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. HS000242

System Type:	STANDARD
Situs:	6700 REBEL DR L
Legal Description:	T09N-R07E-S28-1-Lot 1
Owner:	WURTZ, RICHARD P & SARAH R 6700 REBEL DR LINCOLN NE 68516

Permit Fee:	$175.00
Total Fees:	$175.00
Issued:	06/29/2009
Expires	06/29/2010

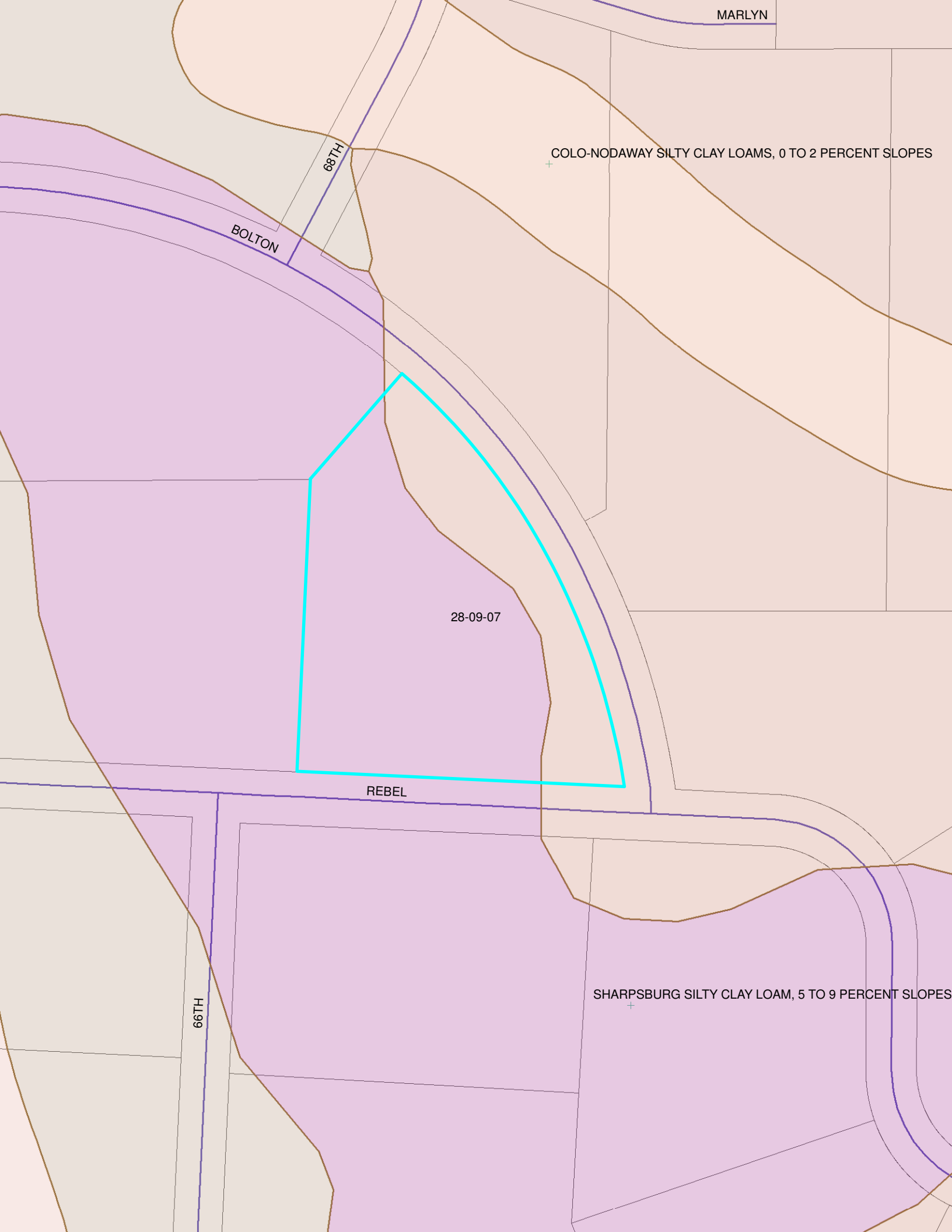
Bruce D. Dart, PhD, Health Director

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

BRAD SOUTHWICK
PO BOX 191
HICKMAN NE 68372


MARLYN
68TH
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
BOLTON
28-09-07
REBEL
66TH
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000242

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 9N Range 7E 1/4 ____ 1/4 ____ Section 28
   Block ____ Lot ____ Addition Yankee Ridge
   Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 6700 Rebel Dr. Lincoln 68516

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe ____

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

4. **Description of proposed alteration, extension or repair** Add 100' Infiltrator Quick 4 Lateral to System
   Southwick Sewer & Drain

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad 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 Richard Wurtz Address 6700 Rebel Dr. Phone: 525-2037

Applicant Signature (owner or lessee) ____

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 6/27/07 REVIEW: ☑ Approved ☐ Disapproved By: ____

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

Installation final written approval
Date 6/29/07 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