FILE #2167

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

JULY 9, 1985 — THIS LICENSE OR PERMIT EXPIRES

BIG CLYDE SANITATION — LICENSEE OR PERMITTEE

BOX 483 — ADDRESS

WALTON, NE 68461

T9N; R7E; Sec 22; Bk 3; Lot 1; Clarendon Hills First Add — 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. 7167

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

DATE: 10-30-84

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 7E ; Section 22 ;
Block 3 ; Lot 1 ; Addition CLARENDON HILLS FIRST ADD.
Street Address 7420 Travis Drive

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

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

4. Description of proposed alteration, extension or repair: Repair Lateral
That is already there Broken Lateral Field - Fill in Four places in Lateral
So Ground will stop running on top.

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

6. Estimated cost of project: Over $100

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

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

Box 483 Walton Nebr. 68461
Address

(Do not write below this line)

REVIEWING ACTION

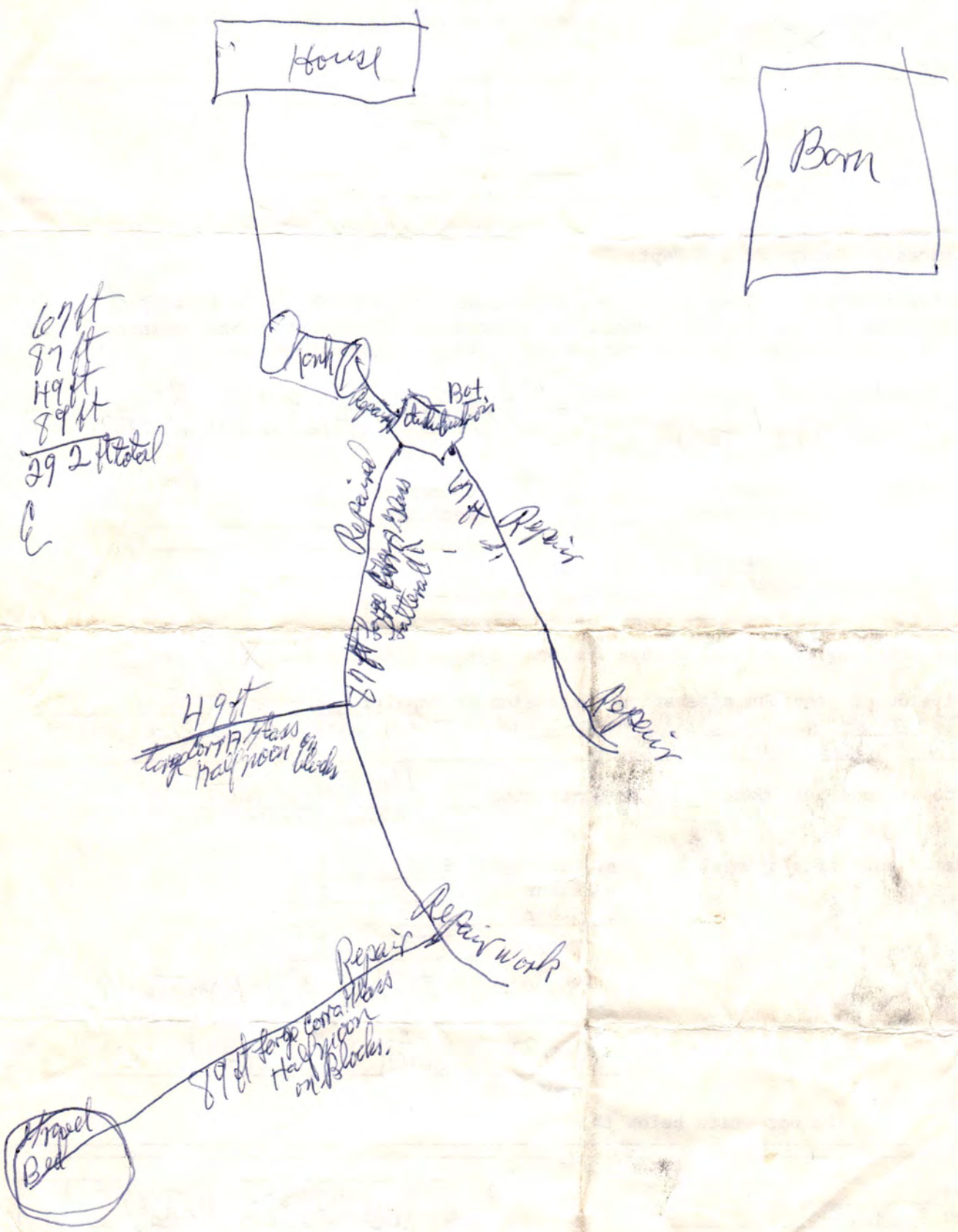
1. Date Rec'd:
Filing Fee: $ 30.00

2. Site Visits:
Date: Fall of '84 by:
Date: by:
Date: by:

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 1-9-85 by: Ron Marquardt

S.


House
Barn
69ft
87ft
49ft
89ft
292ft total
Tank
Repair
Bat. distribution
Repaired
87 ft Large Corrugated Iron Halfpipes
69 ft Repair
Repair
49ft
Large Corrugated Iron halfpipes on blocks
Repair work
Repair
89 ft large corrugated iron Halfpipes on Blocks.
Travel Bed

W.