Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003232

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 03390077201

Issued 11/25/03
Expires 05/25/04
Revenue Code 3157

Establishment: DARYL BEHRENDS
T8N R7E SEC 10 QTR NE
13505 S 82 ST-ROCA

FEES: $100.00

Permittee: DARYL BEHRENDS
13505 S 82 ST
ROCA NE 68430

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

#033900772

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 7E Section 10 1/4 Section NE
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 13505 So 82nd Roca, Ne 68430

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

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

4. **Description of proposed alteration, extension or repair** clean out lagoon & reshape repair Sewer line

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

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 Daryl Behrends Address 13505 So. 82nd Phone 792-2130
Applicant Signature (owner or lessee) _____

Please include the permit fee ($100) with this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received 11/25/03 REVIEW: ☒ Approved ☐ Disapproved By: Jerold C. Hood

Site visits
Date 11/26/03 By J.C. Hook
Date ____/____/____ By _____
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: 11/25/03 Amount ~~$200.00~~ $100.00 aw Check No. 5297 Initials aw

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