Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

011050

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit #: 07390088201

Issued: 07/13/07
Expires: 07/13/08
Revenue Code: 3157

Establishment: DOUG BEHRENS
T9N R6E SEC 21
2301 W FOOTHILLS RD

FEES: $160.00

Permittee: DOUG BEHRENS
2301 W FOOTHILLS RD
LINCOLN NE 68523

TOTAL: $160.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☐ **ALTER** ☐ **EXTEND** ☒ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

LCR 6003.

1. **Legal description of property:**
   Township 9 Range 6 1/4 ____ 1/4 ____ Section 21
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 2301 W. Foothills Rd. Lincoln 68522

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

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

4. **Description of proposed alteration, extension or repair** Replace Water carrier in wide lateral system with 16" wide Infiltration material

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 permit is required if the use, operation, location, or type of system is changed.

Print Name Doug Behrens Address 2301 W. Foothills Phone: ____

Applicant Signature (owner or lessee) ____

Please include the permit fee ($160) 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 7/13/07 REVIEW: ☑ Approved ☐ Disapproved By: ____

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 7/17/07 By Doug Arnold

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

Business Office Use Only

Received: Date: 07/13/07 Amount 160.00 Check No. 1183 Initials MO

White - Division Copy Pink - Business Office Revised 9-06