Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

009913

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 07390086401

Issued 04/10/07
Expires 04/10/08
Revenue Code 3157

Establishment
LYLE H HERMANCE
T11N R7E SEC 12 QTR NE
LOT 5
13305 N 112 ST

FEES: $160.00

Permittee
LYLE H HERMANCE
13305 N 112 ST
LINCOLN NE 68517

TOTAL: $160.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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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 11 Range 7 Section 12 1/4 Section NE
   Block ____ Lot 5 Addition ____
   Parcel ID 18 - 12 - 200 - 003 - 000 (i.e. 99-99-999-999-999)
   Street Address 13305 N 112th St

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 3 Describe ____

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

4. **Description of proposed alteration, extension or repair** replacing septic tank, eliminating old cistern

5. **Work to be done by:** ☐ owner ☒ contractor's name Lloyd Jakoubek, Raymond Contracting, IK

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 Lyle Hermance Address 10011 N 151st St Waverly, NE 68462 Phone 402-786-2513 402-310-9213
Applicant Signature (owner or lessee) Lyle Hermance

Please include the permit fee ($~~100~~ $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 4/9/07 REVIEW: ☒ Approved ☐ Disapproved By: Doug Luna

Site visits
Date 4/9/07 By DS
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 4/9/07 By Doug Luna

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: 4/10/07 Amount 160.00 Check No. 6403 Initials CW

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