FILE #2136

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

MARCH 24, 1985 — THIS LICENSE OR PERMIT EXPIRES

CLYDE SOUTHWICK BIG CLYDE SANITATION SVC. Box 483 WALTON, NE 68461

LICENSEE OR PERMITTEE — ADDRESS

T9N; R6E; Sec 4; 1525 W. BURNHAM

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 30.00	018754	$ 30.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: 475-6221)

FILE NO. 2136

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

DATE: 9-19-1984

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 6E ; Section 4 ;
Block _____; Lot _____; Addition _____
Street Address 1585 W Burnham

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

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

4. Description of proposed alteration, extension or repair: Place new 1000 gal Fiber glass Tank New Fattern

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

6. Estimated cost of project: Over $400.00

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

Big Clyde Sanitation
Clyde Southwick
Signature of Applicant (owner or lessee)

Box 83 Walton, Nebr. 68461
Address

(Do not write below this line)

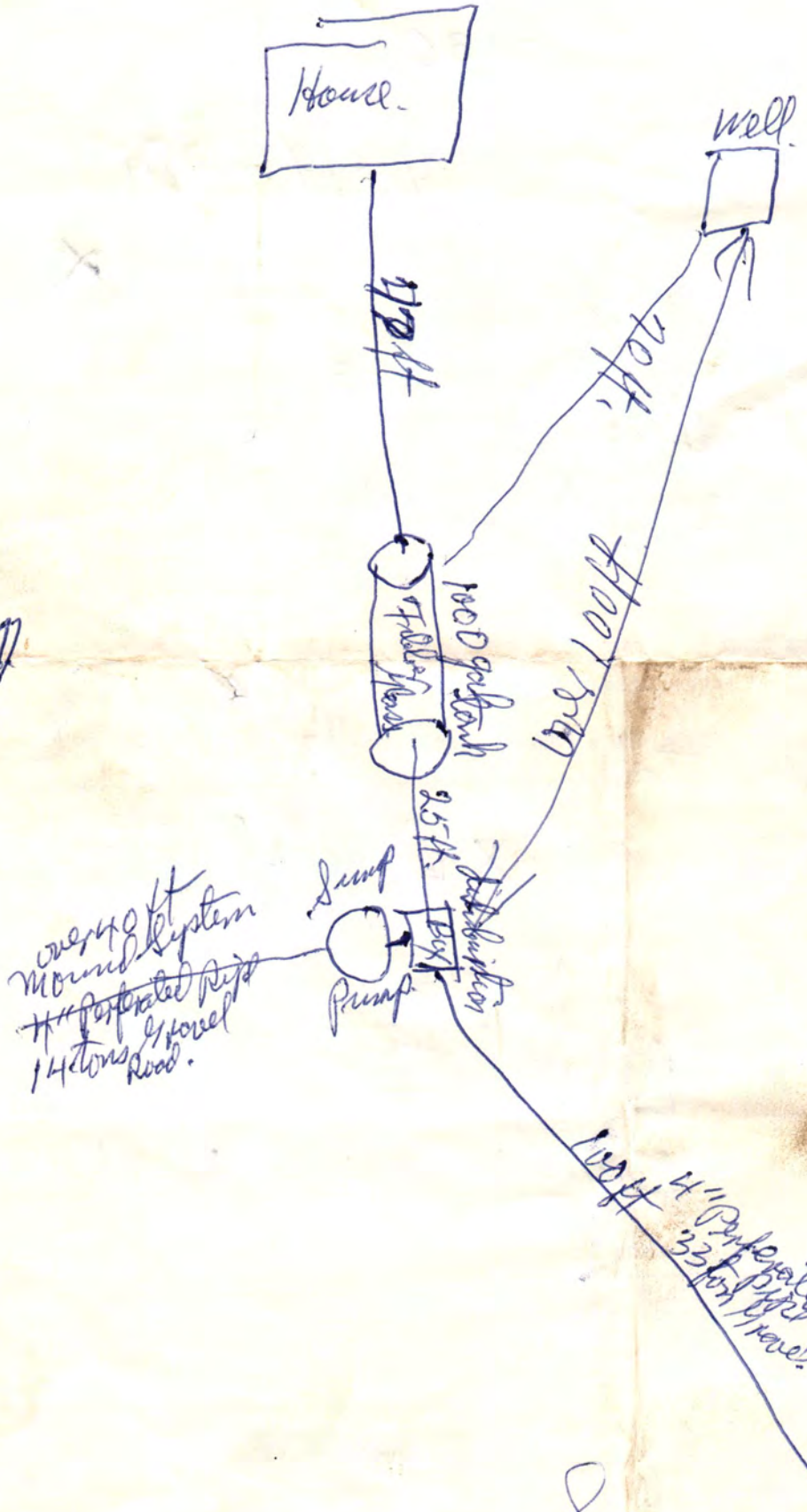
REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 30.00

2. Site Visits:
Date: _____ by: L.C.H.
Date: _____ by: L.C.H. Lift pump not in.
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

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


House.
well.
42 ft.
70 ft.
1000 gal tank
Float Valve
Manifold
250 ft. 1" Pipe
Sump
Pump
Over 40 ft
Mound System
~~Perforated Pipe~~
14 tons Gravel
Road.
1000 ft 4" Perforated
330 ft 1" Pipe
Gravel