Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

008750

Permit: SEWAGE SYSTEM REPAIR
EXTEND INFILTRATION LATERALS

Permit # 06390084901

Issued 03/31/06
Expires 03/31/07
Revenue Code 3157

Establishment: DR. SABYASACHI MAHAPATRA
T9N R7E SEC 20
BLK 2 LOT 6
5200 TROTTER RD

FEES: $150.00

Permittee: DR. SABYASACHI MAHAPATRA
5200 TROTTER RD
LINCOLN NE 68516

TOTAL: $150.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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:**
   Township 9N Range 7E 1/4 ____ 1/4 ____ Section 20
   Block 2 Lot 6 Addition Country Acres Original
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 5200 Trotter Lincoln Ne 68516

2. **Property use:** ☒ residential ❒ commercial ❒ other use
   Number of bedrooms 4 Describe ____

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

4. **Description of proposed alteration, extension or repair** add 300' of H-10 Infiltrator style Lateral

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

Print Name Sabyachi Mahapatra Address 5200 Trotter Phone: ____

Applicant Signature (owner or lessee) ____

Please include the permit fee ($150) 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 3/31/06 REVIEW: ☒ Approved ❒ Disapproved By: Jerrold C. Hood

Site visits
Date 4/11/06 By Jer C Hood
Date 3/15/07 By ____
Date ____/____/____ By ____

Installation final written approval
Date ____/____/____ 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: 3/31/06 Amount $150.00 Check No. 1123 Initials ref

White - Division Copy Pink - Business Office Revised 9-05