Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS001991

System Type: Standard

Situs: No Site Address Specified

Issued: 5/4/2020

Expires: 5/4/2021

Description: S16, T8, R6, 6th Principal Meridian, LOT 71 SW

Owner: GONZALES, GEORGE L & LYNNE M
2270 W ROCA RD
MARTELL, NE 68404

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

JASON KUBIK
105 LOCUST ST
HICKMAN, NE 68372

SCANNED

#5001991

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):** 2270 W Roca Rd

   Legal Description of Property: Township: 8 Range: 6 Section: 16

   Block _____ Lot _____ SubDivsion _____ Add: _____

   ***Parcel ID** 08 - 16 - 300 - 018 - 000 (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:** adding distribution box and 240' Ez Flow to existing 1000 gallon tank.

5. **Current Type of Lateral-** Concrete 4" rock **Current Linear Ft. Of Lateral -** 90'

   Current Tank Gallonage- 1000

6. Print Name Jason Kubik Address 105 Locust St Phone: 402-475-2402

   Applicant 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 / 4 / 20 REVIEW: ☒ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ___/___/___ By _____
Date ___/___/___ By _____

Installation final written approval
Date ___/___/___ By _____

*NOTE PERMIT EXPIRED

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: 05/04/20 Amount $230.00 Check No. CC0214 Initials JMC

Revised 4/8/13