Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

007954

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 05390083001

Issued 06/30/05
Expires 06/30/06
Revenue Code 3157

Establishment: JOE WORKMAN
T12N R6E SEC 35 QTR SE
15501 N 1 ST

FEES: $100.00

Permittee: JOE WORKMAN
15501 N 1 ST
LINCOLN NE 68428

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 12N Range 6E Section 35 1/4 Section SE/4
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 15501 N. 1st, RAYMOND, NEBRASKA

2. **Property use:** ☑ residential ☐ commercial ☐ other use
   Number of bedrooms 4 Describe _____

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

4. **Description of proposed alteration, extension or repair** New Box, and Add Lateral 100'

5. **Work to be done by:** ☐ owner ☑ contractor's name Capital City Trenching

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 Joe Workman Address 15501 N. 1st 68428 Phone 416-3200
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 6/30/05 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

Site visits
Date 6/30/05 By J.C. Hood
Date 6/30/05 By J.C. Hood
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: 6/30/05 Amount 100.00 Check No. 8645 Initials TW

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