Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE ALTERATION
(MOVE SEPTIC TANK)

Establishment

PHYLLIS HODGES
T9N R6E SEC 4
STOCKWELL ADDN LOT 17
1525 W BURNHAM ST

Permittee

PHYLLIS HODGES
1525 W BURNHAM ST
LINCOLN NE 68522

Permit # 01390070601

Issued 10/24/01
Expires 05/24/02
Revenue Code 3157

FEES: $100.00

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000225

#0134007O6

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 9N Range 6E Section 4 1/4 Section _____
   Block _____ Lot 17 Addition STOCKWELL
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 1525 W. Burnham Lincoln, Ne 68522

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** Move Septic Tank

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

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 Phyllis Hodges Address 1525 W. Burnham Phone 423-5936
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

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HEALTH DEPARTMENT USE ONLY

Date received 10/24/01 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 10/25/01 By Jerrold Hood installation inspection
Date ____/____/____ By _____
Date ____/____/____ By _____

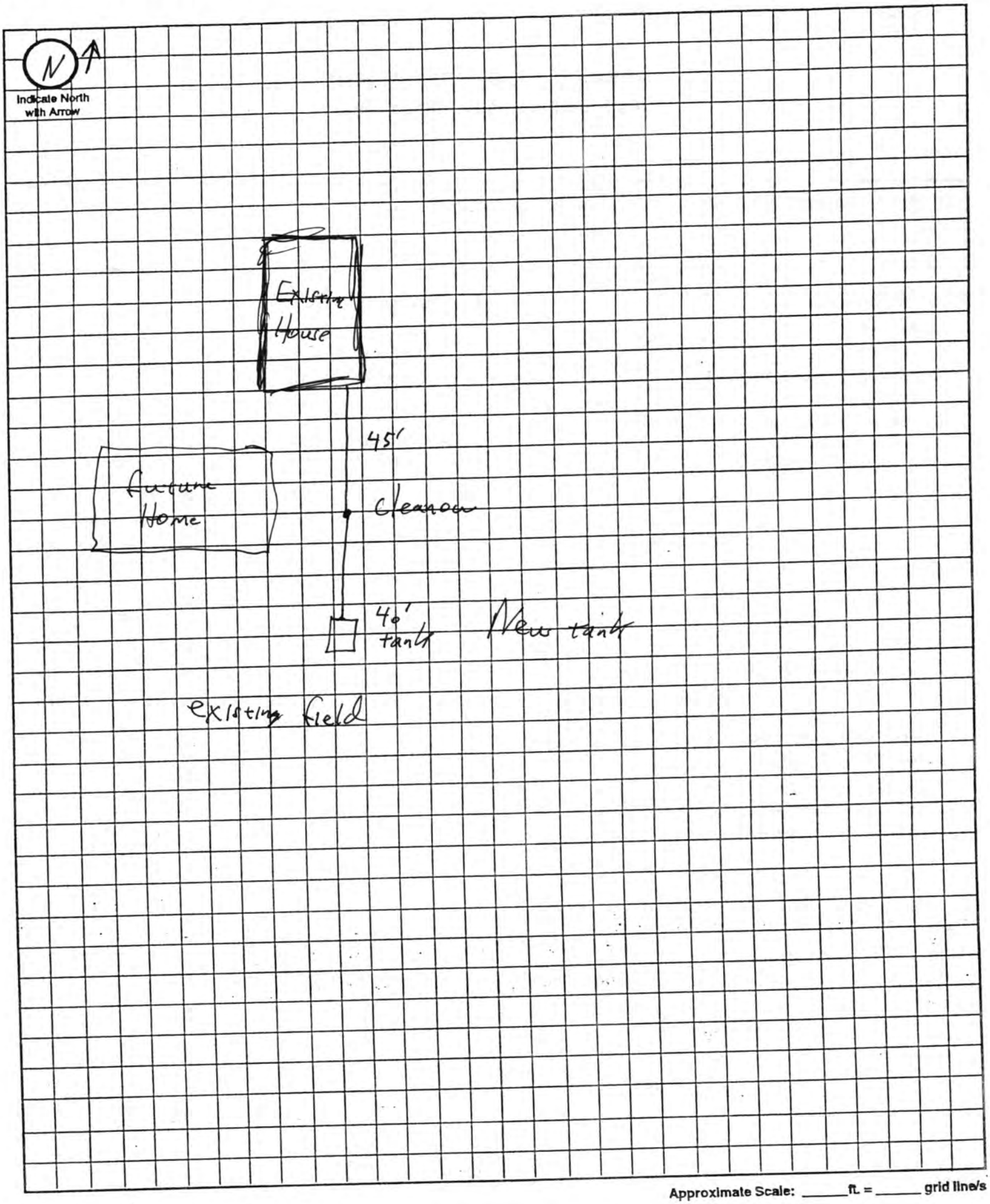
Installation final written approval
Date 11/28/01 By Doug Smith

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: 10/24/01 Amount #100.00 Check No. 4452 Initials ____

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

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s