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. HS000771

System Type: Standard

Situs: 6600 SW 25 ST, RURAL, NE

Issued: 6/24/2013

Expires: 6/24/2014

Description: PESTER RIDGE ESTATES, BLOCK 2, Lot 3

Owner: PETERSEN, CHRISTOPHER J & JAMI L
6600 SW 25 ST
LINCOLN, NE 68523

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

JAMI PETERSON
6600 SW 25TH
LINCOLN, NE 68523

HS 000771

JUN 14 2013

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____ Range____ 1/4____ 1/4____ Section____
   Block 2 Lot 3 Addition Pester Ridge Estates
   Parcel ID 09 - 16 - 302 - 003 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 16600 SW 25st, Lincoln 68523

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** Removing customer's self installed lateral extension. Site visit determined lateral to be functioning normal. Owner discovered malfunctioning water softner which was overloading system. System will be put back to orgiral condition.

5. **Work to be done by:** ☐ owner ☒ contractor's name SLW - Jason Kubik

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 Jason Kubik Address 105 Locust Hickman Phone: 402-440-7606

Applicant Signature (owner or lessee) Jason Kubik

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 6/21/13 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: 6/21/13 Amount $195.00 Check No. 1363 Initials BHall

Revised 3-09