Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

011060

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR-REINSTALL 200' OF LATERALS
USING H-10 INFILTRATOR

Establishment
ROBERT LEMKE
T9N R8E SEC 8
13000 OLD CHENEY RD-WALTON

Permittee
ROBERT LEMKE
13000 OLD CHENEY RD
WALTON NE 68461

Permit # 07390088301

Issued 07/20/07
Expires 07/20/08
Revenue Code 3157

FEES: $160.00

TOTAL: $160.00

Bruce D. Dart

Bruce D. Dart, Health Director

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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:** LCR 6004
   Township 9N Range 8E 1/4 ____ 1/4 ____ Section 8
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   Street Address (no rural route) 13000 Old Cheney Rd Walton 68461

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** reinstall 200' of lateral using H-10 Infiltrator (OK Soil perc rate 4.5/min/In)

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.

Print Name Mrs Robert Lemke Address 13000 Old Cheney Rd. Phone: ____

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 7/16/07 REVIEW: ☑ Approved ❒ Disapproved By: ____

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 07/20/07 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: 07/20/07 Amount 160.00 Check No. 1184 Initials ____

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