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

System Type: STANDARD

No. HS000504

Situs:

Permit Fee: $185.00

Legal Description: T10N-R05E-S22-Lot 135

Owner: NIEMAN INC
422 CEDAR ST
PLEASANT DALE NE
68423

Total Fees: $185.00

Issued: 06/16/2011
Expires 06/28/2012

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

SOUTHWICK SEWER
PO BOX 191
HICKMAN NE 68372

HS000504

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

☐ 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 10 Range 5 1/4 ____ 1/4 ____ Section 22
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 501 NW 91

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 1 Describe ____

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

4. **Description of proposed alteration, extension or repair** X tend perforated laterals by Brad Southwick - ADS chambers - 25 ft.

5. **Work to be done by:** ☐ owner ☒ contractor's name 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 Rudy Niemann Address ____ 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

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HEALTH DEPARTMENT USE ONLY

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: ____

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

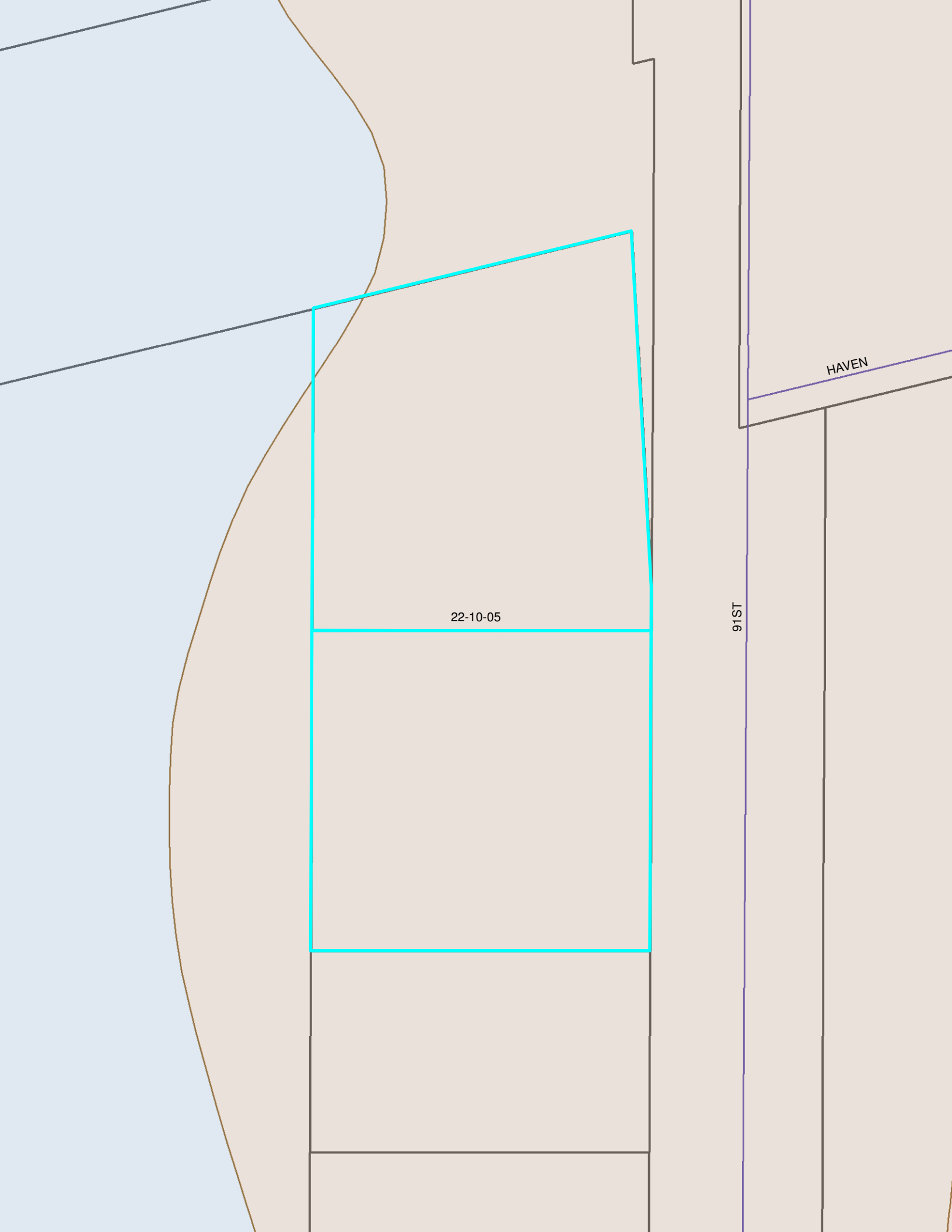
Installation final written approval
Date ____/____/____ By ____

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: 6/16/11 Amount 185.- Check No. 1316 Initials BH

Revised 3-09


HAVEN
22-10-05
91ST

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

H5000504

☐ 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.

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   Street Address (no rural route) 501 NW 91
2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 1 Describe ____
3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other
4. **Description of proposed alteration, extension or repair** Xtend perforated lateral by - ADS chambers - 25 ft.
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 Rudy Niemann Address ____ Phone: ____

Applicant Signature (owner or lessee) ____

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HEALTH DEPARTMENT USE ONLY

Date received 7/1/11 REVIEW: ☒ Approved ☐ Disapproved By: ____

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

Installation final written approval
Date 7/12/11 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 ____

* all wastewater lines MUST be connected prior to Final Inspection * Done - 7-12-11

Revised 3-09

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

H5000504

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

SCANNED

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.

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Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
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Installation final written approval
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Return application to:
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Revised 3-09

501 NW 91

