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. HS000185

System Type: LAGOON

Situs: 9800 W ADAMS ST RUR

Legal Description: T10N-R05E-S09-Lot 11

Owner: KARNOPP, DONALD RAY & JUDY KAY
9800 W ADAMS ST
LINCOLN NE
68524

Permit Fee:	$0.00
Total Fees:	$175.00
Issued:	11/06/2008
Expires	11/06/2009

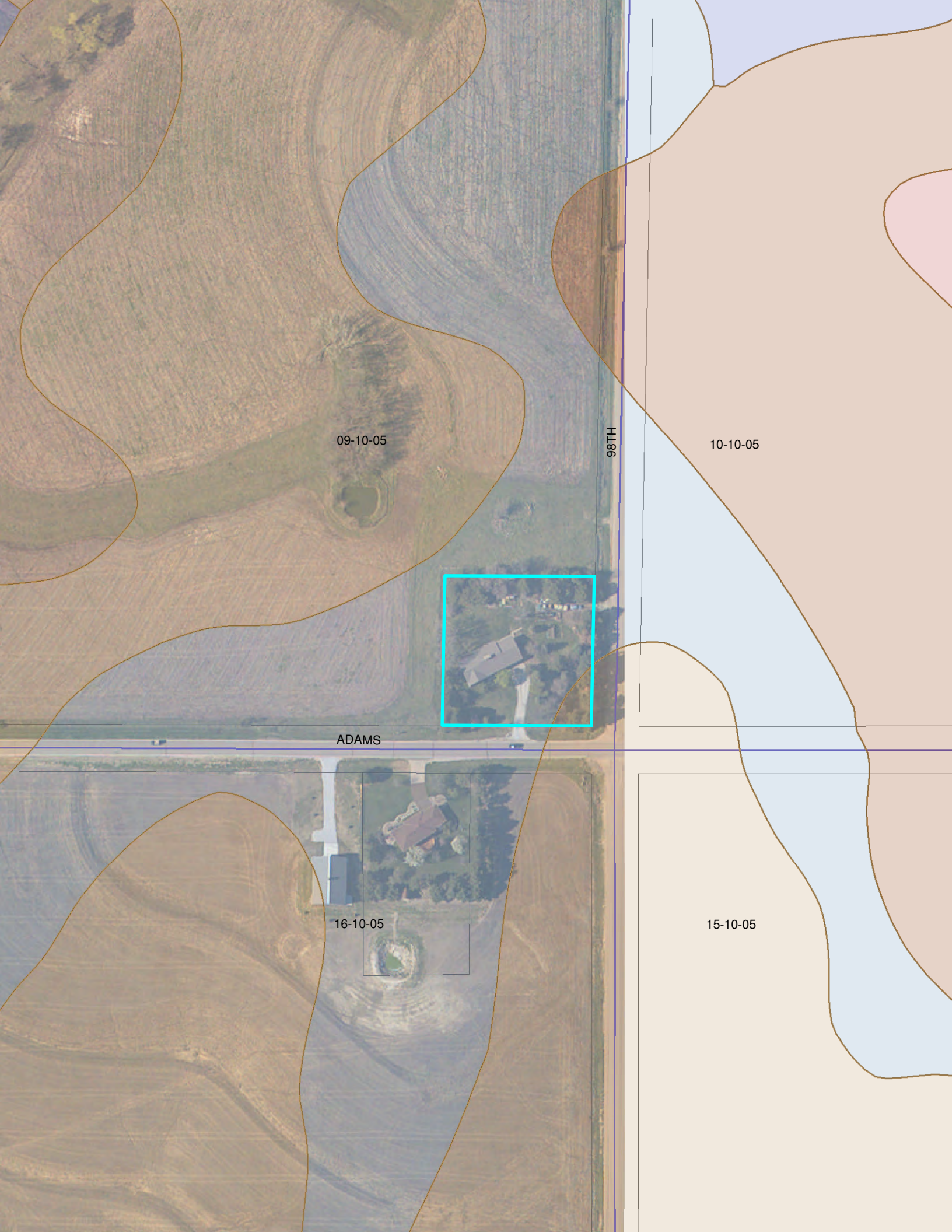
Bruce D. Dart, PhD, Health Director

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428


09-10-05
98TH
10-10-05
ADAMS
16-10-05
15-10-05

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000185

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 10 Range 5 1/4 SE 1/4 _____ Section 9
   Block _____ Lot 11 Addition _____
   Parcel ID 04-09-400-004-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 9800 W Adams St Lincoln. NE 68524

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

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

4. **Description of proposed alteration, extension or repair** run 300' of new line to lagoon

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakowbek, Raymond Contracting, Inc

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 Donald Karnopp Address 9800 W Adams St Phone: 402-470-3581

Applicant Signature (owner or lessee) _____

Please include the permit fee (~~$160~~ $75) 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 11/5/08 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: ____/____/____ Amount _____ Check No. _____ Initials _____

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

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

H5000185

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:**
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   Block _____ Lot 11 Addition _____
   Parcel ID 04 - 09 - 400 - 004 - 000 (i.e. 99-99-999-999-999)
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   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 Donald Katnopp Address 9800 W Adams St Phone: 402-470-3581

Applicant Signature (owner or lessee) _____

Please include the permit fee (~~$160~~ $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 11 / 5 / 08 REVIEW: ☑ Approved ☐ Disapproved By: _____

Site visits
Date 11 / 5 / 08 By Need to remove trees before final inspection
Date ___ / ___ / ___ By _____
Date ___ / ___ / ___ By _____

COMPLETED

Installation final written approval
Date 5 / 5 / 09 By _____

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

Inspect May 15

SCANNED

Business Office Use Only

Received: Date: 11 / 6 / 08 Amount 175.00 Check No. 6895 Initials MF

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