LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE SYSTEM REPAIR

No. 93390036901

Issued 12/23/93
Expires 06/23/94
Revenue Code 18754

Establishment
KENNETH DEINERT
T10N R6E SEC 19
800 NW 56 STREET

FEES: $50.00

TOTAL $50.00

Permittee
KENNETH DEINERT
RR0004
LINCOLN NE 68502

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 [X]
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: 12-15-93

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. 10 ; Range 6 ; Section 19 ;
Block_____; Lot_____; Addition_____
Street Address 800 NW 56th

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: change to a lagoon

5. Work to be done by: Owner [ ] ; or Contractor [✓], Dale Andersen
Contractor's Name Milford, Ne

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ 1000 + or −

Kenneth Deinert

Kenneth Deinert
Signature of Applicant (owner or lessee)

Route 4 Lincoln Ne 68528
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ 50.00

2. Site Visits:
Date: 12-21-93 by: rm mail drawing
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved [ ]; Disapproved [ ]
by:_____

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