LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 95390043701

Issued 03/27/95
Expires 09/27/95
Revenue Code 18754

Establishment
GLENN CHENEY
T8N R8E SEC 16

FEES: $50.00

TOTAL $50.00

Permittee
GLENN CHENEY
13700 ROCA RD
BENNET NE 68317

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 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

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: _____

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. 9N ; Range 9E ; Section 16 SW/4 ;
Block _____; Lot _____; Addition _____
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: REPLACE WITH LAGOON

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	

Home 78,820

Glenn Cheney
Signature of Applicant (owner or lessee)

Bennet Neb
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 3/31/95 by: L.C.H. Need fence & Drawing
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold E. Wood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____