Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005415

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit #: 04390079501

Issued: 08/05/04
Expires: 02/05/05
Revenue Code: 3157

Establishment: KIRK HELMINK
T7N R7E SEC 25 QTR NE
26701 S 110 ST

FEES: $100.00

Permittee: KIRK HELMINK
26701 S 110 ST
FIRTH NE 68358

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

#043900795

Application to Alter, Extend or Repair an Individual Sewage Disposal System

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

The undersigned hereby applies for a permit to: ☒ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. **Legal description of property:**
   Township 7 N Range 7E Section 25 1/4 Section NE
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)

   Street Address ~~2601~~ 26701 S 110

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe _____

3. **Type of Present Individual Disposal System** ☐ septic tank ☑ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Rebuild Barn

5. **Work to be done by:** ☐ owner ☑ contractor's name Mike Knorr

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 "construction permit" is required if the use, operation, location, or type of the system is being change.

Print Name Kirk Helmink Address 26701 S 110th Phone 791-5559
Applicant Signature (owner or lessee) Kirk Helmink

Please include the permit fee ($100) with 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 8/5/04 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 8/5/04 By J. C. Hood
Date 8/6/04 By J. C. Hood
Date ____/____/____ By _____

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

Return application to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8022

Business Office Use Only
Received: Date: 8/5/04 Amount #100.00 Check No. 5102 Initials cw

White - Division Copy Pink - Business Office Revised 9/00