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. HS000361

System Type: STANDARD

Situs: 12101 S 54 ST

Legal Description: T08N-R07E-S05-Lot 1

Owner: OPERATION OUTREACH INC
12101 S 54 ST
ROCA NE
68430

Permit Fee:	$180.00
Total Fees:	$180.00
Issued:	06/02/2010
Expires	06/03/2011

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

SOUTHWICK SERVICES
PO BOX 191
HICKMAN NE 68372


WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
05-08-07
54TH
04-08-07

LLCHD HS000361

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000361

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 Range 7 1/4 _____ 1/4 _____ Section 5
   Block _____ Lot 1 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 3 Describe _____

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

4. **Description of proposed alteration, extension or repair** add 100' Infiltrator + remove 100' of ref pipe (install incorrectly not table to use)

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

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 Clyde White Address 12101 554 Roca Phone: 328-2499

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 6/2/10 REVIEW: ☒ Approved ☐ Disapproved By _____

Site visits
Date ____/____/____ By _____
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: 441-8643

X Red's in Original file

Business Office Use Only

Received: Date: ____/____/____ Amount _____ Check No. _____ Initials _____

Revised 3-09

6-2-2010 15:11: 8