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

No. HS000030

System Type: STANDARD

Situs: 21100 S 68 ST RUR

Legal Description: T07N-R07E-S03-NW-Lot: 28

Owner: MENARD, JOHN PAUL & MARTHA ANN
21100 S 68 ST
HICKMAN NE
68372-9487

Permit Fee:	$170.00
Total Fees:	$170.00
Issued:	10/23/2007
Expires	10/22/2008

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

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

HEALTH DEPARTMENT

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000030

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 T7 Range R7 1/4 ____ 1/4 ____ Section 33
   Block ____ Lot 28 NW Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 21100 So 68th

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

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

4. **Description of proposed alteration, extension or repair** Repair

5. **Work to be done by:** ☐ owner ☒ contractor's name B. Southwick

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 John Menard Address 21100 So 68th Phone: 402-792-2170

Applicant Signature (owner or lessee) John Menard

Please include the permit fee ($170) 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 10/19/07 REVIEW: ☑ Approved ☐ Disapproved By: ____

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

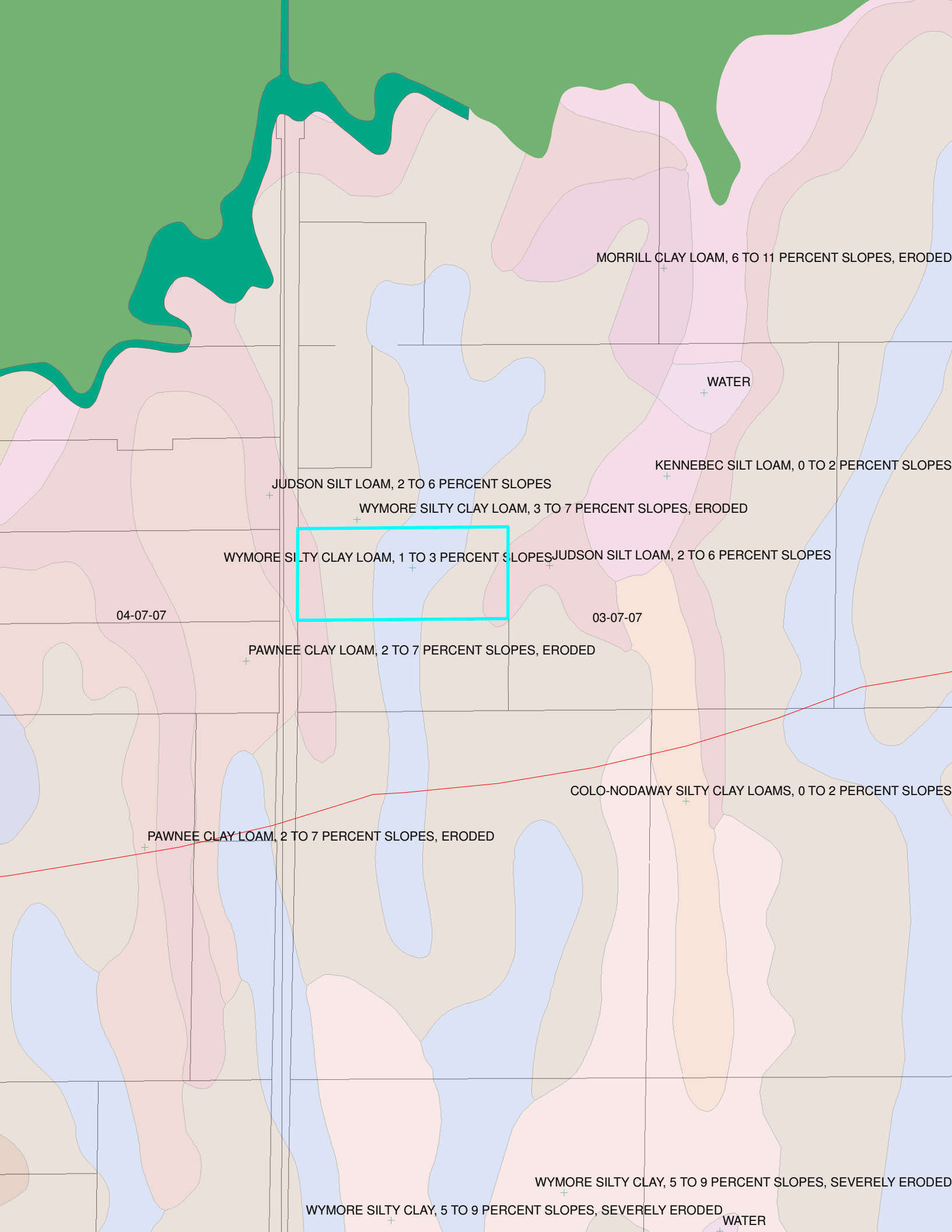
Installation final written approval
Date ____/____/____ By ____

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: 10/22/07 Amount 170.00 Check No. 3241 Initials ____

White - Division Copy Pink - Business Office Revised 9-07


MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
WATER
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
04-07-07
03-07-07
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WATER

SCANNED

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

❒ Municipal Code 24.38 ❒ County Resolution Number 02-30

HS000030

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Print Name John Wenard Address 21100 So 68th Phone: 402-792-2170

Applicant Signature (owner or lessee) John Wenard

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HEALTH DEPARTMENT USE ONLY

Date received 10/19/07 REVIEW: ☒ Approved ❒ Disapproved By: ____

Site visits
Date 11/16/07 By DS
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 11/10/07 By ____

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

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Received: Date: 10/22/07 Amount 170.00 Check No. 3241 Initials ____

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