LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health

2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 90390021101

Issued 09/25/90

Expires 03/25/91

ESTABLISHMENT

JAMES CARNASKI
T11N R8E SEC 9

FEES: Permit 018754 $30.00

Total $30.00

PERMITTEE

JAMES CARNASKI
14100 N 141 ST
WAVERLY NE 68462

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

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: 9-21-90

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. 11N; Range 8E; Section 9;
Block _____; Lot _____; Addition _____
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: Add piggy back lagoon to existing Lagoon to ease overflow Problem

5. Work to be done by: Owner ☐; or Contractor ☐, Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 350 00

Jim Carnasky Brad Smith
Signature of Applicant (owner or lessee)

RFD Waverly Hickman Ne
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 9-21-90
Filing Fee: $ ~~400~~ =

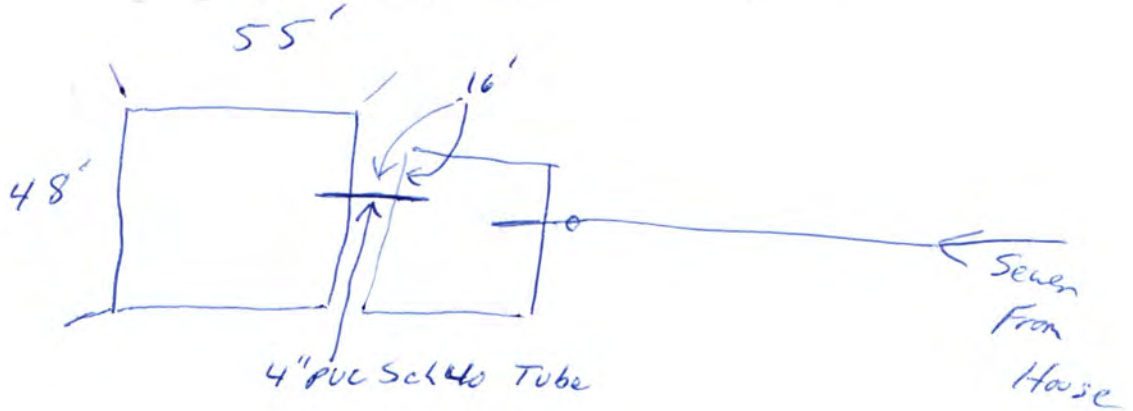
2. Site Visits:
Date: 9-21-90 by: rms need fence.
Date: 12-10-97 by: rms follow-up
Date: _____ by: _____

3. Date: Approved ☐; Disapproved ☐
by: _____

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-10-97 by: Ron Bryant

* a two-cell lagoon necessary because of high water use. Very large family and many laundry loads of wash per day.

9-20-90



Trees

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2739-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

JAMES CARNASKI — ISSUED TO

14100 NO. 141ST WAVERLY, NE 68462 — ADDRESS

T11N; R8E; Sec. 9; 13100 No. 141st — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MG	9-19-58	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

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

20109-0977

RECEIVED SEP 1 6 1988

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. 2739-C

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

DATE: 8-18-88

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. 11N ; Range 8E ; Section 9 ;
Block _____; Lot _____; Addition _____
Street Address 13100 N 141 Waverly

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 4 Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Abandon Septic System & Install Sewage Lagoon

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	1600 00

James Carnaski by Brad Southwick
Signature of Applicant (owner or lessee)

14100 N. 141 Waverly Hickman, Ne 68372 701 E 4
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ _____

2. Site Visits:
Date: _____ by: J.C.H.
Date: 9-21-90 by: 2nd call
Date: _____ by: _____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold C. Nood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 9/19/88 by: J.C. Nood

N
150'
Lh
15'
60
75'
75'
45°
45°
R 25'
8'
8'
Trees
Drive