Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

002738

(402) 441-8000

Permit SEWAGE SYSTEM REPAIR
SEWAGE SYSTEM REPAIR

Permit # 03390075101

Issued 06/06/03
Expires 12/06/03
Revenue Code 3157

Establishment ALEX NAGEL
T12N R7E SEC 36 QTR NW
16100 N 14 ST-RAYMOND

FEES: $100.00

Permittee MRS ALEX NAGEL
16100 N 14 ST
RAYMOND NE 68428

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

#033900751

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 T 12 N Range R 7 E Section 36 1/4 Section NW
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 16100 N 14 Raymond, Ne

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 2 Describe _____

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

4. **Description of proposed alteration, extension or repair** Replace Old Septic field 1470' Old field full of roots (Built about 1968)

5. **Work to be done by:** ☐ owner ☒ contractor's name H.L. Muhlbach Constr - Harry Muhlbach

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 Mrs Alex Nagel Address 16100 N 14 Phone 430-6460
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 6/6/03 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hoob

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: 6/6/03 Amount #100.00 Check No. 0097 Initials AL

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