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 # 01390070701

Issued 11/02/01
Expires 05/02/02
Revenue Code 3157

FEES: $100.00

Establishment

DAVE HURST
T9N R7E SEC 22
CLARENDON HILLS BLK 4 LOT 7
7172 BADGER DR

Permittee

DAVE HURST
1635 WAVERLY RD
GARLAND NE 68360

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000235

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 9 N Range 7 E Section 22 1/4 Section _____
   Block 4 Lot 7 Addition Clarendon Hills
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 7172 Badger Drive

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** Replace Drainline from the House to the septic tank install a NEW 1000 Gallon concrete tank + DISTRIBUTION BOX.

5. **Work to be done by:** ☐ owner ☒ contractor's name Daves Plumbing inc

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 Dave Hurst Address 1635 Hanley Rd Phone 432-2865
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

---

HEALTH DEPARTMENT USE ONLY

Date received 11/5/01 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 11/5/01 By Jerrold Hood
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 11/5/01 By Jerrold 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: 11/02/01 Amount 100.00 Check No. 5460 Initials es

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

RECEIVED
NOV 0 2 2001

