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. 90380012901

Issued 05/11/90
Expires 11/11/90

ESTABLISHMENT
TIM MORROW
T11N R5E SEC 33 QTR SW
LOT 53
SW 1/4

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE TIM MORROW
2142 N 68 ST
LINCOLN NE 68505

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

PAID

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

9038 00129

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: _____

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. 11 North; Range 5 East of 6th P.M.; Section S.E. ¼ of Sect 33; Block _____: Lot 53 I.T.: Addition _____
   Street Address 6600 N.W 105th Rt. 1 Box 46

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: _____ ft.

Timothy J Morrow
Signature of Applicant (Owner or Lessee)

2142 N. 68
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/7/90. Date Frwd. 5/14/90. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5-14-90. Date Frwd. 5-14-90. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauma

3. City or County Engineer: Date Rec'd. 5/14/90. Date Frwd. 5/14/90. ACTION: Approved ☒ Disapproved ☐ Signature: Doug Pillard

REMARKS OR REASONS FOR DISAPPROVAL WILL SEAL LAGOON

Site Visits:
Date: 8/15/90 by: L.C.H. Need drawing, signs + gate
Date: 3-27-91 by: rm needgate Lock & Signs
Date: _____ by: _____

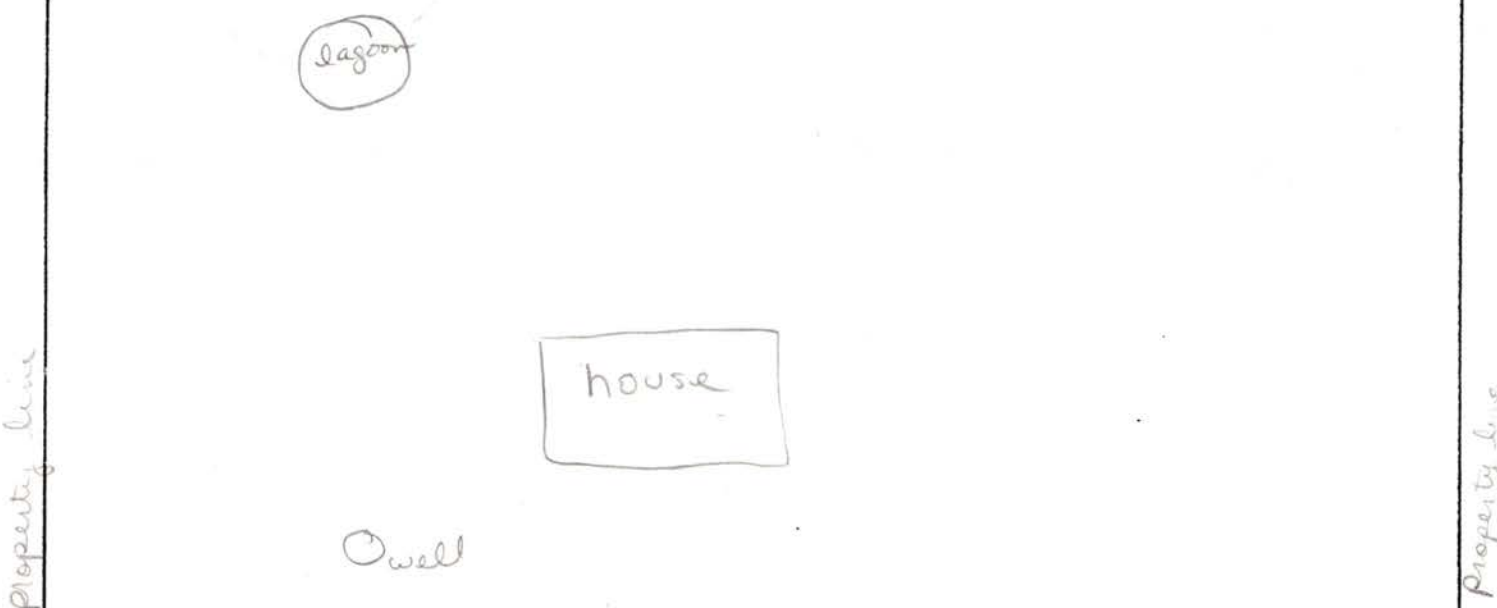
INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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 ☒	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