LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT
SEWAGE SYSTEM REPAIR

No. 90390004201

Issued 05/02/90
Expires 11/02/90

ESTABLISHMENT
MICHAEL DIETZE
T12N R8E SEC 23 QTR NW
NW 1/4

FEES: Permit 018754 $50.00

Total $50.00

PERMITTEE MICHAEL DIETZE
BOX 00116
WAVERLY NE 68462

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

DATE	AMOUNT
PAID	

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

9039000042

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._____

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

DATE: April 23 1990

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 8E ; Section 23 NW¼ ;
Block_____; Lot_____; Addition_____
Street Address_____

2. Property Use: Residential_____ ☒; Commercial_____ ☐
No. Bedrooms 2
Describe_____
Other Use ☐
Describe_____

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

4. Description of proposed alteration, extension or repair: ADD 52'
half moon concrete lateral

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

6. Estimated cost of project:

a. Materials	$ 600	00
b. Labor	$ 200	00
c. Other	$	
TOTAL	$ 800	00

Michael P Dietz
Signature of Applicant (owner or lessee)

Box 1160, 1410 Lancashire, Waverly, Nebraska 68462
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 4-23-90
Filing Fee: $ 50 00

2. Site Visits:
Date: 4-23-90 by: mm
Date:_____ by:_____
Date:_____ by:_____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Reed

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-23-90 by: Lon Mayo

E
N
Tree Line
Q's Bat
Q's Bat
22'
5'
Bank
50'
house
S
52' Concrete Lattal
69'
Existing Lattcrel
70 Bale
County Rd.
E

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2767-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

6 MONTHS — THIS PERMIT EXPIRES

WAVERLY PLUMBING & WELL CO., BOX 116, 14150 LANCASHIRE, WAVERLY NE 68462 — ISSUED TO / ADDRESS

T12N: R8E: Sec. 23 — 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 R. J. NUERNBERGER, Lancaster County Treasurer — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

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

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. 2767-C

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

DATE: Nov. 3 1988

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 8E; Section 23;
Block _____; Lot _____; Addition _____
Street Address _____

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

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

4. Description of proposed alteration, extension or repair: ADD 52'
Concrete Lattera

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ Over 400.00

Michael P Dietz
Signature of Applicant (owner or lessee)

Box 116 Waverly Nebr.
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: 11-2-88
Filing Fee: $ 30.00

2. Site Visits:
Date: 11-2-88 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Ron Mangum

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-2-88 by: Ron Mangum