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

☒ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000629

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 7 1/4 ____ 1/4 ____ Section 25
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

   Street Address (no rural route) 1141 So. 112

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** add 10' of chambered lateral & abandon 100' of 4" perforated pipe & Bond lateral because soil was scraped off to make way for horse area

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

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 Chuck Sabatka Address 1141 So 112 Lincoln 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 6/15/12 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: 6/15/12 Amount #190.- Check No. 1378 Initials BH

Revised 3-09


SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
25-10-07

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. HS000629

System Type: STANDARD

Situs: 1141 S 112 ST

Legal Description: T10N-R07E-S25-Lot 35

Owner: FUERST, J LARRY & CAROL S
1141 S 112 ST
LINCOLN NE
68520

Permit Fee: $190.00

Total Fees: $190.00

Issued: 06/15/2012
Expires 06/15/2013

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 SERVICES
PO BOX 191
HICKMAN NE 68372

1141 S. 112

HS000629

T 10 R 7 S 25 LOT 35

