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. 94390038701

Issued 05/13/94
Expires 11/13/94
Revenue Code

Establishment
FLORENCE HORSTMAN
T11N R7E SEC 2
8400 RAYMOND ROAD

FEES:

TOTAL 50$.00

Permittee
FLORENCE HORSTMAN
RR0003
LINCOLN NE 68505

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"

RECEIVED MAY 11 1994

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
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: 5-9-94

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. 11N ; Range 7E ; Section 2 ;
Block _____ ; Lot _____ ; Addition _____
Street Address 84th & Raymond rd

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

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒ (1250 gal); Other ☐

4. Description of proposed alteration, extension or repair: installed 100 feet of subsurface lateral

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Baresh Plumbing
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 3400	00
b. Labor	$	
c. Other	$	
TOTAL	$	

Florence Horstman
Signature of Applicant (owner or lessee)

RR 3 Lincoln 68517
Address

(Do not write below this line)

REVIEWING ACTION

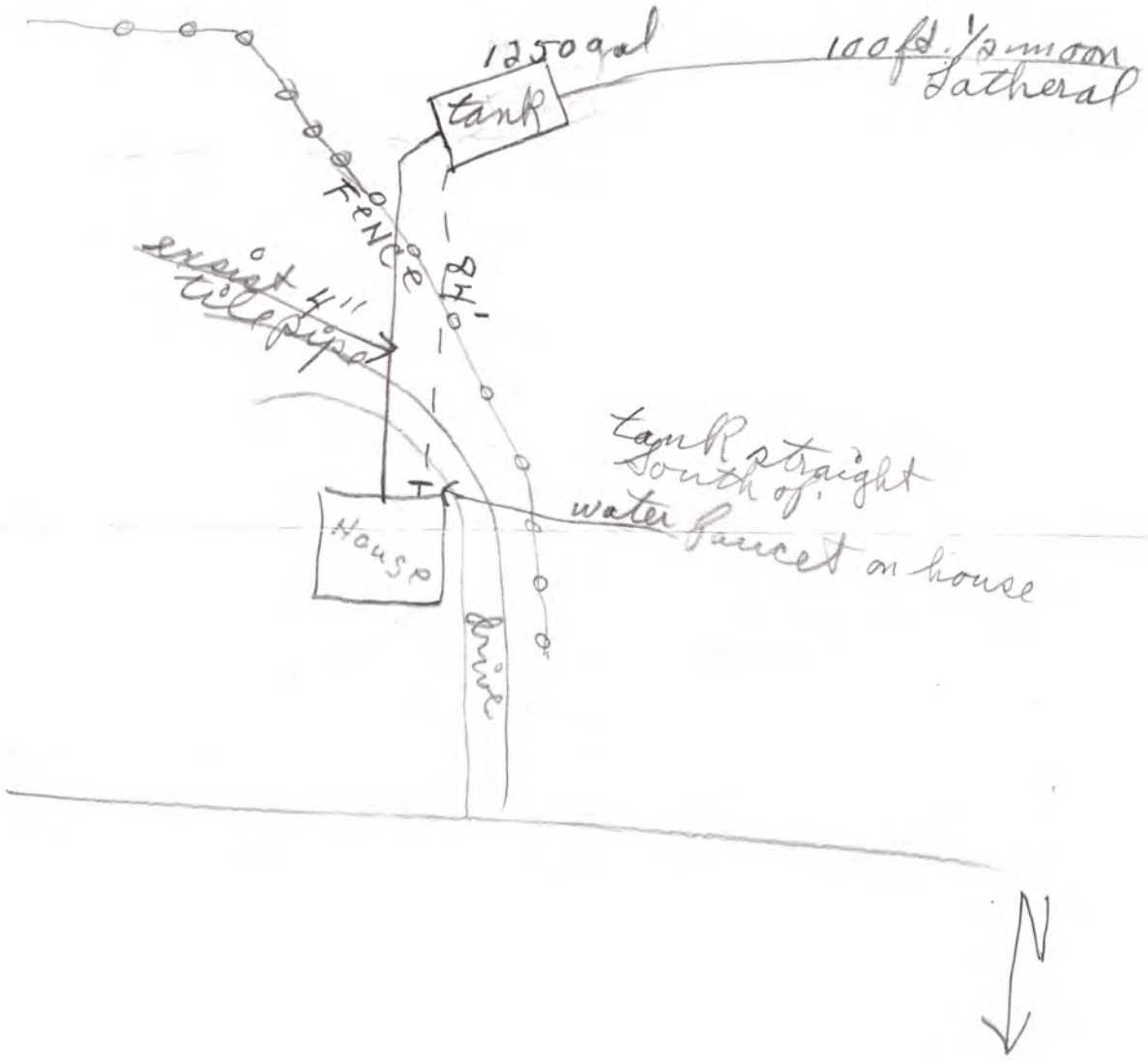
1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 5-9-94 by: jm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒*; Disapproved ☐
by: _____

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

* area is in flood plain.


1250 gal
tank
100 ft. 1/2 moon
Latheral
FENCE
84'
exist 4" tile pipe
tank straight South of
water faucet on house
House
drive
N