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. HS000470

System Type: LAGOON

Situs: 2192 W MILL RD

Legal Description: T11N-R06E-S04-Lot 16

Owner:

Permit Fee: $185.00

Total Fees: $185.00

Issued: 03/25/2011
Expires 03/24/2012

Judith A Halstead

Judith A. Halstead, MS, Health Director

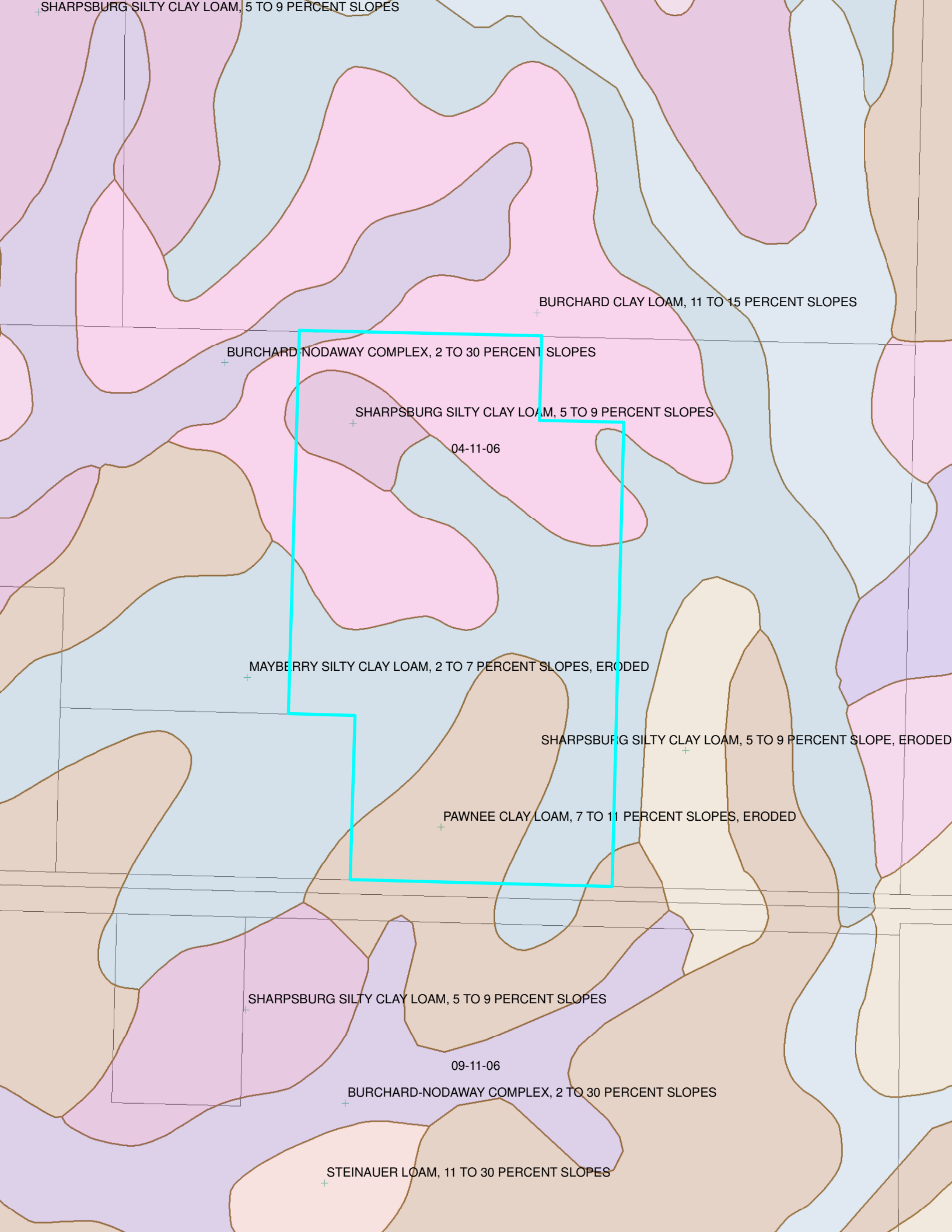
Dear Applicant:

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

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428


SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
BURCHARD CLAY LOAM, 11 TO 15 PERCENT SLOPES
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
04-11-06
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
09-11-06
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES

LLCHD HS0004

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000470

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 6 1/4 SW 1/4 ____ Section 4
   Block ____ Lot 116 Addition ____
   Parcel ID 12 - 04 - 300 - 011 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 2192 W Mill Rd Raymond, NE 68428

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** dig new lagoon using 1 side of existing lagoon, extend existing line into new lagoon

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakoubek, Raymond Construction Inc

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 Leonard Buresh Address 5300 Betty Lou Blvd Lincoln, NE 68516 Phone: 402-261-5380

Applicant Signature (owner or lessee) Kim L. Jakoubek for Leonard Buresh

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 3/24/11 REVIEW: ☑ Approved ☐ Disapproved By: ____

Site visits
Date 3/24/11 By NH Line d Lagoon
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: 3/25/11 Amount 185.00 Check No. 7590 Initials BH

Revised 3-09

3-30-2011 11:34:18