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. HS000403

System Type: STANDARD

Situs: 5400 AARON CIR

Legal Description: T09N-R07E-S29-2-Lot 4

Owner: MCLAIN, RONALD B & TRACEY L
5400 AARON CIR
LINCOLN NE
68516

Permit Fee: $180.00

Total Fees: $180.00

Issued: 09/10/2010
Expires 09/10/2011

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 SEWER
PO BOX 191
HICKMAN NE 68372

LLCHD HS000403

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000403

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 7E 1/4 ____ 1/4 ____ Section 29
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 5400 Aaron Cir. Lincoln Ne. 68516

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe ____

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

4. **Description of proposed alteration, extension or repair** Replace Septic Tank
   Add 100' of Infiltrator Quick 4 Lateral

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad Southwick Southwick Sewer + Drain

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 Ron McClain Address 5400 Aaron Cir. Phone: 450-5922

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 9/9/10 REVIEW: ☒ Approved ☐ Disapproved By: ____

Site visits
Date ____/____/____ By____
Date ____/____/____ By____
Date ____/____/____ By____

Installation final written approval
Date 11/4/10 By ____

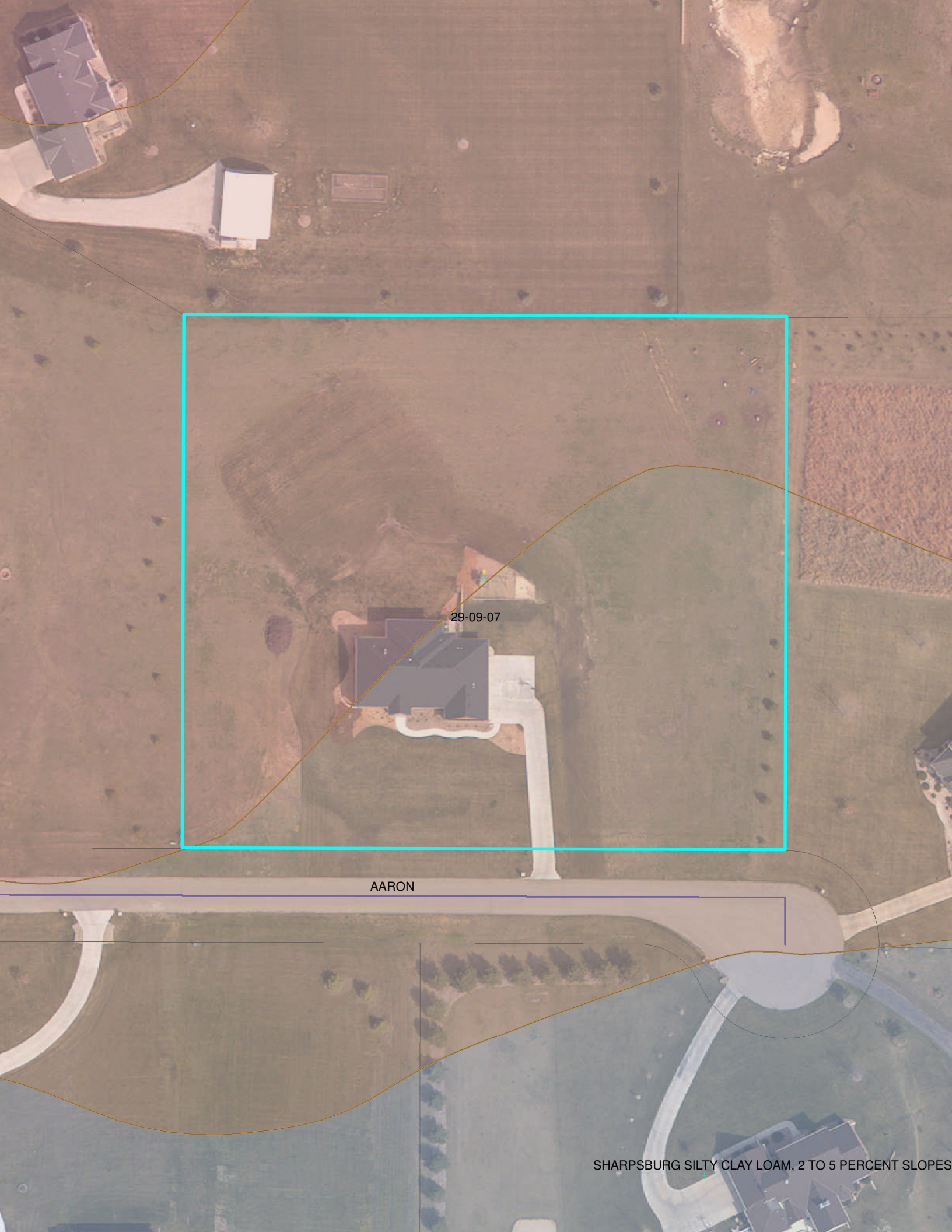
Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 9/10/10 Amount 180- Check No. 1295 Initials BH

Revised 3-09

9-10-2010 15:59:49


29-09-07
AARON
SHARPSBURG SILTY CLAY LOAM, 2 TO 5 PERCENT SLOPES

LLCHD HS000403

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HEALTH DEPARTMENT USE ONLY

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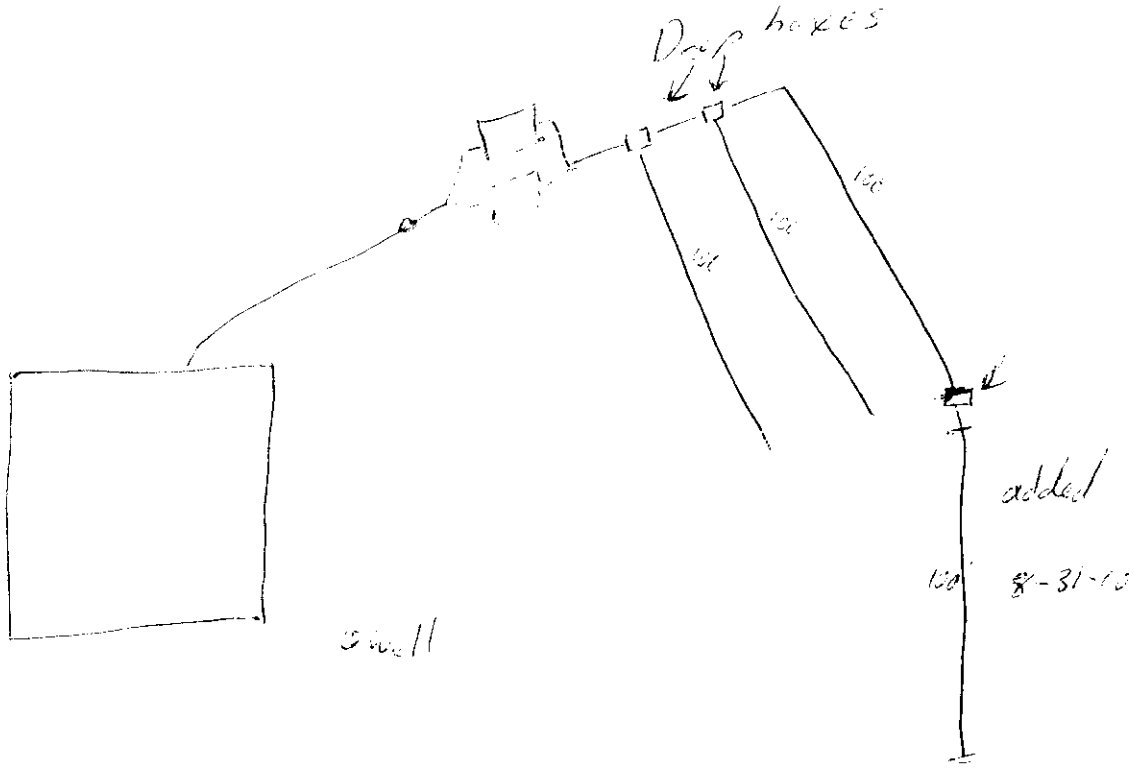
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Business Office Use Only

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

Revised 3-09

9-9-2010 14:23:49


Drip boxes
added
8-31-10