FILE #2502

# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

NOVEMBER 18, 1987 — THIS LICENSE OR PERMIT EXPIRES

GERALD B. LEWIS — LICENSEE OR PERMITTEE

ROUTE #6 — ADDRESS

LINCOLN, NE 68502

T10N; R5E; Sec NW¼ 35; S.W. 80th & West "A" — 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

MAY 18 1987

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. 2502

DATE: 5-14-87

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. 10 N ; Range 5 E ; Section 35 ; NW¼
   Block _____ : Lot _____ : Addition _____
   Street Address SW-90th + West A-ST.
2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☑
   No. of Bedrooms 2 . Describe FARM
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☑ LAGOON
4. Distance to public sewer: Mile's ft.

Gerald B Lewis
Signature of Applicant (Owner or Lessee)

RT. 6 Lincoln Ne. 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/18/87. Date Frwd. 5/18/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5-18-87. Date Frwd. 5-18-87. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineer: Date Rec'd. 5/18/87. Date Frwd. 5/18/87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

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 23-43