LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 91390026101

Issued 12/16/91
Expires 06/16/92

ESTABLISHMENT

ARTHUR REDDISH
T9N R6E SEC 32
3701 W ROKEBY STREET

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

ARTHUR REDDISH
4121 S 37 ST
LINCOLN NE 68506

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
12/24/91	PAID

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: 471-7800)

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 6E; Section 32;
Block_____; Lot_____; Addition_____
Street Address 3701 W Rokeby

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: LAGOON

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

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	7400 00

Art Reddish Jr. POA for AC Reddish
Signature of Applicant (owner or lessee)

4121 SOUTH 37TH ST., LINCOLN, NEBRASKA 68506
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 50.

2. Site Visits:
Date: 12/13/91 by: L.C.H.
Date:_____ by:_____
Date:_____ by:_____

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

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

Well
104'
CLEANOUT
CLEANOUT
138'±
133'±
107'±
40'±
EXISTING CMP TILE
N