Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005805

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit #: 04390080401

Issued: 10/20/04
Expires: 04/20/05
Revenue Code: 3157

Establishment:
SOUTHWEST FIRE DISTRICT
T8N R6E SEC 21
WENDELIN HGTS LOT 3
W MARTELL RD-MARTELL

FEES: $100.00

Permittee:
SOUTHWEST FIRE DISTRICT
705 W BURNHAM ST
LINCOLN NE 68522

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

0439008040 1

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 8N Range 6E Section 21 1/4 Section
   Block Lot 3 Addition Wendelin Heights
   Parcel ID 08-21-301-000-000 (i.e. 99-99-999-999-999)
   Street Address W. Morrell Rd, Morrell – No address

2. **Property use:** ☐ residential ☐ commercial ☒ other use
   Number of bedrooms 0 Describe Volunteer Fire Dept Bldg.

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

4. **Description of proposed alteration, extension or repair** add 75-100' of Infiltrator Seepage Bed to existing System

5. **Work to be done by:** ☐ owner ☒ contractor's name Southwick Sewer & Drain Brad Southwick

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 SW Fire District Address 705 W. Burnham Phone
Applicant Signature (owner or lessee) Lincoln, Ne. 68522

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 10/20/04 REVIEW: ☒ Approved ☐ Disapproved By: Doug Smith

Site visits
Date 10/20/04 By DS
Date ___/___/___ By
Date ___/___/___ By

Installation final written approval
Date 10/20/04 By Doug Smith

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: 10/20/04 Amount $100.00 Check No. 1043 Initials CW

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