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. 90380011701

Issued 05/02/90
Expires 11/02/90

ESTABLISHMENT
WAYNE KADAVY
T12 R6 SEC 32
BLK 1 LOT 5

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE
WAYNE KADAVY
830 GROVELAND ST
LINCOLN NE 68521

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
PAID	

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

RECEIVED APR 2 5 1990

9038001179

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: $ 150.00

FILE NO. 4

DATE: 4-20-90

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. 12N ; Range 6E ; Section 32 ;
   Block 1 : Lot 5 : Addition WILLARD ESTATES
   Street Address NW 30th & HOTTOVY LANE

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: _____ ft.

Wayne E. Kadavy
Signature of Applicant (Owner or Lessee)

830 GROUELAND LINCOLN NE
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/3/90 . Date Frwd. 5/4/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-19-90 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: Dan L Jayne

3. City or County Engineer: Date Rec'd. _____ . Date Frwd. 05/04/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Dwight R Seaman

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-6-90 by: rm need Sewer
Date: 7-30-90 by: rm
Date: _____ by: _____

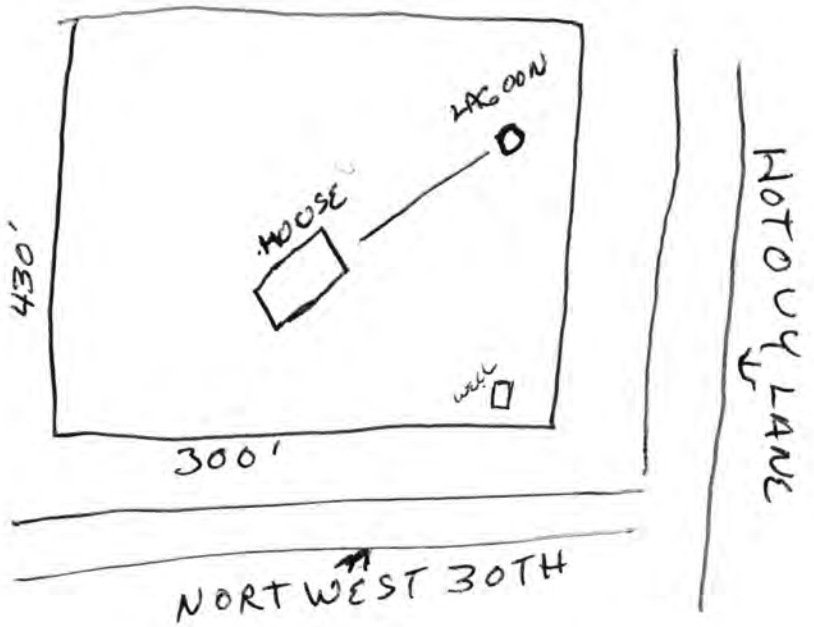
INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-30-90 By: Ron Mazour

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

FORM 23-43

FORM 20102-0477 PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application) 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 **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.



WILL USE BENTONITE
FOR BOTTOM OF LAGOON.

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

House
cleanout
cleanout
4" PVC
cleanout
cleanout
Lateral N