**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. HS000354**

**System Type:** STANDARD

**Situs:** 1900 W FOOTHILLS RD

**Legal Description:** T09N-R06E-S21-6-Lot 5

**Owner:** FULTZ, MICHAEL D
1900 W FOOTHILLS RD
LINCOLN NE
68522

| | |
|---|---|
| Permit Fee: | $180.00 |
| Total Fees: | $180.00 |
| Issued: | 05/05/2010 |
| Expires | 05/05/2011 |

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

LLCHD HS000354

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000354

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 9 Range 6E 1/4 ____ 1/4 ____ Section 21
   Block ____ Lot 5 Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 1900 "W" Foothills Rd. Lincoln 68523

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe ____

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

4. **Description of proposed alteration, extension or repair** New TANK 200 FOOT INFILTRATORS IN MASONARY SAND.

5. **Work to be done by:** ☐ owner ☒ contractor's name Gagner 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 Michael Fultz Address 1900 W. Foothills Rd Phone: 423-1678

Applicant Signature (owner or lessee) ____

**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

**HEALTH DEPARTMENT USE ONLY**

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

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

**Installation final written approval**
Date 5/5/2010 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 3-09

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

SCANNED

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000384

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 9 Range 6E 1/4 1/4 Section 21
   Block Lot 5 Addition
   Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 1900 "W" Foothills Rd. Lincoln 68523

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe

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

4. **Description of proposed alteration, extension or repair** New TANK 200 FOOT INFILTRATORS IN MASONARY SAND.

5. **Work to be done by:** ☐ owner ☒ contractor's name Gagner 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 Michael Fultz Address 1900 W. Foothills Rd Phone: 423-1678

Applicant Signature (owner or lessee)

**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

**HEALTH DEPARTMENT USE ONLY**

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

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

**Installation final written approval**
Date 5/5/2010 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: 5/5/10 Amount 180.00 Check No. 6536 Initials BM

Revised 3-09


DUNRAVEN
18TH
21-09-06
WOODBERRY
FOOTHILLS
22ND
28-09-06