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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

H5000438

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 11 Range 8 1/4 ____ 1/4 ____ Section 33
   Block ____ Lot 9 NW Addition 6th PM
   Parcel ID 24-33-100-001-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 13411 Alvo Road

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

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

4. **Description of proposed alteration, extension or repair** Replace septic tank

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

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 68462 Phone: 402 786-5020

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 11/12/10 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

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: 11/15/____ Amount $50 Check No. ____ Initials ____

Revised 3-09

TOTAL P.01

LLCHD HSC

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS000438

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   Number of bedrooms Describe
3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other
4. **Description of proposed alteration, extension or repair** Replace septic tank
5. ***Work to be done by:*** ☐ owner ☒ contractor's name Waverly Plumbing / Mike Dietze
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   b. Total cost is greater than $400 (Return fee with this application)
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Print Name Michael Dietze Address PO Box 116 68462 Phone: 402 786 5620

Applicant Signature (owner or lessee) Michael Dietze

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HEALTH DEPARTMENT USE ONLY

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Installation final written approval
Date ___/___/___ By

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Lincoln-Lancaster County Health Department
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nt Check No. Initials

Revised 3-09

TOTAL P.01

11-18-2010 14:

Office Use Only

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. HS000438

System Type: STANDARD

Situs: 13411 ALVO RD

Legal Description: T11N-R08E-S33-Lot 9

Owner: MANDIGO, WANDA LEE NELSON TRST
13411 ALVO RD
WAVERLY NE
68462-9768

Permit Fee:	$185.00
Total Fees:	$185.00
Issued:	11/18/2010
Expires	11/18/2011

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
WAVERLYNE 68462

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

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

HS0000438

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 11 Range 8 1/4 ____ 1/4 ____ Section 33
   Block ____ Lot 7 NW Addition 6th PM
   Parcel ID 24-33-100-001-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 13411 Alvo Road

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

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

4. **Description of proposed alteration, extension or repair** Replace septic tank

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

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 68462 Phone: 402 786-5020

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

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HEALTH DEPARTMENT USE ONLY

Date received 11/17/10 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: ____/____/____ Amount ____ Check No. ____ Initials ____

Revised 3-09

TOTAL P.01

LLCHD HS000438

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS000437

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

Include Form B and C. *Submit correct fee* with this Application

3 acres or more required for: ☐ Septic System ☑ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 12405 N 190th St (no rural route) City Waverly, NE Zip 68462

Legal Description SE 12 11 5

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Lat/Long: _____ PID 14-12-400-003-000

B. Owner

Name Rex Marcus Signature _____

Address 12405 N 190th St City/State/Zip Waverly, NE

Home Phone 402-786-3751 Work Phone _____

C. Certified Installer

Name: Lloyd Jirkubik Raymond Plumbing Signature Neil L. Jakubik for Lloyd

Address 13500 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663 or 402-430-6004

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 16.25

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day _____

Type of Wastewater ☐ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

1. Health Department Date rec'd 11/17/10 **ACTION** ☑ Approved ☐ Disapproved
Site visits _____ Date frwd 11/17/10 Signature _____

2. Supt. Bldg. Insp. or Village Clerk Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

3. City or County Engineer Date rec'd _____ **ACTION** ☐ Approved ☐ Disapproved
Comments _____ Date frwd _____ Signature _____

Installation Final Written Approval
By _____

Date _____

Business Office Use Only
Date Received _____ Amount Paid _____
Received By _____ Cash/Check No. _____

White - Health Department Yellow - Engineer Pink - Building & Safety

11-17-2010 16: 5[illegible] Existing home - New Septic / lagoon system.

Form A Updated: 5/10

LLCHD HS000438

C

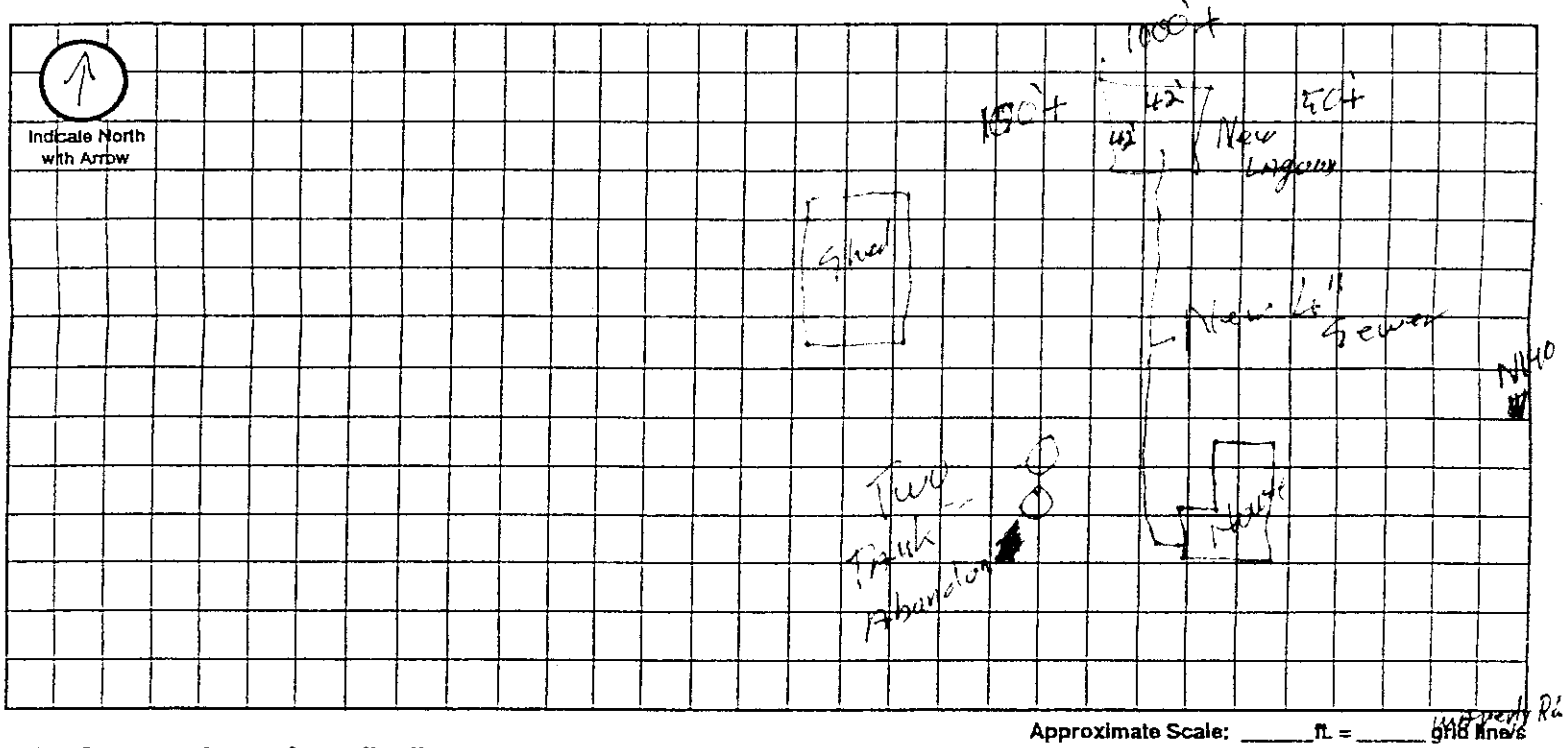
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number:

Sewage Disposal System

Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid lines

A. System Location (Indicate correct number and street)

Address (no rural route) 1205 N. 126th St City Waverly NE, Zip 68462

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☑	500 ☑	50 ☑	N/A ☐	30 ☑	50 ☑	100 ☑	200 ☑	☑

E. Required Signatures

Home Building Contractor Existing Home Date _____

Installer _____ Date 11-16-10

11-17-2010 16:5:35

SCANNED

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Print Name Michael P Dietze Address PO Box 116 68462 Phone: 402-786-5620

Applicant Signature (owner or lessee) Michael P Dietze

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HEALTH DEPARTMENT USE ONLY

Date received 11/12/10 REVIEW: ☑ Approved ☐ Disapproved By: [signature]

Site visits
Date 11/12/10 By DS.
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date 11/19/10 By Doug Ahrens

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: 11/18/10 Amount 185.00 Check No. 27810 Initials MA

Revised 3-09