Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

JUL 29 2009

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

H5000255

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 12N Range 8E 1/4 SE 1/4 SE Section 5
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-____-____-____-____ (i.e. 98-99-999-999-999) OWNER
   Street Address (no rural route) 13300 Little Salt Rd (Chris CRAVEN)

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

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

4. **Description of proposed alteration, extension or repair** Extending drain field

5. **Work to be done by:** ☐ owner ☒ contractor's name Michael P. Dietze Waverly Plumbing + Well Co.

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 Michael P. Dietze Address PO Box 116 Waverly NE 68462 Phone: 4027865620

Applicant Signature (owner or lessee) Michael P Dietze

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Date received 8/3/09 REVIEW: ☑ Approved ☐ Disapproved By: _____

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

Installation final written approval
Date ____/____/____ By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 8/4/09 Amount 175.00 Check No. 26616 Initials AKV

Revised 3-09

TOTAL P.02

#26616 $175.00 8-3-09 KC

B

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS000255

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 13300 Little Salt Rd. (no rural route) City Greenwood NE, Zip 68366

Owner Chris Craven Addresss 13300 Little Salt Rd

Soil Type (SCS): Silty Clay Percolation Rate: 60 min./inch

Date of Tests 4/18/09 to 4/19/09 Weather: Precipitation Trace Temperature 65°

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	4/18	8:00	4/19	8:30	4/19	12:00	30 3/4	4/19	12:30	30	5/8	48
2	36	4/18	8:00	4/19	8:30	4/19	12:00	30 3/4	4/19	12:30	30	5/8	48
3	37	4/18	8:00	4/19	8:30	4/19	12:00	32	4/19	12:30	30	5/8	48
4	38	4/18	8:00	4/19	8:30	4/19	12:00	33 1/8	4/19	12:30	30	1/2	60
5	36	4/18	8:00	4/19	8:30	4/19	12:00	30 3/4	4/19	12:30	30	5/8	48
6	36	4/18	8:00	4/19	8:30	4/19	12:00	30 3/4	4/19	12:30	30	5/8	48

Sum of Percolation Rates: 300

Average of Rates: 50

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Claude Oie PE-3939

Phone: 486-4484

Address 6645 S. 66th St.
Lincoln Ne. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Waverly Plumbing & Well Co

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
REPAIR PERMIT

System Type: STANDARD

No. HS000255

Situs: 13300 LITTLE SALT RD

Permit Fee: $175.00

Legal Description: T12N-R08E-S05-Lot 6

Owner: CRAVEN, CHRISTOPHER A & JENNIF
13300 LITTLE SALT RD
GREENWOOD NE
68366

Total Fees: $175.00

Issued: 08/04/2009
Expires 08/04/2010

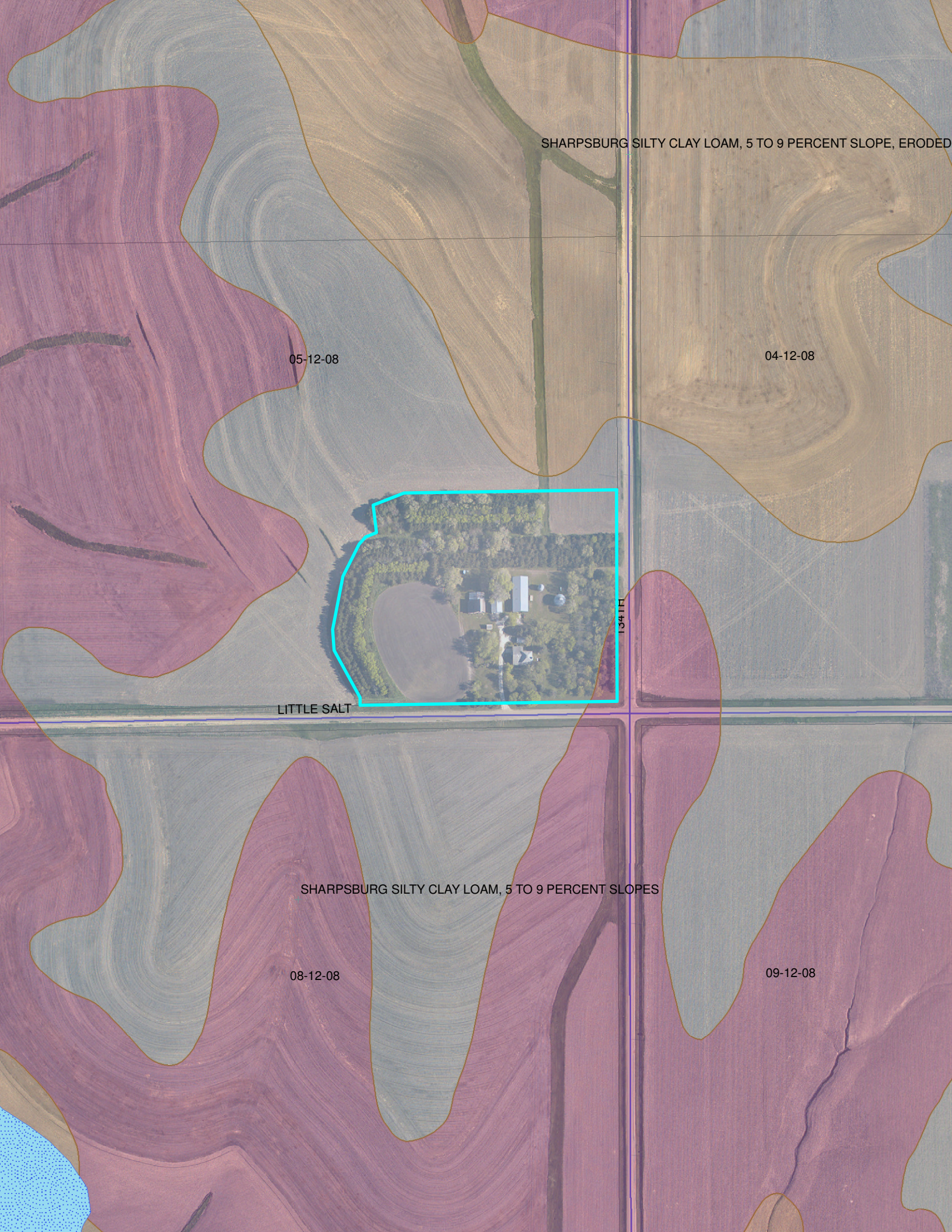
Bruce D. Dart, PhD, Health Director

Dear Applicant:

The above document is your permit to repair an existing On-site Waste Water System at the location listed. Please contact this office once repairs are complete to obtain final approval before use.

Bruce D. Dart, PhD
Health Director

WAVERLY PLUMBING
PO BOX 116
WAVERLY NE 68462


SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
05-12-08
04-12-08
134 TH
LITTLE SALT
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
08-12-08
09-12-08

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Site visits
Date 05/22/22 By DG
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 9/16/09 By ____

Return application to:
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