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. 92380083701

Issued 05/08/92
Expires 11/08/92

ESTABLISHMENT

WYLIE EASTWOOD
T11N R6E SEC 3
LOT 1

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

WYLIE EASTWOOD
RR0001
BOX 0122A
RAYMOND NE 68428

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
5/12/92	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: May 5, 1992

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: ~~Lot 1 NE 3-11-6~~ Twp. 11N ; Range 6E ; Section 3 ;
   Block _____ : Lot I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☒ AGR
   No. of Bedrooms 2 . Describe 2 BEDROOM MODULAR

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

4. Distance to public sewer: 3 MILES ft.

Wylie E. Eastwood, Lessee
Signature of Applicant (Owner or Lessee)

Rt 1, Box 122A, Raymond, NE 68428
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/7/92. Date Frwd. 5/8/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. 5/8/92. ACTION: Approved ☐ Disapproved ☐ Signature: Gary Spire

3. City or County Engineer: Date Rec'd. 5-8-92. Date Frwd. 5-8-92. ACTION: Approved ☒ Disapproved ☐ Signature: Tom Wilson

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6-19-92 by: ms need form
Date: 3-15-99 by: ms ok
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-15-99 By: Ron Wagner

FORM 23-43

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

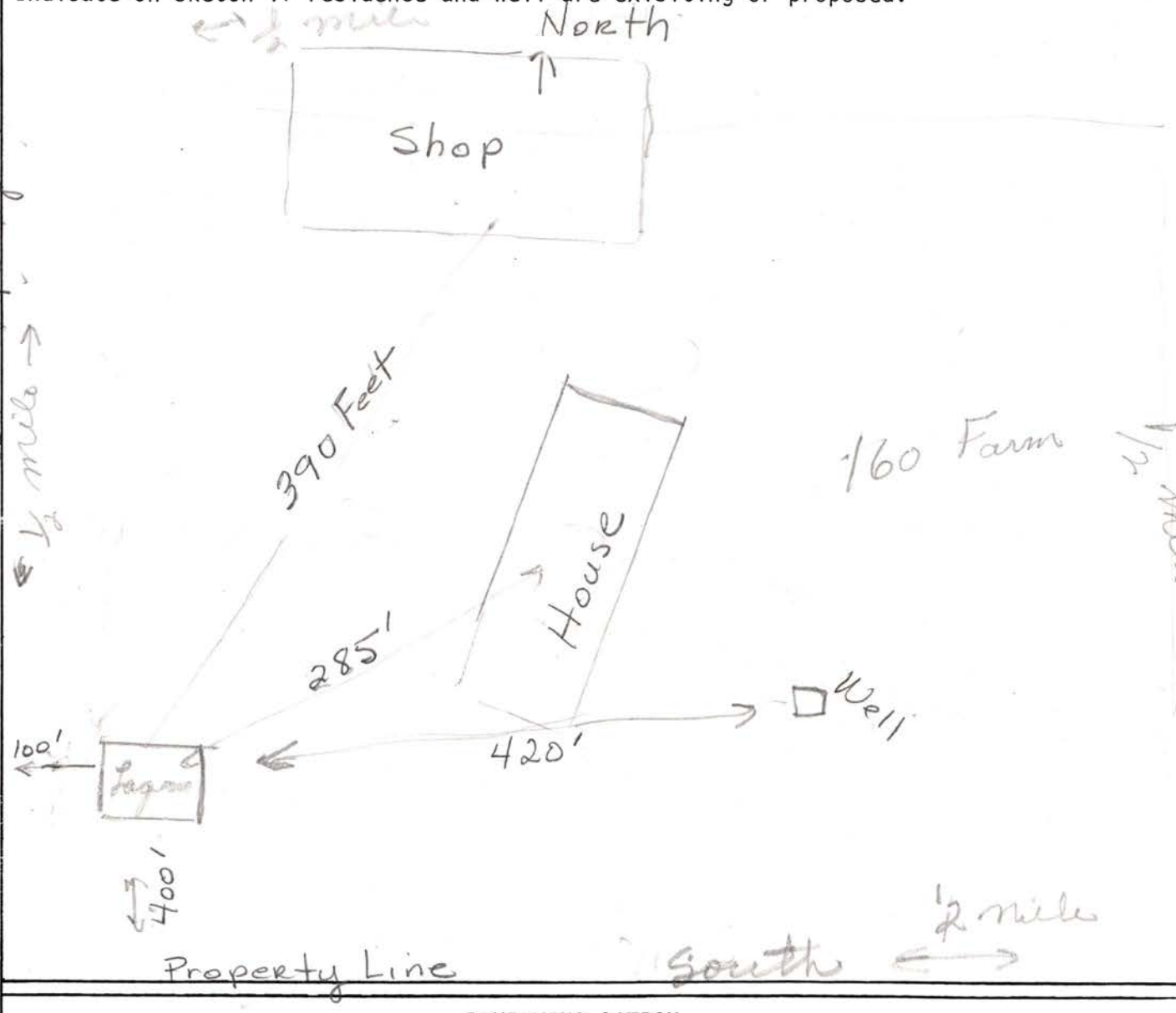
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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

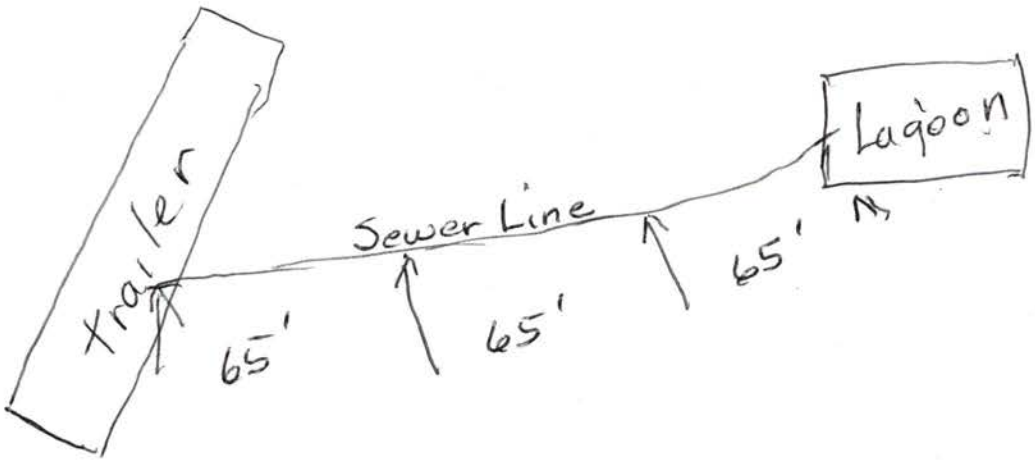
Remarks:_____

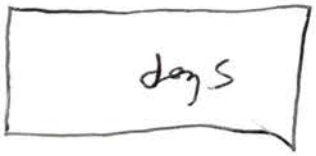
_____

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


Trailer
Sewer Line
Lagoon
65'
65'
65'
N


dogs

