LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390041501

Issued 09/01/94
Expires 03/01/95
Revenue Code 18754

Establishment
KIM BATE
T10N R8E SEC 17
LOT 8

FEES: $50.00

TOTAL $50.00

Permittee
KIM BATE
11800 HOLDREGE ST
LINCOLN NE 68527

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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. _____

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

DATE: 9-2-94

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 17;
Block _____; Lot 8 Ltr; 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 ☐

4. Description of proposed alteration, extension or repair: New sewer line

5. Work to be done by: Owner ☐; or Contractor ☑, Finley
Contractor's Name

6. Estimated cost of project:

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

Kim & Nancy Bole
Signature of Applicant (owner or lessee)

11800 Holdrege
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 11-15-94 by: rm
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-16-94 by: Ron Mayfield

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

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Division of Environmental Health
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FILE NO. _____

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

DATE: 11-15-94

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1. Legal description of property: Twp. 10N ; Range 8E ; Section 17 SW¼ ;
Block _____; Lot _____; Addition _____
Street Address 120th & Holdredge

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

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

4. Description of proposed alteration, extension or repair: Abandon old tank & set new tank, add 100 ft of lateral to existing system.

5. Work to be done by: Owner ☐ ; or Contractor ☒ , Sintek Service, Wagner
Contractor's Name

6. Estimated cost of project: owner Kim + Nancy Bate

a. Materials	$	over $400
b. Labor	$	
c. Other	$	
TOTAL	$	

_____
Signature of Applicant (owner or lessee)

_____
Address

(Do not write below this line)

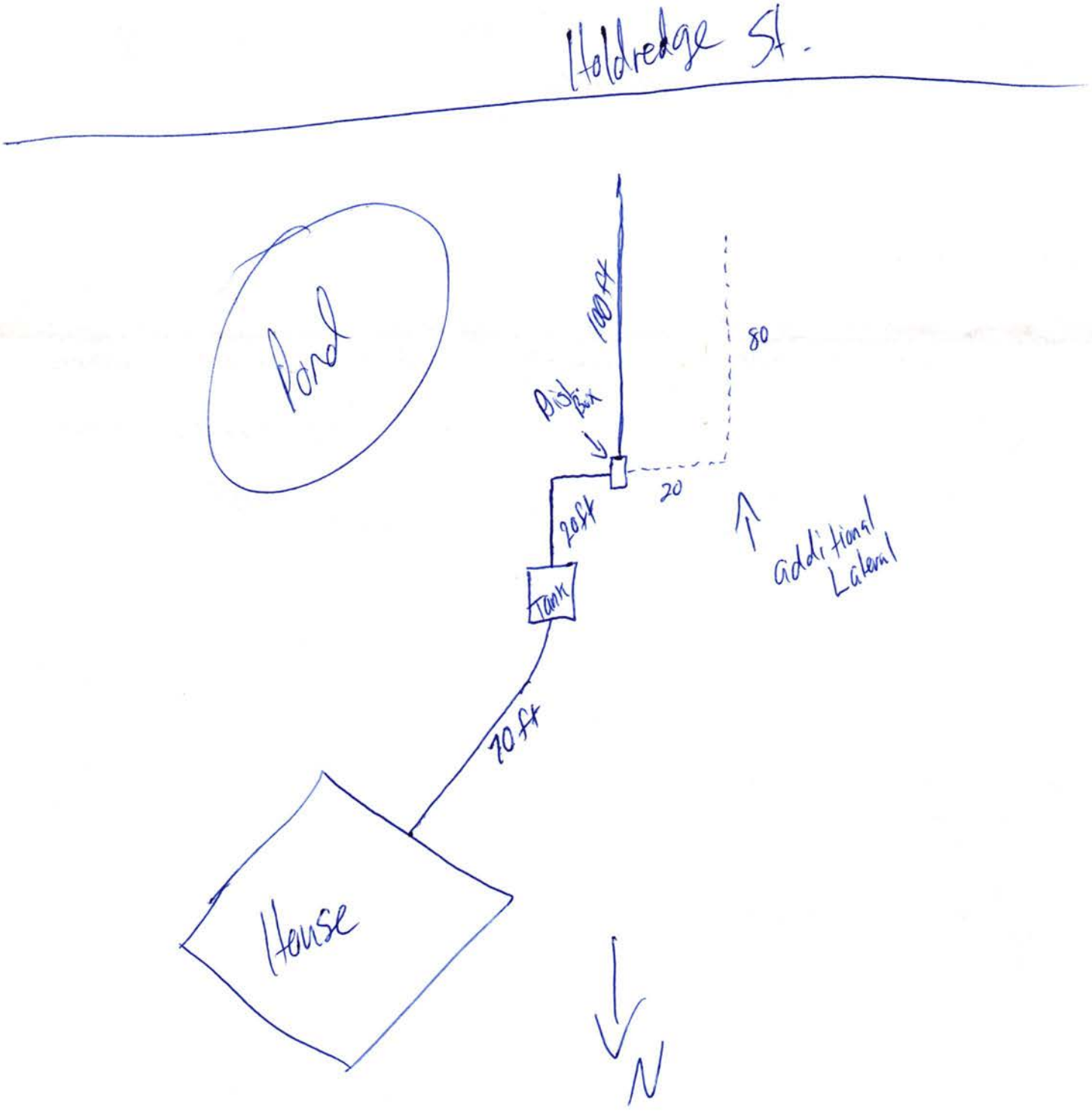
REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ _____

2. Site Visits:
Date: 11-15-94 by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☐ ; Disapproved ☐
by: _____

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


Holdredge St.
Pond
100 ft
80
Dist. Box
20
20 ft
additional Lateral
Tank
70 ft
House
N