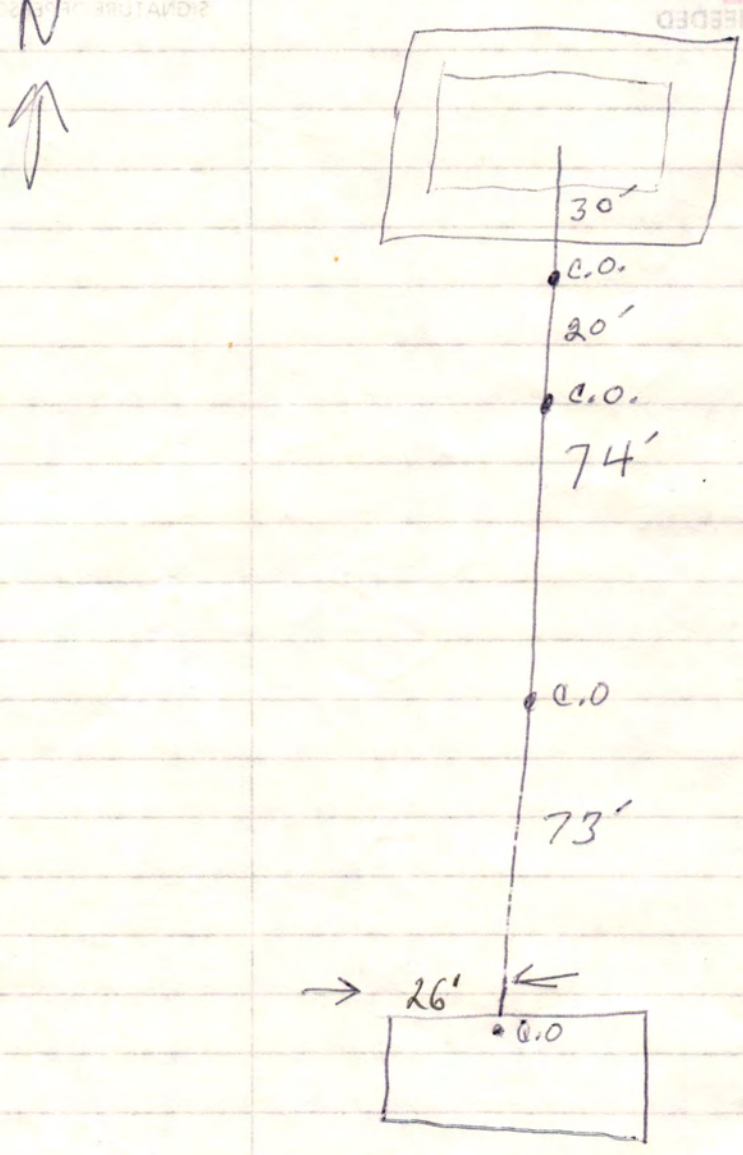
INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

Larry Schwarck

July 17 - 91



LARRY HOOD
441-8000

o well