HS000057

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

$170

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 12 Range 7 1/4 ____ 1/4 ____ Section 26
   Block ____ Lot 16 Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) 17400 N 84

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** Add Riser to tank and add 84 LF lateral

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

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.

X Print Name CARLYLE FITEKE Address 17400 N. 84 68517 Phone: 785-501

Applicant Signature (owner or lessee) Carlyle Fiteke

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 ____/____/____ REVIEW: ☑ Approved ☐ Disapproved By: [signature]

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

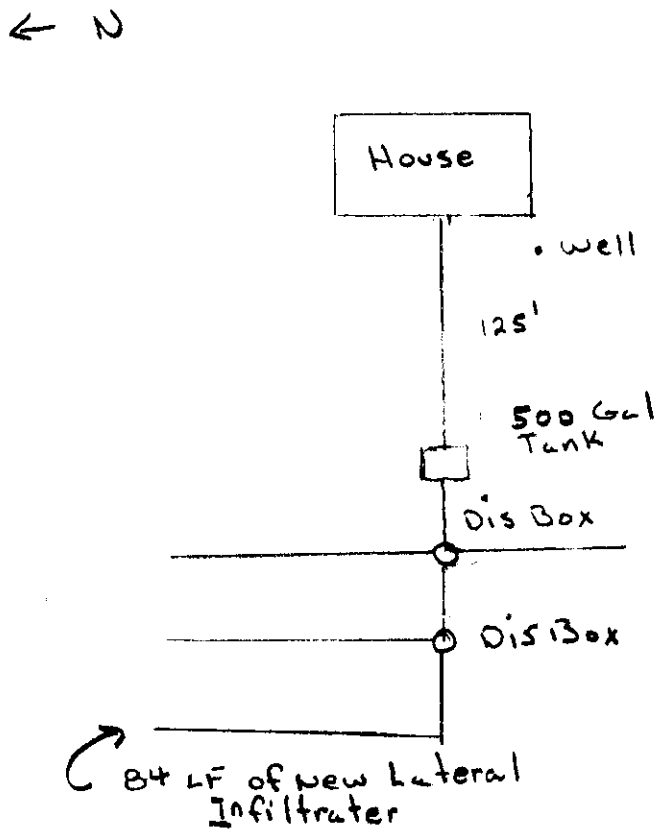
Installation final written approval
Date 1/13/08 By Roy Lowe

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: 12/31/07 Amount 170.00 Check No. 7463 Initials SM

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


N
House
well
125'
500 Gal
Tank
Dis Box
Dis Box
84 LF of new Lateral
Infiltrater

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. HS000057

System Type: STANDARD

Situs: 17400 N 84 ST RUR

Legal Description: T12N-R07E-S26-Lot: 16

Owner: FITZKE, CARLYLE G & CAROLYN K
17400 N 84 ST
LINCOLN NE
68517

Permit Fee: $170.00

Total Fees: $170.00

Issued: 01/02/2008
Expires 01/01/2009

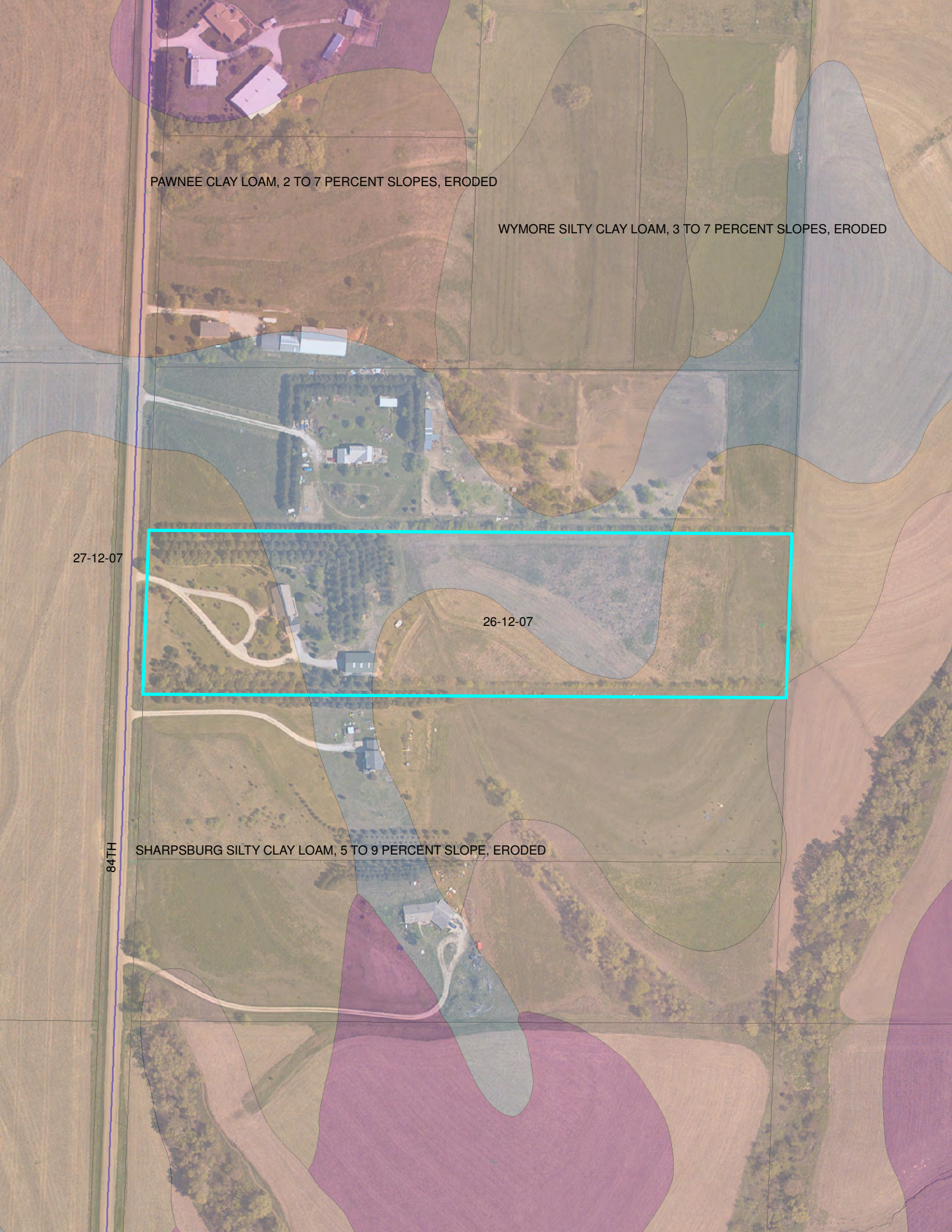
Bruce D. Dart, PhD, Health Director

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

FITZKE, CARLYLE G & CAROLYN K
17400 N 84 ST
LINCOLN NE 68517


PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
27-12-07
26-12-07
84TH
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED