Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-EXTEND LATERAL FIELD

Permit # 02390074201

Issued 12/06/02
Expires 06/06/03
Revenue Code 3157

Establishment

DAVID SANDS
T9N R6E SEC 21
7700 SW 27 STREET

FEES: $100.00

TOTAL: $100.00

Permittee

DAVID SANDS
7700 SW 27 ST
LINCOLN NE 68523

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003135

#023900742

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 21 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 7700 SW 27 LINCOLN, NE 68523

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe _____

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

4. **Description of proposed alteration, extension or repair** Extend Lateral Field using Drop Box & 100' x 5' wide EQ36" Infiltrator

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 Dave Sander Address 7700 SW 27 LINCOLN Phone 423-9246
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 12/6/02 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 12/6/02 By DI
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 11/6/03 By Doug Sander

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: 12/06/02 Amount 100 ⁰⁰ Check No. 4919 Initials MS

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

As Built Drawing

