RECEIVED AUG 3 0 1990

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)

900803003

FILE NO._____

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

DATE:_____

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 6 ;
Block_____; Lot 3 I.T. ; Addition_____
Street Address_____

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 3 Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: enlarge and designed to specification set by Lincoln-Lancaster County Health Department

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Hoy Construction
Contractor's Name

6. Estimated cost of project:

a. Materials	$	39 52
b. Labor	$	54 00
c. Other	$	250 00
TOTAL	$	343 52

Oscar Spellman
Signature of Applicant (owner or lessee)

4918 Crosshaven Dr
Address

(Do not write below this line) Lincoln Nebr 68516

REVIEWING ACTION

1. Date Rec'd:_____
Filing Fee: $ ~~150 00~~ NO FEE UNDER $1400.00

2. Site Visits:
Date: 8-15-90 by: jmy
Date: 9-4-90 by: jmy no fee
Date:_____ by:_____

3. Date: Approved ☒ ; Disapproved ☐
by: Jerrold E. Hoag
Provisional Compliance Letter

4. INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date:_____ by:_____