Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-EXTEND LATERALS W/DROP BOXES

Establishment

DON LAMB
T9N R7E SEC 22
AMBERHILL ESTATE BLK 1 LOT 1
7901 S 78 ST

Permittee

DON LAMB
7901 S 78 ST
LINCOLN NE 68516-4007

Permit # 02390071201

Issued 01/16/02
Expires 07/16/02
Revenue Code 3157

FEES: $100.00

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

000451

Application to Alter, Extend or Repair an Individual Sewage Disposal System

RECEIVED JAN 16 2001

☒ Municipal Code 24.38 ☐ County Resolution Number 2832

#023900712

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 22 1/4 Section
   Block 1 Lot 1 Addition AMBER HILLS FIRST
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 7901 S. 78th

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 (2) 100' long laterals (In Filtration Type) along with 2 Drop Boxes.

5. **Work to be done by:** ☐ owner ☒ contractor's name Southwest 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 Don Lamb Address 7901 So 78 Phone 423-3040
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 1/16/02 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 1/16/02 By Jerrold Hood
Date ____/____/____ By
Date ____/____/____ By

Installation final written approval
Date ____/____/____ By

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: 01/16/01 Amount 100.00 Check No. 4544 Initials

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