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. HS000388

System Type: LAGOON

Situs: 11800 W MCKELVIE RD

Legal Description: T11N-R05E-S20-Lot 1

Owner: ROST, MICHAEL A
11800 W MCKELVIE RD
LINCOLN NE
68402

Permit Fee: $180.00

Total Fees: $180.00

Issued: 08/11/2010
Expires 08/13/2011

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

LLOYD JAKOUBEK
13800 NW 70TH
RAYMOND NE 68428

LLCHD HS000388

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

SCANNED

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000388

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 11 Range 5 1/4 SE 1/4 ____ Section 20
   Block ____ Lot 1 Addition Burlington Heights
   Parcel ID 05-20-400-004-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 11000 W Mckinley

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** Building new lagoon. Will use small pump from existing lagoon.

5. **Work to be done by:** ☐ owner ☒ contractor's name Wyatt Schmidt Improved Outcomes

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 Mike Rost Address Same Phone: 402 525-0334

Applicant Signature (owner or lessee) Wyatt Schmidt for Mike Rost

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 8/9/10 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Site visits
Date 8/6/10 By [signature]
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

Business Office Use Only

Received: Date: 8/11/10 Amount 180.00 Check No. 7411 Initials DL

Revised 3-09

8-11-2010 10:57:40

LLCHD HS000388

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000388

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 11 Range 5 1/4 SE 1/4 _____ Section 20
   Block _____ Lot 1 Addition Burbank Heights
   Parcel ID 00-20-400-004-000 (i.e. 99-99-999-999-999)

   Street Address (no rural route) 11000 W McKinley

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** Building new lagoon
   Using the same line of existing sewer

5. **Work to be done by:** ☐ owner ☒ contractor's name Hoyt Sprecher Pumping Contractors

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 Mike Rost Address Same Phone: 402 525-0334

Applicant Signature (owner or lessee) Hoyt Sprecher for Mike Rost

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 8/9/10 REVIEW: ☒ Approved ☐ Disapproved By: _____

Site visits
Date 8/6/10 By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ By _____

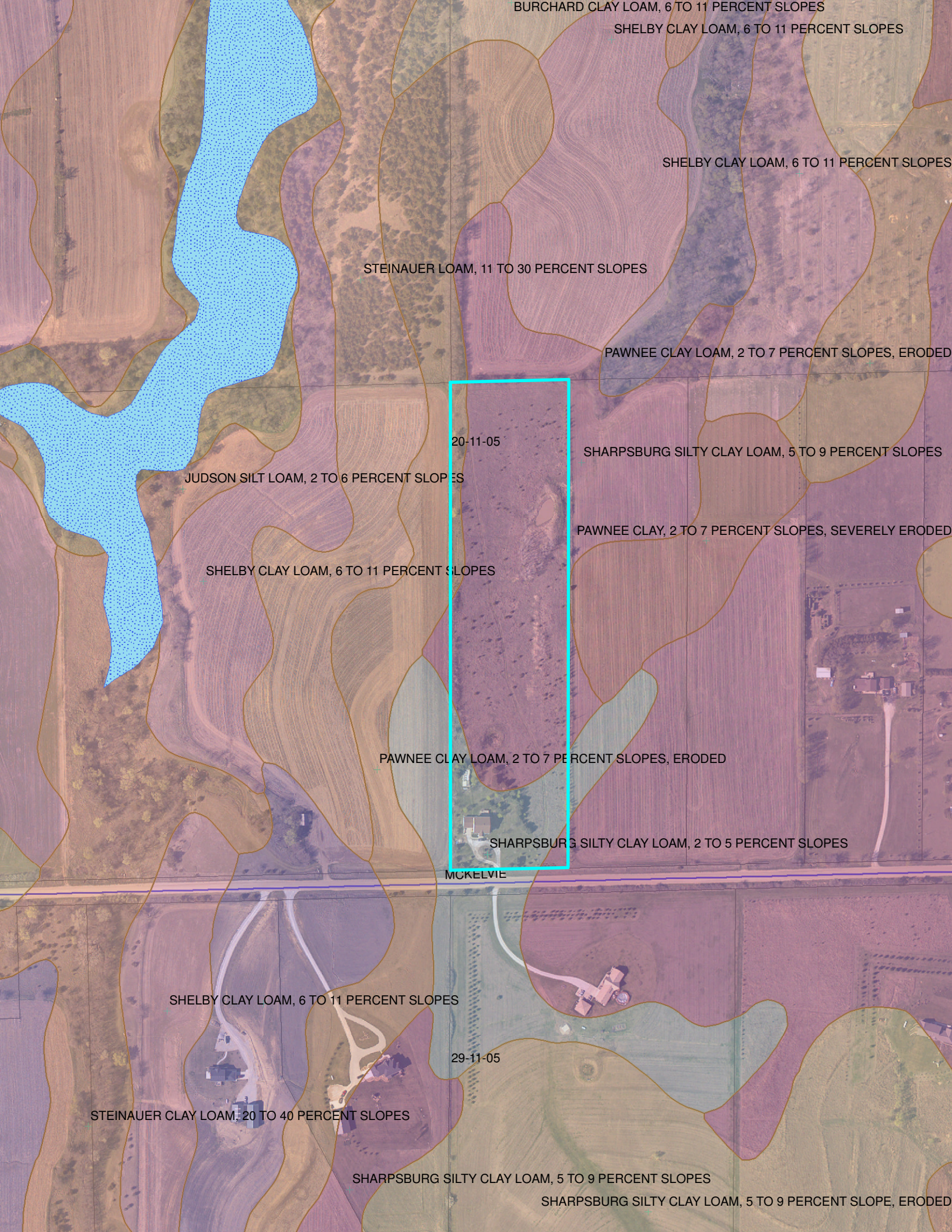
Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

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

Revised 3-09

8-9-2010 14:59:46


BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
20-11-05
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES
MCKELVIE
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
29-11-05
STEINAUER CLAY LOAM, 20 TO 40 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED