Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

009908

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-REPLACE SEPTIC TANK

Permit # 07390086301

Issued 04/02/07
Expires 04/02/08
Revenue Code 3157

Establishment

LARRY & PATRICIA ELWOOD
T9N R7E SEC 22
CLARENDON HILLS 1ST BLK 4 LOT 5
7325 TRAVIS DRIVE

FEES: $160.00

Permittee

LARRY & PATRICIA ELWOOD
7325 TRAVIS DR
LINCOLN NE 68516

TOTAL: $160.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

0739008630l
Adf

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.

LCR 959

1. **Legal description of property:**
   Township 9N Range 7E 1/4 ____ 1/4 ____ Section 22
   Block 4 Lot 5 Addition Clarendon Hills First ADD
   Parcel ID 16 - 22 - 301 - 005 - 000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 7325 TRAVIS Dr. LINCOLN, NE 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** Replace 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.

NCR 71636

Print Name Elwood, Larry & Patricia Address 7325 TRAVIS Phone: ____

ACR 60146

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 4/2/2007 REVIEW: ☒ Approved ☐ Disapproved By: Doug Ingen

Site visits
Date 4/2/07 By ____ 1500 gal TNK
Date 4/3/07 By ____
Date ____ By ____

Installation final written approval
Date 4/3/2007 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: 04/02/07 Amount 160.00 Check No. 1173 Initials ____

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