Application to Alter or Repair an Onsite Wastewater Treatment System

HS000759

The applicant is applying for a permit to: ☐ALTER ☒REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** Holmes Park Lake

Legal Description of Property: Township: T9 Range: R7 Section: 4

Block _____ Lot 84 86 88 SubDivsion _____ Add: _____

***Parcel ID** 16-04-200-003-000 (i.e. 99-99-999-999-999)

2. **Property use:** ☐ Residential ☐ Commercial ☒ Other use (Describe: Recreation Area)

Number of bedrooms _____ Does the system have a: ☐ Garbage Grinder ☐Large Capacity Tub

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

4. **Description of proposed alteration or repair:** Replaced Septic tank and connected to existing lateral line

5. **Current Type of Lateral-** See blueprint **Current Linear Ft. Of Lateral -** _____

Current Tank Gallonage- _____

6. Print Name Matt Taylor Address 2610 S. 11th Phone: 402 474 5213

Applicant Signature: [signature]

Please contact LLCHD for the current permit fee for this application

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received 5/24/13 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Comments (if any): _____

Site visits

Date 05/22/13 By DS

Date ___/___/___ By _____

Installation final written approval

Date 05/24/13 By DS

Return application to:

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only

Received: Date: 5/29/13 Amount 195- Check No. 1169 Initials BH

Revised 4/8/13

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. Submit correct fee with this Application

3 acres or more required for: ❑ Septic System ❑ Lagoon ❑ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address Holmes Park Lake (no rural route) City Lincoln, NE Zip

Legal Description Sec. 4 T9 R7 Lots 84, 86, 88

1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: PID 16-04-200-003000

B. Owner

Name City of Lincoln Signature

Address 6400 Normal City/State/Zip

Home Phone Work Phone

C. Certified Installer

Name: Matt Taylor Signature

Address 2610 S. 11th City/State/Zip Lincoln NE, 68502

Work Phone 402 474 5213

D. Engineer

❑ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

❑ Residential Dwelling Number of Bedrooms Is there a Whirlpool Bathtub? ❑ Yes ❑ No Total Acres

X Commercial Establishment/Other Facility Specify Public Restroom Design flow in gallons per day

Type of Wastewater ❑ Domestic ❑ Non-Domestic Well Permit Applied for ❑ Yes ❑ No ❑ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ❑ Municipal Code 24.38 ❑ County Resolution No. 02-30

1. Health Department Date rec'd **ACTION** ❑ Approved ❑ Disapproved
Site visits Date frwd Signature

2. Supt. Bldg. Insp. or Village Clerk Date rec'd **ACTION** ❑ Approved ❑ Disapproved
Comments Date frwd Signature

3. City or County Engineer Date rec'd **ACTION** ❑ Approved ❑ Disapproved
Comments Date frwd Signature

Installation Final Written Approval
By

Date

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5/10

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

ON-SITE WASTE WATER SYSTEM REPAIR PERMIT
No. HS000759

System Type: Standard

Situs: No Site Address Specified

Issued: 5/31/2013

Expires: 5/29/2014

Description: S4, T9, R7, 6th Principal Meridian, IRREGULAR TRACT
LOTS 84, 86 & 88 NE

Owner: CITY OF LINCOLN
ATTN: REAL ESTATE DIVISION 555 S
10 ST RM 205
LINCOLN, NE 68508

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 repair is complete to obtain final approval before use.

Judith A Halstead

Judith A. Halstead, MS
Health Director

MATT TAYLOR
2610 S. 11TH ST.
LINCOLN, NE 68502-3551