LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION

No. 95380129001

Issued 04/10/95
Expires 10/10/95
Revenue Code 18754

Establishment

JOHN SCHMIDT
T10N R5E SEC 15
2001 NW 84 STREET

FEES: $150.00

TOTAL $150.00

Permittee

JOHN SCHMIDT
2001 NW 84 ST
LINCOLN NE 68528

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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: $_____

FILE NO._____

DATE:_____

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 15 ; SE¼
   Block_____: Lot_____: Addition_____
   Street Address 2001 NW 84 SE¼
2. Property Use: Residential ☑ 3 ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3. Describe_____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒
4. Distance to public sewer: _____ft. Lagoon

John Schmidt
Signature of Applicant (Owner or Lessee)

2001 NW 84
Address 68528

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/7/95. Date Frwd. 4/7/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4-7-95. Date Frwd. 4-7-95. ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer: Date Rec'd. 4795. Date Frwd. 4-7-95. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis D Bazels

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 4-7-95 by: own need fence
Date: 6-22-98 by: new fence not complete per report Dr. Hood
Date:_____ by:_____

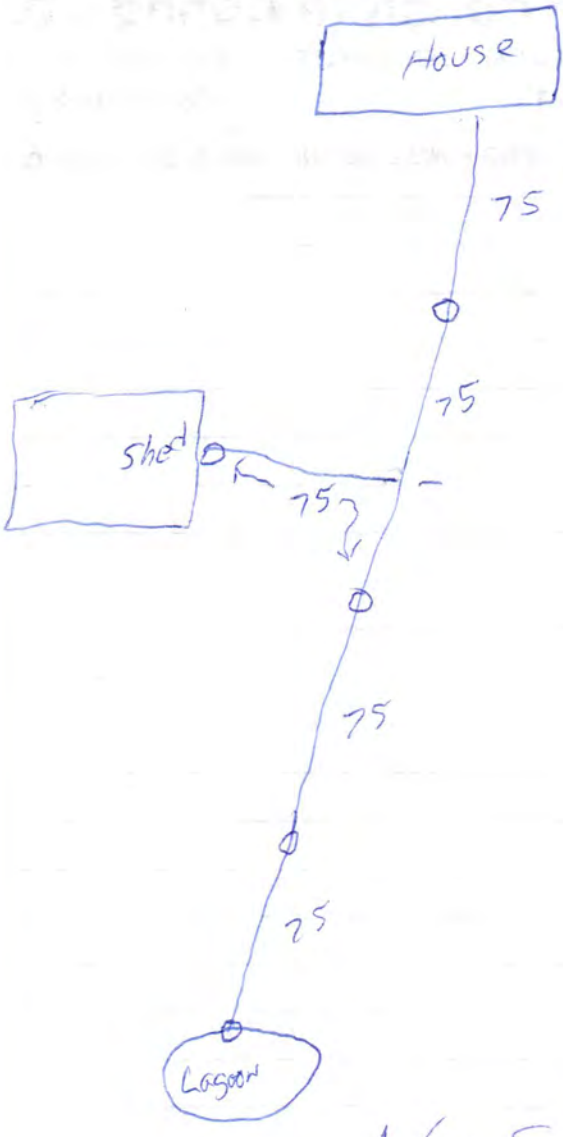
INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-17-98 By: Ron Nygard

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

FORM 23.43

15-10-5

Received 7-16-98



John Schmidt
470 2727
Emerald