Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

006131

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
REPLACE CONCRETE TANK W/ 1000 GAL. POLY
TANK DUE TO HIGH SULFUR CONTENT IN WELL

Permit # 05390081401

Issued 01/10/05
Expires 07/10/05
Revenue Code 3157

Establishment

DUANE GROSSE
T9N R7E SEC 29
KENSINGTON ESTATES BLK 3 LOT 2
8900 S 55 STREET

FEES: $100.00

Permittee

DUANE GROSSE
8900 S 55 ST
LINCOLN NE 68516

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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 29 SE 1/4 Section _____
   Block 3 Lot 2 Addition Kennsington
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 8900 S. 55th ST

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe House

3. **Type of Present Individual Disposal System** ☑ septic tank ☐ lagoon ☐ other

4. **Description of proposed alteration, extension or repair** Replace Concrete Tank with 1000gal. Poly Tank. Due To high sulfer content in well water.

5. **Work to be done by:** ☐ owner ☑ contractor's name Wellmann Plumbing

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 Duane Grosse Address 8900 S. 55th ST. Phone 402 421-3307
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 1/10/05 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date ____/____/____ By_____
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: 1/10/05 Amount $100.00 Check No. 39477 Initials _____

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