Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009972

(402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR
REPLACE SEPTIC TANK

Establishment

DEAN WITULSKI
T10N R5E SEC 26
7415 W O ST

Permittee

DEAN WITULSKI
7315 LANCASTER LN
LINCOLN NE 68505

Permit # 07390087401

Issued 05/08/07
Expires 05/08/08
Revenue Code 3157

FEES: $160.00

TOTAL: $160.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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tbf

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:**
   Township 10 Range 5 1/4 ____ 1/4 ____ Section 26
   Block ____ Lot ____ Addition ____
   Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)
   LOR 5972
   Street Address (no rural route) 7415 "W" "O" ST.

2. **Property use:** ❒ residential ☒ commercial ❒ other use
   Number of bedrooms 2 Describe ____

3. **Type of Present Individual Disposal System** ☒ septic system ❒ lagoon ❒ other

4. **Description of proposed alteration, extension or repair** ____
   Replace TANK.

5. **Work to be done by:** ❒ owner ☒ contractor's name Melvin Loewer

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 Dean Witulski Address 7315 Lancaster Phone: 797 2386

Applicant Signature (owner or lessee) Dean Witulski

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 5/8/07 REVIEW: ☑ Approved ❒ Disapproved By: ____

Site visits
Date 5/28/07 By DS
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 5/22/07 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: 05/08/07 Amount 160.00 Check No. 5360 Initials ____

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