LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390043001

Issued 12/06/94
Expires 06/06/95
Revenue Code 18754

Establishment
WAVERLY PLUMBING
T11N R8E SEC 27

FEES: $50.00

TOTAL $50.00

Permittee
WAVERLY PLUMBING
14150 LANCASHIRE ST
WAVERLY NE 68462

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 HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: Dec 2, 1994

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☒ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 11; Range 8; Section 27;
Block _____; Lot _____; Addition SW ¼ of the SW ¼
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: add 80'
Half moon concrete Lattel

5. Work to be done by: Owner ☐; or Contractor ☒, Waverly Plumbing & Well
Contractor's Name

6. Estimated cost of project:

a. Materials	$	400 ^cc
b. Labor	$	
c. Other	$	
TOTAL	$	

Michael P Duffy
Signature of Applicant (owner or lessee)
Waverly Plumbing, Box 116
14150 Lancashire
Address
Waverly, NE

(Do not write below this line)

REVIEWING ACTION

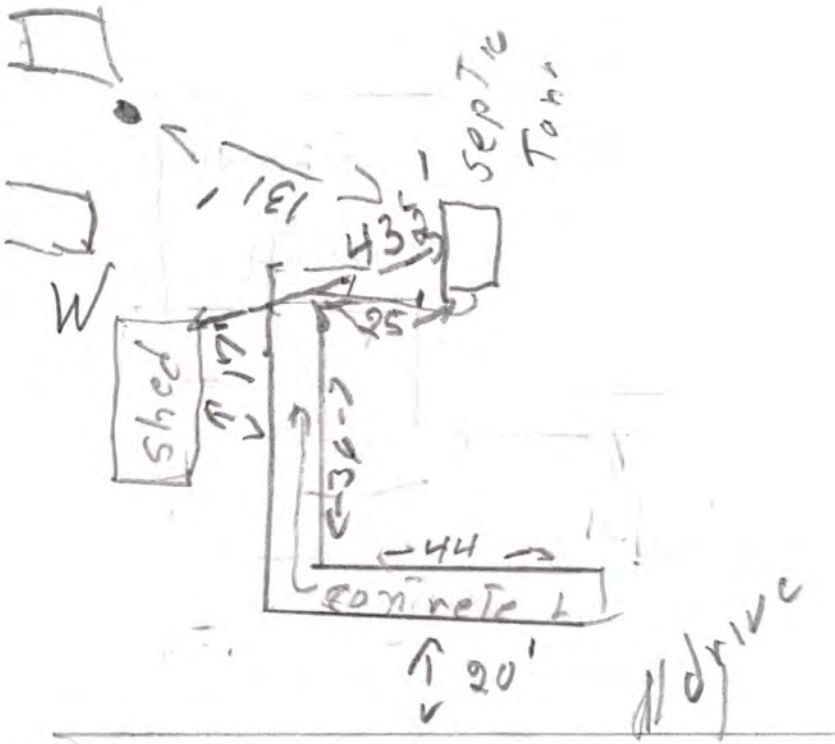
1. Date Rec'd: 12-2-94
Filing Fee: $ 50 ^cc

2. Site Visits:
Date: 12-2-94 by: RM
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Moyer

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-13-94 by: Ron Moyer

N



Aloo Rd. county Rd

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