# 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. 92380079801

Issued 02/14/92
Expires 08/14/92

ESTABLISHMENT

GERALD HOERLE
T11N R5E SEC 5
LOT 17, 18, 19, 20

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

GERALD HOERLE
1300 GARBER ST
LINCOLN NE 68521

Issued By COUNTY HEALTH

| VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE | |
|---|---|
| DATE | AMOUNT |
| 2/14/92 | PAID |

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

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: 2-14-92

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. 11N ; Range 5E ; Section 5 ; S.E. 5-11-5
   Block _____ : Lot 17, 18, 19, 20 Addition _____
   Street Address _____

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. Must be sealed.

Gerald Hood
Signature of Applicant (Owner or Lessee)

1300 Garber Lincoln Ne 68521
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 2/12/92. Date Frwd. 2/14/92. ACTION: Approved ☒ Disapproved ☐ Signature: Jerold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 2-14-92. Date Frwd. 2-18-92. ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauma

3. City or County Engineer: Date Rec'd. 02/14/92. Date Frwd. / /. ACTION: Approved ☒ Disapproved ☐ Signature: Thomas Wiesmann

REMARKS OR REASONS FOR DISAPPROVAL _____

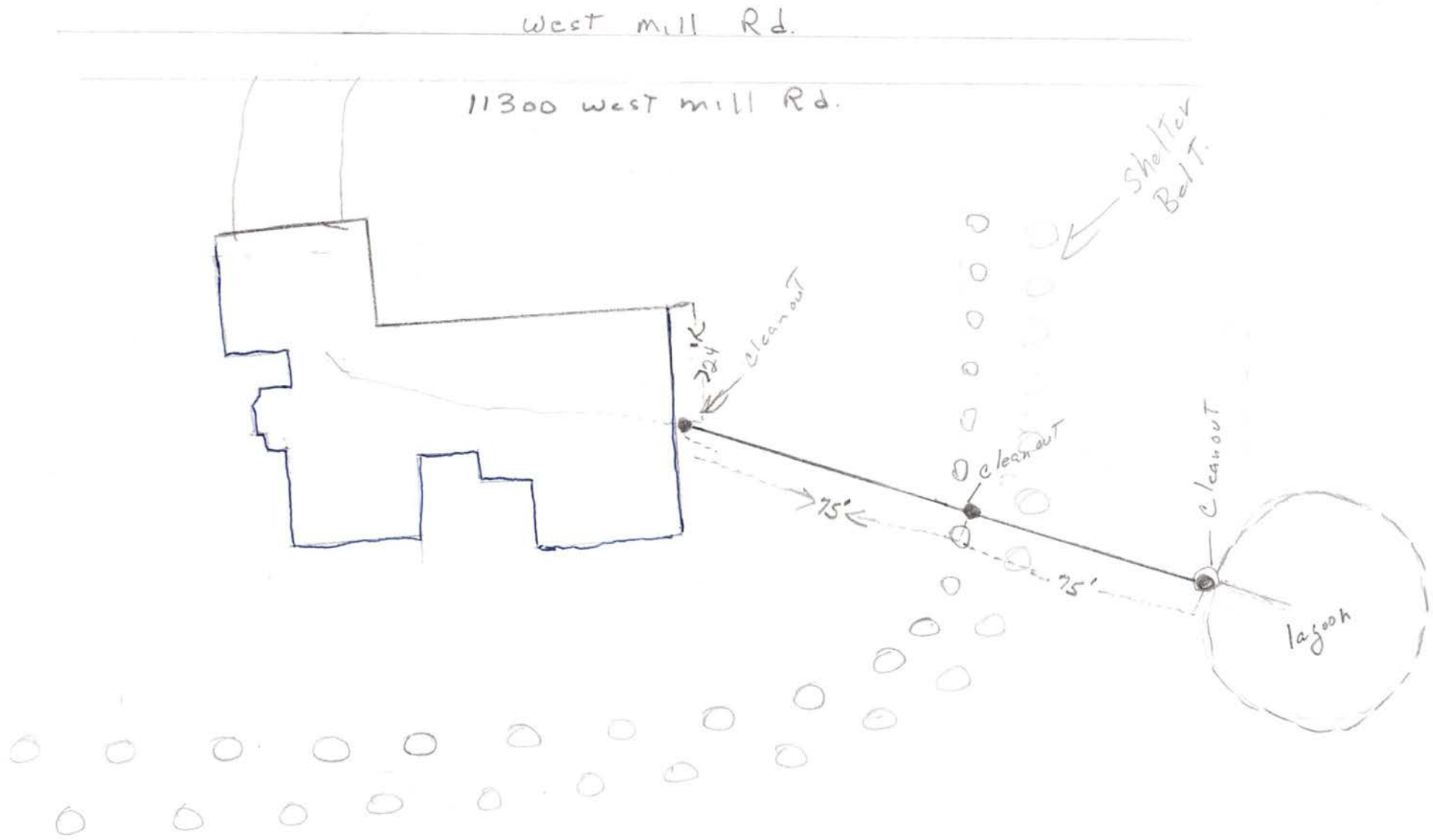
Site Visits:
Date: 4-3-92 by: rm (no fence)
Date: 4-23-98 by: rm fence up.
Date: _____ by: _____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-23-98 By: Ron Maynard

FORM 23-43

DEC 1 9 1997


West Mill Rd.
11300 West Mill Rd.
Shelter Belt
clean out
75'
75'
clean out
clean out
lagoon