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. _____

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

DATE: 11-17-81

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. 12N; Range 8E; Section SE¼ of SE¼ of 3;
Block _____; Lot _____; Addition _____
Street Address _____

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: 100' Repair

5. Work to be done by: Owner ☐ (self); or Contractor ☐, Self
Contractor's Name

6. Estimated cost of project:

a. Materials	$	245
b. Labor No	$	
c. Other No	$	
TOTAL Incl	$	400 00

self

Merl Vinson
Signature of Applicant (owner or lessee)

Greenwood Nebr
Address

(Do not write below this line)

REVIEWING ACTION

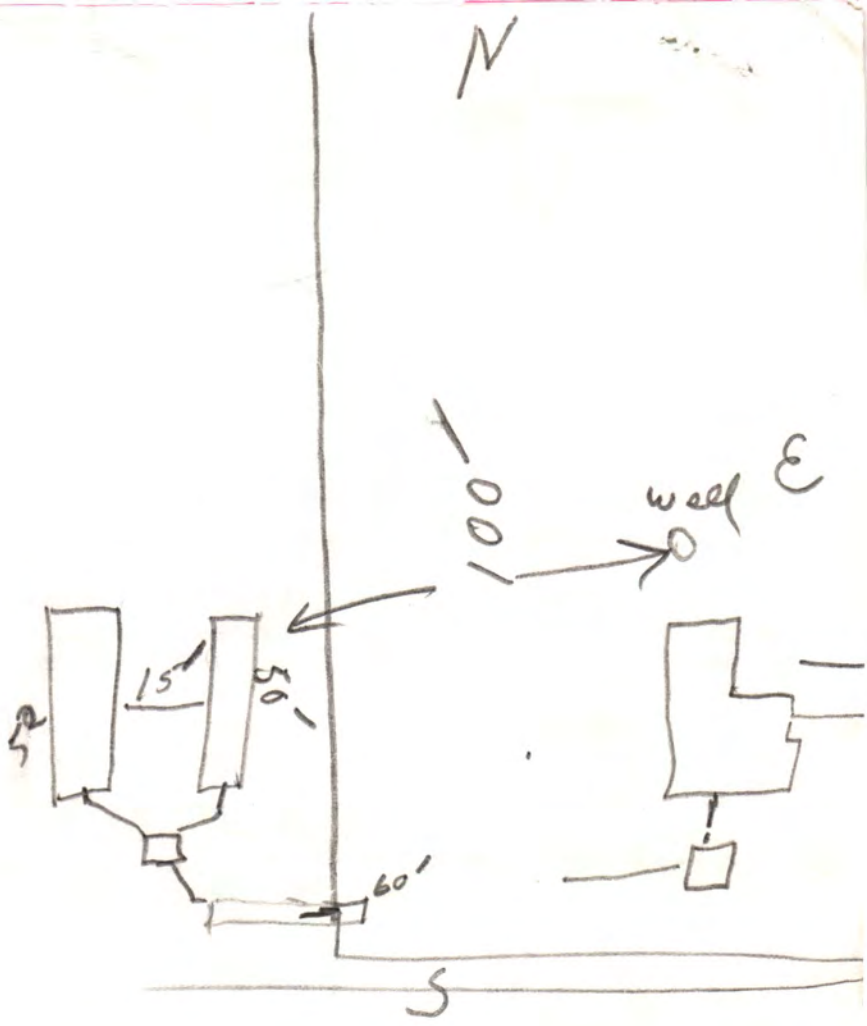
1. Date Rec'd: _____
Filing Fee: $ NO Fee

2. Site Visits:
Date: 11-17-81 by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☐; Disapproved ☐
by: _____

4. INSTALLATION FINAL WRITTEN APPROVAL*
Date: 11-17-81 by: _____

* Does not include the last ½ of nearest lateral or the last ¼ of farthest lateral (Approximate) which are too close to well.


N
E
well
15'
50'
60'
S