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. HS000269

System Type:	STANDARD
Situs:	2201 W CLAIRE AVE
Legal Description:	T09N-R06E-S09-Lot 29
Owner:	MEYERS, DAVID L & BONNIE K 2201 W CLAIRE AVE LINCOLN NE 68523

Permit Fee:	$175.00
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

GAGNER CONST
4810 W CLAIRE AVE
LINCOLN NE 68523-9324

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000269

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 6 1/4 ____ 1/4 ____ Section 9
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 2201 "W" CLAIRE AVE LINCOLN NE 68523
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** ADD 100FT INFILTRATORS LATRAL
5. **Work to be done by:** ☐ owner ☐ contractor's name EGGNER CONST.
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 DAVID L MEYERS Address 2201 W. CLAIRE LINCOLN NE Phone: 421-2787

Applicant Signature (owner or lessee) David L Meyers

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 9/21/09 REVIEW: ☑ Approved ☐ Disapproved By: JN

Site visits
Date 9/21/09 By JN
Date ____/____/____ By ____
Date ____/____/____ By ____

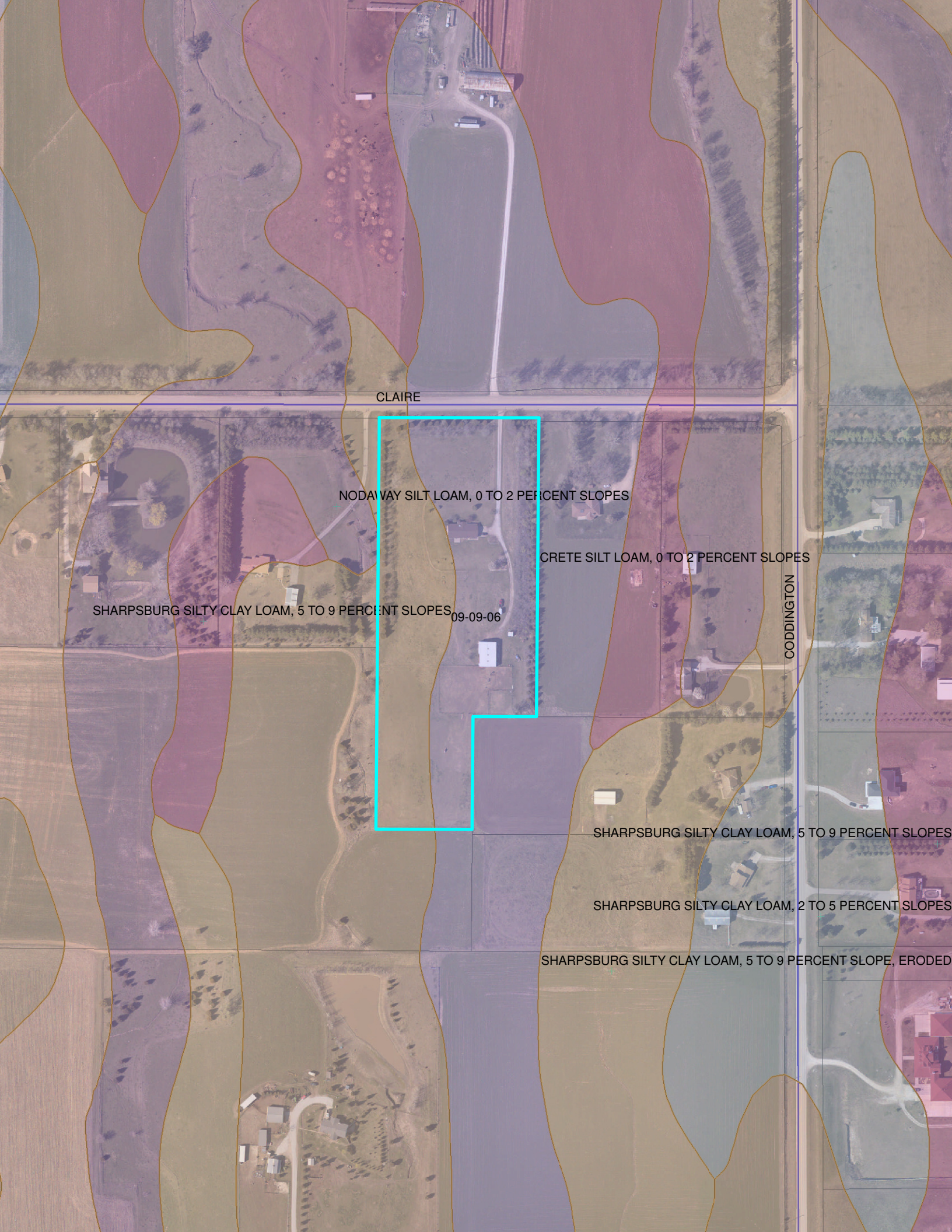
Installation final written approval
Date 9/21/09 By JN

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 3-09


CLAIRE
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
CRETE SILT LOAM, 0 TO 2 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
09-09-06
CODDINGTON
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED

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

SCANNED

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000269

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.

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   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 2201 "W" CLAIRE AVE LINCOLN NE 68523

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** Add 100ft INFILTRATORS LATRAL

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Print Name DAVID LMEYERS Address 2201 W. CLAIRE LINCOLN NE Phone: 421-2787

Applicant Signature (owner or lessee) David L Meyers

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HEALTH DEPARTMENT USE ONLY

Date received 9/21/09 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Site visits
Date 9/21/09 By JN
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 9/21/09 By [signature]

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: 8/25/09 Amount 175.00 Check No. 6281 Initials BHall

Revised 3-09