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

System Type: STANDARD

No. HS000268

Situs: 1050 SALTILLO RD

Permit Fee: $175.00

Legal Description: T09N-R06E-S35

Owner: SESOSTRIS TEMPLE HOLDING CORPO
1050 SALTILLO RD
ROCA NE
68430

Total Fees: $175.00

Issued: 08/25/2009
Expires 08/27/2010

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

VOGT EXCAVATING
PO BOX 22753
LINCOLN NE 68542

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000268

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____ Range____ 1/4____ 1/4____ Section ____
   Block____ Lot____ Addition____
   Parcel ID 09-35-400-030-008 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 1050 Saltillo Rd

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** Septic tank Replaced

5. **Work to be done by:** ☐ owner ☒ contractor's name Vogt T&T Excavating

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 Vogt Address P.O. Box 22753 Phone: 402-477-2227

Applicant Signature (owner or lessee) Dave Vogt

Please contact LLCHD for the permit fee for 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 8/24/09 REVIEW: ☑ Approved ☐ Disapproved By:

Site visits
Date __/__/__ By____
Date __/__/__ By____
Date __/__/__ By____

Installation final written approval
Date 8/25/09 By

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date:__/__/__ Amount____ Check No. ____ Initials____

Revised 2-09

SCANNED

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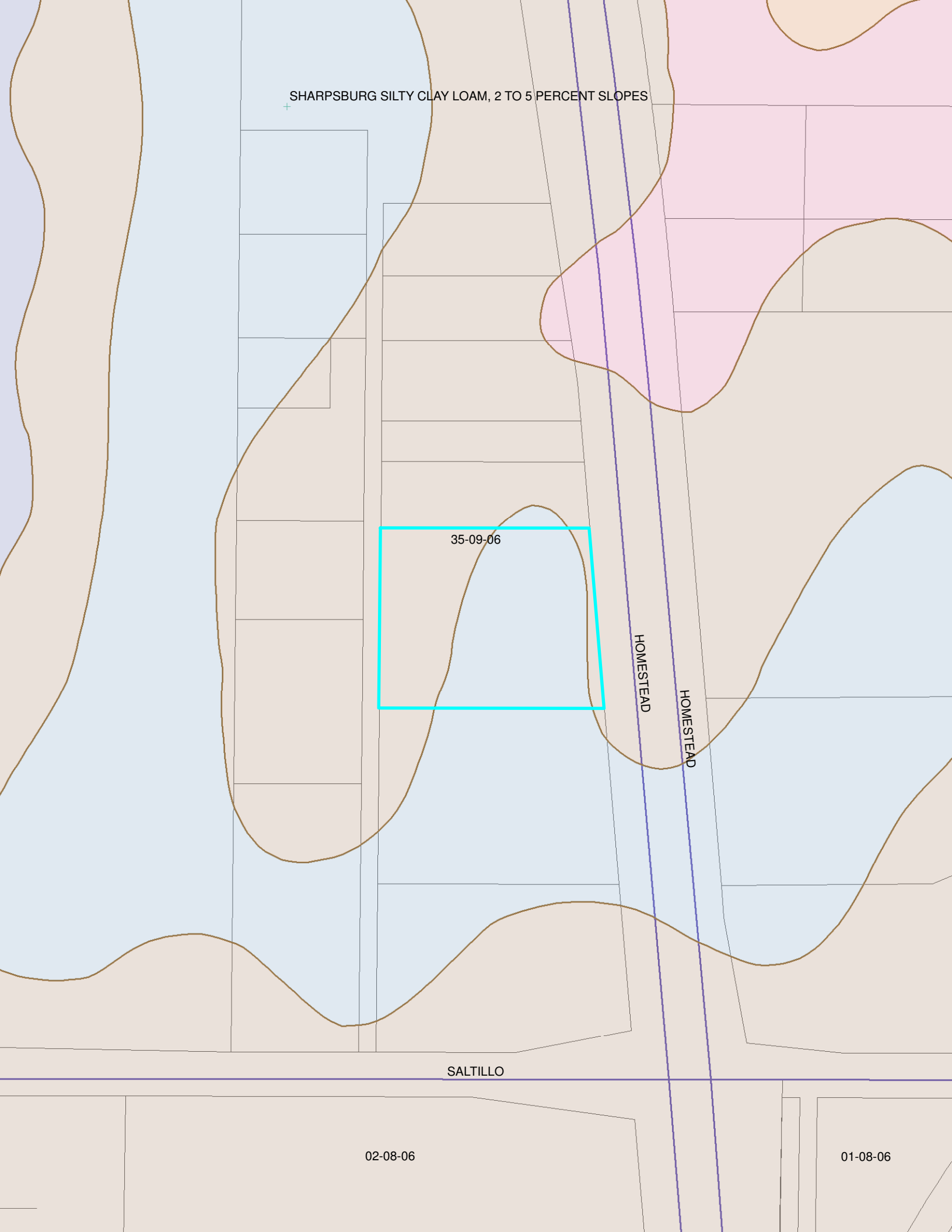
SCANNED

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Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 8/25/09 Amount $175.00 Check No. 5577 Initials BD all

Revised 3.09


SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
35-09-06
HOMESTEAD
HOMESTEAD
SALTILLO
02-08-06
01-08-06