FILE NO. 1585

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

FEBRUARY 22, 1980
THIS LICENSE OR PERMIT EXPIRES

Clinton R. Burge Route 8, Lincoln, NE
LICENSEE OR PERMITTEE — ADDRESS

T9N, R7E, Section 13 NE¼, Lot 1 I.T.
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
018800		

APPLICATION
HEALTH

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

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

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

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FILING FEE: $ 60 00/100

FILE NO. 1585

DATE: August 21, 1979

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: Twp. 9N ; Range 7E ; Section 13, NE 1/4
   Block _____ : Lot I.T. : Addition _____
   Street Address Route #8 Old Cheney Road

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: _____ ft.

Clinton R. Bruce
Signature of Applicant (Owner or Lessee)

Rt #8 Lincoln, Nebr. 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/22/79. Date Frwd. 8/22/79. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nobb

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 8/22/79 Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: John Sherman

3. City ~~or County~~ : Engineer Date Rec'd. 8-22-79. Date Frwd. 8-22-79. ACTION: Approved ☒ Disapproved ☐ Signature: M Amy

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-10-79 by: jw
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

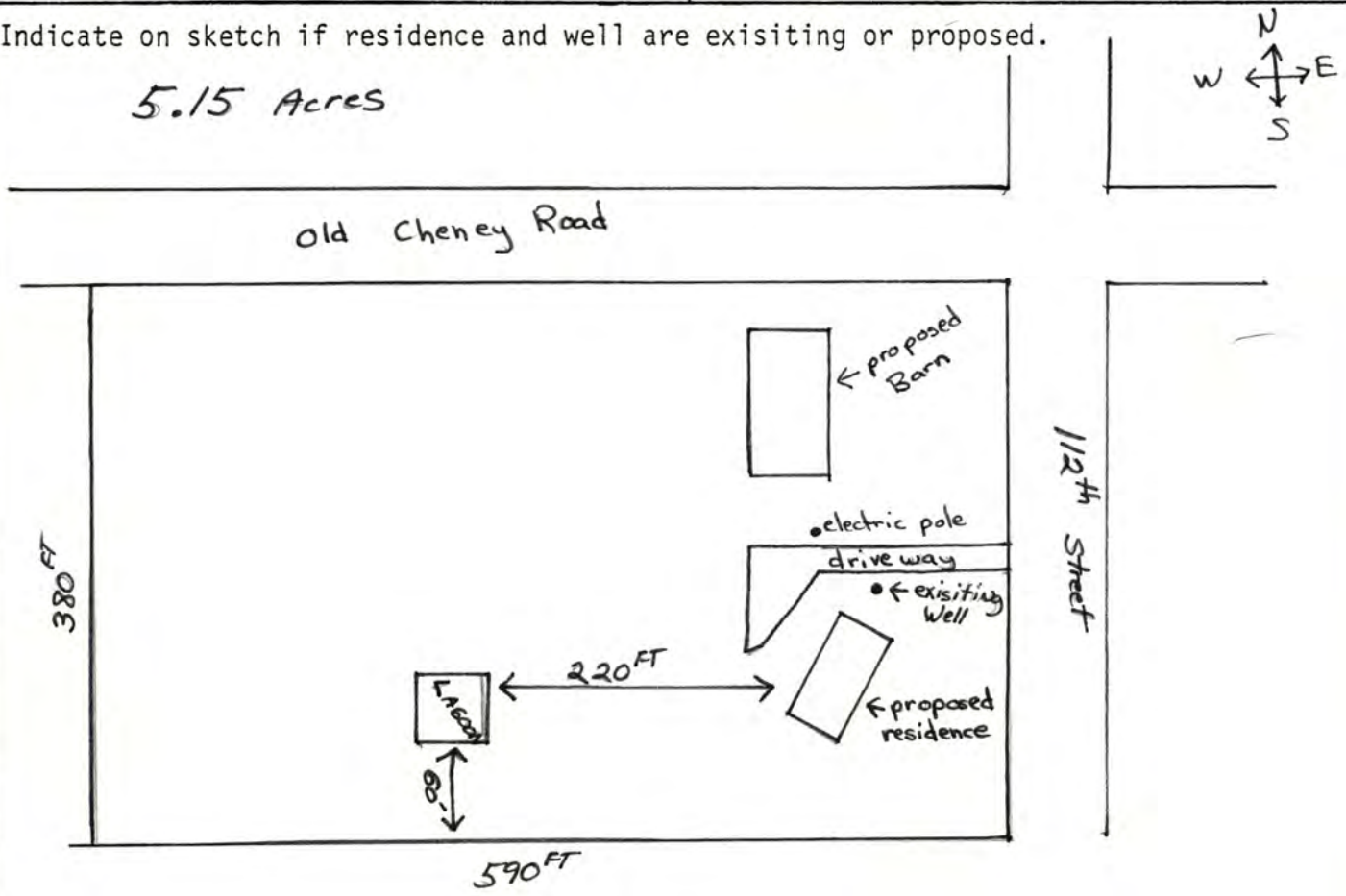
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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Lincoln, Nebraska 68502
Phone: 474-1541

C

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

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



Lagoon will Be located over 300ft. from any Neighboring residence

REVIEWING ACTION

Remarks: Pawnee Clay Loam but must be sealed since no perc. test taken.

Date: August 22, 1979

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.

Jerrold C. Hood
Signature of Reviewing Official

This form is to be completed and returned to the Health Department to initiate a request for loan approval.
Make Checks Payable to: Lincoln-Lancaster County Health Department

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

Enclosed is $45.00 Fee ☒

DATE: June 26, 1979

The undersigned hereby requests evaluation of the following for loan approval on the below described property:

☒ Evaluation of the Individual Water Supply
☒ Evaluation of the Sewage Disposal System

Legal description of property: Twp. 9 north; Range 7E; Section 13;
Block —; Lot —; Addition —.
Street Address Route #8
Directions on how to get to property South west corner of 112th and Old Cheney Road. 1/2 mile
Location of well 20 ft. south of electrical pole
Where is tap: Inside ☐ Outside ☐

	NAME	ADDRESS	PHONE
Present Owner:	Clinton Burge	Route #8 Lincoln	423-4295
Tenant:	Same	"	"
Lending Agency:	~~Commercial~~ Federal Savings	~~209 S. 13th Lincoln~~ First Federal OK Atrium 1200 'N' St. 68508 Lincoln NE	432-5321 : 475-3666 Donna

(Do not write below double lines)

Health Department: Date Received 7/9/79
Received $45.00 Check ☒ Cash ☐
Site Visits: Date 7-10-79 by [illegible]
Date 7-30-79 by [illegible]
Date 9-10-79 by [illegible]

Mrs Clinton R. Burge
Signature of Applicant

Rt #8 Lincoln Nebr. 68506
Address

PRELIMINARY STATUS -- DATE 7-10-79

Water System:
Approved ☐ Disapproved ☒

Sewage Disposal System:
Approved ☐ Provisional Approval ☐
Disapproved ☐

Corrections Required or Reasons for Disapproval ~~Need septic cap + inspect~~ (Corrections Made)

☒ See Attached Letter.

FINAL APPROVAL -- DATE 9-11-79 4-28-80

Water System ☒ . Sewage Disposal System ☒ . BY Ron Moyer

Form Number 20215-0878

Clint Burge

5701 S. 112th

Lincoln, Nebr.

April 25, 1980

