LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 93380097401

Issued 04/12/93
Expires 10/12/93
Revenue Code 18754

Establishment
ALAN BROWN
T10N R7E SEC 14
LOT 42
9240 HOLDREGE STREET

FEES: $150.00

TOTAL $150.00

Permittee
ALAN BROWN
1601 B ST
LINCOLN NE 68502

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

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FILING FEE: $_____

FILE NO._____

DATE: April 6, 1993

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: 9240 HOLDREGE

1. Legal description of property: Twp. 10 N ; Range 7E ; Section 14 ;
   Block _____ : Lot 42 I.T. : Addition _____
   Street Address 9240 HOLDREGE STREET LINCOLN NE.

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

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

4. Distance to public sewer: NA ft.

Alan M. Brown
Signature of Applicant (Owner or Lessee)

1601 B Street LINCOLN NE. 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/9/93 . Date Frwd. 4/9/93 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Neal

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 4/9/93 . Date Frwd. 4/9/93 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 4-9-93 . Date Frwd. 4-9-93 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-18-93 by: rm Sewer line by house only.
Date: 10-26-93 by: rm one hole seepage bed
Date: 11-7-93 by: rm 2nd seepage bed ok

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

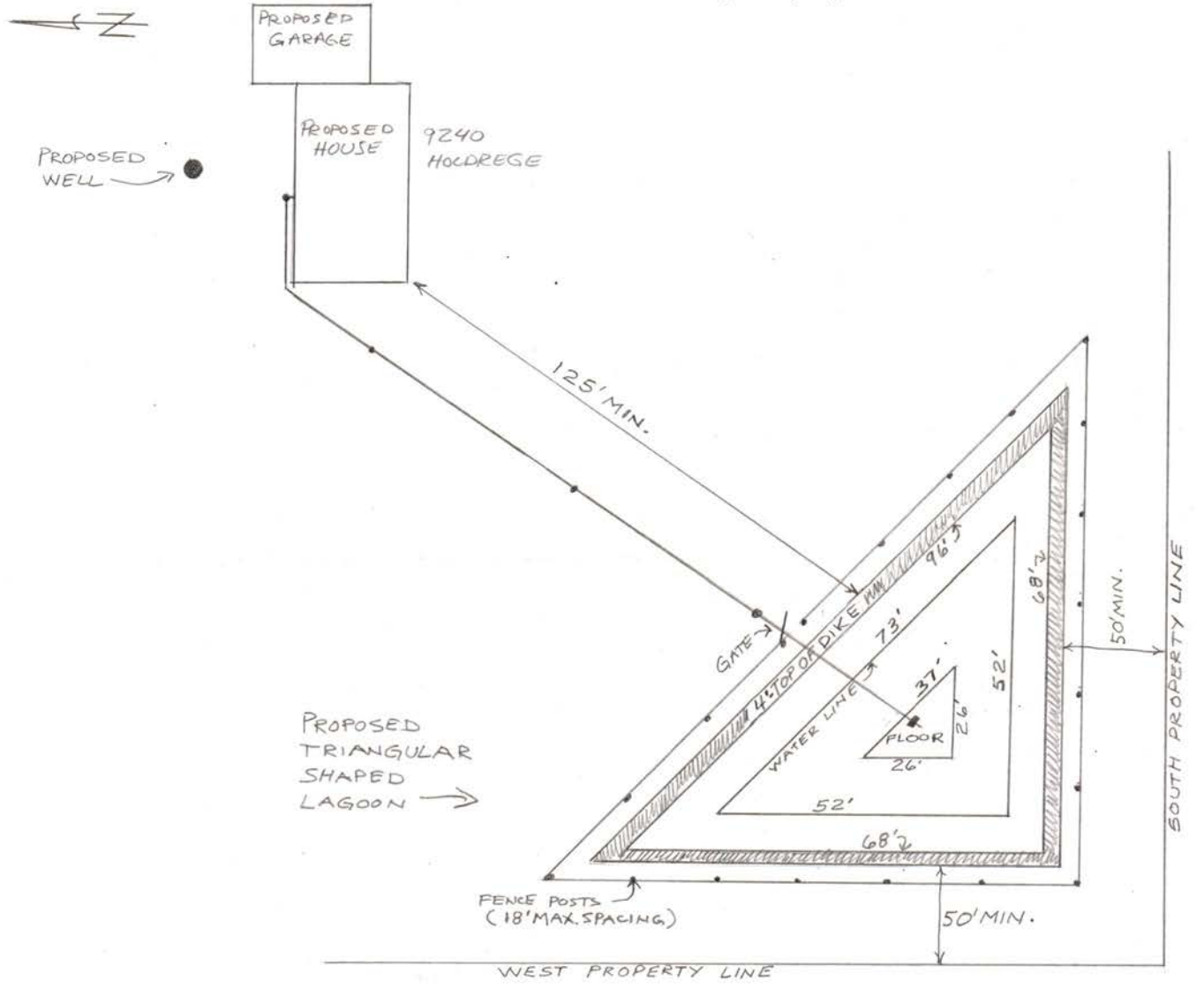
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Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks :_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official



Septic system 9240 Holdrege.