LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1728-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 12, 1981 — THIS PERMIT EXPIRES

Harvey Deinert — ISSUED TO

Rt. #6 Lincoln, NE 68502 — ADDRESS

T10N, R5E, Section 21E½ — LEGAL DESCRIPTION

REMARKS: NON-TRANSFEERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

2832

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. _____

20109-0977

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: 474-1541

A

FILING FEE: $ 60 00

FILE NO. 1728-C

DATE: Nov. 5 - 80

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 22 E/4;
   Block _____: Lot _____: Addition _____
   Street Address Route #6 Lincoln Nb.

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

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

4. Distance to public sewer: _____ ft.

Harvey Deinert
Signature of Applicant (Owner or Lessee)

Route #6 Lincoln Nb. 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 11/10/80. Date Frwd. 11/12/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoot

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 11-12-80. Date Frwd. 12-31-80. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauma

3. City or County Engineer: Date Rec'd. 11-12-80. Date Frwd. 11-12-80. ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

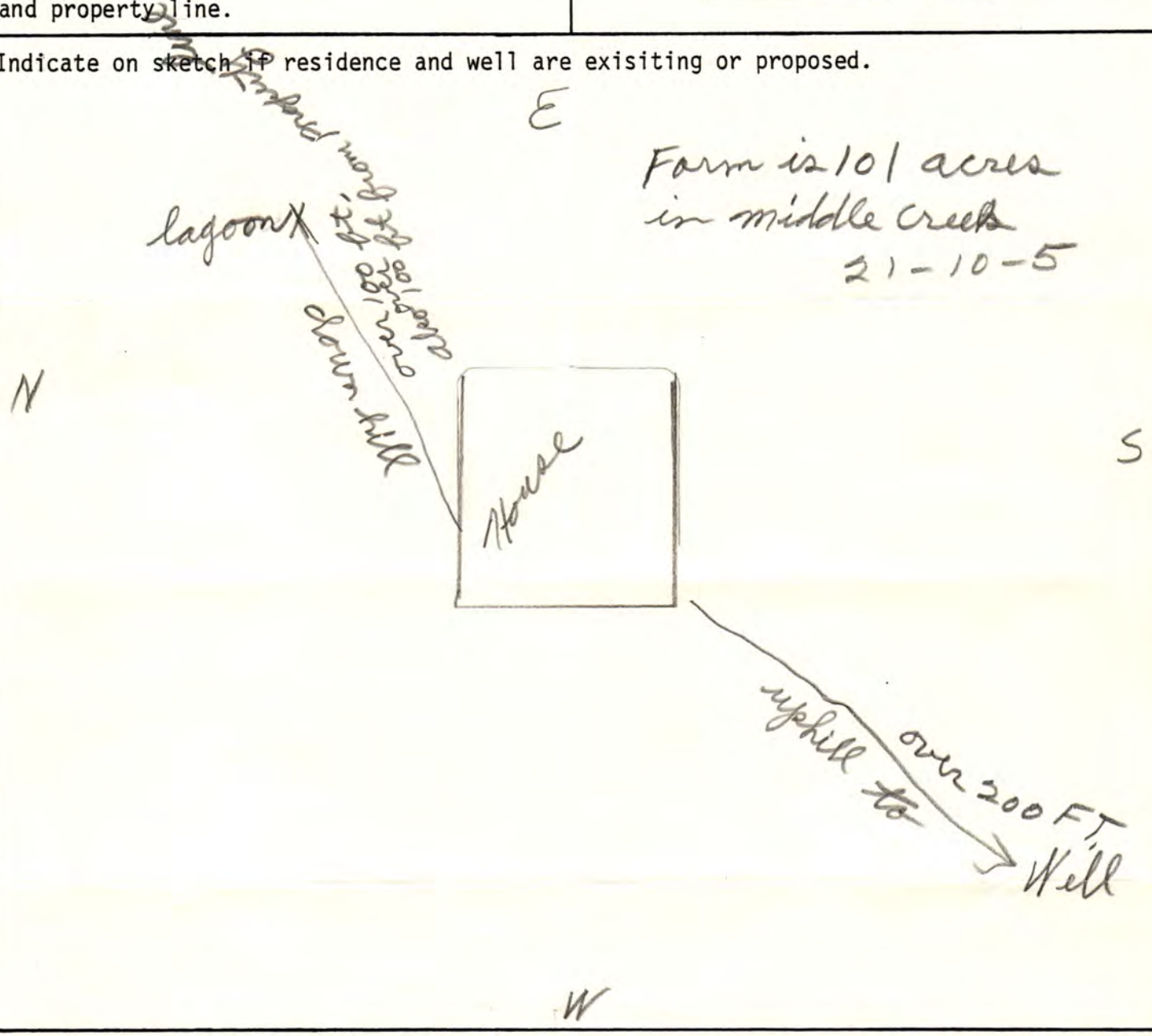
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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2200 St. Marys Avenue
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Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

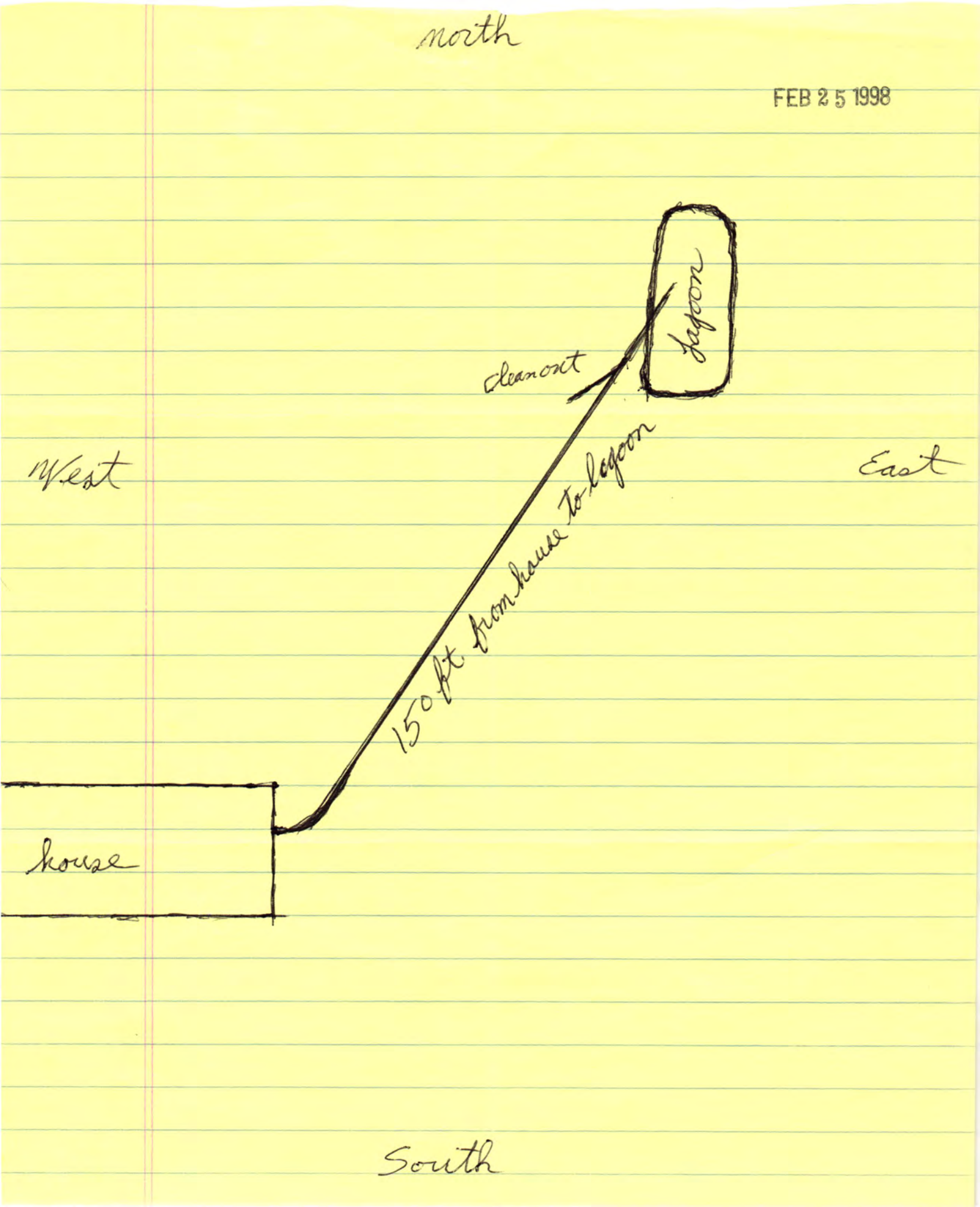
Remarks: Lagoon must be sealed.

Date: November 10, 1980

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.

Jerrold C. Hood
Signature of Reviewing Official

FEB 25 1998


North
lagoon
cleanout
West
East
150 ft from house to lagoon
house
South