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 INSTALLATION

No. 94380120601

Issued 08/01/94
Expires 02/01/95
Revenue Code 18754

Establishment

ROBERT TIMMERMAN
T11N R7E SEC 16
LOT 3
11700 N 56 STREET

FEES: $150.00

TOTAL $150.00

Permittee

ROBERT TIMMERMAN
11700 N 56 ST
LINCOLN NE 68529

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 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: $ 150.00

FILE NO. _____

DATE: 7-29-94

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. 11N ; Range 7E ; Section 16 ; 35 ACRES NW 1/4
   Block _____ : Lot 3 I.T. : Addition _____
   Street Address 11700 N 56th
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒
4. Distance to public sewer: _____ ft.

Robert Timmerman
Signature of Applicant (Owner or Lessee)

11700 N 56th Lincoln
Address

(Do not write below this double line)

1. Health Department:	Date Rec'd. 7/29/94. Date Frwd. 7/29/94.	ACTION: Approved ☒ Disapproved ☐	Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk	Date Rec'd. 7-29-94. Date Frwd. 7-29-94.	ACTION: Approved ☒ Disapproved ☐	Signature:
3. City or County Engineer:	Date Rec'd. 7-29-94. Date Frwd. 7-29-94.	ACTION: Approved ☒ Disapproved ☐	Signature:

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-30-94 by: sm Lagoon sampled small 36x36
Date: 9-19-94 by: sm enlarged OK, need drawing
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43