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. 923800867O1

Issued 06/30/92
Expires 12/30/92

ESTABLISHMENT

KEVIN RAMSEY
T11N R6E SEC 9
VALLEYHOME FARMS BLK 4 LOT 2
2101 W JAMES DR

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

KEVIN RAMSEY
5300 W O ST
LINCOLN NE 68528

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
6/30/92	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: $ 150.00

FILE NO. _____

DATE: 6-30-92

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 9 ;
   Block 4 : Lot 2 : Addition VALLYHOME FARMS
   Street Address 2101 WEST JAMES DR.

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

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒ Lagoon to be sealed

4. Distance to public sewer: _____ ft.

Kevin Ramsey
2101 W. James.

Signature of Applicant (Owner or Lessee)

5300 WEST O ST.
LINCOLN, NEBR. 68528
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/30/92. Date Frwd. 6/30/92. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Hoff
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6/30/92. Date Frwd. 6/30/92. ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer: Date Rec'd. _____. Date Frwd. 6/30/92. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-6-92 by: Ram need to build up the E+W sides, need fence. Corrected
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-21-92 By: Ron Maynard

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 ☐

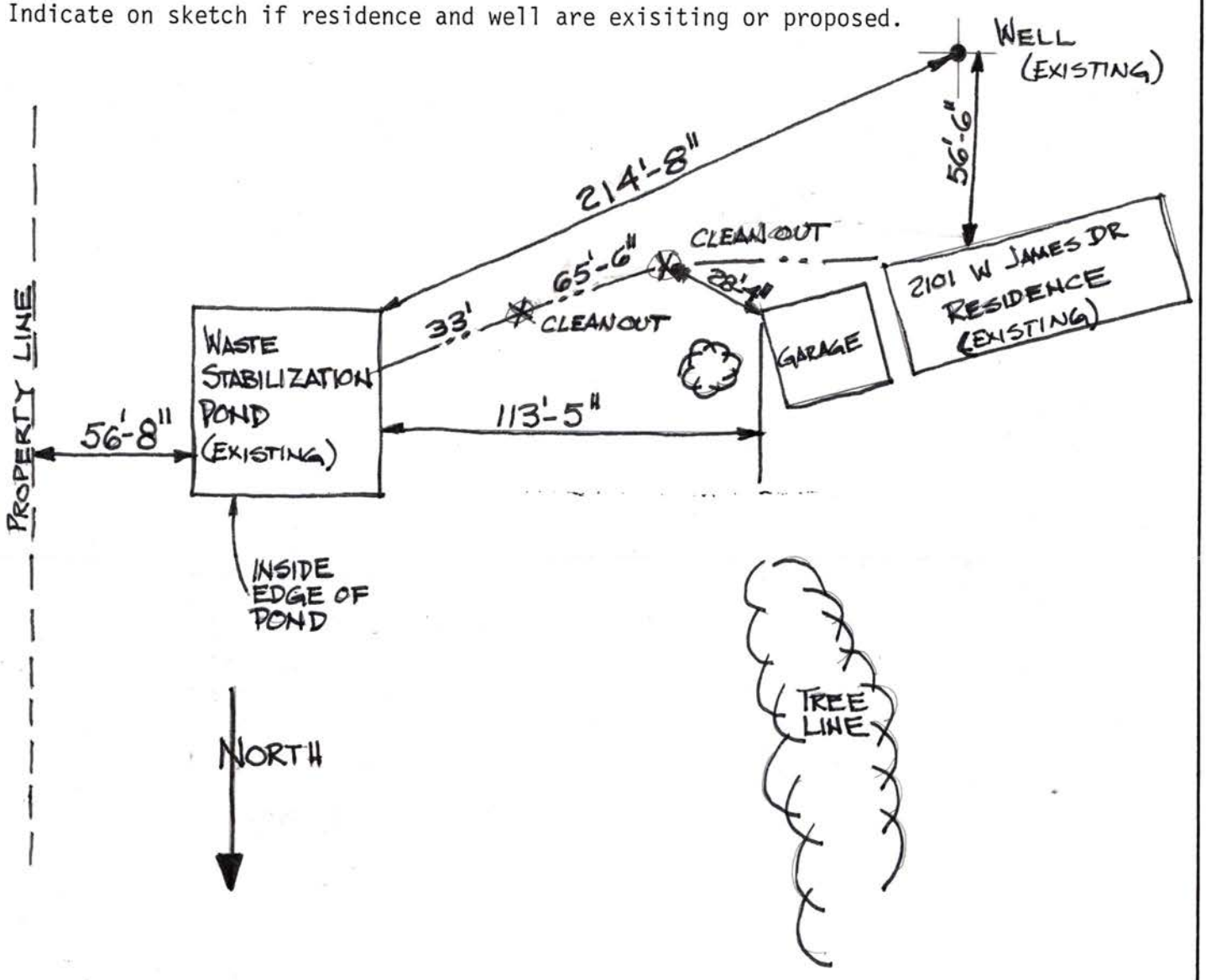
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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.



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