HS000010

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☑ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 9 Range 7 1/4 ____ 1/4 ____ Section 28
   Block 3 Lot 5 Addition Countryview 1st
   Parcel ID 16-28-410-005-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 6341 Countryview Ct.

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe ____

3. **Type of Present Individual Disposal System** ☑ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** replace D.B. box and added more Lateral

5. **Work to be done by:** ☐ owner ☑ contractor's name Casement Trenching

6. **Estimated project:**
   a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   b. Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Michael Casement Address 106 Concord Ave Hickman Phone: (402) 792-8365

Applicant Signature (owner or lessee) Michael B Casement

Please include the permit fee ($160) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

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HEALTH DEPARTMENT USE ONLY

Date received 9/7/07 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Site visits
Date ___/___/___ By ____
Date ___/___/___ By ____
Date ___/___/___ By ____

Installation final written approval
Date 09/20/07 By [signature]

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only

Received: Date: 09/10/07 Amount 160.00 Check No. 1067 Initials [initials]

White - Division Copy Pink - Business Office Revised 9-06

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

System Type: STANDARD

No. HS000010

Situs: 6341 Country View

Permit Fee: $160.00

Legal Description:

Owner: SLATTERY, JAMES R & MARILYN
6341 COUNTRYVIEW CT
LINCOLN NE
68516

Total Fees: $160.00

Issued: 09/10/2007
Expires 09/09/2008

Bruce D. Dart, PhD, Health Director

Dear Water Well Permit Holder:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Bruce D. Dart, PhD
Health Director

SLATTERY, JAMES R & MARILYN
6341 COUNTRYVIEW CT
LINCOLN NE 68516