Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
SYSTEM REPLACEMENT PERMIT

No. HS000609

System Type: STANDARD

Situs: 11303 NW 112 ST

Legal Description: T11N-R05E-S17-Lot 2

Owner: MATTHES, DONNA L
11303 NW 112 ST
MALCOLM NE
68402

Permit Fee: $0.00

Total Fees: $190.00

Issued: 05/02/2012
Expires 05/02/2013

Judith A Halstead

Judith A. Halstead, MS, Health Director

Dear Applicant:

The above document is your permit to replace an existing On-site Waste Water System at the location listed. Please contact this office once replacement is complete to obtain final approval before use.

Judith A Halstead

Judith A. Halstead, MS
Health Director

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND NE 68428

LLCHD HS000609

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000609

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 5 1/4 ____ 1/4 NE Section 17
   Block ____ Lot 2 Addition ____
   Parcel ID 05-17-200-002-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 11303 NW 112th St, Malcolm, NE 68402

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** replace septic tank with 1,500 Gallon Concrete tank. Current tank is caving in.

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 Donna M Mathes Address 11303 NW 112th St Phone: 402-796-2415

Applicant Signature (owner or lessee) Ronald L. Jakoubek for Donna M Mathes

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 5/2/12 REVIEW: ☑ Approved ☐ Disapproved By: ____

Site visits
Date 5/1/12 By DS
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 5/1/12 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: 5/2/12 Amount 190.— Check No. 7882 Initials ____

Revised 3-09

5-3-2012 12:35:17