HS000924

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

JUL 0 1 2014

☐ 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 10 Range 8 1/4 ____ 1/4 ____ Section 22
   Block ____ Lot ____ Addition ____
   Parcel ID 23 - 22 - 100 - 015 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 1000 Plum Ridge

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 lateral

5. **Work to be done by:** ☐ owner ☒ contractor's name 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 ____ Address ____ 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 ____/____/____ 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: 7/1/14 Amount 200.00 Check No 2100 Initials SB

Revised 3-09

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. HS000924

System Type: Standard

Situs: 1000 PLUM RIDGE RD, RURAL, NE

Issued: 7/2/2014

Expires: 7/2/2015

Description: S22, T10, R8, 6th Principal Meridian, LOT 26 NW

Owner: GURNSEY, SARAH LOUISE
1000 PLUM RIDGE RD
LINCOLN, NE 68527

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

SOUTWICK LIQUID WASTE
105 LOCUST STREET
HICKMAN, NE 68372

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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 8 1/4 ____ 1/4 ____ Section 22
   Block ____ Lot 26 Addition ____
   Parcel ID 23 - 22 - 100 - 015 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 1000 Plum Ridge, Lincoln, NE 68527

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 lateral, adding 300' of lateral & a switching box between existing & new

5. **Work to be done by:** ☐ owner ☒ contractor's name 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 Sandy Counsey Address ____ Phone: ____

Applicant Signature (owner or lessee) [signature]

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 7/2/14 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Site visits
Date 7/3/14 By [signature]
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 7/7/14 By [signature]

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: 7/1/14 Amount 200.00 Check No 2100 Initials SB

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