LLCHD HS000439

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

☐ Municipal Code 24.38 ☑ County Resolution Number 02-30

HS000439

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:** Iron Horse Acres Addition
   Township____ Range____ 1/4____ 1/4____ Section____
   Block____ Lot 9 Addition____
   Parcel ID____-____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 26001 Iron Horse Cut Fifth NE. 68358

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 5 Describe____

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

4. **Description of proposed alteration, extension or repair** New Lagoon

5. **Work to be done by:** ☑ owner ☐ contractor's name Mike Casement

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 Casement Address 26001 Iron Horse Cut Phone: (402) 791-2473

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 11/13/10 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

Business Office Use Only

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

Revised 3-09

11-18-2010 13:59:59

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. HS000439

System Type: LAGOON

Situs: 26001 IRONHORSE CT

Legal Description: T07N-R07E-S23-Lot 9

Owner: CASEMENT, MICHAEL R & JAMEE M
26001 IRONHORSE CT
FIRTH NE
68358

Permit Fee: $185.00

Total Fees: $185.00

Issued: 11/18/2010
Expires 11/18/2011

Judith A Halstead

Judith A. Halstead, MS, Health Director

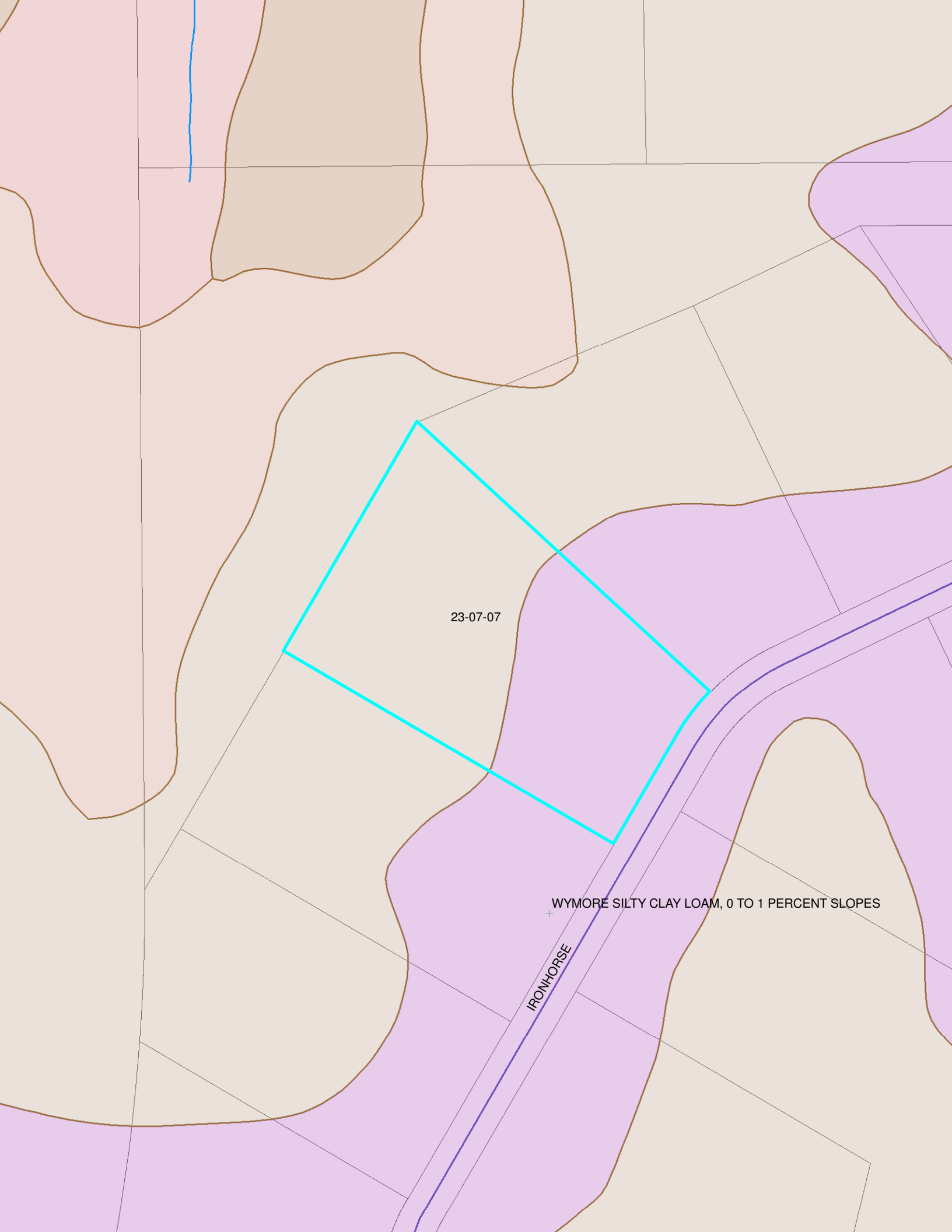
Dear Applicant:

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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

CASEMENT TRENCHING
26001 IRON HORSE CT
FIRTH NE 68358


23-07-07
WYMORE SILTY CLAY LOAM, 0 TO 1 PERCENT SLOPES
IRONHORSE

LLCHD HS000439

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

☐ Municipal Code 24.38 ☑ County Resolution Number 02-30

HS000439

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:** Iron Horse Acres Addition
   Township____ Range____ 1/4____ 1/4____ Section____
   Block____ Lot 9 Addition____
   Parcel ID____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 26001 Iron Horse Cir Firth NE. 68358

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 5 Describe____

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

4. **Description of proposed alteration, extension or repair** New Lagoon

5. **Work to be done by:** ☑ owner ☐ contractor's name Mike Casement

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 Casement Address 26001 Iron Horse Cir Phone: (402) 791-2473

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 11/19/10 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

Business Office Use Only

Received: Date:__/__/__ Amount____ Check No.____ Initials____

Revised 3-09

11-17-2010 16: 0:27

November 5, 2010

I , Kirl Helmink, give Mike Casement permission to encroach the easement at the back of his lot to 25 feet from the rear property line to install his new lagoon. The rear property line abuts the commons ground of which I am currently owner. Lagoon shall remain in compliance with State code of 50 feet from side lot lines.

Kirk Helmink

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

$185 SCANNED

☐ Municipal Code 24.38 ☑ County Resolution Number 02-30

HS000439

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:** Iron horse Acres Addition
   Township____ Range____ 1/4____ 1/4____ Section____
   Block____ Lot 9 Addition____
   Parcel ID____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 26001 Iron Horse Cut Firth NE. 68358

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 5 Describe____

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

4. **Description of proposed alteration, extension or repair** New Lagoon

5. **Work to be done by:** ☑ owner ☐ contractor's name mike Casement

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 Casement Address 26001 Iron Horse Cut Firth NE. 68358

Applicant Signature (owner or lessee) [signature]

SIGN HERE SIGN HERE SIGN HERE SIGN HERE

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 11/19/10 REVIEW: ☑ Approved ☐ Disapproved By:____

Site visits
Date 11/19/10 By DS. (Need a fence)
Date __/__/__ By____
Date __/__/__ By____

Installation final written approval
Date 11/7/11 By [signature]
11/7/11

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

SIGN HERE SCANNED

Business Office Use Only

Received: Date: 11/18/10 Amount 185.00 Check No. 2008 Initials BH

SIGN HERE SIGN HERE SIGN HERE