LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT
SEWAGE SYSTEM REPAIR

No. 90390019301

Issued 08/01/90
Expires 02/01/91

ESTABLISHMENT
SPRAGUE CONSTRUCTION
T8N R6E SEC 15 QTR SE

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE SPRAGUE CONSTRUCTION
BOX 00087
SPRAGUE NE 68458

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

903900193

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO._____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 7-31-90

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☒ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 8N ; Range 6E ; Section 15, SE¼ ;
Block_____; Lot_____; Addition_____
Street Address_____

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms_____ Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: add distribution box & 60' of 4" perf. pipe

5. **Work to be done by: Owner ☐ ; or Contractor ☒,** Sprague Const.
Contractor's Name

6. **Estimated cost of project:**

a. Materials	$_____
b. Labor	$_____
c. Other	$ over 400
TOTAL	$ over 400

Dorey Altman
Signature of Applicant (owner or lessee)

Box 35 Hallam Nebr 68368
Address

(Do not write below this line)

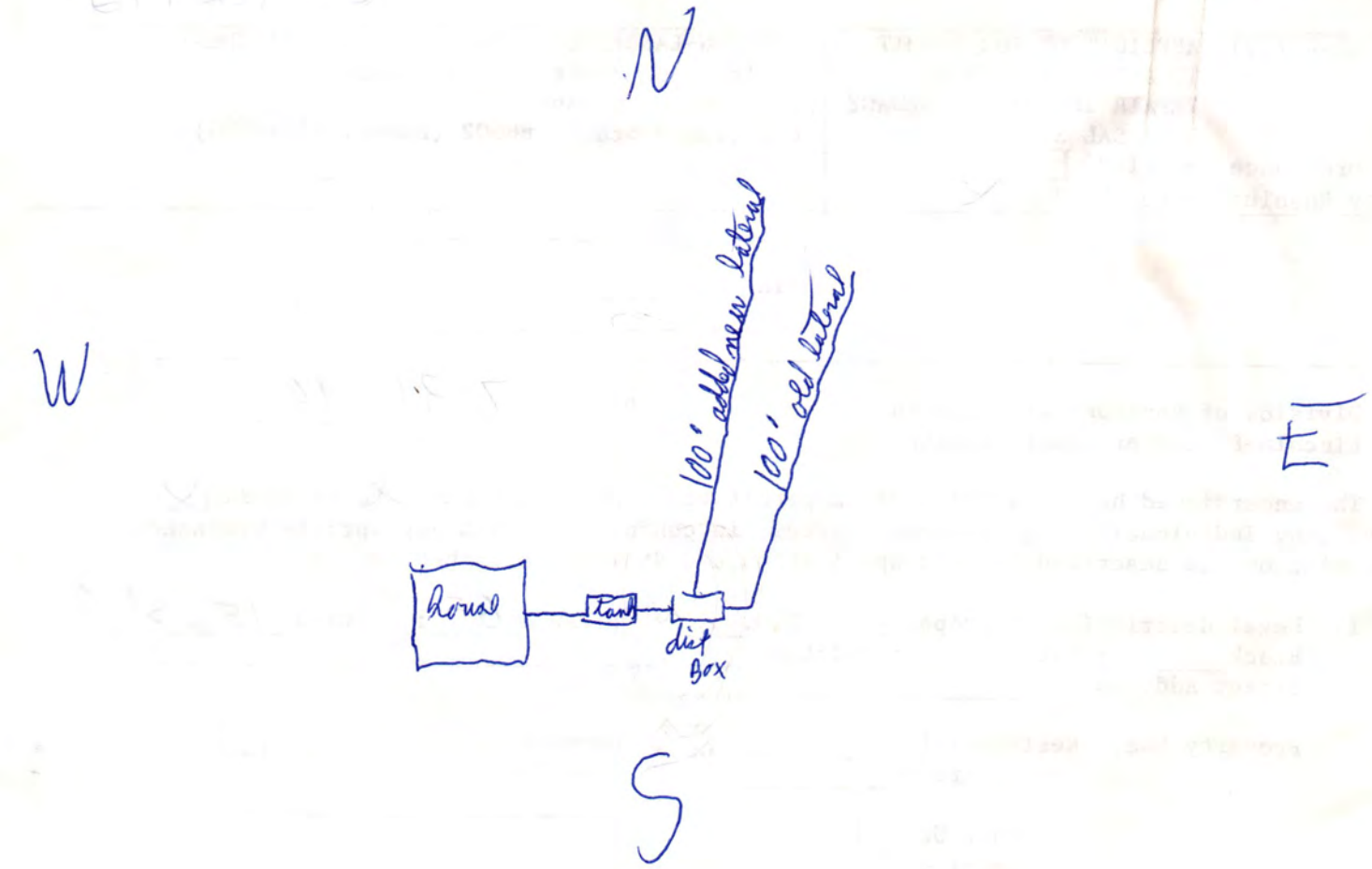
REVIEWING ACTION

1. **Date Rec'd:** 7-31-90
Filing Fee: $ 50.00

2. **Site Visits:**
Date: 7-31-90 by: RM
Date:_____ by:_____
Date:_____ by:_____

3. **Date: Approved** ☒ **; Disapproved** ☐
by: Ron Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-31-90 by: Ron Maynard


N
W
E
S
100' absorption lateral
100' absorption lateral
house
tank
dist box