FILE NO. 1982

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

NOVEMBER 12, 1983
THIS LICENSE OR PERMIT EXPIRES

DON PAULSEN BY BRAD SOUTHWICK SERVICES 701 E. 4TH STREET HICKMAN, NE 68372
LICENSEE OR PERMITTEE

ADDRESS

T9N, R6E, SECTION 23NE/4
NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NONTRANSFERABLE ALTER PERMIT

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
018754	110116	148114	6-2	
SERIAL NO.	DATE	AMOUNT		

63721 NM123 30.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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. 1982

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

DATE: 5-8-83

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 23 NE/4 ;
Block ____ ; Lot ____ ; Addition ____
Street Address 6805 So. 14th

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: INSTALL SEEPAGE BED AT END ON EXISTING LATERAL

5. Work to be done by: Owner ☐ ; or Contractor ☒ , SOUTHWICK SEWER & DRAIN
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 620.00

Don Paulsen by Brad Southwick
Signature of Applicant (owner or lessee)

6805 So 14 Beverly Rd
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 4/25/83 by: JMM
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL X
Date: ____ by: ____

* PROVISIONAL APPROVAL EXPERIMENTAL SYSTEM.

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

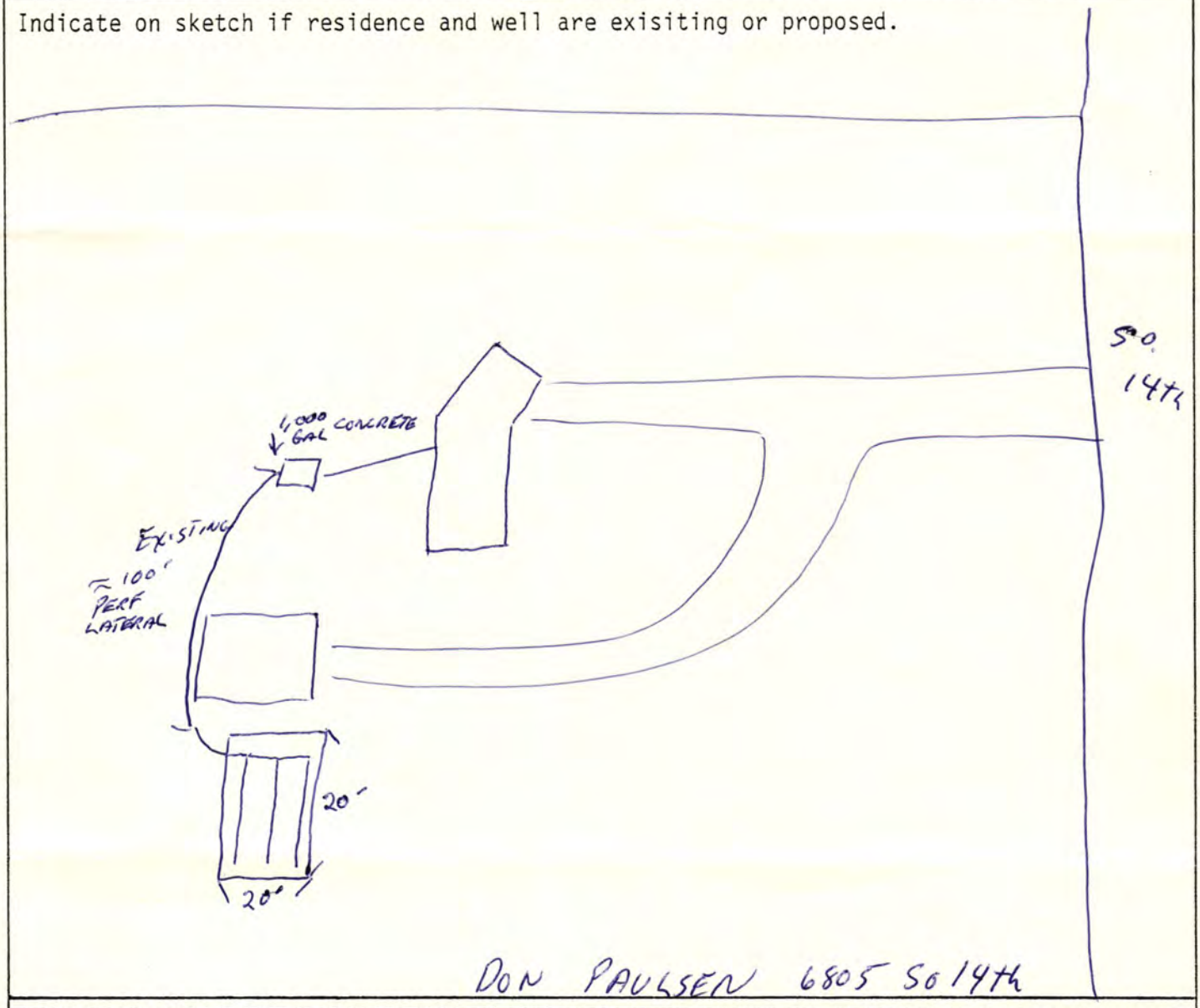
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official