LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 92380085601

Issued 06/11/92
Expires 12/11/92

ESTABLISHMENT

JESSE POLIVKA
T11N R6E SEC 26
8100 N 1 STREET

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

JESSE POLIVKA
6101 N 27 ST
LINCOLN NE 68521

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
8/10/92	PAID

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

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: $_____

FILE NO._____

DATE: 6/6/92

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 6E ; Section 26 NWSW ;
   Block_____: Lot_____: Addition_____
   Street Address 8100 North 1ST

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

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

4. Distance to public sewer: over 5000 ft.

Jim Lahm
Signature of Applicant (Owner or Lessee)

6101 N 27 Lincoln NE 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/10/92. Date Frwd. 6/11/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/10/92. Date Frwd. 6/10/92. ACTION: Approved ☒ Disapproved ☐ Signature: Valerie Lee

3. City or County Engineer: Date Rec'd. 6-11-92. Date Frwd. 6-11-92. ACTION: Approved ☒ Disapproved ☐ Signature: RD Nyhan

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 6-15-92 by: JMM wood fence
Date:_____by:_____
Date:_____by:_____

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 ☐

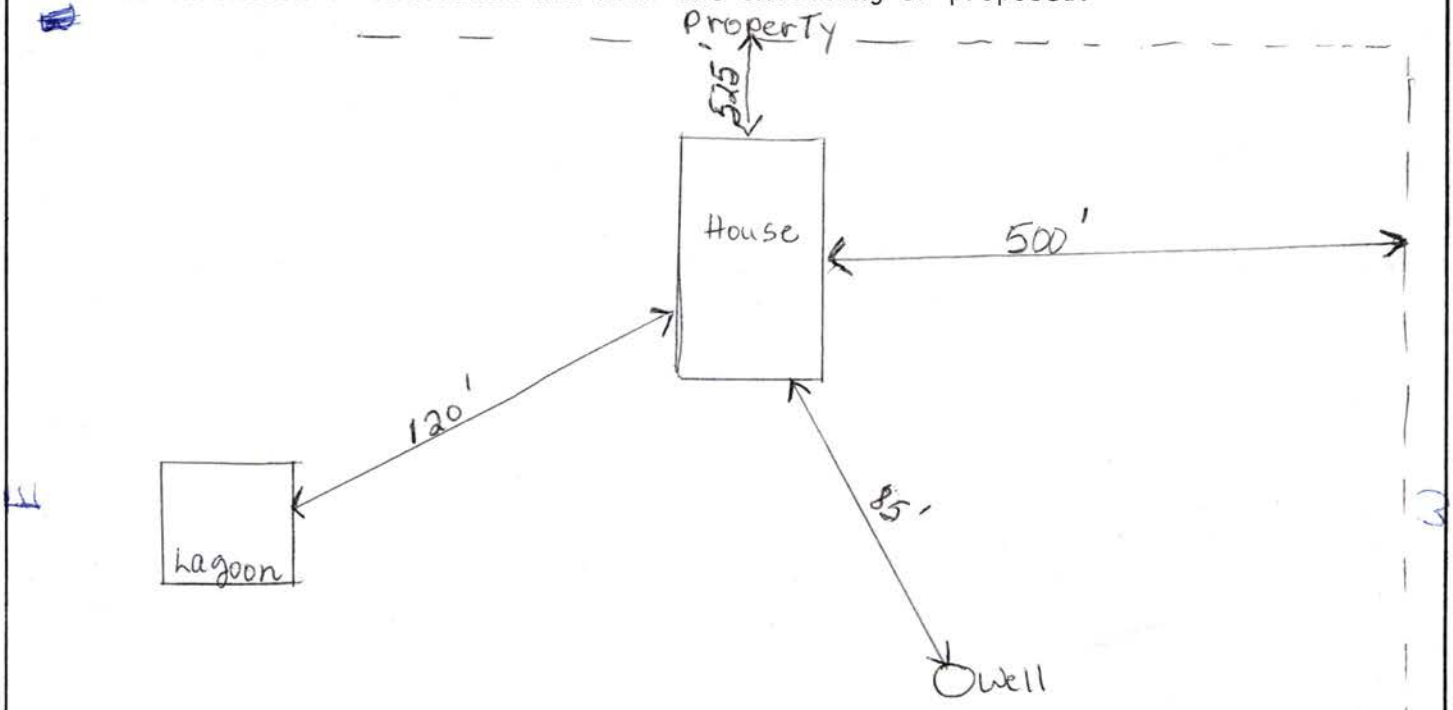
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C

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.



Hard clay ground

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

Jesse Polivka
6101 N 27
Lincoln NE 68521

NW SW Sec 26, T 11, R 6
8100 N 1 ST

Lagoon Permit

