LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 92390027901

Issued 05/29/92
Expires 11/29/92

ESTABLISHMENT

BILLY DESKINS
T12N R6E SEC 33
LOT 4
1700 W RAYMOND ROAD

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

BILLY DESKINS
RR0001
BOX 00118
RAYMOND NE 68428

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
6-1-92	

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._____

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

DATE: 5-22-92

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. 12; Range 6; Section 33;
Block ____; Lot 4; Addition _____
Street Address 1700 W. Raymond RD

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: REMOVE SEPTIC, REPLACE WITH LAGOON

5. Work to be done by: Owner ☒; or Contractor ☒, BILL GENETTI
Contractor's Name

6. Estimated cost of project:
a. Materials $_____
b. Labor $_____
c. Other $_____
TOTAL $_____

Greater than $400

50.00 fee if more than $400.00 to construct

Billy Daskins Billy D Daskins
Signature of Applicant (owner or lessee)

RT 1 BOX 118 RAYMOND NE 68428
Address

(Do not write below this line)

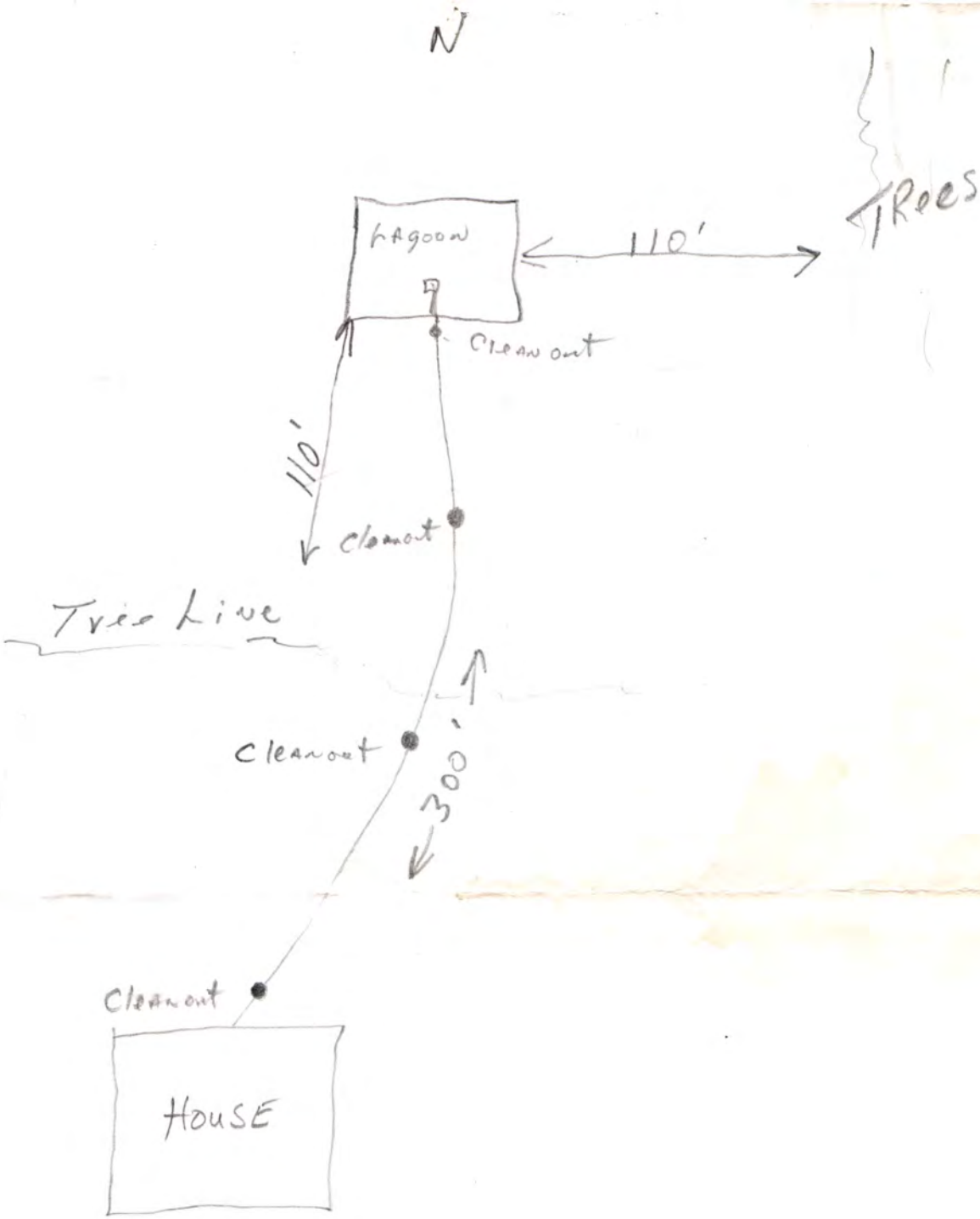
REVIEWING ACTION

1. Date Rec'd: 5-22-92
Filing Fee: $ 150.00

2. Site Visits:
Date: 5-22-92 by: mm
Date: 5-6-98 by: mm Nogle need fence trees need to be removed
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Maynard

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


N
TREES
LAGOON
110'
CLEAN OUT
110'
Cleanout
Tree Line
Cleanout
300'
Cleanout
HOUSE

LINCOLN/LANCASTER COUNTY HEALTH DEPARTMENT
2200 St. Mary's Avenue
Lincoln, NE 68502
(402)471-8000

Legal Description 33-12-6 Location 1700 W. Raymond Rd.
Owner/Requestor Billy Diskins

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

___ New system, initial
___ New system, followup
X Existing system, repair
___ Existing system, followup
___ Loan approval
___ Consultation
___ Other (Specify)

REMARKS Replaced old Septic system with lagoon. Initial lagoon construction was too large. A rectangle 44 X 60. Owner said will size down & redo dikes. Needs fence yet

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic X Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Ron Marquett Received by: _____
Date: 5-22-92

WA1002