FILE #2518

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 29, 1987 — THIS LICENSE OR PERMIT EXPIRES

MARK SOUTHWICK — LICENSEE OR PERMITTEE

1020 NO. 52 STREET, LINCOLN, NE 68508 — ADDRESS

T9N; R6E; Sec 13; Lot 13 I.T.; 6800 So. 14 Street — 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: 471-7800)

FILE NO. 2518

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

DATE: 6-24-87

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 13 ;
Block ____ ; Lot 13 I.T. ; Addition ____
Street Address 6800 S. 14

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

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

4. Description of proposed alteration, extension or repair: Add Lift Station and add 200' of Half-moon Latteral 6' wide x 100' Long on 12" Block

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ OVER 1400 00

Mark Southwick
Signature of Applicant (owner or lessee)

1020 N. 52 Lincoln Nebr.
Address

(Do not write below this line)

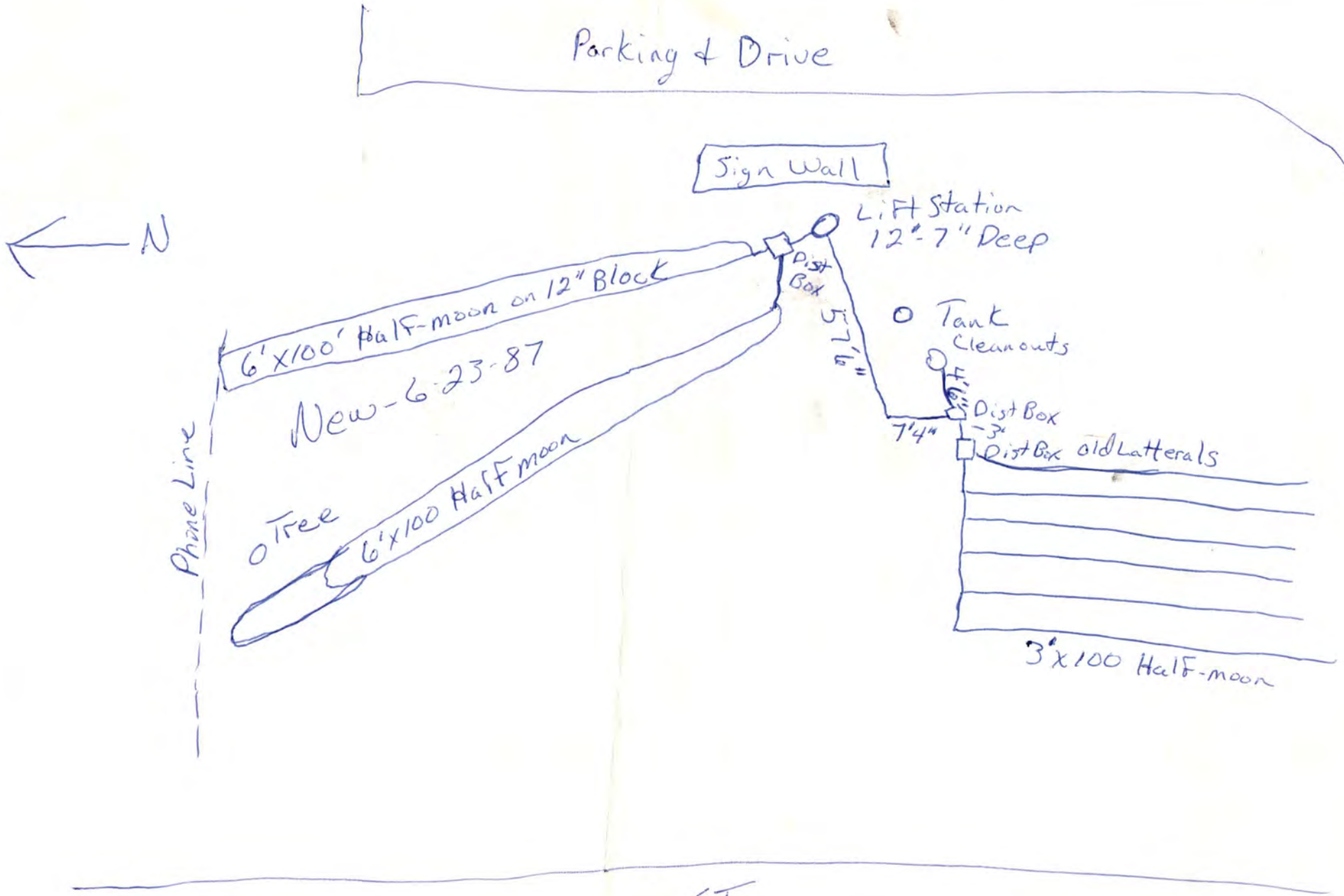
REVIEWING ACTION

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

2. Site Visits:
Date: 6/24/87 by: L.C. Hood
Date: 6/29/87 by: L.C. Hood
Date: ____ by: ____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6/29/87 by: L.C. Hood


Parking & Drive
Sign Wall
N
Lift Station
12"-7" Deep
Dist Box
6'x100' Half-moon on 12" Block
New-6-23-87
Tank
Cleanouts
5'7½"
Dist Box
-3"
Dist Box
7'4"
Old Latterals
Phone Line
Tree
6'x100 Half moon
3'x100 Half-moon
S. 14th ST.

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1383

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

FEBRUARY 10, 1979 — THIS LICENSE OR PERMIT EXPIRES

Big Clyde Sanitation Service, Walton, NE — LICENSEE OR PERMITTEE — ADDRESS

T9N, R6E, Section 13 S½ SW¼ — NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE (ALTER)

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 15.00	$	$	$	$ 15.00

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

SERIAL NO.	DATE	AMOUNT
624-1535		

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 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. 1383

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 S½ SW¼ 13;
Block _____; Lot _____; Addition _____
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: PUT IN NEW SEPTIC TANK AND 100' HALF MOON LATERAL

5. Work to be done by: Owner ☐ ; or Contractor ☒, BIG CLYDE SANITATION
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	OVER $200.00

Big Clyde Sanitation Service
Signature of Applicant (owner or lessee)

Walton Nebr.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 15.00

2. Site Visits:
Date: 8/9/78 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

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

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

* TOO CLOSE TO RIGHT OF WAY, BUT ONLY PLACE AVAILABLE

ROAD
100'
17TH
10'
15'
10'
LINE
BLDG
N