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

A

Permit Number HS002252

Existing Home

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* 4902 Waverly Rd (no rural route) City Lincoln, NE Zip 68514

Legal Description SW SE 8 11N 7E 51
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 18-08-400-010-000 *Approx. Address (If to be determined)

B. Owner

Name Arnold L Wiese Signature Arnold Wiese

Address 4902 Waverly Rd City/State/Zip Lincoln, NE 68514

Home Phone 402-480-2539 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek Signature Lloyd L Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

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 20.98
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 1-07-24 Amount Paid $440.00
Received By JM Cash/Check No CC 5040

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

Form A Updated: 2/18

PID = 08-28-110-002-000

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

B

Permit Number:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 4902 Waverly Rd (no rural route) City Lincoln NE, Zip 68514

Owner Arnold L Wiese Address 4902 Waverly Rd, Lincoln, NE 68514

Date of Tests 7/5/21 to 7/6/21 Weather: Precipitation None Temperature 86°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	32	7/5	10:00a	7/6	8:30a	7/6	12:30p	6	7/6	1:00p	30	9/16	53
2	38	"	"	"	"	"	"	6	"	"	"	5/8	48
3	36	"	"	"	"	"	"	6	"	"	"	9/16	53
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.
Phone: 402-783-2663 or 402-890-6009
Address 13800 NW 70th St
Raymond, NE 68428 Cert #1198

Sum of Percolation Rates: 154
Average of Rates: 51
Rate Used for Calculation: 51

Soil type (NRCS Maps/Other) Aksarben Silty Clay Loam
Groundwater Depth >10'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

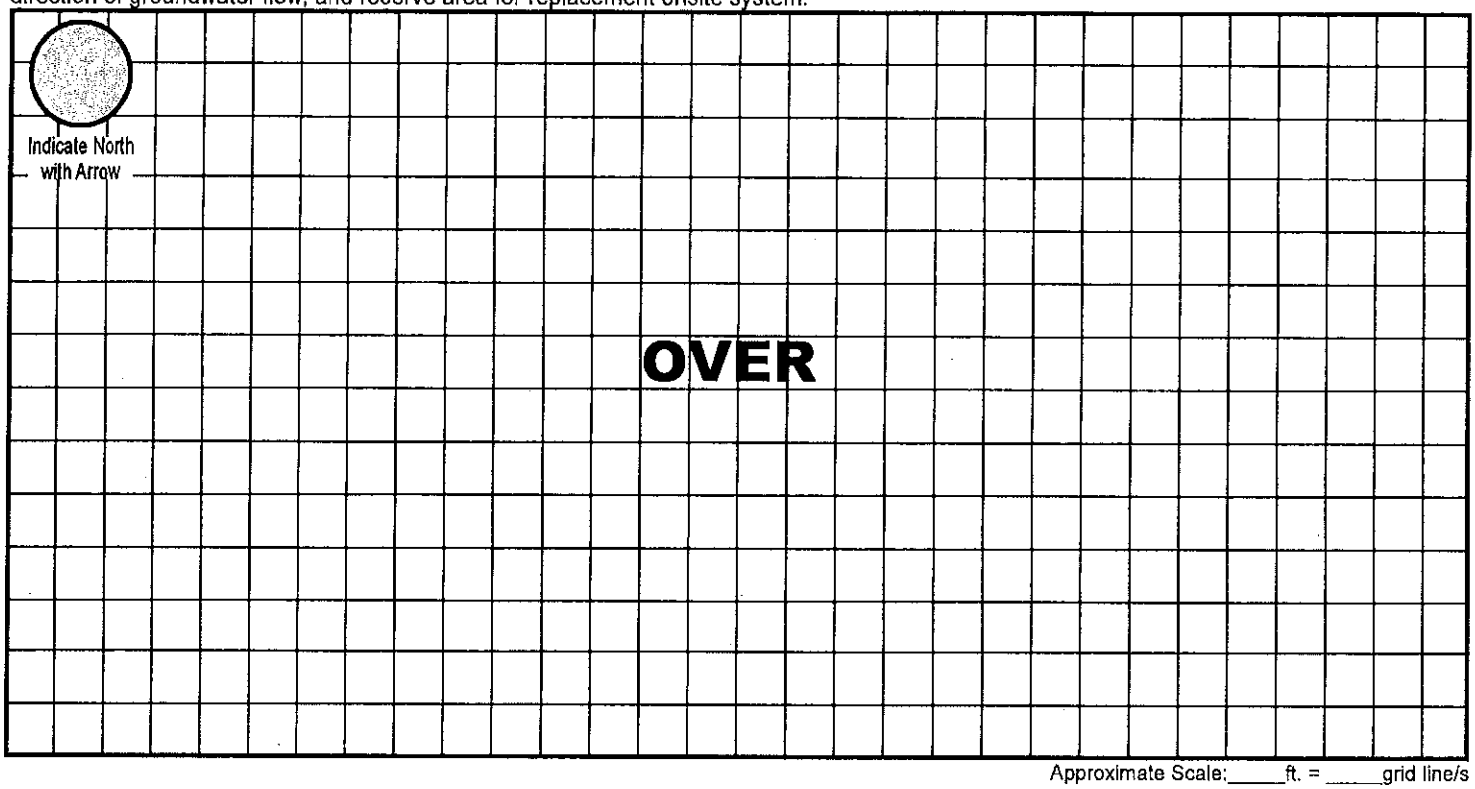
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ft. = ____grid line/s

A. Onsite System Location

Address (no rural route) 4902 Waverly Rd City Lincoln NE, Zip 68514

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate 51 (min/inch = mpi) No. of Bedrooms 3 Soil Type Aksarben SCL Land Slope ____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,080 Sq. Ft.

Total length of laterals 240 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 2 Width 38" No. of Drop Boxes 1 Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Rene L. Jahnke Date: July 6, 2021

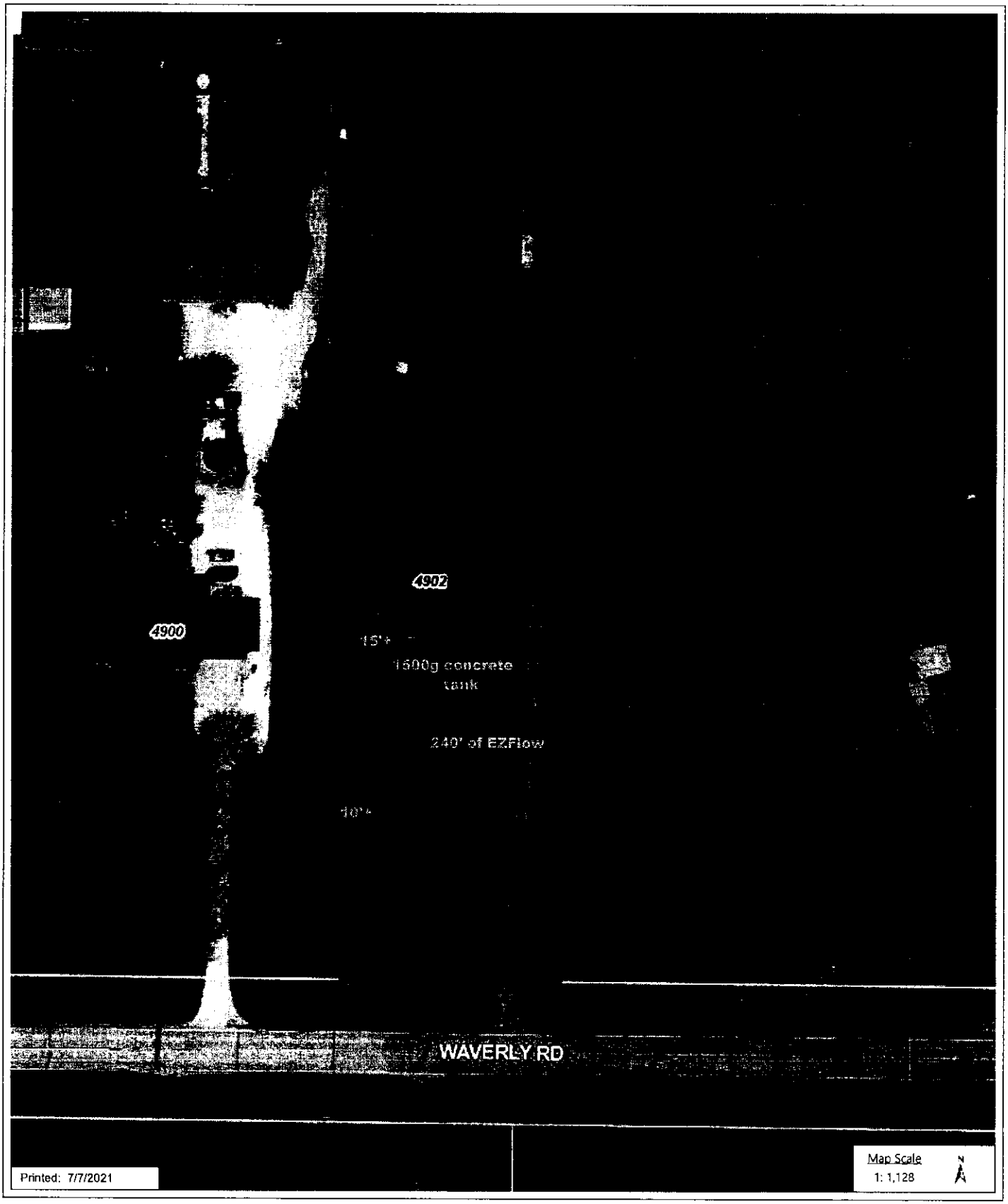
Updated 2/18

Builder Existing Home Date: _____

4902 Waverly Rd, Lincoln, NE 68514

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.

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. HS002252

System Type: Standard

Situs: No Site Address Specified

Issued: 7/8/2021

Expires: 7/8/2022

Description: S8, T11, R7, 6th Principal Meridian, LOT 51

Owner: WIESE, ARNOLD L & SHARON K
4902 WAVERLY RD
LINCOLN, NE 68514

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
Health Director

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

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

D

Permit Number: HS002252

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☑ Subsurface Septic ☐ Mound

Onsite Wastewater System Location PID = 18-08-400-010-000

Address or Legal Description or Parcel Identification Number (PID) 4902 Waverly Rd, Lincoln, NE 68514

Owner: Arnold L Wiese Address 4902 Waverly Rd, Lincoln, NE 68514

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 25 ft. (New)

B. Septic Tank

1. Material Concrete
2. Capacity: 1500 gallon
3. Depth to top of tank, below unfinished grade: 24-30 in.
4. Distance to:
   Well 100 ft. +
   Pressure line N/A ft +
   Property Line 10 ft. +
   Foundation 25 ft. +

C Distribution Box or Drop Box

Distance and Direction from septic tank: 6 ft. S
(Drainfield Control Valve)

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 2 Depth: 34" to 38"
3. Length of each lataral (linear): ft. 120 ft. 120 ft. ____ ft. ____
4. Drainfield size: 1080 sq. ft.
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft. +
   Property line 10 ft. +
   Depth of Groundwater >8'

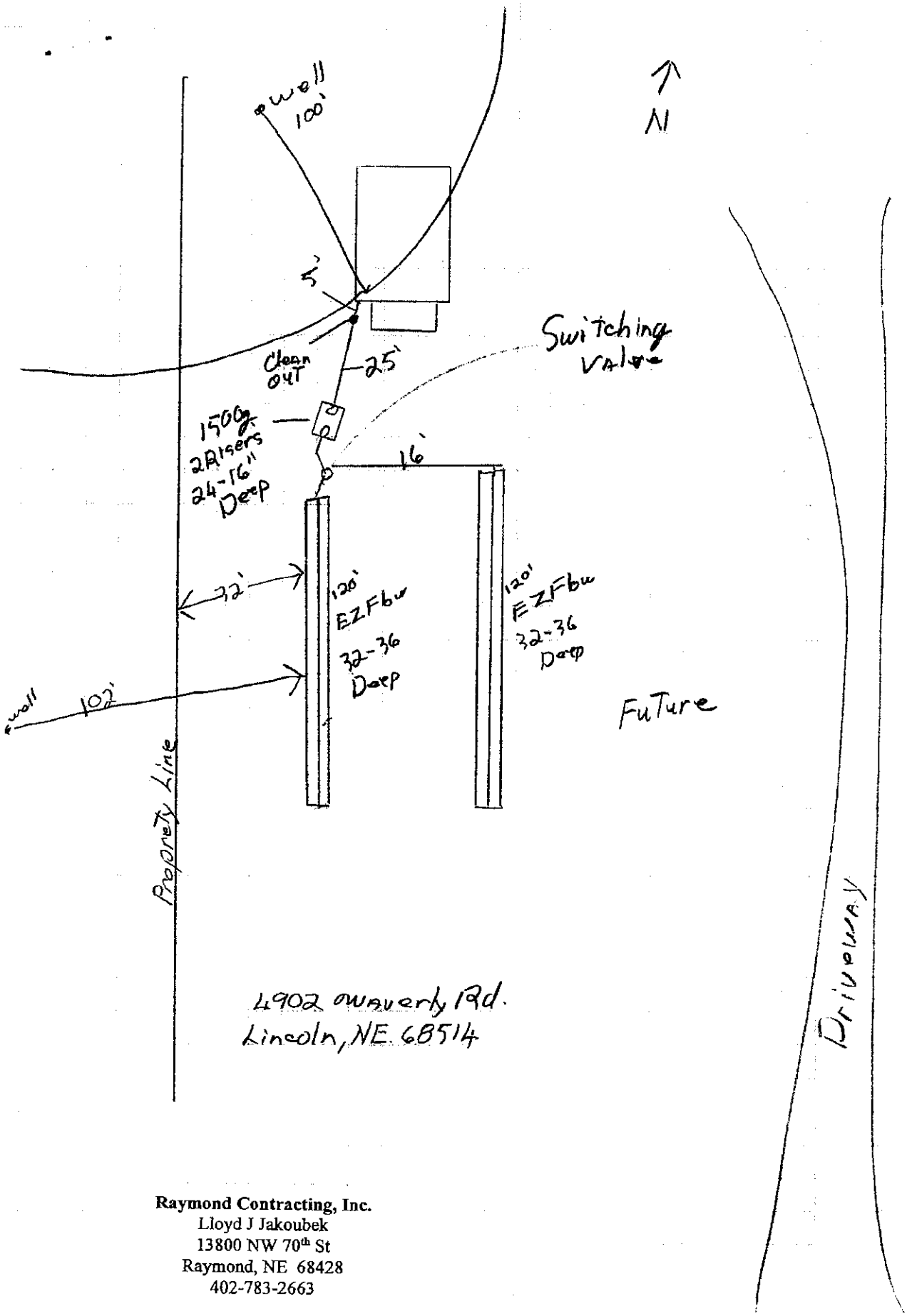
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Kevin L. Gallacher Date: 7/7/21

Complete As-Built drawing on the back of this form.



Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

7/7/21

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2040-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF PERMIT

MARCH 19, 1984
THIS PERMIT EXPIRES

STANLEY D. TROUBA — RFD #3
ISSUED TO — ADDRESS

LINCOLN, NE 68505

T11N; R7E; Sec 8; Lot 32 IT
LEGAL DESCRIPTION

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY: FB
DATE: 9/21/83
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 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: $ 60.00

FILE NO. 2040-C

DATE: 9-19-83

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. 11N ; Range 7E ; Section 8 ;
   Block _____ : Lot 32 I.T : 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.

Stanley D Traube
Signature of Applicant (Owner or Lessee)

RFD 3 Seward Neb 68585
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/19/83 . Date Frwd. 9/19/83 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/20/83 . Date Frwd. 9/20/83 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 9/19/83 . Date Frwd. 9/19/83 . ACTION: Approved ☐ Disapproved ☐ Signature: Larry V. Worrell

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

Drawing recieved

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/29/85 By: J. C. Hood

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

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

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

B

FILE NO. 2040-C

PROPERTY WHERE SOIL TESTED:

Location: Township 11 N ; Range 7E ; Section & ¼ Section 8 .
Property Dimensions: _____ ft. x _____ ft. Area: 22.8 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9-15-83 to 9-16-83 . Weather: Precip. DRY Temp. 76 .

OWNER: Stanley D Trouba
Address: RFD3 Lincoln Neb 68505

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	3'											2 1/8	
2	3'											1/2	
3	3'											1 1/2	
4	3'											1 1/16	
5	3'											1 5/8	
6	3'											1 1/2	
~~7~~	~~3'~~												
~~8~~	~~3'~~												
~~9~~	~~3'~~												
~~10~~	~~3'~~												

Stanley D Trouba
Signature of Person Conducting Test

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Address RFD3 LINCOLN NEBR 68505 Phone 464-7915

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: September 19, 1983

Approved Percolation Rate (a)
A. 22 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Wood
Signature of Reviewing Official

9-15-83

Saturation time Start 2:30

Holes 3" x 4"

Hole #	TIME 3:30	TIME 4:30	TIME 5:30	TIME 6:30
1	Empty	6" down	9" down	7" down
2	5 DOWN	2½"	1"	1"
3	9	4½"	2½"	2"
4	6	4"	2"	2½"
5	6	3¾"	1½"	1½"
6	4	2"	1"	1¾

24 Hrs. Later Hole all water gone

9-16-83 time Start percolation Meas. 2:30

Hole #	water down					
1	1¾"	2 3/4	2 3/4"	2 3/4"	1⅞"	2⅞
2	½"	1⅝	1⅛	½	½	⅝
3	2½"	2½	1⅞	2"	1⅝	1⅝
4	2"	1"	1"	½	1⅛	1"
5	1½"	1½"	1 3/16	1⅛"	1⅛	1⅛
6	2"	1¾	2"	13/16	2"	1⅝
TIME	3:00	3:30 TIME	4:00 TIME	4:30 TIME	5:00 TIME	5:30 TIME

WATER DOWN		
1	3⅛	2 1/8
2	½	½
3	2½	1½
4	½	1⅛
5	1⅛	1⅝
6	2⅞	1½
TIME	6:00	6:30 TIME

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
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

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2040-C

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

Date: September 19, 1983

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 163 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 653 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
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

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2040-C

Indicate on sketch if residence and well are exisiting or proposed.

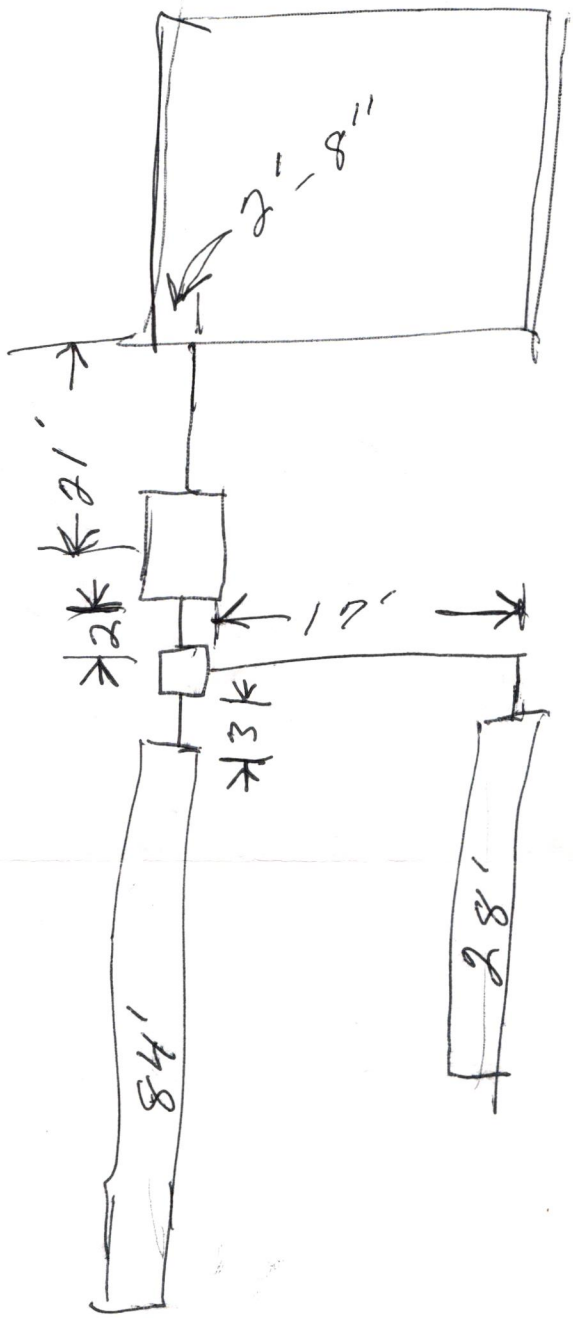
REVIEWING ACTION

Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 109 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 435 sq.ft.

_____
Signature of Reviewing Official



N

1000 gal pre cast

(5) 4' above basement floor

4' wide 3' deep laterials

2 lateral 84'
28'
112'

(5) Lixie PVC 4"

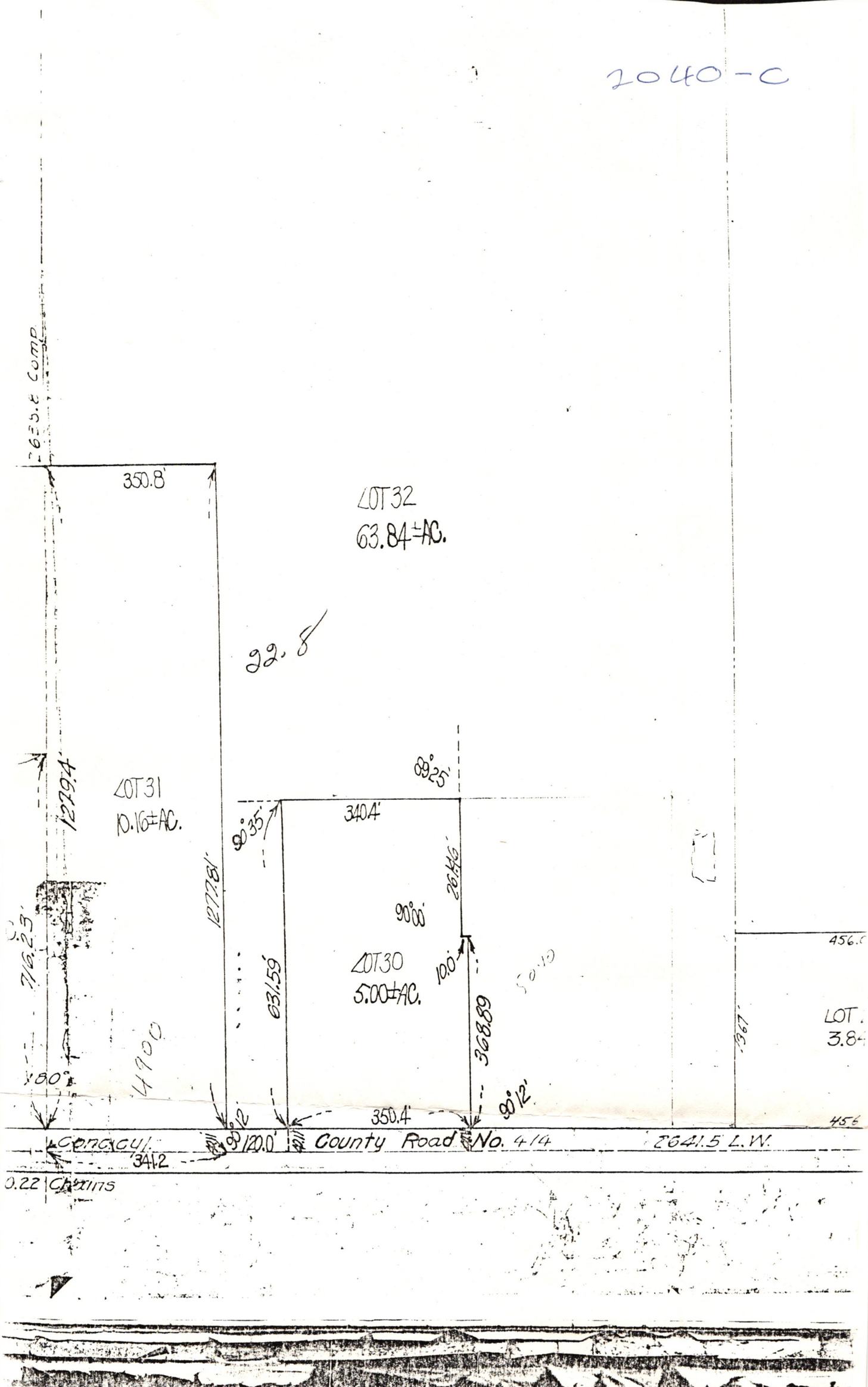
Stan Trouba
RFD 3 Box 101
Lancaster Neb 68514

2040-C

THAT PORTION OF LOT 32 I.T. SEC. 8 T11N-R7E LYING WESTERLY OF THE FOLLOWING DESCRIBED LINE: COMMENCING AT THE NORTH WEST CORNER OF SAID LOT 32 I.T.; THENCE EASTERLY ALONG THE NORTH LINE OF SAID LOT 32 I.T., SAID NORTH LINE ALSO BEING THE NORTH LINE OF THE SOUTH 1/2 OF SAID SECTION 11, A DISTANCE OF 570.8' THENCE SOUTHERLY PARALLEL TO THE WEST LINE OF SAID LOT 32 I.T. TO ITS POINT OF INTERSECTION WITH THE NORTH LINE OF LOT 30 I.T. IN SAID SECTION 11, THENCE WESTERLY ANLONG THE NORTH LINE OF SAID LOT 30 I.T. TO THE NORTHWEST CORNER THEREOF; THENCE SOUTHERLY ALONG THE WEST LINE OF SAID LOT 30 I.T. TO THE SOUTHWEST CORNER THEREOF. ALL IN LANCASTER COUNTY NEBRASKA.

County
City Com
Yes 13

2040-C


2625.8 Comp
350.8'
LOT 32
63.84±AC.
22.8
LOT 31
10.16±AC.
1279.4'
1277.6'
89°25'
90°35'
340.4'
26.46'
90°08'
LOT 30
5.00±AC.
63.59'
10.0'
368.89'
50.10
456.6
LOT
3.84
367'
456
350.4'
90°12'
90°12'
120.0'
341.2
County Road No. 414
2641.5' L.W.
0.22 Chains

SCANNED

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

A

Permit Number HS002252

Existing Home

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* 4902 Waverly Rd (no rural route) City Lincoln, NE Zip 68514

Legal Description: SW (1/4) SE (1/4) 8 (Section) 11N (Township) 7E (Range) ____ (Subdivison) ____ (Addition) ____ (Block) 51 (Lot)

PID 18-08-400-010-000 *Approx. Address (If to be determined) ____

B. Owner

Name Arnold L Wiese Signature Arnold L Wiese

Address 4902 Waverly Rd City/State/Zip Lincoln, NE 68514

Home Phone 402-480-2539 Work Phone ____

C. Certified Installer

Name: Lloyd Jakoubek Signature Lloyd L. Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

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 20.98
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 7/8/21
Date frwd 7/8/21
ACTION ☑ Approved ☐ Disapproved
Signature [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 [signature]
Date 7/8/21

Business Office Use Only
Date Received 7-6-21 Amount Paid $440.00
Received By MO Cash/Check No CC 5040

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

Form A Updated: 2/18

SCANNED

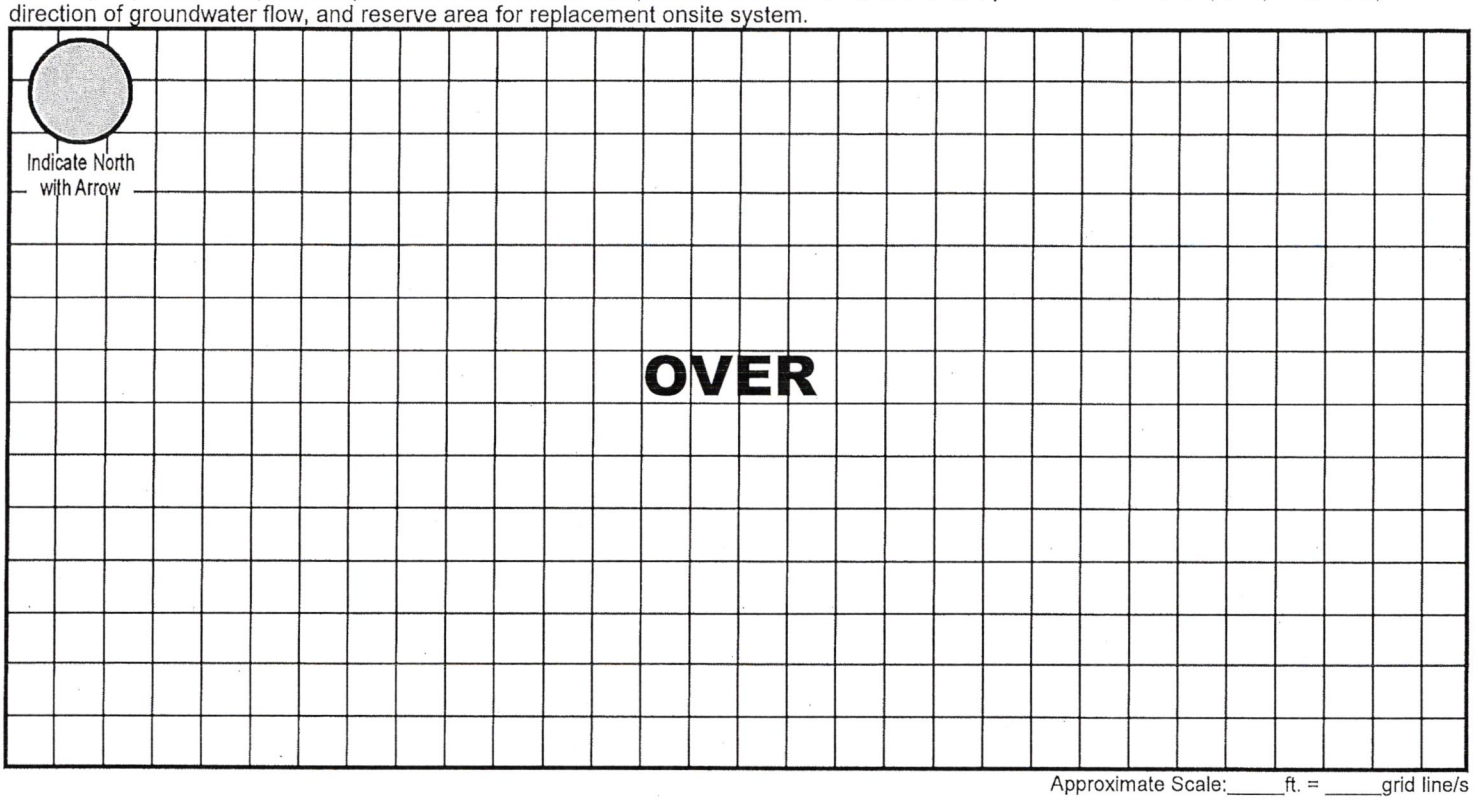
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale:_____ft. = _____grid line/s

A. Onsite System Location

Address (no rural route) 4902 Waverly Rd City Lincoln NE, Zip 68514

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate 51 (min/inch = mpi) No. of Bedrooms 3 Soil Type Aksarben SCL Land Slope _____ %

☑ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 1,080 Sq. Ft.

Total length of laterals 240 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 2 Width 38" No. of Drop Boxes 1 Distribution Box _____

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Neil L. Jahnke Date: July 6, 2021

Updated 2/18

Builder Existing Home Date: _____

SCANNED

4902 Waverly Rd, Lincoln, NE 68514

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email assessor@lancaster.ne.gov and you will be directed to the appropriate department.