LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE SYSTEM REPAIR

No. 90390021301

Issued 10/08/90
Expires 04/08/91

ESTABLISHMENT

TRUDY SCHOMER
T10N R8E SEC 18

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE

TRUDY SCHOMER
2000 N 112 ST
LINCOLN NE 68527

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
10/9/90	PAID

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

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

City Ordinance No. 9150 [X]
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. 90390213

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

DATE: Oct. 5, 1990

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], or REPAIR [X] 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 18
Block _____; Lot _____; Addition _____
Street Address _____

2. Property Use: Residential X [ ]; Commercial _____ [ ]
No. Bedrooms 3
Describe _____
Other Use [ ]
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank [X]; Other [ ]

4. Description of proposed alteration, extension or repair: Add 100 Ft X 6 Ft Perforated Pipe Lateral

5. Work to be done by: Owner [ ]; or Contractor [X], Big Clyde
Contractor's Name

6. Estimated cost of project:

a. Materials	$	>400 00
b. Labor	$	
c. Other	$	
TOTAL	$	

Trude Schomer
Signature of Applicant (owner or lessee)

2000 N. 112
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 10-5-90
Filing Fee: $ 150

2. Site Visits:
Date: 10-5-90 by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Ron Mayfield

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-5-90 by: Ron Mayfield

House
Door
Approx 80'
N
concrete
Tank
riser Just under grad
18"
100' of Fiberglass 4" Half-moon
New in Approx. 1983
Original Cultural
400' x 5' Concrete
Half-Moon
100' x 6' Perforated
10-5-90