Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006378

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-EXTEND LATERALS W/100'
OF ADS GRAVELLESS BIODIFFUSER

Permit # 05390081701

Issued 03/07/05
Expires 09/07/05
Revenue Code 3157

Establishment

DEON BAHR
T9N R7E SEC 2
IKIRU EAST LOT 6
4144 S 88 ST

FEES: $100.00

Permittee

DEON BAHR
4144 S 88 ST
LINCOLN NE 68520

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

#05 3900817

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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 7E Section 2 1/4 Section _____
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 4144 So 88th LINCOLN, NE 68520

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 by adding 100' of ADS Gravelless Biodiffuser

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 Deon Bahr Address 4144 So 88 Phone 489-45 95
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 3/7/05 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 3/7/05 By Jerrold Hood Need Drawing
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: 3/7/05 Amount $100.00 Check No. 1076 Initials LS

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