FILE NO. 522

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

March 17, 1975 — THIS LICENSE OR PERMIT EXPIRES

Bob Gilliam — LICENSEE OR PERMITTEE

Route #6 — ADDRESS

T10N; R6E; Sec. 31; Bl. 2; Lot 9; High Ridge West Acres 1st Add. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
624-1635 110.15	110.16	148.14	6-2	
SERIAL NO.	DATE	AMOUNT		

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION

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

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 522

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

DATE: Sept. 16, 1974

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 10N ; Range 6E ; Section 31
Block 2 ; Lot 9 ; Addition High Ridge West Acres 1st Addition
Street Address _____

2. Property Use: Residential _____ ☒ ; Commercial _____ ☐
No. of Bedrooms 3 . Describe: _____
Other Use _____ ☐
Describe: _____

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

4. Distance to public sewer: _____ ft.

Mrs. Bob Gelliam
Signature of Applicant (Owner or Lessee)

Rt. 6 Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 9/17/74 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 9/17/74 . Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 9-17-74 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 9-17-74 . Signature: Charles Williamson

3. City or County Engineer : Date Rec'd. _____ . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 9-17-74 . Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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 Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO._____

DATE:_____

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 10N ; Range 6E ; Section 31 ; Block 2 ; Lot 9 ; Addition Highs Ridge West Acres 1st Addition
Street Address_____.

2. Property Use: Residential_____ [X]; Commercial_____ [ ]
No. of Bedrooms 3
Describe:_____
Other Use_____
Describe:_____

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Mrs. Bob Gilliam
Signature of Applicant (owner or lessee)

Rt 6 Lincoln
Address

(Do not write below double line)

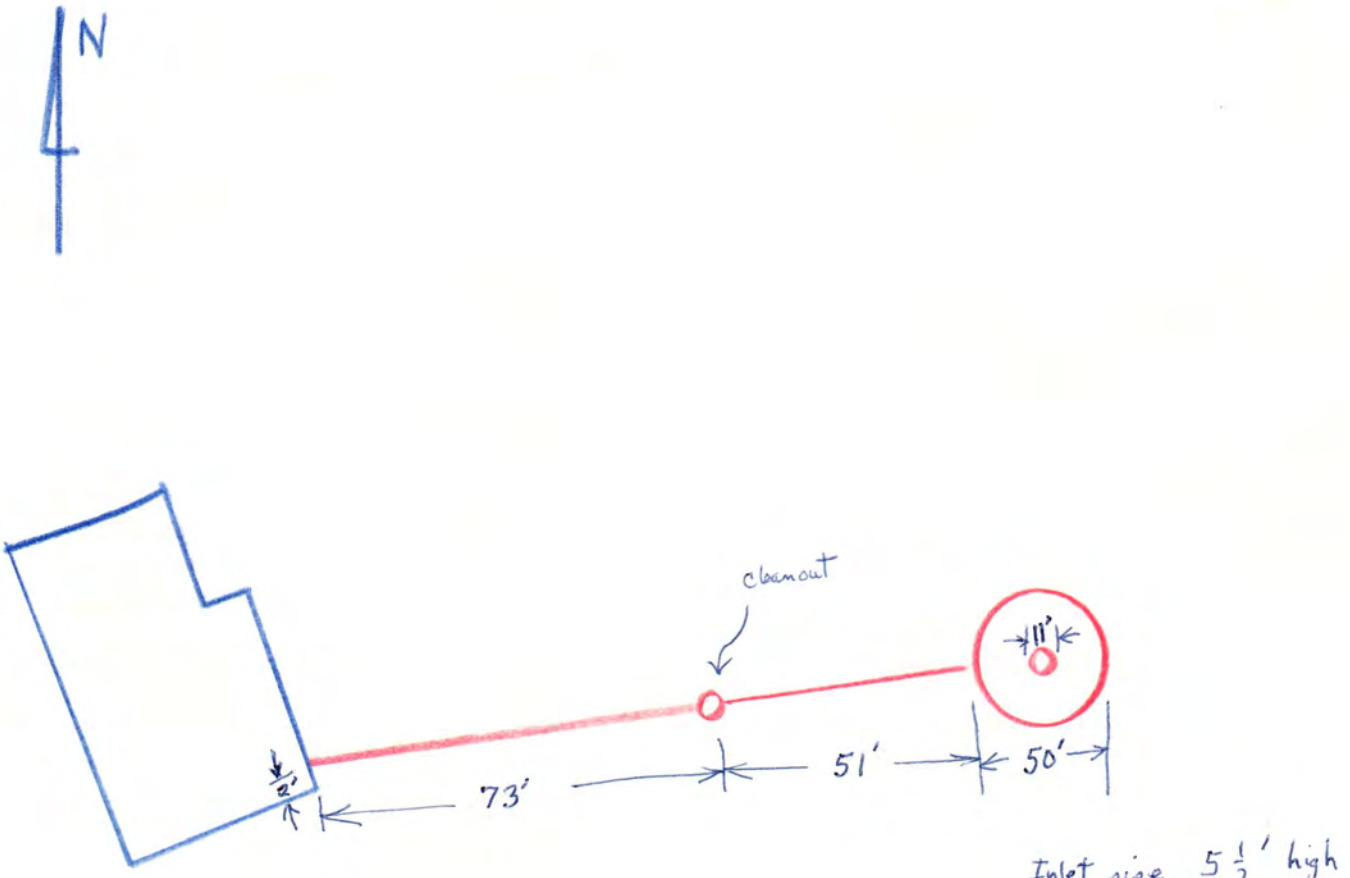
REVIEWING ACTION

1. Date Rec'd;_____
Filing Fee: $ 30.00

2. Site Visits:
Date: Oct 21-74 by: rm
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved [X]; Disapproved [ ] 9/17/74
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: Oct-21-74 by: Ron Mayfield



Inlet pipe $5\frac{1}{2}'$ high

oct-21-74
sm