FILE No. 1727

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

Individual sewage system construction — TYPE OF LICENSE OR PERMIT

May 10, 1981 — THIS LICENSE OR PERMIT EXPIRES

Clyde Southwick — LICENSEE OR PERMITTEE

Box 483 Walton NE 68461 — ADDRESS

T9N, R6E, Section 16 BL 1, Lot 5 — NAME OF ESTABLISHMENT, IF ANY

Gateway Western Estates — ADDRESS

REMARKS: NON-TRANSFERABLE ALTER

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 00.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
018754	110.16	148.14	6-2

SERIAL NO. — DATE — AMOUNT

56038 5/10 30.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

Health

APPLICATION

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

4' wide — 287 ft of Culvert

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

City Ordinance No. 9150 [X]
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. 1727

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

DATE: 11-7-80

The undersigned hereby applies for a permit to ALTER [X], EXTEND [ ], or REPAIR [X] 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 16 ;
Block 1 ; Lot 5 ; Addition Gateway Western Estates
Street Address _____

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. Bedrooms 4
Describe _____
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: Check 368 Ft Existing Lateral — Found No Flow — Health Office Recommend 200 Ft 4" Perf Tile Half Moon Replacement & Distribution Box

5. Work to be done by: Owner [ ] ; or Contractor [X], Big Clyde Sanitation Service
Contractor's Name

6. Estimated cost of project:

a. Materials	$	Over $400.00
b. Labor	$	
c. Other	$	
TOTAL	$	

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

Box 483 Walton, Nebr, 68461
Address

(Do not write below this line)

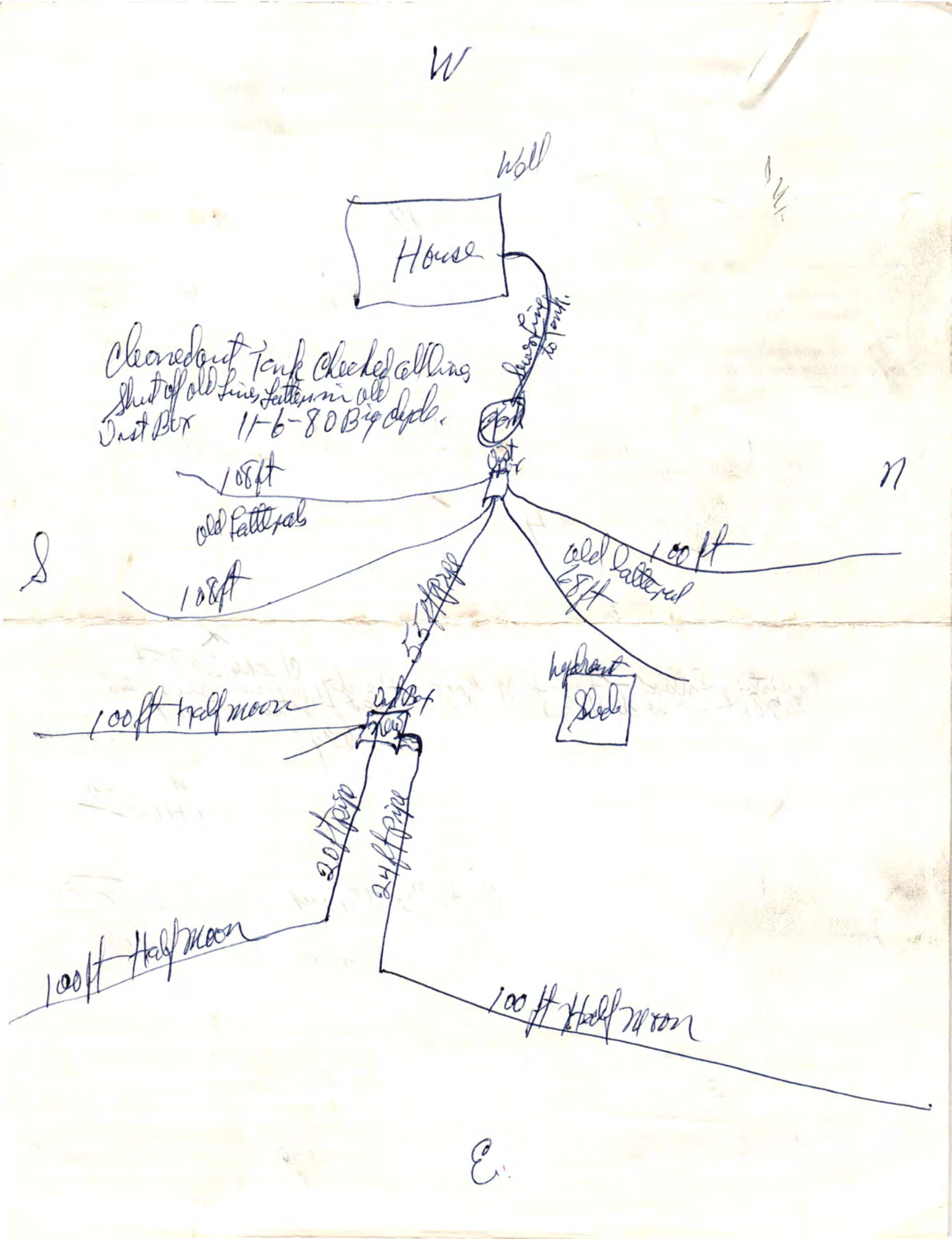
REVIEWING ACTION

1. Date Rec'd: 11-7-80
Filing Fee: $ 30.00

2. Site Visits:
Date: 11-5-80 by: [illegible]
Date: 11-7-80 by: [illegible]
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Ron Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-10-80 by: Ron Maynard


W
Well
House
Cleaned out Tank Checked ceiling
Shut off old line, Letter in old
Dist Bkr 1-6-80 Big depth.
Dist Bkr
108 ft
old Lateral
108 ft
old Lateral
100 ft
68 ft
hydrant
Shed
100 ft Half moon
100 ft Half moon
100 ft Half moon
S
N
E