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

A

Permit Number HS002014

Onsite Wastewater Treatment System Permit Application

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

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 2500 W Waverly Rd City Raymond, NE Zip 68428
(no rural route)

Legal Description SW SW 9 11 6E 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 12-09-300-002-000 *Approx. Address (If to be determined)

B. Owner

Name Stoerger, Vincent + Yarnley, Erin Signature Michael P Dietz

Address 2500 W Waverly Rd City/State/Zip Raymond, NE 68428

Home Phone Work Phone

C. Certified Installer

Name: Waverly Plumbing + Well Co Michael Dietz Signature

Address PO Box 116 City/State/Zip Waverly, NE 68462

Work Phone 402-786-5620

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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 4
Garbage Grinder? ☐ Yes ☒ No

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 6-02-20 Amount Paid $430.00
Received By JAO Cash/Check No. 35720

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

NEBRASKA
Good Life. Great Resources
DEPT. OF ENVIRONMENT AND ENERGY

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

12-014
Ver. 4/2020

Owner Name STOERGER, VINCENT & YARDLEY, ERIN Phone _____

Address 2500 W WAVERLY RD (City) RAYMOND (State) NE (Zip) 68428

Location (Attach a sketch of the property showing test hole locations)

SW ¼ SW ¼ 9 Section 11 Township 6 E Range LANCASTER County

Lot # 7 Subdivision _____

Soil Type (Check one)

Sand ☐ Silt ☐ Clay ☐ Sandy Clay ☐ Loamy Sand ☐ Silty Clay ☐

Silty Clay Loam ☑ Sandy Loam ☐ Silt Loam ☐

Dates of Test

Start Date 05/02 to End Date 05/03, 2020

Weather Conditions

Precipitation O Avg. Temp 70 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo./Day)	Pre-saturation Period: Start Time (Hr./Min)	Pre-saturation Period: End Date (Mo./Day)	Pre-saturation Period: End Time (Hr./Min)	Percolation Readings (last period): Start Date (Mo./Day)	Percolation Readings (last period): Start Time (Hr./Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (m ÷ l) (Minutes per inch)
1	36	05/02	1600	05/03	1600	05/03	2000	6	2030	1	30	1	30
2	36	05/02	1600	05/03	1600	05/03	2000	6	2030	3/4	30	3/4	40
3	36	05/02	1600	05/03	1600	05/03	2000	6	2030	3/4	30	3/4	40
4	36	05/02	1600	05/03	1600	05/03	2000	6	2030	3/4	30	3/4	40
5	36	05/02	1600	05/03	1600	05/03	2000	6	2030	1	30	1	30
6	36	05/02	1600	05/03	1600	05/03	2000	6	2030	3/4	30	3/4	40

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature Suzette Bulo

Certificate or License # 2394

Address PO Box 308

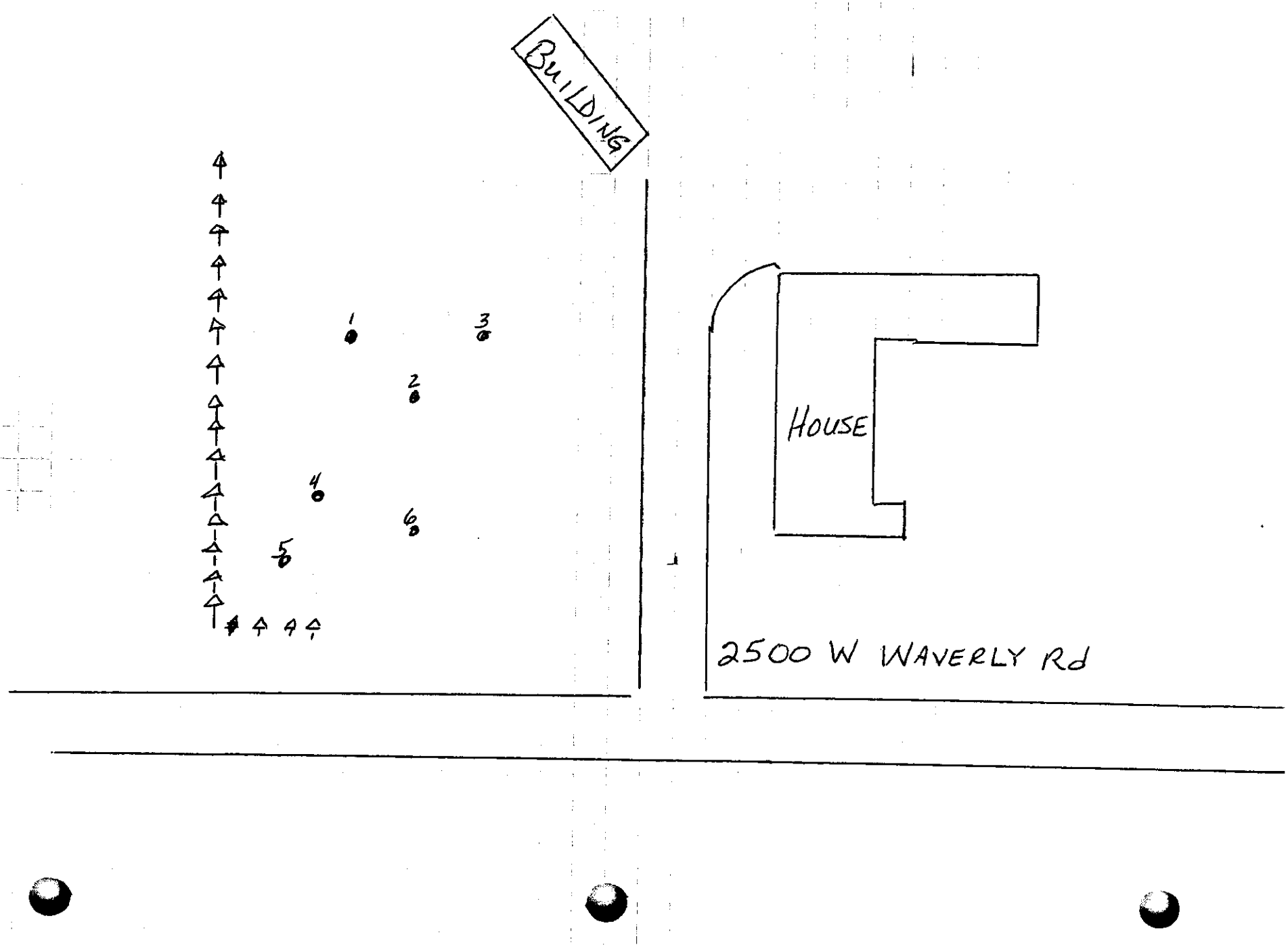
City Waverly St. NE Zip 68462

Phone 402*525*3144

Sum of Percolation Rates = 220

Avg. of Percolation Rates* = (sum of rates ÷ number of tests) (minutes per inch) 37

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.


BUILDING
1
2
3
4
5
6
HOUSE
2500 W WAVERLY Rd

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002014

System Type: Standard

Situs: No Site Address Specified

Issued: 6/2/2020

Expires: 6/2/2021

Description: S9, T11, R6, 6th Principal Meridian, LOT 7 SW

Owner: STOERGER, VINCENT & YARDLEY, ERIN
2500 W WAVERLY RD
RAYMOND, NE 68428

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

WAVERLY PLUMBING & WELL CO.
PO BOX 116
WAVERLY, NE 68428

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

SCANNED

A

Permit Number
HS002014

Onsite Wastewater Treatment System Permit Application

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

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 2500 W WAVERLY Rd City RAYMOND, NE Zip 68428
(no rural route)

Legal Description SW SW 9 11 6E 7
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 12-09-300-002-000 *Approx. Address (If to be determined)

B. Owner

Name STOERGER, VINCENT + YARDLEY, ERIN Signature Michael P Dietz

Address 2500 W WAVERLY Rd City/State/Zip RAYMOND, NE 68428

Home Phone Work Phone

C. Certified Installer

Name: Waverly Plumbing + Well Co Michael Dietze Signature

Address PO Box 116 City/State/Zip WAVERLY, NE 68462

Work Phone 402-786-5620

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 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 4
Garbage Grinder? ☐ Yes ☒ No

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

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd 6/2/20
Date frwd 6/2/20
ACTION ☒ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval
By
Date 7/6/20

Business Office Use Only
Date Received 6-02-20 Amount Paid $430.00
Received By JAO Cash/Check No. 35720

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

Form A Updated: 4/15

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: H5002014

Onsite Wastewater Treatment System

Inspection Sheet

Date 6/4/20 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2500 W. Windy City _____

Owner _____ Address _____

Mark One: ☒ Dwelling ☐ Non-dwelling

☒ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

_____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 900 Sq. Ft. (825 gal) Tank Size 1500 gals

Total length of laterals 200 Type of Distribution ☐ Chamber ☐ Perforated Pipe ☐ Other (describe)_____

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☒	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☒	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals:

Tank_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments: Pulled tape from well 104 ft to first lateral NH

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial NH Date 6/3/20

Follow-Up_____ Date _____

Follow-Up_____ Date _____

Installation Final Written Approval
By _____

Date 7/6/20

Updated 5/18

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

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

OCT 31 1995

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 10-24-95

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. 7 11 N; Range R6E; Section 9;
Block _____; Lot 7; Addition _____
Street Address 2500 WEST WAVERLY ROAD, RAYMOND, NE. 68428

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 80' OF 4" PERFORATED PIPE FROM DISTRIBUTION BOX

5. Work to be done by: Owner ☑; or Contractor ☑, STEARNS EXCAVATING
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 170	00
b. Labor	$ 200	—
c. Other	$	
TOTAL	$ 370	—

Harold L. Carlson
Signature of Applicant (owner or lessee)

2500 WEST WAVERLY ROAD
Address RAYMOND, NE. 68428

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ NO FEE

2. Site Visits:
Date: 12-6-95 by: sm covered w/ irrigation
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____