LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 92380087001

Issued 07/07/91
Expires 01/07/93

ESTABLISHMENT

DAVE SPOMER
T9N R7E SEC 22
DUNVOVIN ACRES BLK 1 LOT 1

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

DAVE SPOMER
5501 COOPER AV
LINCOLN NE 68506

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
7/13/92	PAID

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: 471-7800

A

FILING FEE: $_____

FILE NO._____

DATE: July 1, 1992

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 22 ;
   Block 1 : Lot 1 : Addition Dunrovin Acres
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

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

4. Distance to public sewer: _____ ft.

Dave Spomer
Signature of Applicant (Owner or Lessee)

5501 Cooper Lincoln, NE 68506
Address

489-8564
467-7641

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/1/92. Date Frwd. 7/2/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/2/92 Date Frwd. 7/2/92 ACTION: Approved ☒ Disapproved ☐ Signature: Mel Gordon
3. City or County Engineer: Date Rec'd. 7-2-92. Date Frwd. 7-2-92. ACTION: Approved ☒ Disapproved ☐ Signature: R.D. Mohan

REMARKS OR REASONS FOR DISAPPROVAL RURAL WATER DISTRICT WATER

Site Visits:
Date: 10-15-92 by: PAUL DRETZMANN
Date: 11-6-92 by: P.D
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-6-92 By: Paul Dretzmann

FORM 23-43

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

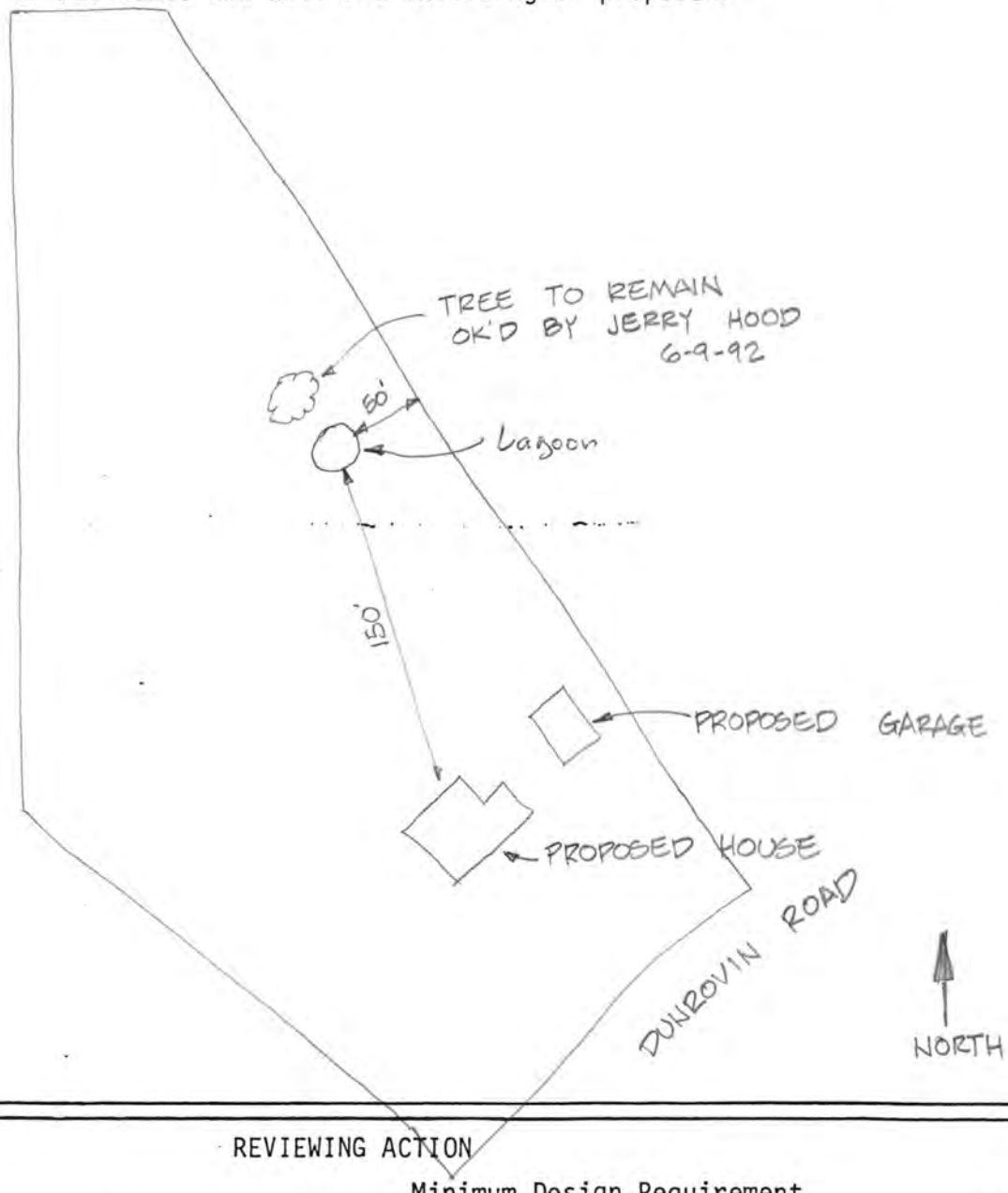
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C

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