**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. HS000179**

| | |
|---|---|
| **System Type:** | STANDARD |
| **Situs:** | 9100 S 66 ST RUR |
| **Legal Description:** | T09N-R07E-S28-6-Lot 3 |
| **Owner:** | SPAULDING, JAMES DALE & PATRIC<br>9100 S 66 ST<br>LINCOLN NE<br>68516 |

| | |
|---|---|
| Permit Fee: | $175.00 |
| Total Fees: | $175.00 |
| Issued: | 10/20/2008 |
| Expires | 10/20/2009 |

Bruce D. Dart, PhD, Health Director

Dear Applicant:

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

MATT TAYLOR
2610 S 11TH ST
LINCOLN NE 68502

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

SCANNED

❒ Municipal Code 24.38 ❒ County Resolution Number 02-30

HS000179

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:** Sub Division Yankee Ridge
   Township____ Range____ 1/4____ 1/4____ Section____
   Block 6 Lot 3 Addition____
   Parcel ID____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 9100 South 66th Street

2. **Property use:** ☑ residential ❒ commercial ❒ other use
   Number of bedrooms 4 Describe No Hot Tub

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

4. **Description of proposed alteration, extension or repair** Add Distribution Box Jet out Laterals

5. **Work to be done by:** ❒ owner ☑ contractor's name Matt Taylor (Taylor's)

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 Matt Taylor Address 2610 South 11th Phone: 402 474 5213 24 hrs, 402 450-6599 cell

Applicant Signature (owner or lessee)____

**Please include the permit fee ($175) 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 10/20/08 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: 10/20/08 Amount 175.00 Check No. 4484 Initials ____

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

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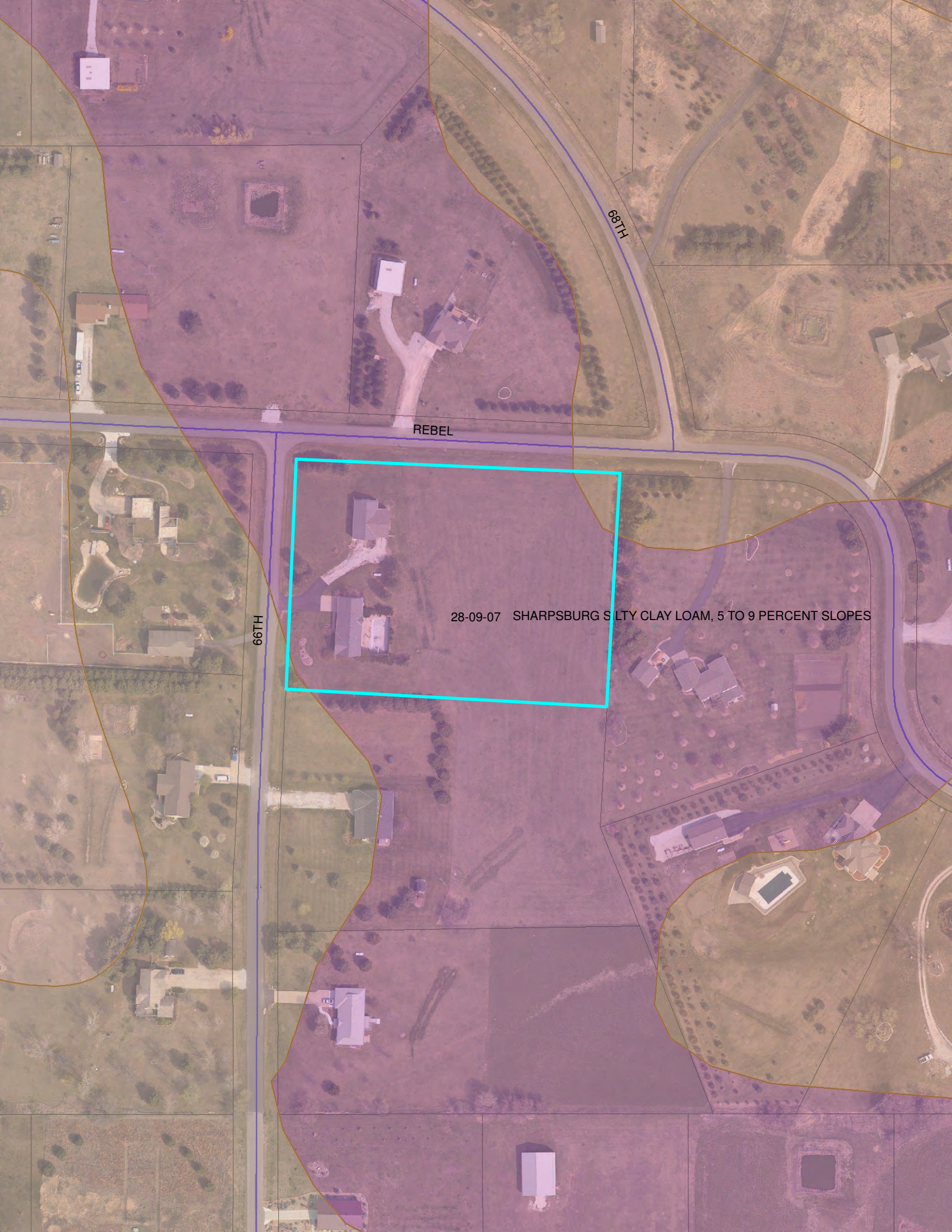
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White - Division Copy Pink - Business Office Revised 9-07


68TH
REBEL
66TH
28-09-07 SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES