FILE #2577

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — APRIL 14, 1988

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

HOWARD C. PETERSEN, C/O PAUL TERPSMA, AUSTIN REALTY, 3910 SOUTH, LINCOLN (06-2586)

LICENSEE OR PERMITTEE — ADDRESS

TION: R5E: Sec 13: Lot 2 & 8, I.T.: SW¼: 6300 West Holdrege

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

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 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: $ 60.00

FILE NO. 2577

DATE: 10-14-87

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. 10N ; Range 5E ; Section 13 ;
   Block _____ : Lots ~~2+8 F.T.~~ Addition SW4
   Street Address 6300 West Holdrege.

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

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

4. Distance to public sewer: _____ ft.

Howard C. Peterson
By Lyle C. Peterson Agt
Signature of Applicant (Owner or Lessee)

must be sealed.

Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/14/87 . Date Frwd. 10/15/87 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/15/87 . Date Frwd. 10/15/87 . ACTION: Approved ☒ Disapproved ☐ Signature: Gary Sherwood

3. City or County Engineer: Date Rec'd. 10/15/87 . Date Frwd. 10/15/87 . ACTION: Approved ☒ Disapproved ☐ Signature: R.D. Markham

REMARKS OR REASONS FOR DISAPPROVAL Over 20 Acres

Site Visits:
Date: 10-4-87 by: _____ Lagoon sized for 3 bedrooms covered w/o Inspection may not be sealed, need drawing PROVISIONAL
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

APPLICATION FOR WELL REGISTRATION AND SAMPLING

DATE:

Legal Description of Property T10N R5E Sec 13 SW 1/4 Lot 2 + 8
Directions to Property _____

Land Owners Name:	John W Moser	Send Results to: Name:	
Address:	6300 W. Holdredge	Address:	
Phone:	470 3363	Phone:	

Land Owners Signature John W Moser

I hereby authorize the Health Department to inspect, sample, and register the well on the above property.

Well Data: Please fill in the following information as thoroughly as possible. Leave blank any areas that are unknown.

Approximate Depth of well	90'
Casing Material	
Casing Diameter	
Is well located in a pit	no
Type of pump	

POINT SOURCES - DISTANCE WITHIN 1/2 MILE OF WELL FROM: UPHILL/DOWNHILL FROM WELL

HOUSE FOUNDATION	200 (distance)	FEET	U/D
CESSPOOL	0	FEET	U/D
SEPTIC TANK	0	FEET	U/D
SEWAGE DISTRIBUTION FIELD	0	FEET	U/D
WASTE STABILIZATION LAGOON	~50	FEET	U/(D)
BARN YARD	0	FEET	U/D
NEAREST WELL	0	FEET	U/D
NEAREST PASTURELAND	0	FEET	U/D
NEAREST CROPLAND	50	FEET	U/(D)
SHOP	20	FEET	U/D
GRAINERY	0	FEET	U/D
FUEL TANKS	0	FEET	U/D
OTHER POTENTIAL CONTAMINATION SOURCE	85	FEET	WHAT? creek

ADM.0002/34

rec'd 2/24/98
ck # 2942
$ 15.00
cw