Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003314

(402) 441-8000

Permit: SEWAGE SYSTEM REPAIR
SEWAGE REPAIR

Permit # 04390077501

Issued 01/15/04
Expires 07/15/04
Revenue Code 3157

Establishment: MICK MINCHOW
T12N R8E SEC 34 QTR SW
S 1/2 OF SW 1/4
15200 RAYMOND RD-WAVERLY

FEES: $100.00

TOTAL: $100.00

Permittee: MICK MINCHOW
15200 RAYMOND RD
WAVERLY NE 68467

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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 12 -N Range 8-E Section 34 1/4 Section S½ SW¼
   Block _____ Lot _____ Addition _____
   Parcel ID ____-____-_____-_____-_____ (i.e. 99-99-999-999-999)
   Street Address 15200 Raymond Road Waverly, Nebr. 68462

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 more laterals~~
   200' laterals

5. **Work to be done by:** ☒ owner ☐ contractor's name LAGNER CONST

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 Mick Minchow Address 15200 Raymond Rd. - Waverly Phone 786 2928
Applicant Signature (owner or lessee) Mick Minchow

Please include the permit fee ($100) 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 1 / 15 / 04 REVIEW: ☒ Approved ☐ Disapproved By: Jerrold C. Hood

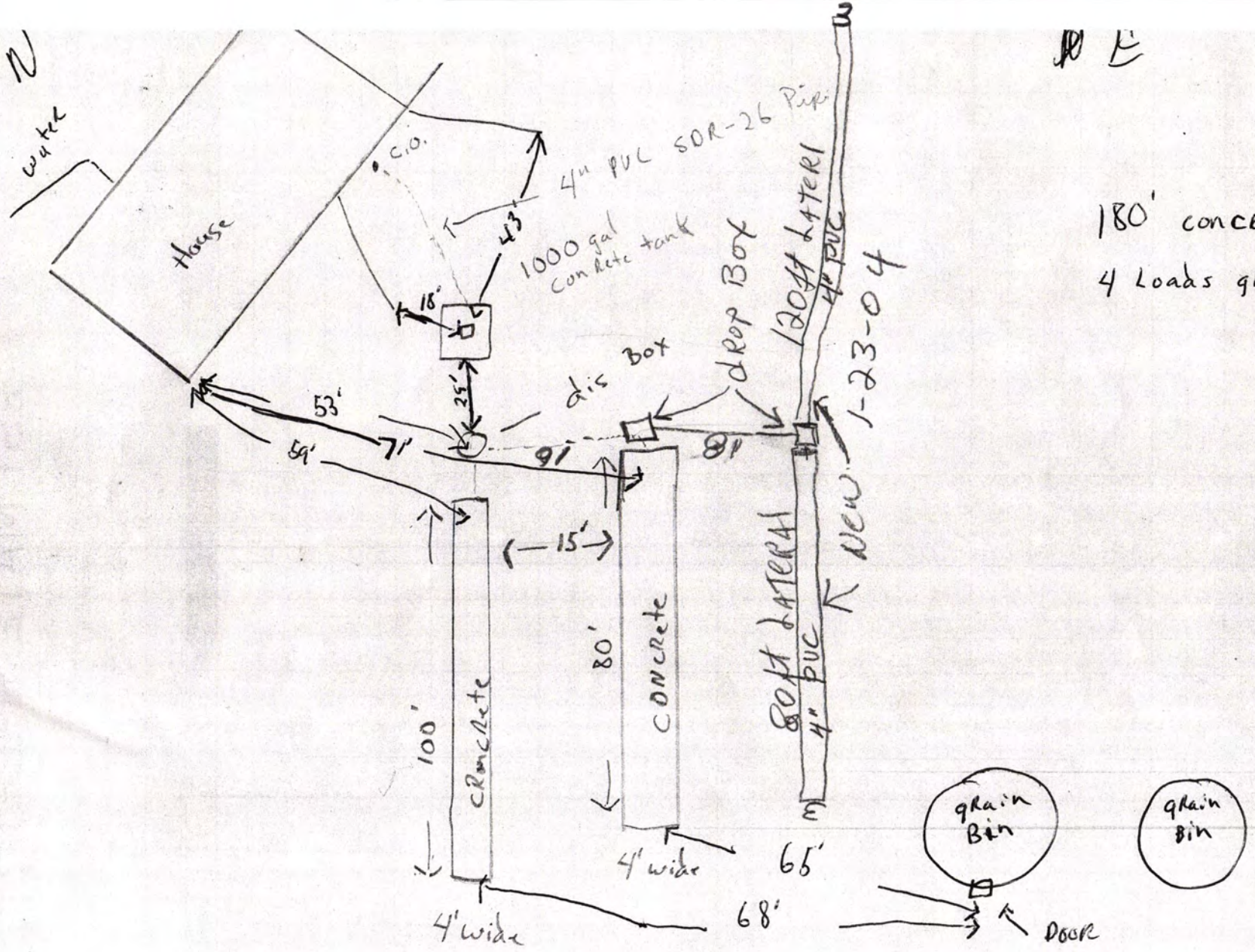
Site visits
Date 1 / 23 / 04 By _____
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date 1 / 23 / 04 By _____

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: 1 / 16 / 04 Amount $100.00 Check No. 8703 Initials _____

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



Job. Mick

Wav

180' concrete Half moon

4 Loads grout

INSTA
3-21
Wav
Box
Wav

W

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 90380010801

Issued 04/06/90
Expires 10/06/90

ESTABLISHMENT

MICHAEL DIETZE
T12N R8E SEC 34

FEES: Permit 018754 $150.00

Total $150.00

Issued By COUNTY HEALTH

PERMITTEE MICHAEL DIETZE
BOX 00116
WAVERLY NE 68462

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE AMOUNT

PAID

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

903800 108

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

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

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: March 21-90

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 12-N ; Range 8-E ; Section 34 5½ of 5 w/l/y
   Block _____ : Lot _____ : Addition _____
   Street Address _____

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: _____ ft.

Michael P Pretz - Waverly Plumbing
Signature of Applicant (Owner or Lessee)

Box 116 Waverly Neb 68462
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/21/90 . Date Frwd. 5/9/90 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5-8-90 . Date Frwd. 5-8-90 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Bauer
3. City or County Engineer: Date Rec'd. 5/09/90 . Date Frwd. _____ . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 3/21/90 by: J. C. Hood
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/9/90 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 12-N ; Range 8-E ; Section & ¼ Section 34 S½ of SW¼.
Property Dimensions: 957 ft. x 957 ft. Area: 21 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: Dec. 9 to Dec. 10. Weather: Precip. 0 Temp. 20-30° F

OWNER: Mick Minchow

Address: Rt. 1 Box 195 Waverly, NE 68462

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				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	12/9	7:45AM	12/10	8:30	12/10	1:00 PM	6"	1:30 PM	4 1/8"	30	1 1/2	1.50
2	36"	12/9		12/10		12/10		6"		5 1/4"		7/8	.875
3	36"	12/9		12/10		12/10		6"		4 1/4"		1 3/4	.750
4	36"	12/9		12/10		12/10		6"		4 7/8"		1 1/8	1.125
5	36"	12/9		12/10		12/10		6"		4 3/4"		1 1/4	1.250
6	36"	12/9	8:10AM	12/10	8:45AM	12/10	11:15PM	6"	11:45 PM	4 7/8"		1 1/8	1.125

Sum of Percolation Rates: 6.625
Average of Rates: 1.11 ×28
Mean of Rates: _____

Mick Minchow — Waverly Plumbing
Signature of Person Conducting Test

Address _____ Phone 786-2928

725 sq. ft.
713 sq. ft.

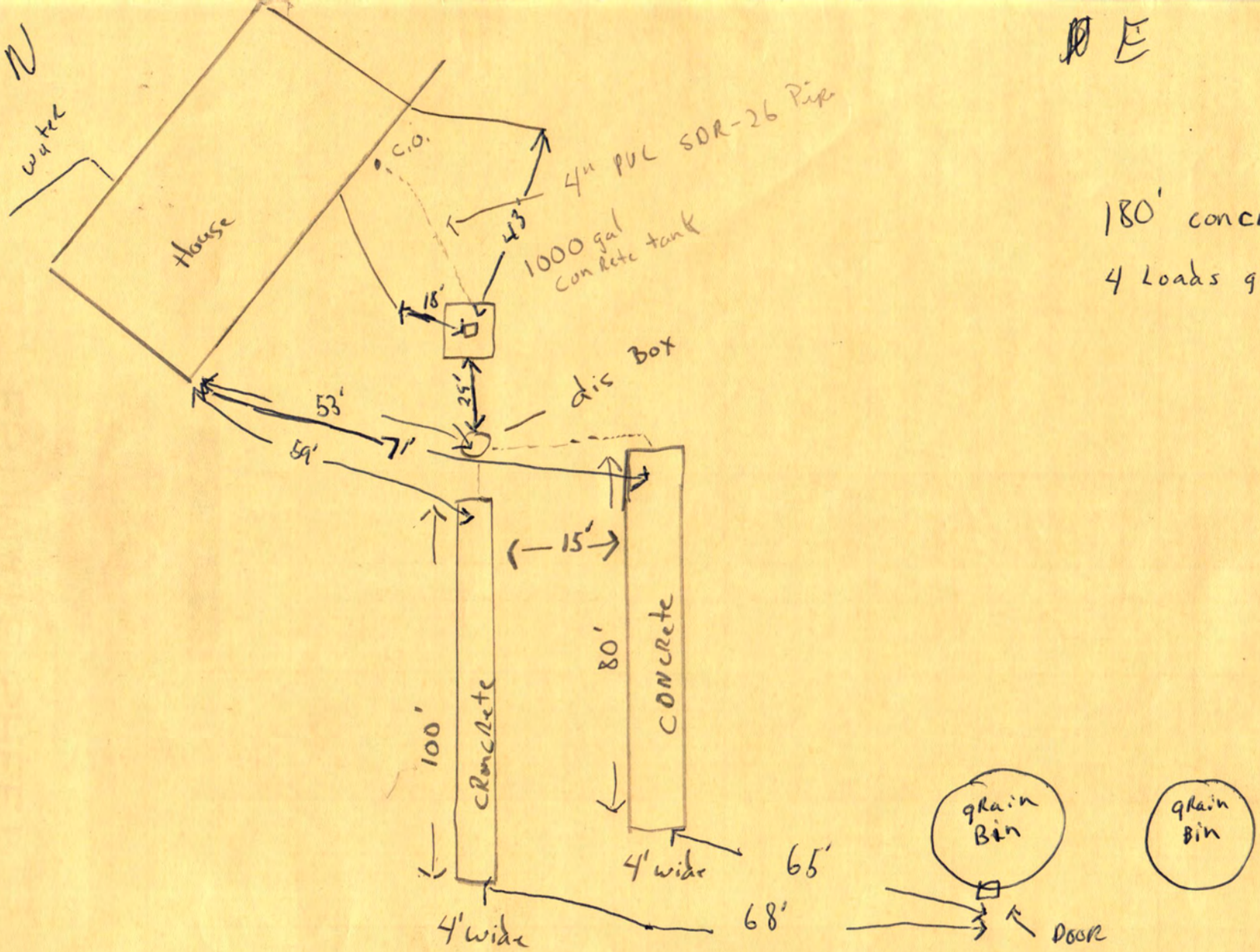
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REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: December 11, 1989

Approved Percolation Rate (a)
A. 27 min./inch
B. _____ min./inch
C. _____ min./inch

Gerald C. Hood
Signature of Reviewing Official



E

Job: Mick Minchow
Raymond Rd.
Waverly Nebr.

180' concrete Half moon

4 Loads grout

INSTALLED
3-21-90
Waverly Plumbing & Wellco
Box 116
Waverly Neb 68462
786-5620

S

W