# 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. 90390020401

Issued 09/06/90
Expires 03/06/91

ESTABLISHMENT

DEBORAH GEISLER
T10N R6E SEC 30 QTR SE
LOT 35

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

DEBORAH GEISLER
4000 W A ST
LINCOLN NE 68522

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

| DATE | AMOUNT |
|---|---|
| 9/7/90 | PAID |

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

9039900204

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)

5 of 9

FILE NO._____

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

DATE: 9-5-90

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], or REPAIR [X] 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 N ; Range ~~10E~~ R6 ; Section SE 1/4 30 ;
Block _____ ; Lot 35 IT; Addition _____
Street Address 4000 WEST A

2. Property Use: Residential X [4]; Commercial _____ [ ]
No. Bedrooms _____ Describe _____
Other Use [ ]
Describe household

3. Type of existing Individual Sewage Disposal System: Septic Tank [ ]; Other [ ]

4. Description of proposed alteration, extension or repair: 100 ft 6" wide LATERAL

5. Work to be done by: Owner [ ] ; or Contractor [X], SINTEK SERVICE
Contractor's Name

6. Estimated cost of project:

| | | |
|---|---|---|
| a. Materials | $ | 7400.00 |
| b. Labor | $ | |
| c. Other | $ | |
| TOTAL | $ | |

Deborah Gish
Signature of Applicant (owner or lessee)

4000 W. 'A' St.
Address

(Do not write below this line)

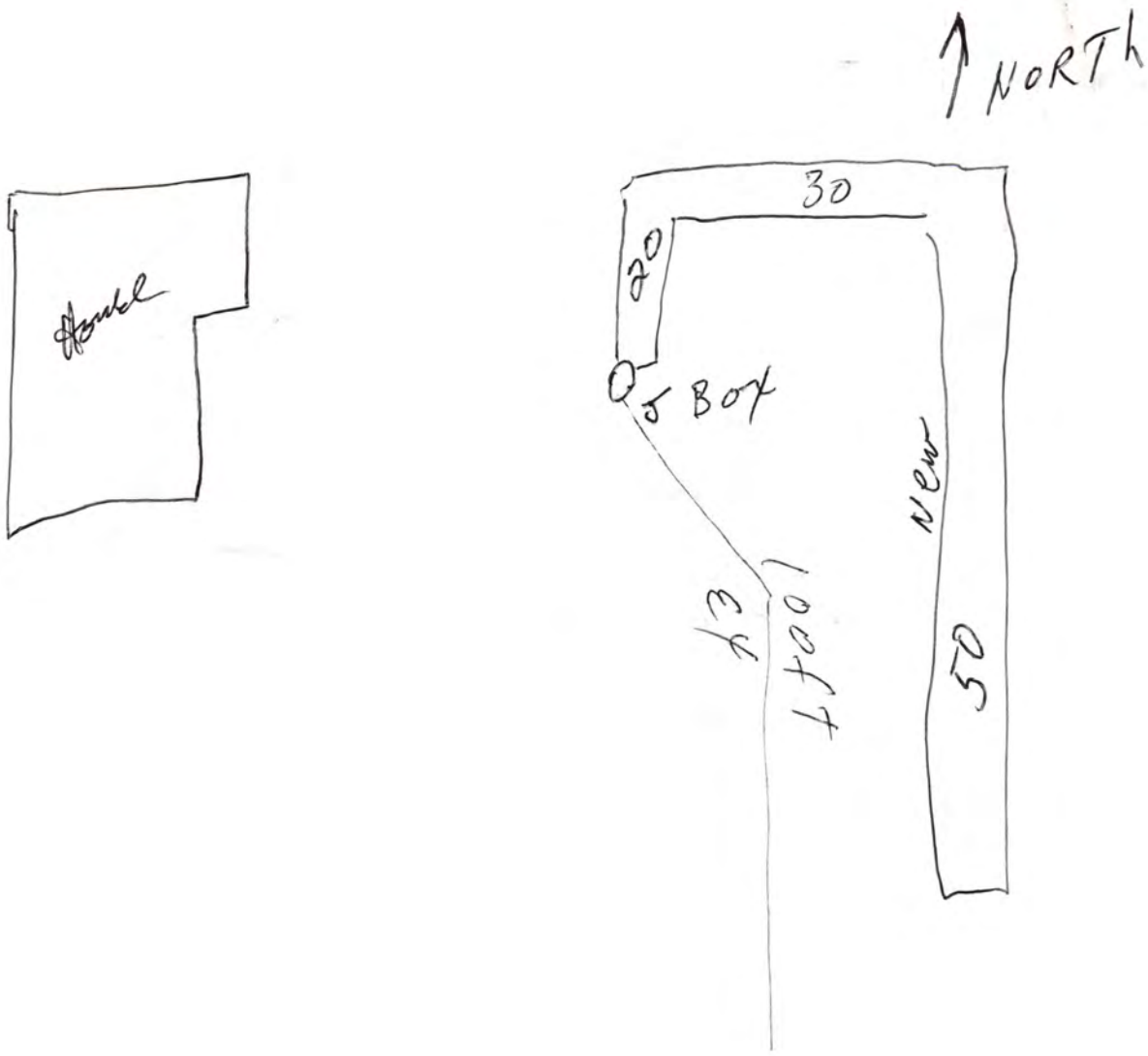
REVIEWING ACTION

1. Date Rec'd: 9-5-90
Filing Fee: $ 50.00

2. Site Visits:
Date: 9-5-90 by: rm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Ron Maynard
PROVISIONAL

4. INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 9-6-90 by: Ron Maynard


NORTH
House
30
20
J Box
New
50
43
Foot

FILE #2190

# CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

OCTOBER 19, 1985 — THIS LICENSE OR PERMIT EXPIRES

CLYDE P. SOUTHWICK — LICENSEE OR PERMITTEE

BOX 483 — ADDRESS

WALTON, NE 68461

T10N: R6E: Sec 30: Lot 35 I.T. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE ALTER, EXTEND OR REPAIRF

| PERMIT | ACCOUNTING NUMBER | TOTAL |
|---|---|---|
| $ 30.00 | 018754 | $ 30.00 |

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

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: 475-6221)

FILE NO. 7190

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

DATE: 4-19-85

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], or REPAIR [X] 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: Lot HO & A Twp. 10N ; Range 6E ; Section 30 ;
Block ____ ; Lot 35 I.T. ; Addition ____
Street Address ____

2. Property Use: Residential ____ [X]; Commercial ____ [ ]
No. Bedrooms ____ Describe ____
Other Use [ ]
Describe ____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: Install 1 there and add 100 ft New Lateral 3 deep & Distribution Box

5. Work to be done by: Owner [ ] ; or Contractor [X], Big Clyde Sanitation
Contractor's Name

6. Estimated cost of project: Over $400

| | |
|---|---|
| a. Materials | $ |
| b. Labor | $ |
| c. Other | $ |
| TOTAL | $ |

Big Clyde Sanitation Clyde Southwick
Signature of Applicant (owner or lessee)

Box 483 Walton Nebr 68461
Address

(Do not write below this line)

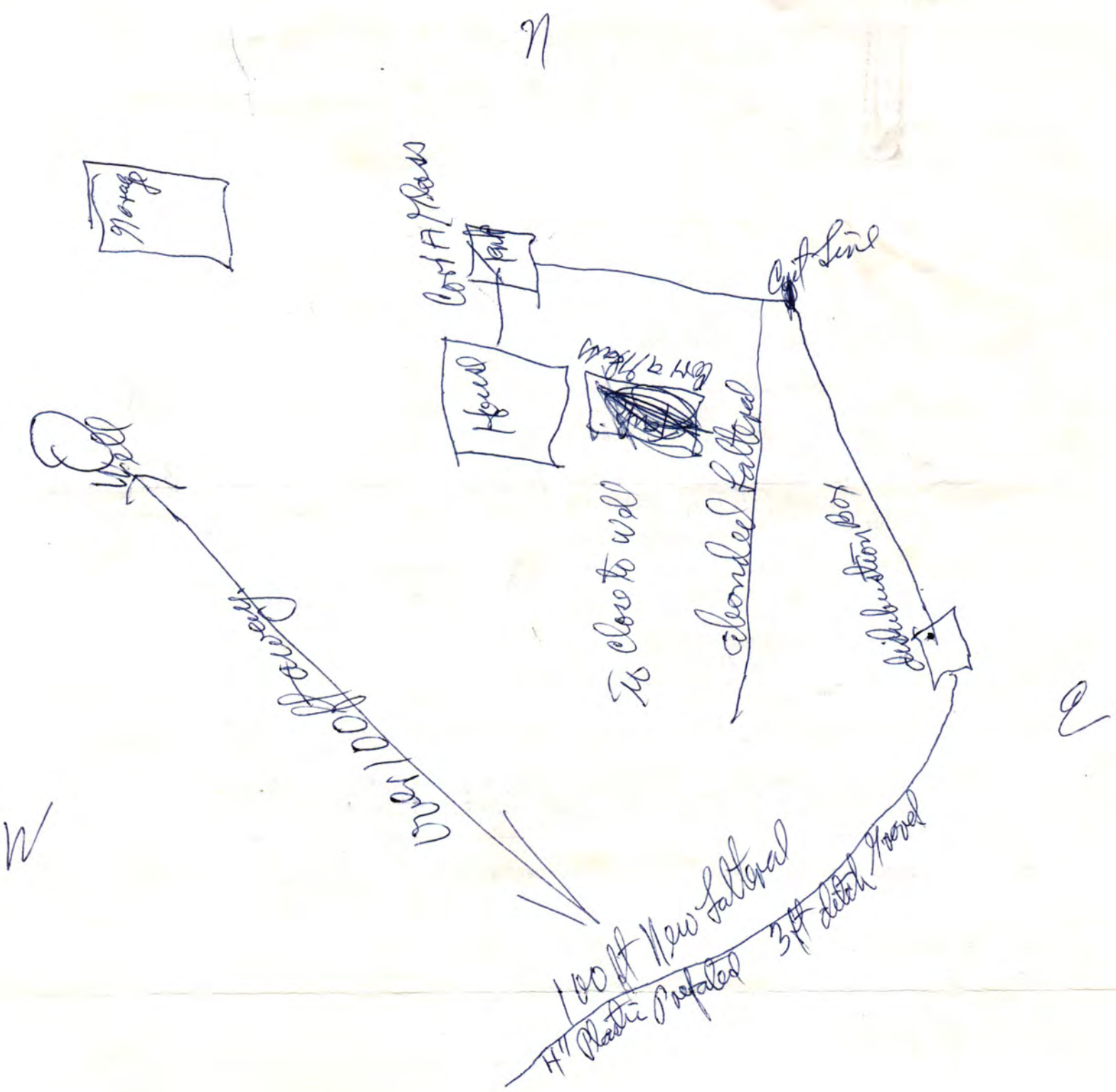
REVIEWING ACTION

1. Date Rec'd: ____
Filing Fee: $ 30.00

2. Site Visits:
Date: 4-19-85 by: rm
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved [X]; Disapproved [ ]
by: Jerrold E. Reed

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-19-85 by: Ron Mazanec


N
Garage
Cont'd Plans
Cut Line
House
Shed
To close to wall
Abandoned Sattgal
Distribution Box
Well
Mail Delivery
W
E
100 ft New Sattgal
4" Plastic Perforated
3ft ditch Gravel
S