Sent 10/20/10

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

OCT 27 2010

HS000429

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 12 Range 5 1/4 ____ 1/4 ____ Section 29
   Block ____ Lot 70 SE Addition Deer Ridge Meadows
   Parcel ID 25-21-300-002-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 12900 BRANCHED OAK Rd

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 1 Describe ____

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

4. **Description of proposed alteration, extension or repair** Extend the lateral field

5. **Work to be done by:** ☐ owner ☒ contractor's name 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 Dreyer Address 12900 Branched Oak Rd Phone: 402 780 5620

Applicant Signature (owner or lessee) Michael J Dreyer

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

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HEALTH DEPARTMENT USE ONLY

Date received 10/20/10 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: 11/01/10 Amount 185.00 Check No. 57764 Initials ____

Revised 3-09

TOTAL P.02

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

B

Permit Number: HS000429

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 12900 Branch Oak Rd. (no rural route) City Waverly NE. Zip

Owner Ray Cassel Address

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

Date of Tests 10/15 to 10/16 Weather: Precipitation none Temperature 60°

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 Rate (Min/in)
1	39	10/15	1:00	10/16	8:30	10/16	12:00	34	10/16	12:30	30	1/2"	60
2	36	10/15	1:00	10/16	8:30	10/16	12:00	30 1/2	10/16	12:30	30	1/2	60
3	36	10/15	1:00	10/16	8:30	10/16	12:00	31 1/4	10/16	12:30	30	5/8	48
4	37	10/15	1:00	10/16	8:30	10/16	12:00	31 3/4	10/16	12:30	30	1/2	60
5	36	10/15	1:00	10/16	8:30	10/16	12:00	29 1/2	10/16	12:30	30	1/2	60
6	37	10/15	1:00	10/16	8:30	10/16	12:00	29	10/16	12:30	30	5/8	48

Sum of Percolation Rates: 336
Average of Rates: 56
Rate Used for Calculation: 56

Person Conducting Percolation Tests

Name: Claude Coe PE-3999
Phone: 402-435-4444
Address 6645 S. 66th St. Lincoln NE. 68516

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

ORM 25-PDI 10-95

14-3-2010 9:8:15

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

No. HS000429

System Type:	STANDARD
Situs:	12900 BRANCHED OAK RD
Legal Description:	T12N-R08E-S29-Lot 10
Owner:	CASSEL, RAY W & ALLA JEANNE TR 12900 BRANCHED OAK RD WAVERLY NE 68462

Permit Fee:	$185.00
Total Fees:	$185.00
Issued:	11/01/2010
Expires	11/01/2011

Judith A Halstead

Judith A. Halstead, MS, 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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

WAVERLY PLUMBING
PO BOX 116
WAVERLY NE 68462

Sent 10/20/10

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

OCT 27 2010

H5000429

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1. **Legal description of property:**
   Township 12 Range 5 1/4 ____ 1/4 ____ Section 29
   Block ____ Lot 16 SE Addition Lawrence Harrison
   Parcel ID 25-21-300-002-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 12900 BRANCHED OAK Rd

2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 1 Describe ____

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

4. **Description of proposed alteration, extension or repair** Extend the lateral field

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   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 Dietze Address 12900 Branched Oak Rd Phone: 402 782-5620

Applicant Signature (owner or lessee) Michael T 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 10/26/10 REVIEW: ☑ Approved ☐ Disapproved By ____

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

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

Return application to:
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Business Office Use Only
Received: Date: ____/____/____ Amount ____ Check No. ____ Initials ____

Revised 3-09

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

B

Permit Number: HS000429

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

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Owner Ray Cassel Address

Soil Type (SCS): silty clay Percolation Rate: min./inch

Date of Tests 10/15 to 10/16 Weather: Precipitation none Temperature 60°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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 Rate (Min/in)
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6	37	10/15	1:00	10/16	8:30	10/16	12:00	29	10/16	12:30	30	5/8	48

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Rate Used for Calculation: 56

Person Conducting Percolation Tests

Name: CLAUDE COE PE-3959
Phone: 402-435-4444
Address 605 S. 68th St. Lincoln NE. 68510

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

OFM 25-161 10-95


29-12-08
BRANCHED OAK
32-12-08
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES

SCANNED

Sent 10/26/10

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☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

OCT 27 2010

H5000429

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   Township 12 Range 8 1/4 ____ 1/4 ____ Section 29
   Block ____ Lot 10 SE Addition 6th Principal Meridian
   Parcel ID 25-29-300-002-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 12900 BRANCHED OAK Rd

2. **Property use:** ☒ residential ☐ commercial ☐ other use
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Print Name Michael Dietze Address PO Box 116 68462 Phone: 402 786 5620

Applicant Signature (owner or lessee) Michael J Dietze

Please contact LLCHD for the permit fee for this application
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HEALTH DEPARTMENT USE ONLY

Date received 10/25/10 REVIEW: ☒ Approved ☐ Disapproved By: ____

Site visits
Date 11/8/10 By D.S.
Date ___/___/___ By ____
Date ___/___/___ By ____

Installation final written approval
Date 11/8/10 By Doug Shasteen

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

SCANNED

Business Office Use Only

Received: Date: 11/01/10 Amount 185.00 Check No. 27756 Initials BH

Revised 3-09

~100' NE ~ latest
~40'
Home