LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2832-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

WAVERLY PLUMBING & WELL CO., BOX 116, WAVERLY, NE 68462 — ISSUED TO / ADDRESS

T10N; R8E; Sec. 3; Lot 25 I.T. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MC	5-8-89	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. ———

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

FILE NO. 2832-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 5-5-89

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N ; Range 8E ; Section 3 ;
Block ____ ; Lot 25ZT ; Addition ____
Street Address N 148 ~~20th 25 50 3 10 8~~

2. Property Use: Residential X ☐; Commercial ____ ☐
No. Bedrooms 2
Describe ____
Other Use ☐
Describe ____

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

4. Description of proposed alteration, extension or repair: ADD 120' of concrete lateral

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Waverly Plumbing & Well Co
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	600.00

#12778

Mike Dietz
Signature of Applicant (owner or lessee)

Box 116 Waverly Neb 68462
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 5-5-89
Filing Fee: $ 30.00

2. Site Visits:
Date: 5-5-89 by: ____
Date: ____ by: ____
Date: ____ by: ____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5-5-89 by: Ron Maynard

5-5-89 Lot 25 SW- 3-10-8

W

Installed By Waverly Plumbing & well Box 116 Waverly Ncb 68462 786-5626

