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. 95390047801

Issued 09/27/95
Expires 03/27/96
Revenue Code 18754

Establishment
GOLDIA REES
T11N R8E SEC 29
12900 ALVO ROAD

FEES: $50.00

TOTAL $50.00

Permittee
K. CARLSON
1248 O ST
950 NBC CENTER
LINCOLN NE 68508

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: _____

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 SW/4 SE½ Sec 29 ;
Block _____; Lot _____; Addition _____
Street Address ~~12900~~ Alvo Rd 12900

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: Replace tank + lateral

5. Work to be done by: Owner ☐ ; or Contractor ☒ , B+R Pump Service
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$ 2350	00

Goldia Rees by Kenneth D Carlson Agent Co-Owner
Signature of Applicant (owner or lessee)
950 NBC Center, 1248 "O"
Lincoln, NE 68508
Address

(Do not write below this line)

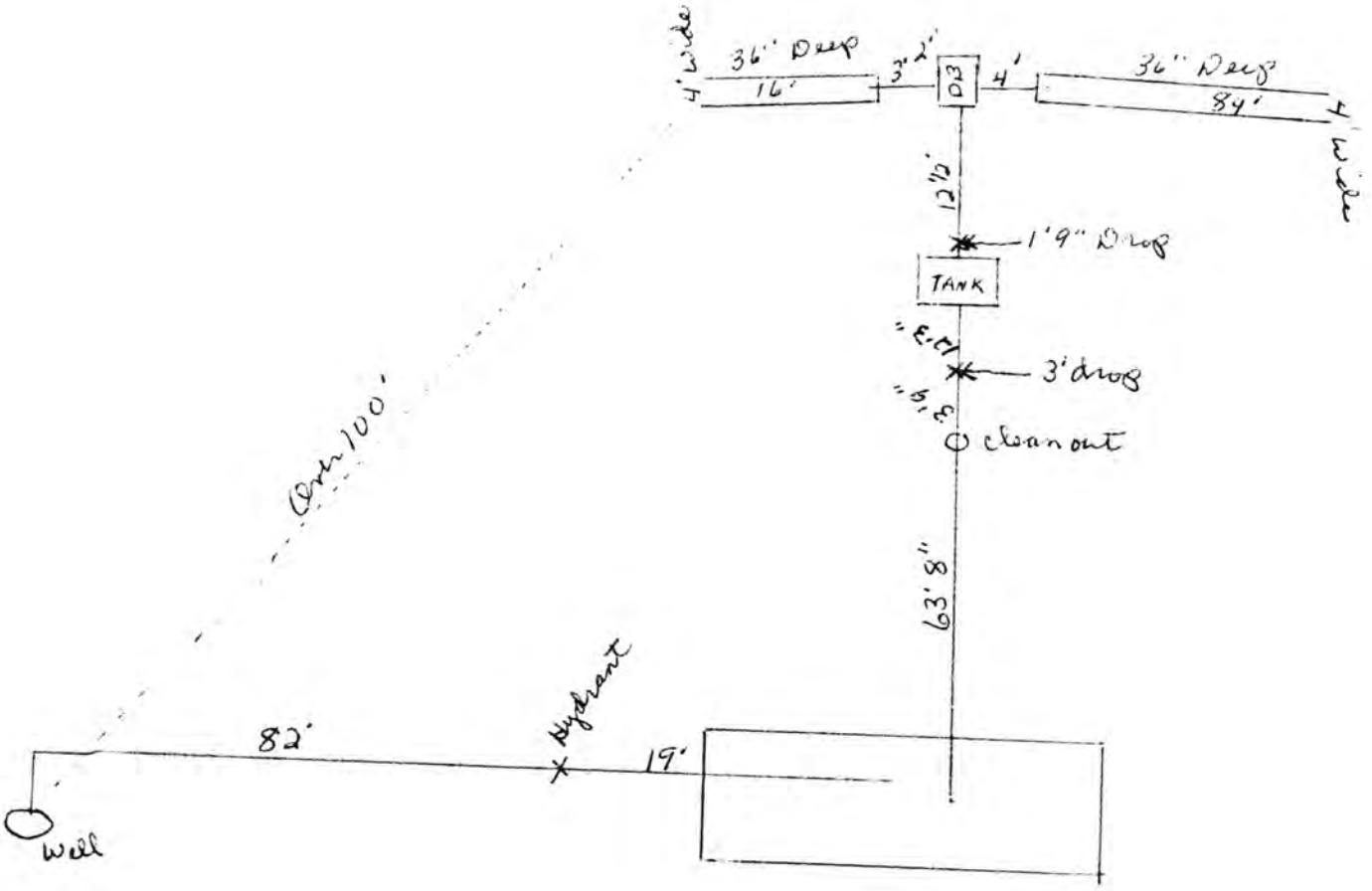
REVIEWING ACTION

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

2. Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____


4' wide
36" Deep
16'
3'2"
D3
4'
36" Deep
84'
4' wide
12½'
1'9" Drop
TANK
3' drop
cleanout
63'8"
Orth 100'
82'
Hydrant
19'
well

Alvo Road