Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 02390073501

Issued 10/17/02
Expires 04/17/03
Revenue Code 3157

Establishment

JEFF ROYER
T9N R7E SEC 20
COUNTRY ACRES SOUTH BLK 1 LOT 2
5400 BRIDLE LANE

FEES: $100.00

TOTAL: $100.00

Permittee

JEFF ROYER
5400 BRIDLE LN
LINCOLN NE 68516

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003006

#023900735

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 20 1/4 Section _____
   Block 2 Lot 3 Addition COUNTRY ACRES SOUTH
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address 5400 Bridle Lane Lincoln, Ne 68516

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** Install 1250 galla Tank to correct elevation problem with wetland system.

5. **Work to be done by:** ☐ owner ☒ contractor's name Brad Southwick 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 Jeff Royer Address 5400 Bridle Ln Phone 421-9578
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 10/17/02 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 10/18/02 By Jerrold Hood
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 10/21/02 By Jerrold C. Hood

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: 10/17/02 Amount 100.00 Check No. 4852 Initials mo

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