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. HS000864

System Type: Lagoon

Situs: 705 MILL RD, RURAL, NE

Issued: 1/16/2014

Expires: 1/16/2015

Description: S11, T11, R6, 6th Principal Meridian, LOT 36 NW

Owner: WESCOTT, JOHN O & JOYCE M
705 MILL RD
RAYMOND, NE 68428

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

LOFTUS SEPTIC PLUMBING & CONSTRUCTION
410 COUNTY ROAD C
ASHLAND, NE 68003

JAN 13 2014

HS000864

Application to Alter or Repair an Onsite Wastewater Treatment System

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):** 705 Mill Rd Raymond, Ne 68428

   Legal Description of Property: Township: 11 Range: 6 Section: 11

   Block _____ Lot 36 SubDivsion _____ Add: _____

   *Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 3 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:** New 1500 Gallon Concrete Tank

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

   Current Tank Gallonage- 1500

6. Print Name Doug LeFlus Address 410 CORDC Phone: 402-944-7634

   Applicant Signature: Doug LeFlus

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 1/15/14 REVIEW: ☑ Approved ☐ Disapproved By: _____

Comments (if any): inclement weather - unable to inspect prior to cover NH

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

Installation final written approval
Date 1/15/14 By _____
+ Tank approved w/o ext inspection. OK to cover - NH

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: 1/15/14 Amount 200.00 Check No. 12380 Initials SB

Revised 4/8/13