LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380100901

Issued 06/10/93
Expires 12/10/93
Revenue Code 18754

Establishment
DENNIS FREY
T8N R7E SEC 22
LEISURE LAKE ESTATES BLK 1 LOT 3

FEES: $150.00

TOTAL $150.00

Permittee
DENNIS FREY
RR0001
BOX 0088A
HICKMAN NE 68372

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

FILE NO. _____

DATE: 8-8-93

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 7E ; Section 22 ;
Block 1 : Lot 3 : Addition Leisure Lake Estates 3RD ADDITION
Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Dennis Troy Ross
Signature of Applicant (Owner or Lessee)

RT 1 Box 88A Hickman
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/8/93 . Date Frwd. 6/9/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Rood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/9/93 . Date Frwd. 6/9/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Ray Spin

3. City or County Engineer : Date Rec'd. 06/8/93 . Date Frwd. _____ . ACTION: Approved ☐ Disapproved ☐ Signature: Virgil Klaasmeyer

REMARKS OR REASONS FOR DISAPPROVAL _____

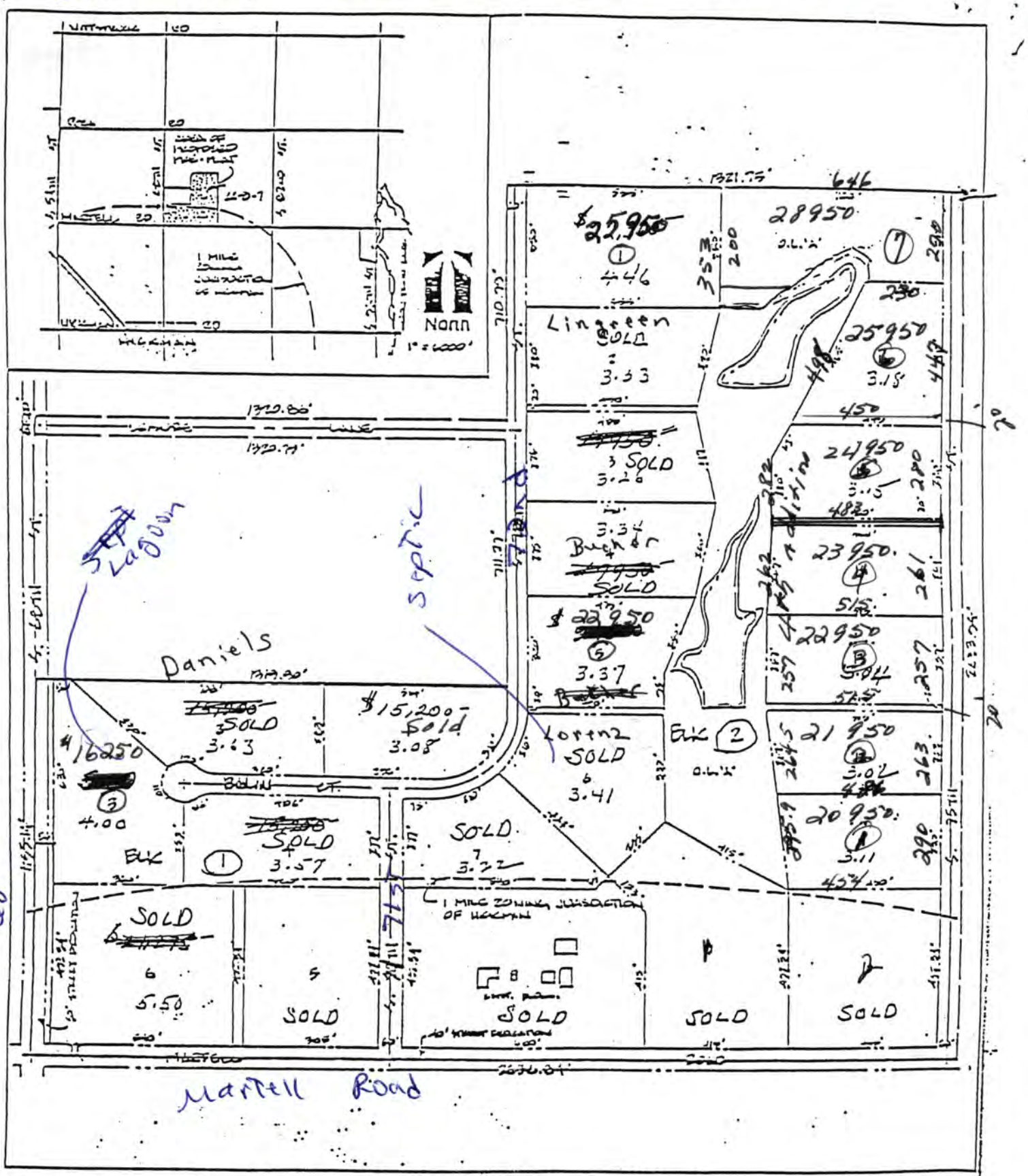
Site Visits:
Date: 9/13/93 by: J.C.R. Need perc test sign.
Date: 10/4/93 by: J.C.R.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/4/93 By: Jerrold Rood

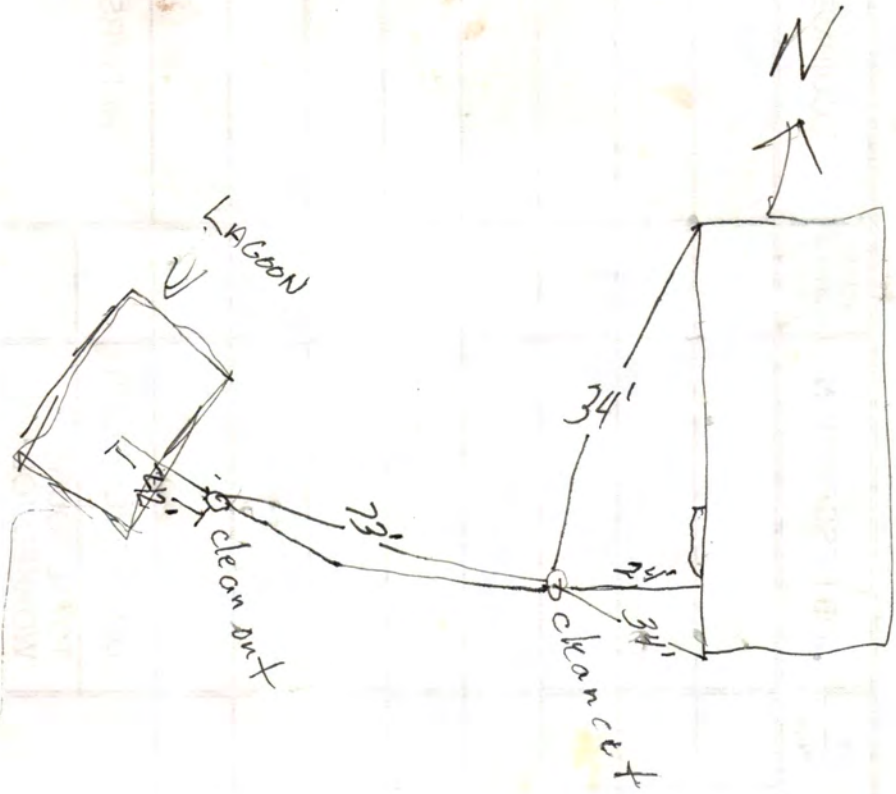
White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

Dennis Fay 560-2211 ~~Bucher 489-2693~~



Preliminary Plat– Leisure Lake Estates 1st


N
LAGOON
34'
73'
clean out
clean out
34'
34'