LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1473-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

March 26, 1979 — THIS PERMIT EXPIRES

Mrs. Bob Gilliam — ISSUED TO

Route 1, Pleasant Dale, NE 68423 — ADDRESS

T9N, R5E, Section 3, Lot 20 — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

Health — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

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: 474-1541

A

FILING FEE: $ 30.00

FILE NO. 1419-C

DATE: Sept. 26, 1978

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: Lot 20 SEE ATTACHED Twp. 9N; Range 5E; Section 3;
   Block _____: Lot _____: 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. TO BE DETERMINED BY PERC TEST

Mrs. Bob Gilliam
Signature of Applicant (Owner or Lessee)

Rt. #1 Pleasant Dale 68423
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/26/78. Date Frwd. 9/26/78. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 9-27-78. Date Frwd. 9-27-78. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

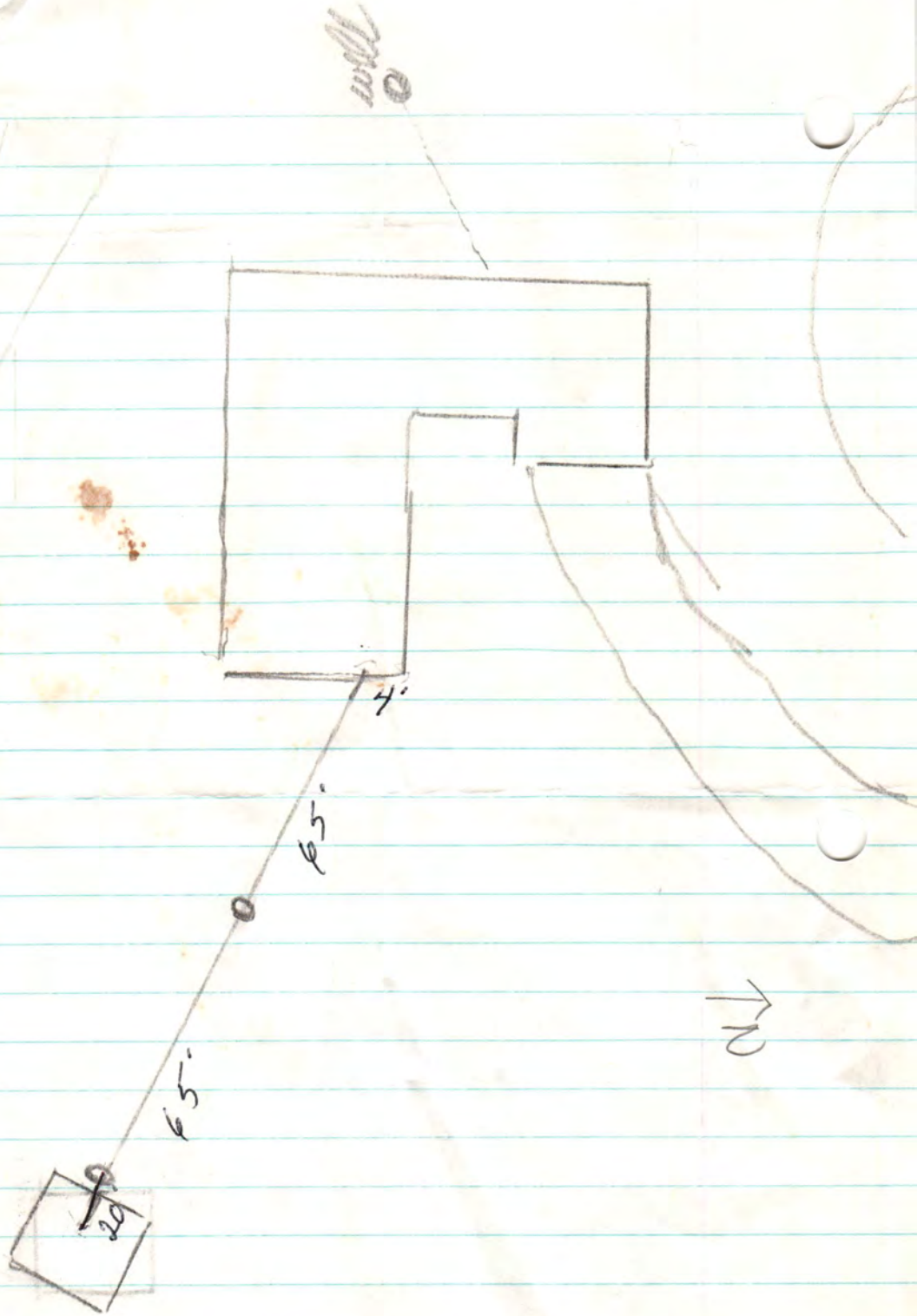
REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 1-10-79 by: MM
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-11-79 By: Ronald Mayer

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

3400 Schooner



Lot 20 E 1/2 of NE 1/4 3-9-5