Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

006444

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 05390081801

Issued 03/15/05
Expires 09/15/05
Revenue Code 3157

Establishment: STEVE SMITH
T12N R8E SEC 22 QTR SE
LOT 6
18303 N 162 ST-GREENWOOD

FEES: $100.00

Permittee: STEVE SMITH
18303 N 162 ST
GREENWOOD NE 68366

TOTAL: $100.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Individual Sewage Disposal System
Application to Alter, Extend or Repair

#0539000818

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date: 3-8-05	File No.: 0539000818

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:** SE 22nd - 12 - 8
   Township 12N Range 8E Section 22 1/4 Section SE
   Block _____ Lot 6 Addition _____
   Street Address 18303 N 162 Greenwood NE 68366

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:** ADD Drain Field

5. **Work to be done by:** ☐ owner ☒ contractor's name Michael P Dietze

6. **Estimated project:** a. Repair, replace or minor extension with a cost of less than $400.00 (no fee required).
   b. Total cost is greater than $400.00 (Return fee with this application).
   c. A "construction permit" is required if the use, operation, location, or type of the system is being changed.

Print Name Steve Smith Address 18303 N 162nd Phone 789-7500
Applicant Signature (owner or lessee) _____

Please include the permit fee (~~$50.00~~ 100.00) with this application

(Please do not write below this line)

Date rec'd 3/15/05 REVIEW: ☒ approved ☐ disapproved By: Gerald C. Hood

Site visits:
Date 4-5-05 By rm
Date _____ By _____
Date _____ By _____

Installation final written approval

Date 4-5-05 By Ron Hoyt

Return to: Lincoln-Lancaster County Health Department - Environmental Health Division
3140 "N" Street, Lincoln, NE. 68510
441-8022

White - EH Pink - Business Office Revised 1/98

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

B

Permit Number: 0539 00818

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 18303 N 162nd (no rural route) City Greenwood NE, Zip NE 68366

Owner Steve Smith Address 18303 N. 162nd Greenwood NE 68366

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

Date of Tests 3-1-05 to 3-2-05 Weather: Precipitation _____ Temperature _____

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	3/1/05	9pm	3/2/05	9AM	3/2/05	2pm	1 1/2	3/2/05	6pm	30	1 1/2	20 mpi
2	36	3/1/05	9pm	3/2/05	9AM	3/2/05	2pm	1	3/2/05	6pm	30	1	30
3	36	3/1/05	9pm	3/2/05	9AM	3/2/05	2pm	3/4	3/2/05	6pm	30	3/4	40
4	36	3/1/05	9pm	3/2/05	9AM	3/2/05	2pm	1 1/8	3/2/05	6pm	30	1 1/8	27
5	36	3/1/05	9pm	3/2/05	9AM	3/2/05	2pm	7/8	3/2/05	6pm	30	7/8	34
6	36	3/1/05	9pm	3/2/05	9AM	3/2/05	2pm	7/8	3/2/05	6pm	30	7/8	34
											180	7	185
											6		

Person Conducting Percolation Tests

Name: Mike Dietze
Phone: 402 786 5620
Address 14150 Lancashire
Waverly NE 68462

Sum of Percolation Rates: 6/7 = 1.17
Average of Rates: 25 mpi
Rate Used for Calculation: 25 mpi

1.16
6 | 7.0 = 1.17
6
10
6
40
36

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks .750 ft² 188 / 4 | 750 = 188 Length of bottom 4ft wide
4
35
32
30
28

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 2436-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

JUNE 24, 1987
THIS PERMIT EXPIRES

MICHAEL P. DIETZ, WAVERLY PLUMBING & WELD, BOX 116, 14150 LANCASHIRE, WA
ISSUED TO

ADDRESS WAVERLY 68462

T12N; R8E; Sec E½ of SE¼ 22
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE ALTER, EXTEND OR REPAIR

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY PB DATE 3/11/87 AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. 2436-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 12-19-86

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or 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: Twp. 12N ; Range 8 ; Section 22 E½ of SE¼
   Block _____; Lot _____; Addition _____
   Street Address _____

2. Property Use: Residential _____ ☒; Commercial _____ ☐
   No. Bedrooms 4
   Describe _____
   Other Use ☐
   Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☐; Other ☐

4. Description of proposed alteration, extension or repair:
   added 50 feet of lateral too pre existing system

5. Work to be done by: Owner ☐ ; or Contractor ☐ , Waverly Plumbing & Well Co
   Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	400 00

Michael P Dietz
Signature of Applicant (owner or lessee)

Waverly Nebr. 68462
Address

(Do not write below this line)

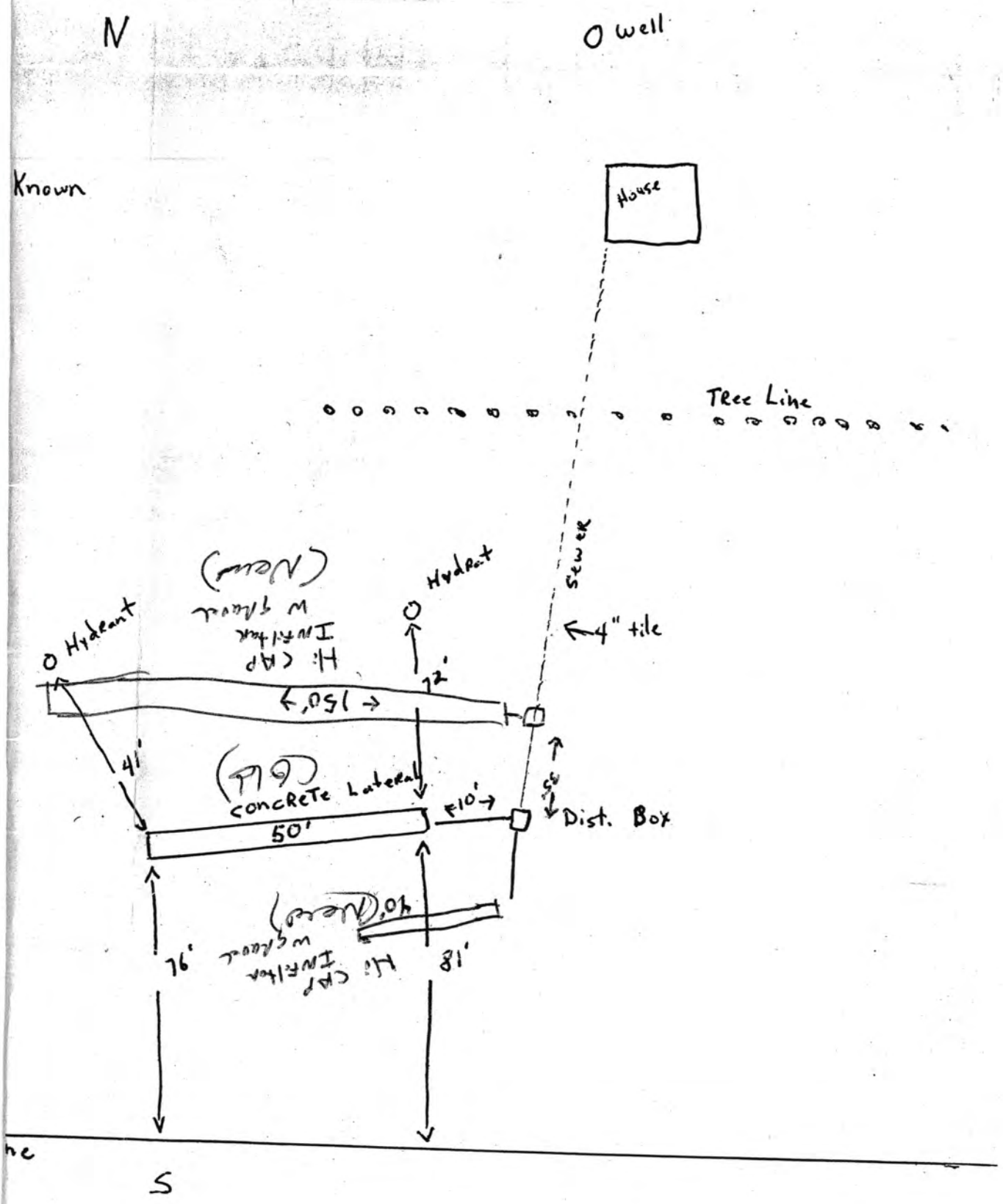
REVIEWING ACTION

1. Date Rec'd: 12-19-86
   Filing Fee: $ 8 30.00

2. Site Visits:
   Date: 12-19-86 by: mm
   Date: _____ by: _____
   Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
   by: Gerrold C. Nagel

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: 12-19-86 by: Ron Margart

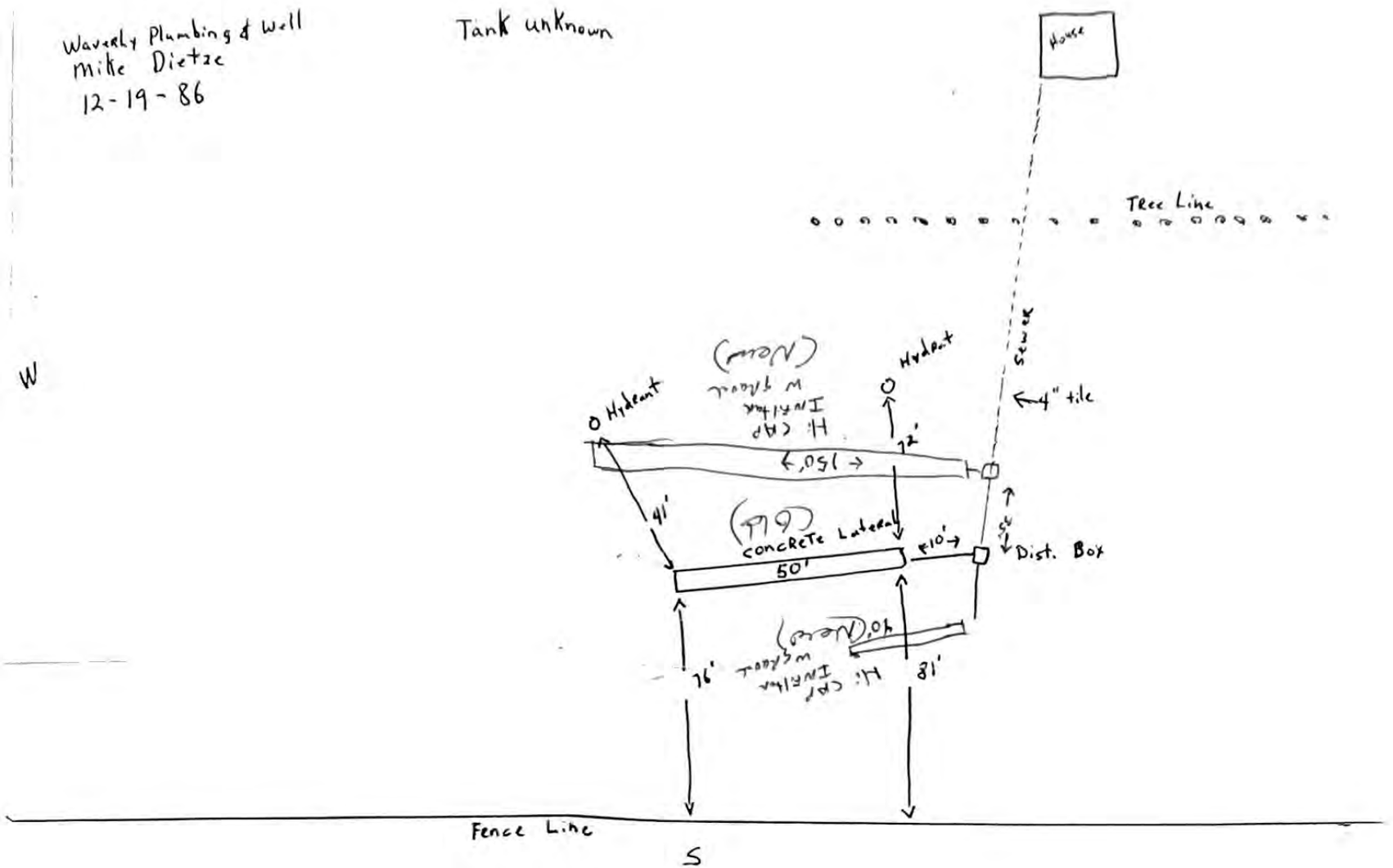

N
O well
Known
House
Tree Line
Sewer
4" tile
Hydrant
Hydrant
72'
150'
41'
Concrete Lateral
50'
10'
55'
Dist. Box
91'
81'
S

ED QUINCY Farm

Smith

Waverly Plumbing & Well
Mike Dietze
12-19-86

Tank unknown



2436-C