Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009929

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEPTIC TANK REPLACEMENT

Permit # 07390087101

Issued 04/18/07
Expires 04/18/08
Revenue Code 3157

Establishment
HERB & BARBARA GRIESS
T9N R7E SEC 16 QTR NE
LOT 52
6645 OLD CHENEY RD

FEES: $160.00

Permittee
HERB & BARBARA GRIESS
6645 OLD CHENEY RD
LINCOLN NE 68516

TOTAL: $160.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

07390087101

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.

1. **Legal description of property:** LCR 4853
   Township 9 Range 7 1/4 ____ 1/4 ____ Section 16
   Block ____ Lot 52 Addition ____
   Parcel ID 16 - 16 - 200 - 0002 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 6645 old Cheney Rd. Lincoln 68516

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

Print Name Herb Griess Address 6645 old Cheney 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 4/17/07 REVIEW: ☑ Approved ☐ Disapproved By: ____

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

Installation final written approval
Date 4/8/08 By ____

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: 04/18/07 Amount 160.00 Check No. 1174 Initials ____

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