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. 92380084901

Issued 06/01/92
Expires 12/01/92

ESTABLISHMENT

STEVEN OLSON
T10N R5E SEC 17
WORKMAN SUB. BLK 3 LOT 1
~~12504~~ W WENDY LANE
12201

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE

STEVEN OLSON
RR0001
BOX 0032C
HALLAM NE 68368

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
6/10/92	PAID

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: $_____

FILE NO._____

DATE: 5/28/92

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 17 ;
   Block 3 : Lot 1 : Addition Workman Sub
   Street Address ~~2501~~ 2201 West Wendy Lane
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe 3BR Ranch
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☑
4. Distance to public sewer: — ft.

Steven J Olson
Signature of Applicant (Owner or Lessee)

R+1 Box 32C Hallam NE 68368
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/29/92. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/9/92. Date Frwd. 6/9/92. ACTION: Approved ☒ Disapproved ☐ Signature: Val J Stoy
3. City or County Engineer: Date Rec'd. 6-8-92. Date Frwd. 6-8-92. ACTION: Approved ☒ Disapproved ☐ Signature: Larry Albers

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 9-14-92 by: mm site visit - too close to trees. 1900 NW 123rd
Date: 9-28-92 by: mm moved lagoon, need bonding
Date: 4-7-94 by: mm Sewer up

INSTALLATION FINAL WRITTEN APPROVAL
Date:_____ By:_____

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 ☐

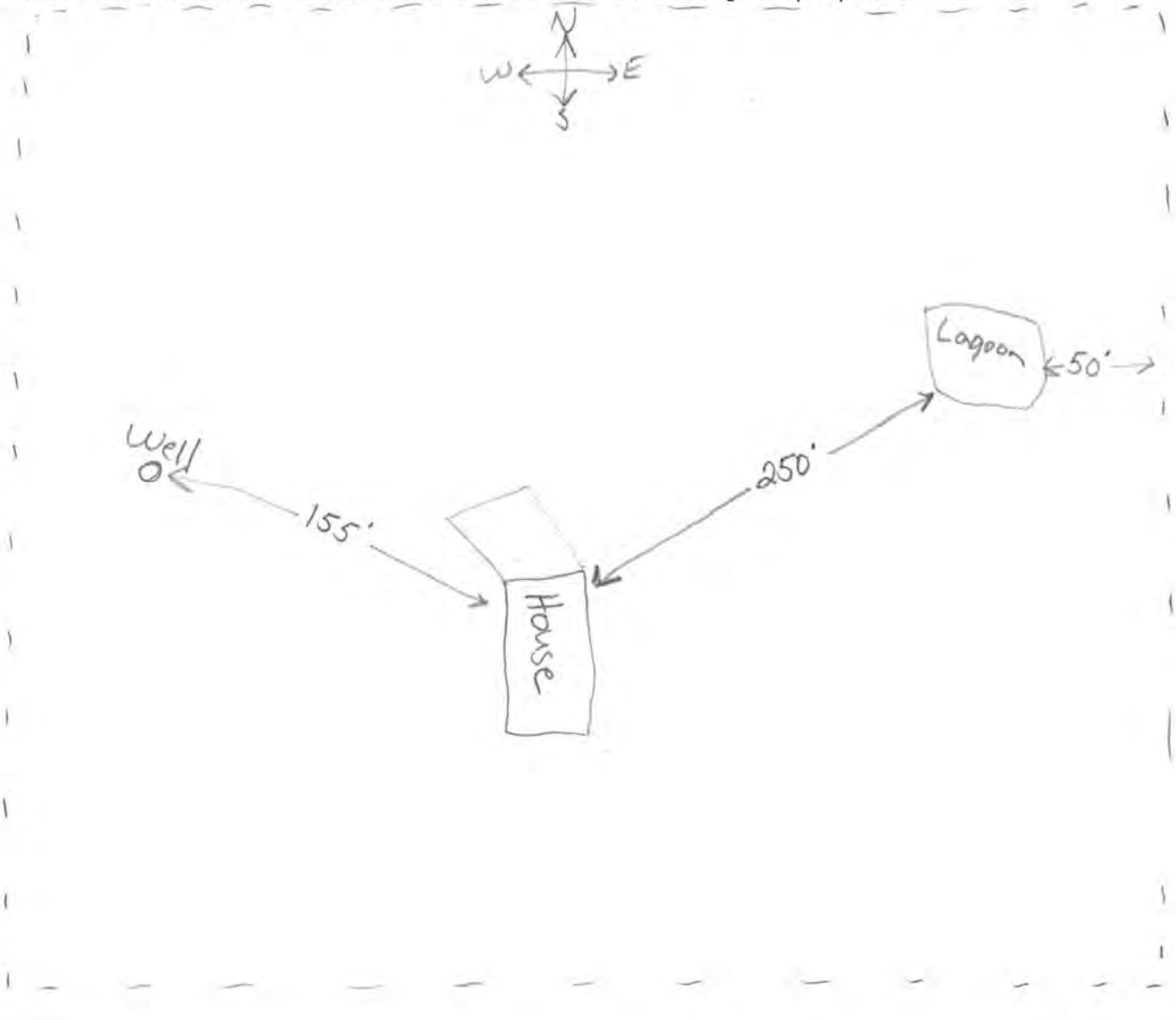
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C

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.



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 Offici