HS001321

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):** 9440 west O street

   Legal Description of Property: Township: 10 Range: 5 Section: 22

   Block_____ Lot_____ SubDivsion_____ Add:_____

   ***Parcel ID** 04-22-300-002-000 SB (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:** replace existing lateral field

5. **Current Type of Lateral-**_____ **Current Linear Ft. Of Lateral -** 120

   Current Tank Gallonage- 1000

6. Print Name Blain Johnson Address 8533 E State Hwy 41 Adams NE 68301 Phone: 402 610 2270

   Applicant Signature: Blain

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____/____/____ REVIEW: ☐ Approved ☐ Disapproved By:_____

Comments (if any):_____

Site visits
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: (402) 441-8643

Business Office Use Only
Received: Date: 8/10/16 Amount $210.00 Check No. DISCOVER [illegible] Initials SB

Revised 4/8/13