LLCHD HS000411

SEP 21 2010

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

HS000411

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

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 8E 1/4 ____ 1/4 ____ Section 20
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____-____ (i.e. 99-99-999-999-999) 5.34 acres
   Street Address (no rural route) 12857 Pine Lake Rd Walton 68461

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** extend laterals w/ (2) 50 Infiltrator chambers

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad Southwick Southwick Sewer & Drain #1178 #145

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 Richard Newberg Address 12857 Pine Lake Phone: ____

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 9/29/10 REVIEW: ☑ Approved ☐ Disapproved By: ____

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

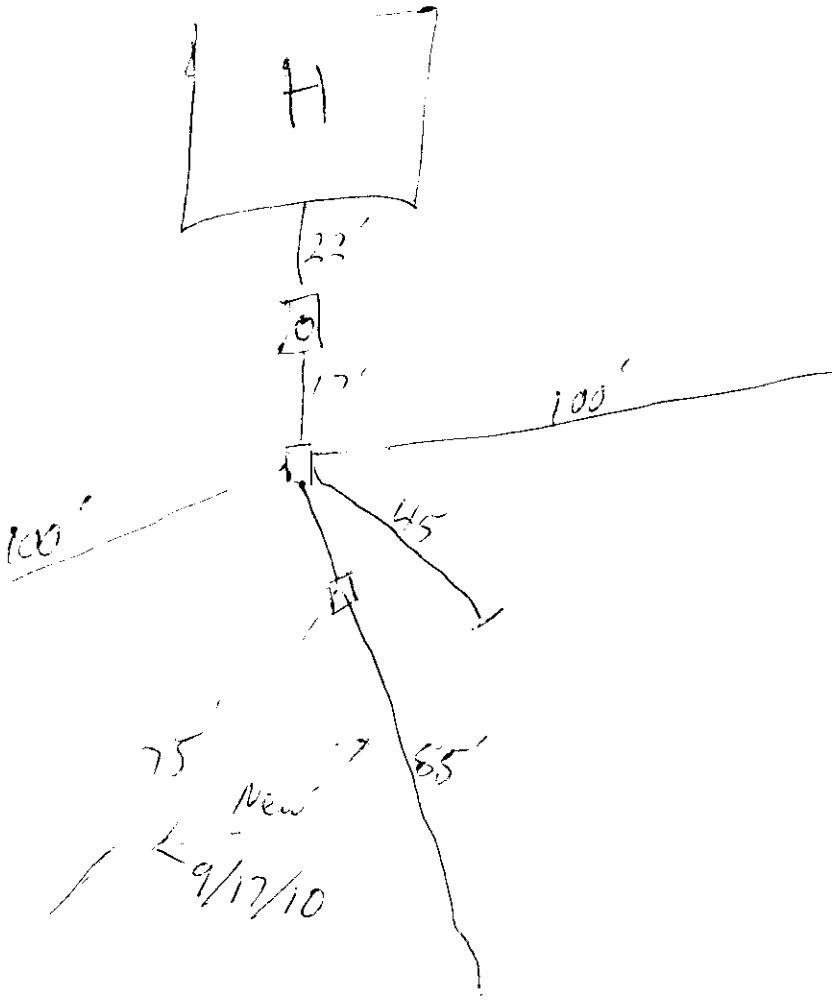
Installation final written approval
Date 9/22/10 By Doug Smith

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


H
22'
20
17'
100'
100'
45
75'
New
9/17/10
65'

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. HS000411

System Type:	STANDARD
Situs:	12851 PINE LAKE RD
Legal Description:	T09N-R08E-S20-Lot 3
Owner:	NEWBERG, RICHARD R & KATHLEEN 12851 PINE LAKE RD WALTON NE 68461

Permit Fee:	$185.00
Total Fees:	$185.00
Issued:	09/29/2010
Expires	09/29/2011

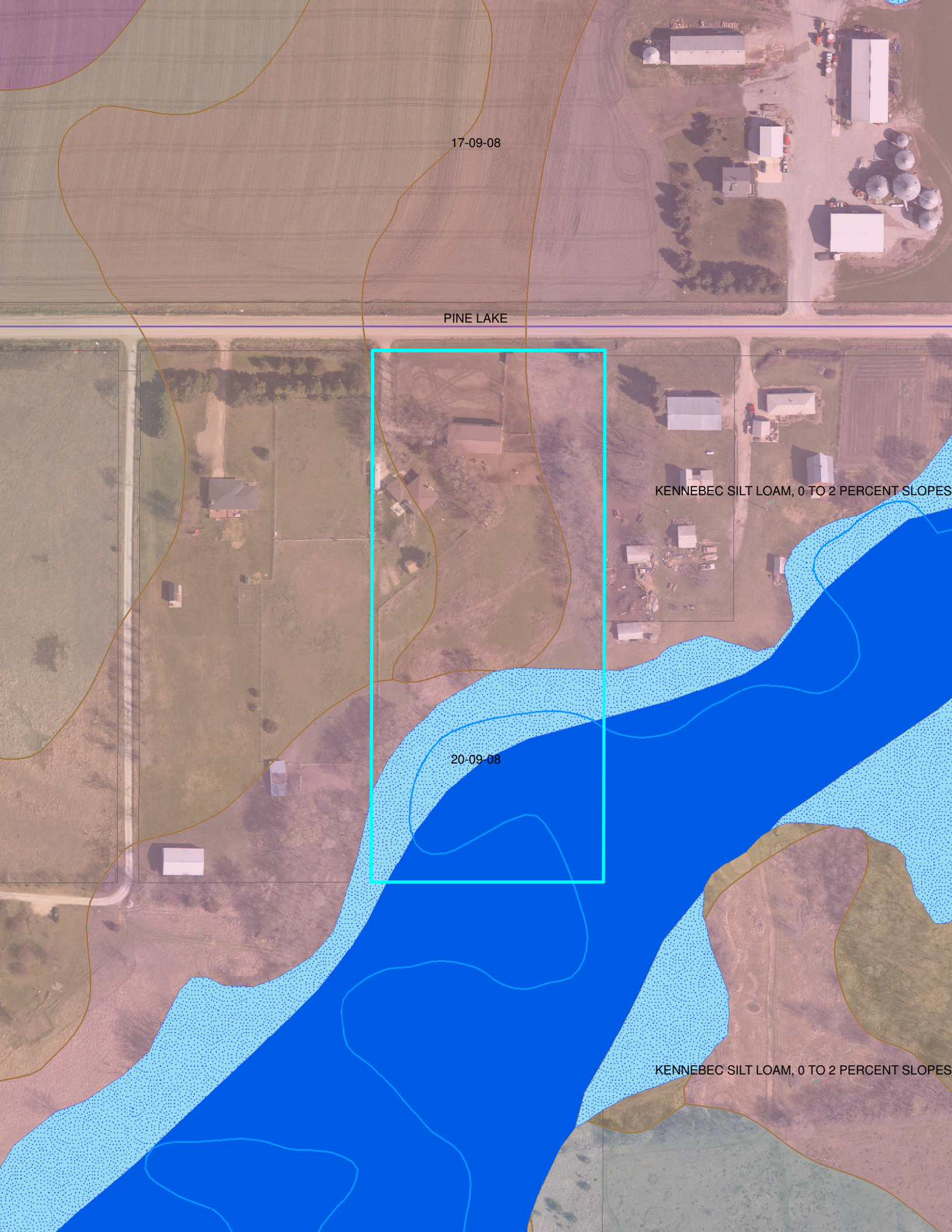
Bruce D. Dart, PhD, Health Director

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


17-09-08
PINE LAKE
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
20-09-08
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES

LLCHD HS000411

SEP 21 2010

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

HS000411

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

SCANNED

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

4. **Description of proposed alteration, extension or repair** extend laterals w/ (2) 50' Infiltrator chambers

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad Southwick Southwick Sewer & Dozer #1178 #148

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 Richard Newberg Address 12857 Pine Lake Phone: ____

Applicant Signature (owner or lessee) ____

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HEALTH DEPARTMENT USE ONLY

Date received 9/29/10 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

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

Installation final written approval
Date 9/22/10 By Doug Anderson

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: 9/29/10 M.O.# ~~Amount~~ [illegible] Amt. ~~Check No.~~ [illegible] Initials [illegible]

Revised 3-09

9-29-2010 16:13: 5