CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 640

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

December 17, 1975
THIS LICENSE OR PERMIT EXPIRES

Mrs. Robert Gilliam, Route #7, Lincoln
LICENSEE OR PERMITTEE

ADDRESS

T10N; R6E; Sec. 31; Bl. 2; Lot 11; High Ridge West Acres 1st Addition Lagoon
NAME OF ESTABLISHMENT, IF ANY

LEGAL DESCRIPTION

ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
110.15	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
624-1535		

37000 JN17 75 3600 -

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. 640

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

DATE: 6-17-75

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 11 ; 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 ☒ Lagoon

4. Distance to public sewer: _____ ft.

Mrs. Robert Gilliam
Signature of Applicant (Owner or Lessee)

Rt. #7 Lincoln
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/17/75. Date Frwd. 6/17/75. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. 6-17-75. Date Frwd. 6-17-75. ACTION: Approved ☒ Disapproved ☐ Signature: Williamson

3. City ~~or County~~ Engineer: Date Rec'd. 6-17-75. Date Frwd. 6-17-75. ACTION: Approved ☒ Disapproved ☐ Signature: A. Long

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. 640

DATE: 6-17-75

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 11 ; Addition High Ridge West. Street Address _____. Acres 1st Addition

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] Lagoon

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. Robert Gillaim
Signature of Applicant (owner or lessee)

Rt. #7 Lincoln
Address

(Do not write below double line)

REVIEWING ACTION

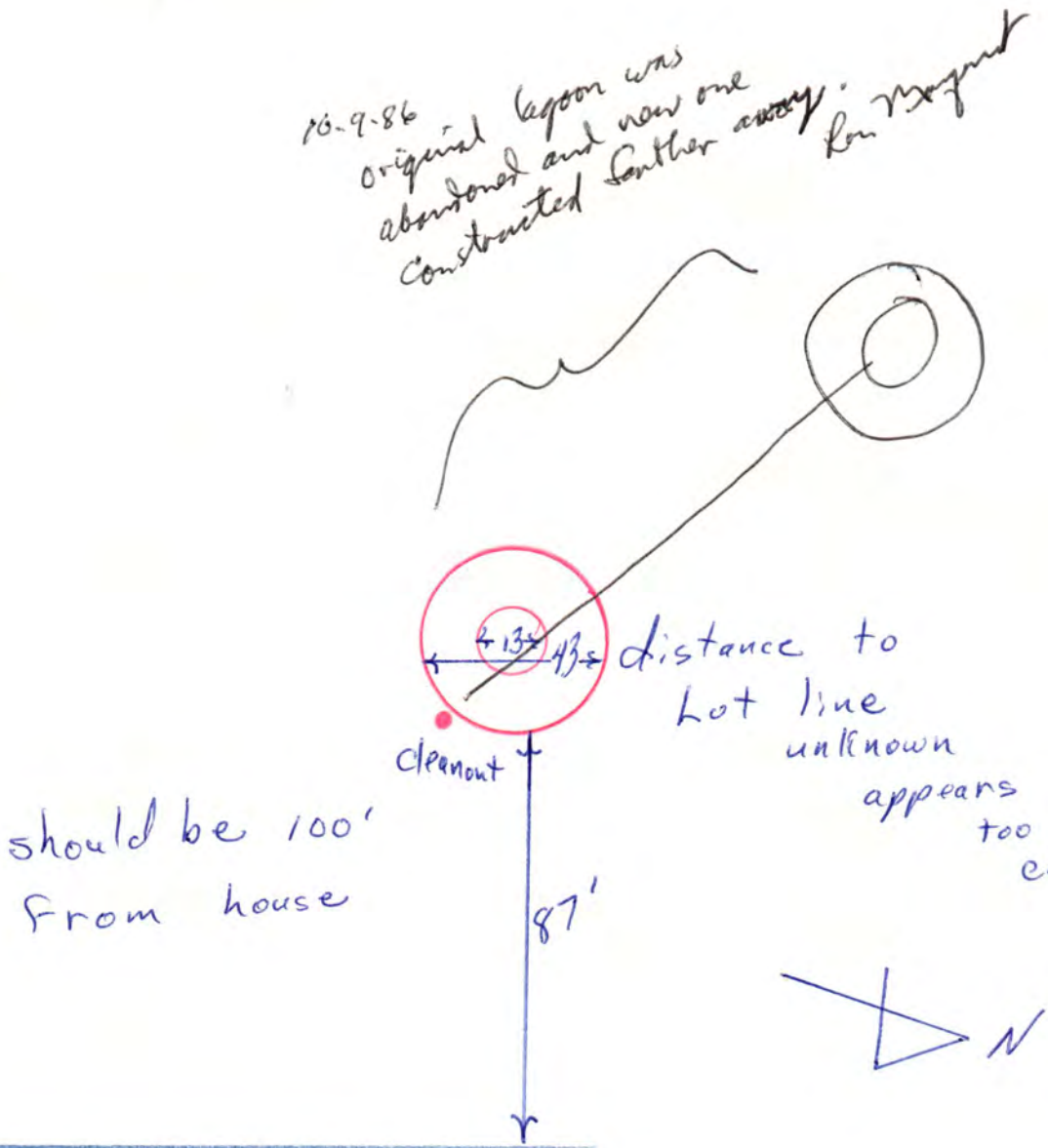
1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 10-7-75 by: jw trm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 6/17/75
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-7-75 by: James Weverka

10-9-86 original lagoon was abandoned and new one constructed farther away. Ron Wright



jw 10-7-75