Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE SYSTEM REPAIR
SEWAGE REPAIR
ADD TO DRAIN FIELD

Establishment

ROGER MANDIGO
T11N R8E SEC 33 QTR NW
LOT 9
7450 N 134 ST

Permitee

ROGER MANDIGO
7450 N 134TH ST
WAVERLY NE 68462

Permit # 99390064501

Issued 11/16/99
Expires 05/16/00
Revenue Code 3157

FEES: $50.00

TOTAL: $50.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011163

Individual Sewage Disposal System
Application to Alter, Extend or Repair

☐ Municipal Code 24.38 ☒ County Resolution Number 2832

Date: 11-15-99	File No.:

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 11N Range 8E Section 33 1/4 Section NW
   Block _____ Lot 9 Ext. Addition _____
   Street Address 7450 N. 134th

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

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

4. **Description of proposed alteration, extension or repair:** Add to drain 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 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 Roger Mandigo Address 7450 N. 134th Phone 402 786-5198
Applicant Signature (owner or lessee) _____

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

(Please do not write below this line)

Date rec'd 11-15-99 REVIEW: ☒ approved ☐ disapproved By: Paul Thomas

Site visits:
Date 12-1-99 By Ron Mayfield
Date _____ By _____
Date _____ By _____

Installation final written approval
Date 12-16-99 By Ron Mayfield

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

Rec'd 11/16/99 ks
#18833 $50.00

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:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 7450 N 134 (no rural route) City Waverly NE, Zip

Owner Roger Mandigo Addresss 7450 N 134

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

Date of Tests to Weather: Precipitation Temperature

Percolation Test Data Table

A.	B.	C. D. Pre-Saturation Period		E. F.		G. H. Percolation Readings		I.	J. K.		L. M. Results		N.
		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"	10-21	4PM	10-22	3:30	10-22	3:30	6	10-22	4:00	30	1"	30
2	36"	10-21	4PM	10-22	3:30	10-22	3:30	6	10-22	4:00	30	1"	30
3	36"	10-21	4PM	10-22	3:30	10-22	3:30	6	10-22	4:00	30	3/4"	40
4	36"	10-21	4PM	10-22	3:30	10-22	3:30	6	10-22	4:00	30	3/4"	40
5	36"	10-21	4PM	10-22	3:30	10-22	3:30	6	10-22	4:00	30	1"	30
6	36"	10-21	4PM	10-22	3:30	10-22	3:30	6	10-22	4:00	30	7/8"	34

Sum of Percolation Rates: 204
Average of Rates: 34
Rate Used for Calculation: 30 min.

Person Conducting Percolation Tests

Name: Dave Dietze
Phone: 402-786-2682
Address 9651 N. 149th Place
Waverly NE 68462

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Installer will be required to install 532 ft² of lateral distribution @ 4' wide - 133 ft of lateral required

Signature of Reviewing Official Paul Thomas Date 11-15-99

FORM 23-101 10-96

DEC 15 1999

D

Permit Number:

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

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 7550 N 134 (no rural route) City Waverly NE, Zip 68462

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 50' ft.

D. Absorption Field

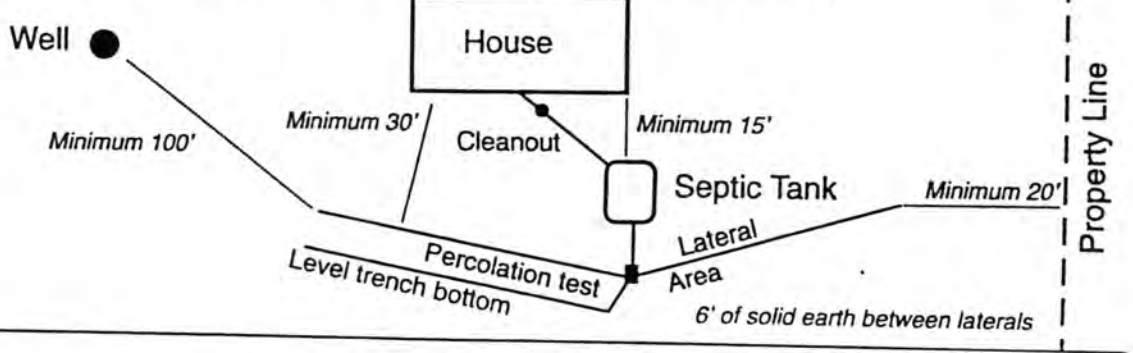
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: INFiltak
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 68 ft. 68' ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4Feet ft.
   Slope 0 in/100 ft.
   Average depth 36" in
4. Filter material: gravel
   Depth of material _____ in.
5. Distances to: Well or suction line 100 Plus ft.
   Stream N/A ft.
   Pressure line N/A ft.
   Property line 30' ft.

Indicate North with Arrow

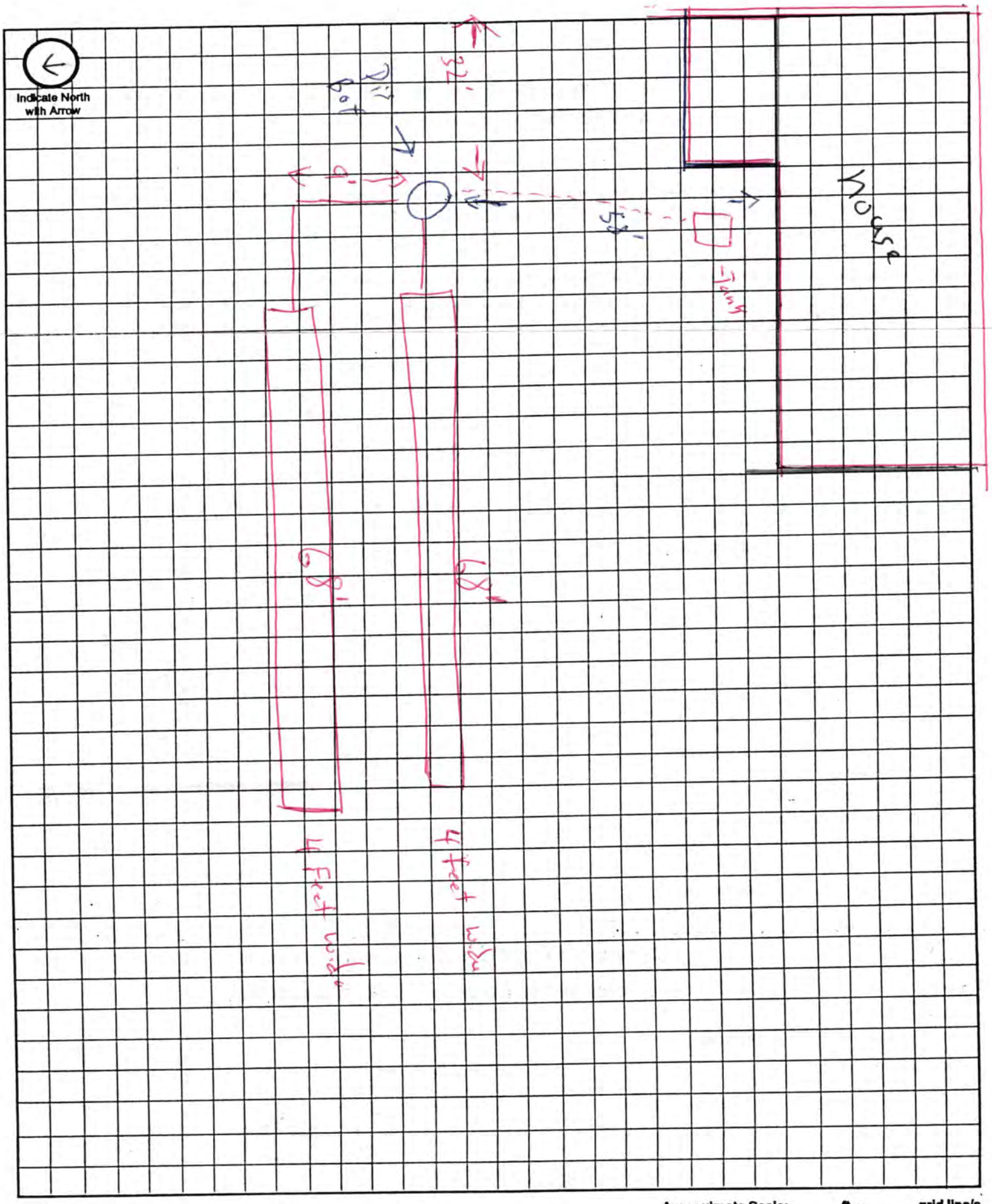
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)

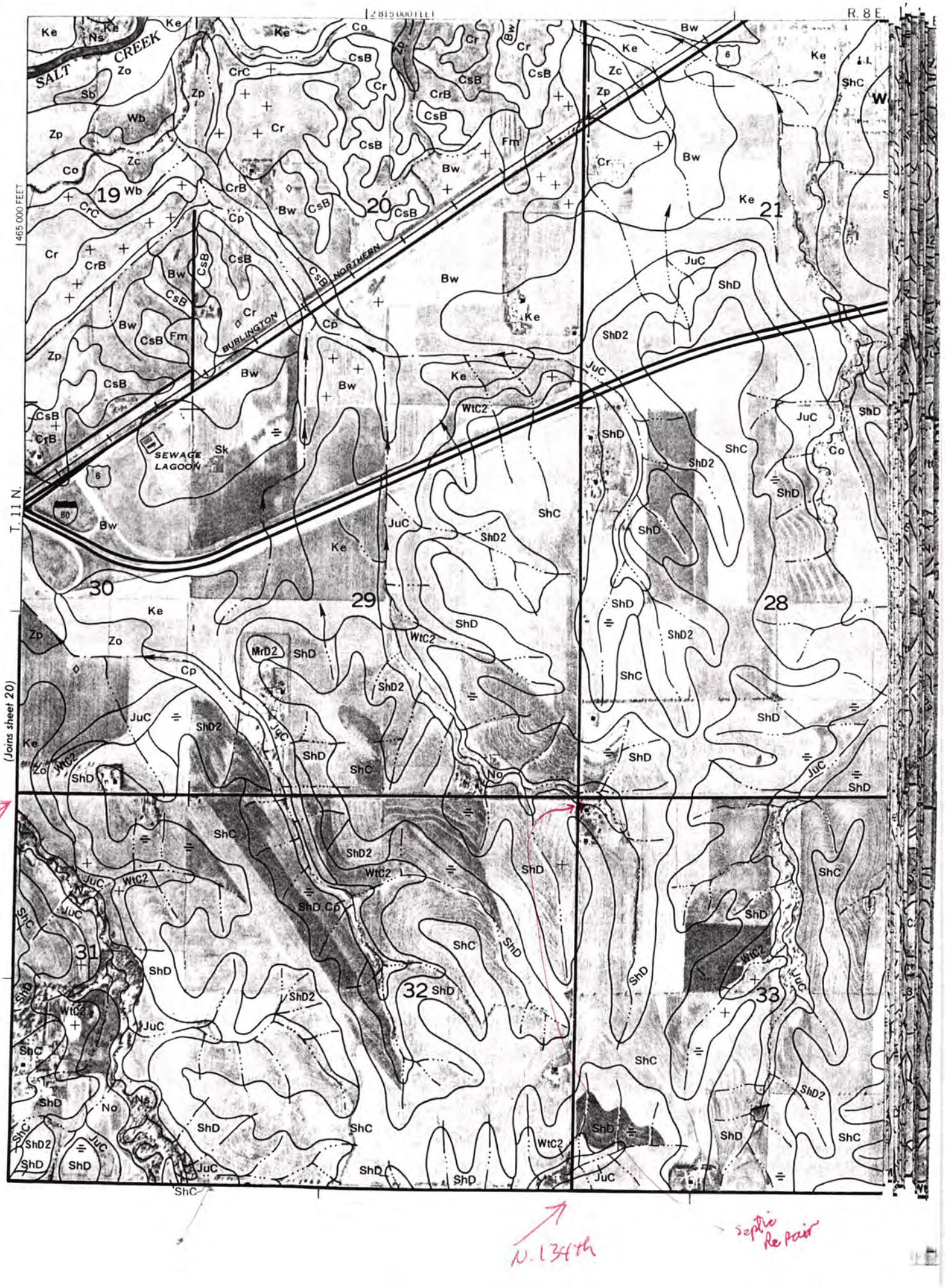


FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ ft. = _____ grid line/s


R. 8 E.
T. 11 N.
SALT CREEK
NORTHERN
BURLINGTON
SEWAGE LAGOON
(Joins sheet 20)
19
20
21
28
29
30
31
32
33
Ke
Ns
Zo
Sb
Wb
Zp
Zc
Co
CrC
Cr
CrB
Cp
Bw
CsB
Fm
Sk
JuC
ShD
ShD2
ShC
WtC2
MrD2
No
Alvo Rd
N. 134th
Septic Repair