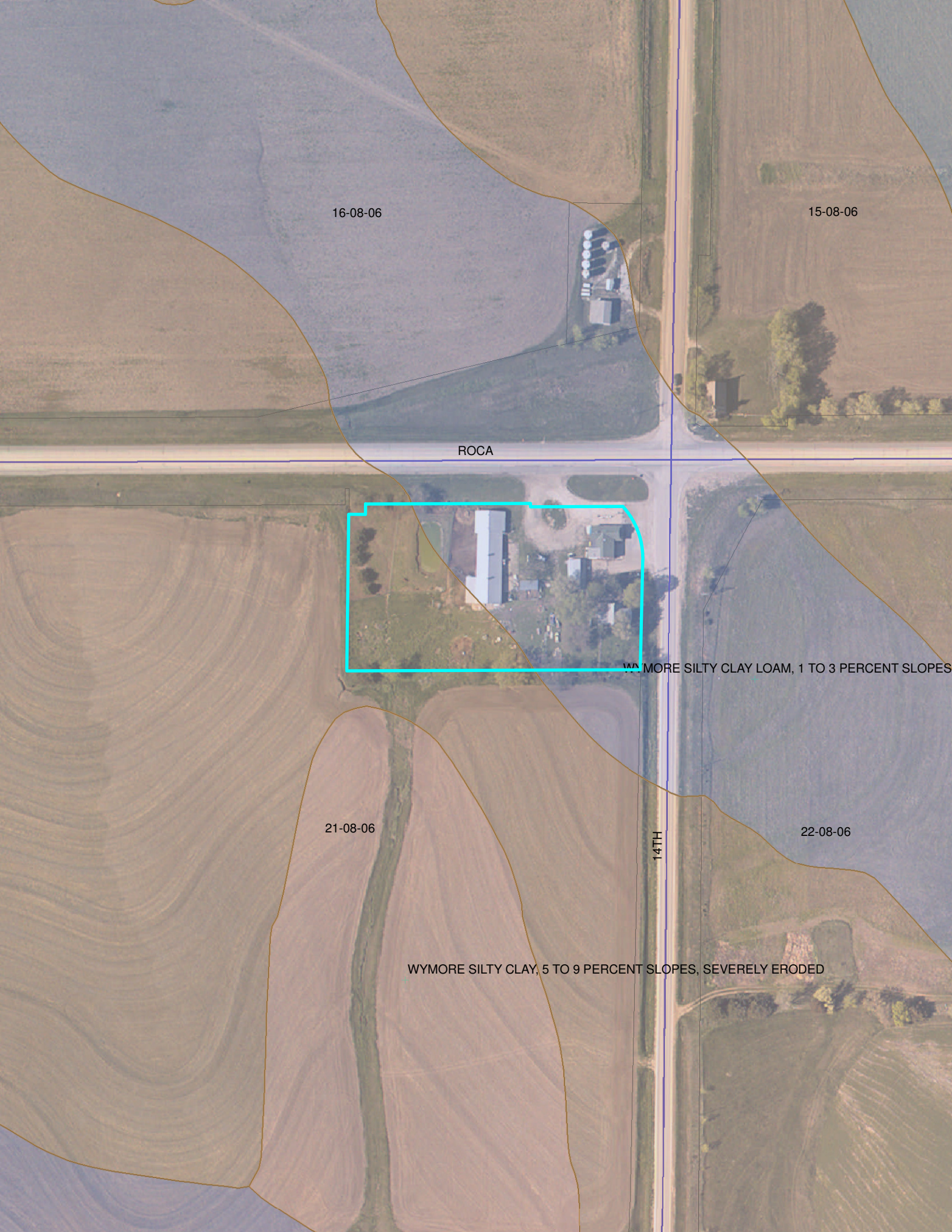

16-08-06
15-08-06
ROCA
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
21-08-06
14TH
22-08-06
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED

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

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

HS000283

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 8 N Range 6E 1/4 NE of 1/4 NE Section 21
   Block _____ Lot 33 Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) _____

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** Extend Sewer line from house to Sewage Lagoon (existing)

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

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 Dave Hausinkvelt Address 16001 SW 14 Martell Ne 1405 W Roca Rd Phone: _____

Applicant Signature (owner or lessee) _____

Please include the permit fee ($170) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: _____

Site visits
Date 7/24/09 By DS
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 _____

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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. HS000253

System Type:	LAGOON
Situs:	No Situs
Legal Description:	T08N-R06E-S21-Lot 33
Owner:	HEUSEY INC SPRAGUE NE 68438

Permit Fee:	$175.00
Total Fees:	$175.00
Issued:	07/24/2009
Expires	07/24/2010

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

SOUTHWICK SERVICES
PO BOX 191
HICKMAN NE 68372

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

SCANNED

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

HS000283

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 8 N Range 6E 1/4 NE of 1/4 NE Section 21
   Block _____ Lot 33 Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) _____

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** Extend Sewer line from house 14th Sewage Lagoon (existing)

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

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 Dave Hausinkvelt Address 16001 SW 14 Martell Ne 1405 W Roca Rd Phone: _____

Applicant Signature (owner or lessee) _____

Please include the permit fee ($170) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: _____

Site visits
Date 7/24/09 By DS
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: 7/24/09 Amount 175.00 Check No. 1251 Initials AKV

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

☐ Municipal Code 24.38 ☒ County Resolution Number 02-30

HS000283

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 8 N Range 6E 1/4 NE of 1/4 NE Section 21
   Block _____ Lot 33 Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) _____

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** Extend Sewerline from house into Sewage Lagoon (existing)

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

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 Dave Hausenkvelt Address 16001 SW 14 Martell Ne 1405 W Roca Rd. Phone: _____

Applicant Signature (owner or lessee) _____

Please include the permit fee ($170) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 7/24/09 REVIEW: ☒ Approved ☐ Disapproved By: DS

Site visits
Date 7/24/09 By DS
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 7/26/10 By Doug Rivers

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 9-07