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

A

Permit Number
HSDD2351

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* 7705 N 176th St (no rural route) City Waverly, NE Zip 68462

Legal Description SE 1/4 SE 1/4 Section 26 Township 11N Range 6E Subdivison _____ Addition _____ Block _____ Lot 3

PID 24-26-400-003-000 *Approx. Address (If to be determined) _____

B. Owner

Name Daniel L Shrader [redacted] Terri L. Jakoubek

Address 7705 N 176th St City/State/Zip Waverly, NE 68462

Home Phone 719-650-9481 Work Phone _____

C. Certified Installer

Name: Terri Jakoubek Signature _____

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 3.83

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 _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
Date frwd _____ Signature _____
Comments _____

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

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

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 1-14-22 Amount Paid 450.00
Received By LC Cash/Check No 22504

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

Form A Updated: 2/18

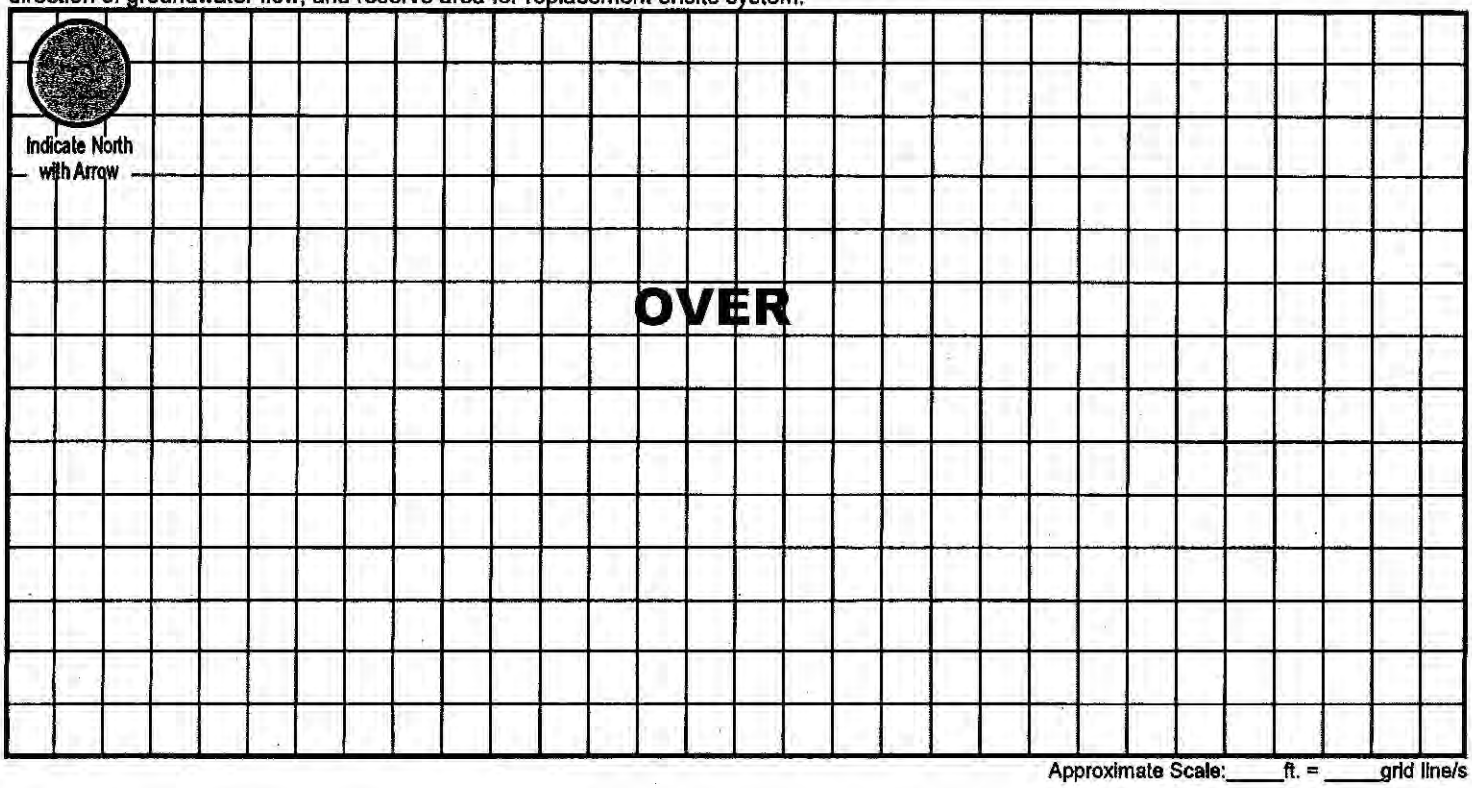
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 7705 N 176th St City Waverly NE, Zip 68462

B. Proposed Septic Tank/s (Install 1/13/22)

Septic Tank Cap. 1000 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 (Install spring of 2022)

Percolation Rate 60 anticipated (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 1,440 Sq. Ft.

Total length of laterals 320 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

No. of Absorption Trenches 3 Width 38" No. of Drop Boxes 1 Distribution Box _____

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

Installer Neil L. Jakubek Date: 1/12/22

Updated 2/18

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. HS002351

System Type: Standard

Situs: No Site Address Specified

Issued: 1/24/2022

Expires: 1/24/2023

Description: S26, T11, R8, 6th Principal Meridian, LOT 3 SE

Owner: SHRADER, DANIEL L
7705 N 176 ST
WAVERLY, NE 68462

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

TERRI JAKOUBEK
13800 NW 70 ST
RAYMOND, NE 68428

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

SCANNED

A

Permit Number
HSDD2351

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* 7705 N 176th St (no rural route) City Waverly, NE Zip 68462

Legal Description: SE (1/4) SE (1/4) 26 (Section) 11N (Township) E (Range) ____ (Subdivison) ____ (Addition) ____ (Block) 3 (Lot)

PID 24-26-400-003-000 *Approx. Address (If to be determined) ____

B. Owner

Name Daniel L Shrader Signature Terri L. Jakoubek

Address 7705 N 176th St City/State/Zip Waverly, NE 68462

Home Phone 719-650-9481 Work Phone ____

C. Certified Installer

Name: Terri Jakoubek Signature ____

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 3.83

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 1/24/22
Date frwd 1/24/22
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 12/13/22

Business Office Use Only
Date Received 1-14-22 Amount Paid 450.00
Received By LC Cash/Check No. 225040

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

Form A Updated: 2/18

* Temporary Modification - Collapsed Tank!

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

A

Permit Number
H5002351

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* 7705 N 176th St (no rural route) City Waverly, NE Zip 68462

Legal Description SE SE 26 11N 6E 3
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 24-26-400-003-000 *Approx. Address (If to be determined)

B. Owner

Name Daniel L Shrader Signature

Address 7705 N 176th St City/State/Zip Waverly, NE 68462

Home Phone 719-650-9481 Work Phone

C. Certified Installer

Name: Terri Jakoubek Signature

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 3.83
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 1-13-22 Amount Paid 549.00
Received By LC Cash/Check No. 12

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

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

D

Permit Number: HS002351

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 = 24-26-400-003-000

Address or Legal Description or Parcel Identification Number (PID) 7705 N 176th St, Waverly, NE 68462

Owner: Daniel L Shrader Address 7705 N 176th St, Waverly, NE 68462

TO BE COMPLETED SPRING 2022

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between ~~dwelling~~ tie in and septic tank: 7 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1,000
3. Depth to top of tank, below unfinished grade: 30 in.
4. Distance to:
   Well 85 ft.
   Pressure line N/A ft +
   Property Line 100 ft. +
   Foundation 16 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 22 ft. SE

D. Drainfield/Absorption Field

☐ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZ Flow 1203# Bundles
2. Number of Laterals: 2 Depth: 2'½'-3'
3. Length of each lateral (linear): ft. 110 ft. 110 ft. ____ ft. ____
4. Drainfield size: 1190 sq. ft. (990 Req'd)
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft. +
   Property line 30 ft. +
   Depth of Groundwater >10'

Starting lateral last when arrived

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

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

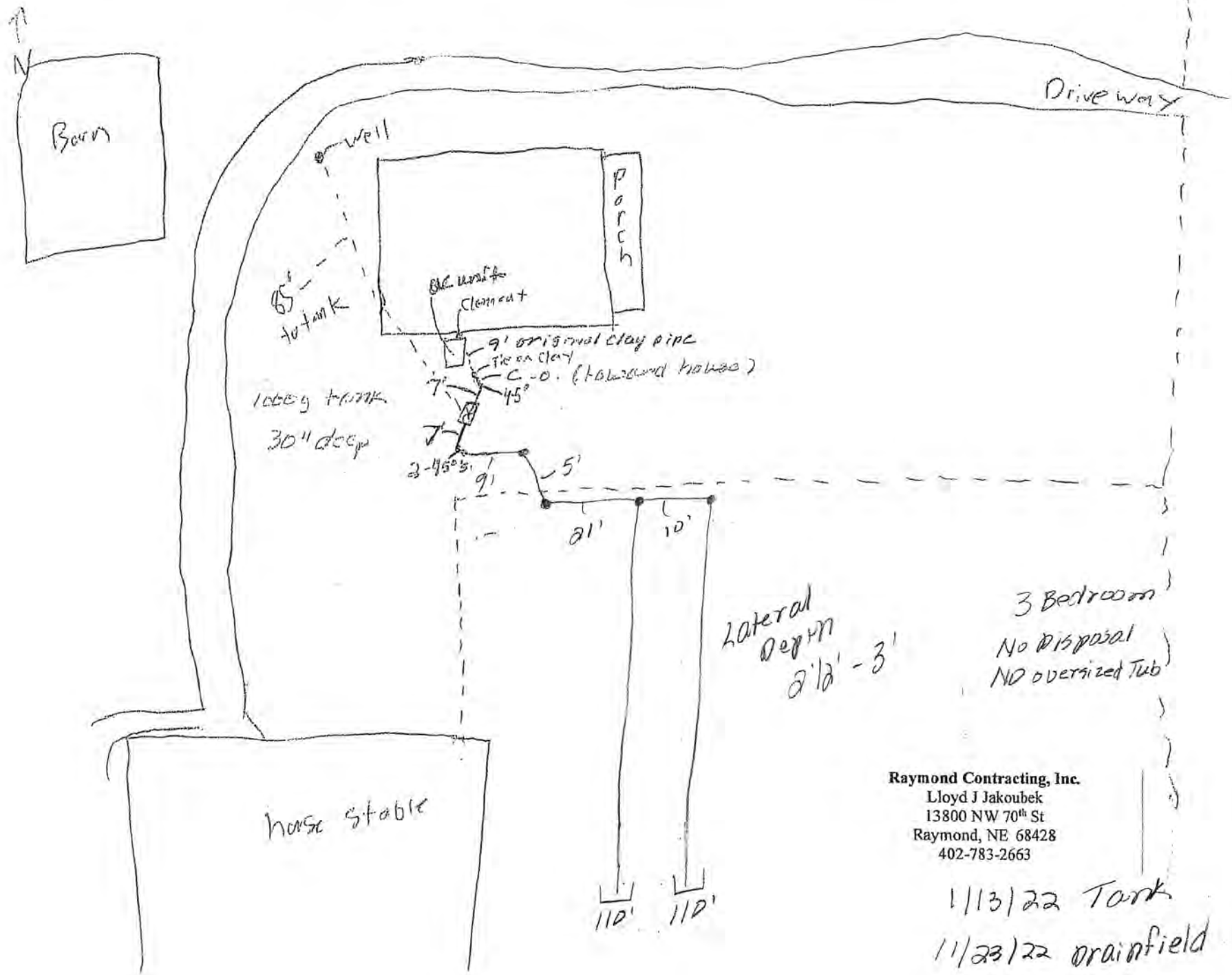
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Rene L. Jaberuka Date: 1/13/22

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

Rene L. Jaberuka 11/23/22 (drainfield)

Updated 2/16


N
Barn
Driveway
well
porch
65'
to tank
ABS waste
Cleanout
9' original clay pipe
Tie on clay
C.O. (to ground house)
45°
7'
7'
2-45°s
9'
5'
21'
10'
Lateral
Depth
2'12' - 3'
3 Bedroom
No Disposal
No oversized Tub
horse stable
110'
110'
Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663
1/13/22 Tank
11/23/22 drainfield

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 7705 N 176th St (no rural route) City Waverly NE, Zip 68426

Owner Dan Shrader Address 7705 N 176th St Waverly, NE 68462

Date of Tests 9/12/22 to 9/13/22 Weather: Precipitation 0 Temperature 92°

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			End				
Hole No.	Hole Depth(in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	35	9/12	2:00p	9/13	11:15a	9/13	2:45p	6	9/13	3:15p	30	5/8	48
2	29	"	"	"	"	"	"	6	"	"	"	5/8	48
3	27	"	"	"	"	"	"	6	"	"	"	5/8	48
4								6					
5								6					
6								6					
7								6					
8								6					

Person Conducting Percolation Test

Name: Terri Jakoubek #1198

Phone: 402-783-2663

Address 13800 NW 70th St, Raymond, NE 68428

Sum of Percolation Rates: 144

Average of Rates: 48

Rate Used for Calculation: 48

Soil type (NRCS Maps/Other) Aksarben SCL

Groundwater Depth >8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

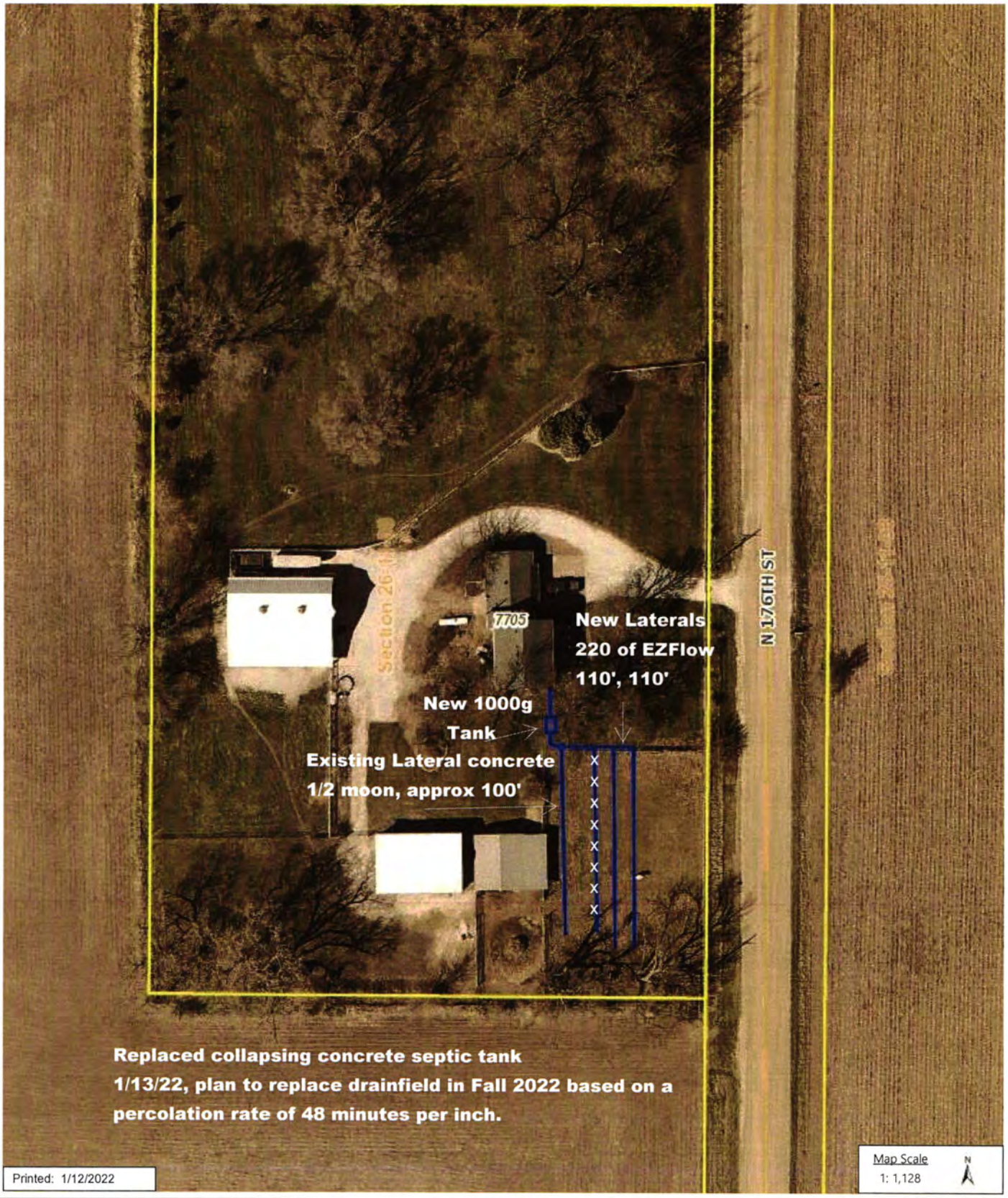
Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

7705 N 176th St, Waverly, NE 68462

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 1/12/2022

Map Scale
1: 1,128

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.

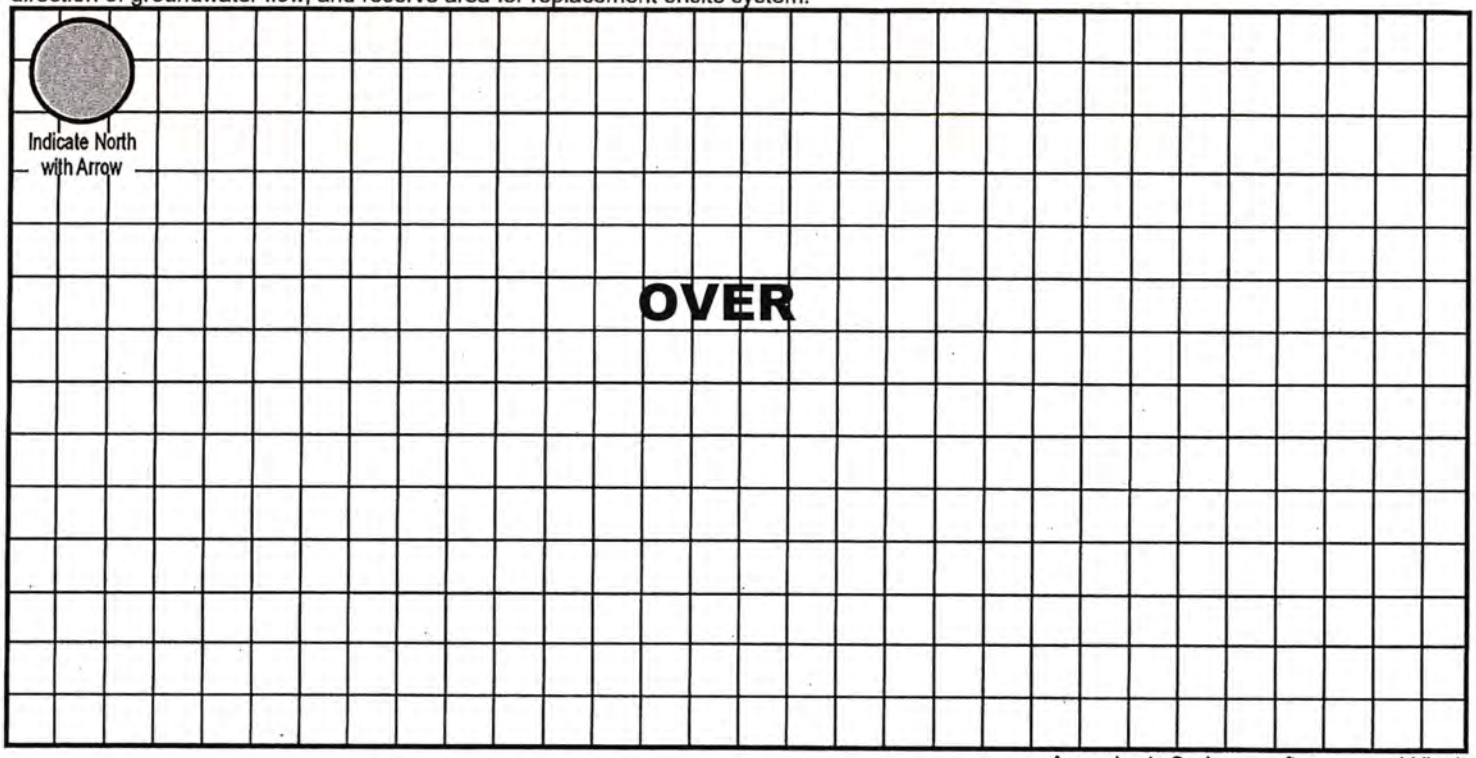
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number HS002351

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) 7705 N 176th St City Waverly NE, Zip 68462

B. Proposed Septic Tank/s (Install 1/13/22)

Septic Tank Cap. 1000 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 (Install fall of 2022)

Percolation Rate 48 anticipated (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 990 Sq. Ft.

Total length of laterals 220 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 Kevin L. Jahnke Date: 1/12/22

Updated 2/18

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

B

Permit Number: HS002351

Onsite Wastewater Treatment System
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Reviewing Action

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

Signature of Reviewing Official Date