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

A

Permit Number HS002619

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* 9700 Davey Rd (no rural route) City Waverly, NE Zip 68462

Legal Description SE 1/4 SE 1/4 28 Section 12N Township 7E Range ____ Subdivison ____ Addition ____ Block 21 Lot

PID 19-23-400-011-000 *Approx. Address (If to be determined) ____

B. Owner

Name Lonie Boens Signature Lonie Boens

Address 9700 Davey Rd City/State/Zip Waverly, NE 68462

Home Phone 309-236-4805 Work Phone ____

C. Certified Installer

Name: Terri Jakoubek Signature Terri 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 Garbage Grinder? ☑ Yes ☐ No Total Acres 4.32

☐ 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 ____ Date frwd ____
Comments ____
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 12-06-23 Amount Paid $470
Received By STAV Cash/Check No CC6040

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

Form A Updated: 2/18

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 9700 Davey Rd (no rural route) City Waverly NE, Zip 68426

Owner Lonie Boens Address 9700 Davey Rd, Waverly NE 68426

Date of Tests 11/13/23 to 11/14/23 Weather: Precipitation 0 Temperature 70

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	72	11/13	10:00a	11/14	9:30a	11/14	1:00p	6	11/14	1:30p	30	1	30
2	72	11/13	10:00a	11/14	9:30a	11/14	1:00p	6	11/14	1:30p	30	3	10
3	72	11/13	10:00a	11/14	9:30a	11/14	1:00p	6	11/14	1:30p	30	2 3/4	11
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Raymond Contracting, Vern Jakoubek

Phone: 402-783-2663

Address 13800 NW 70th St, Raymond, NE 68428

Sum of Percolation Rates: 51

Average of Rates: 17

Rate Used for Calculation: 30

Soil type (NRCS Maps/Other) Aksarben SCL

Groundwater Depth >12'

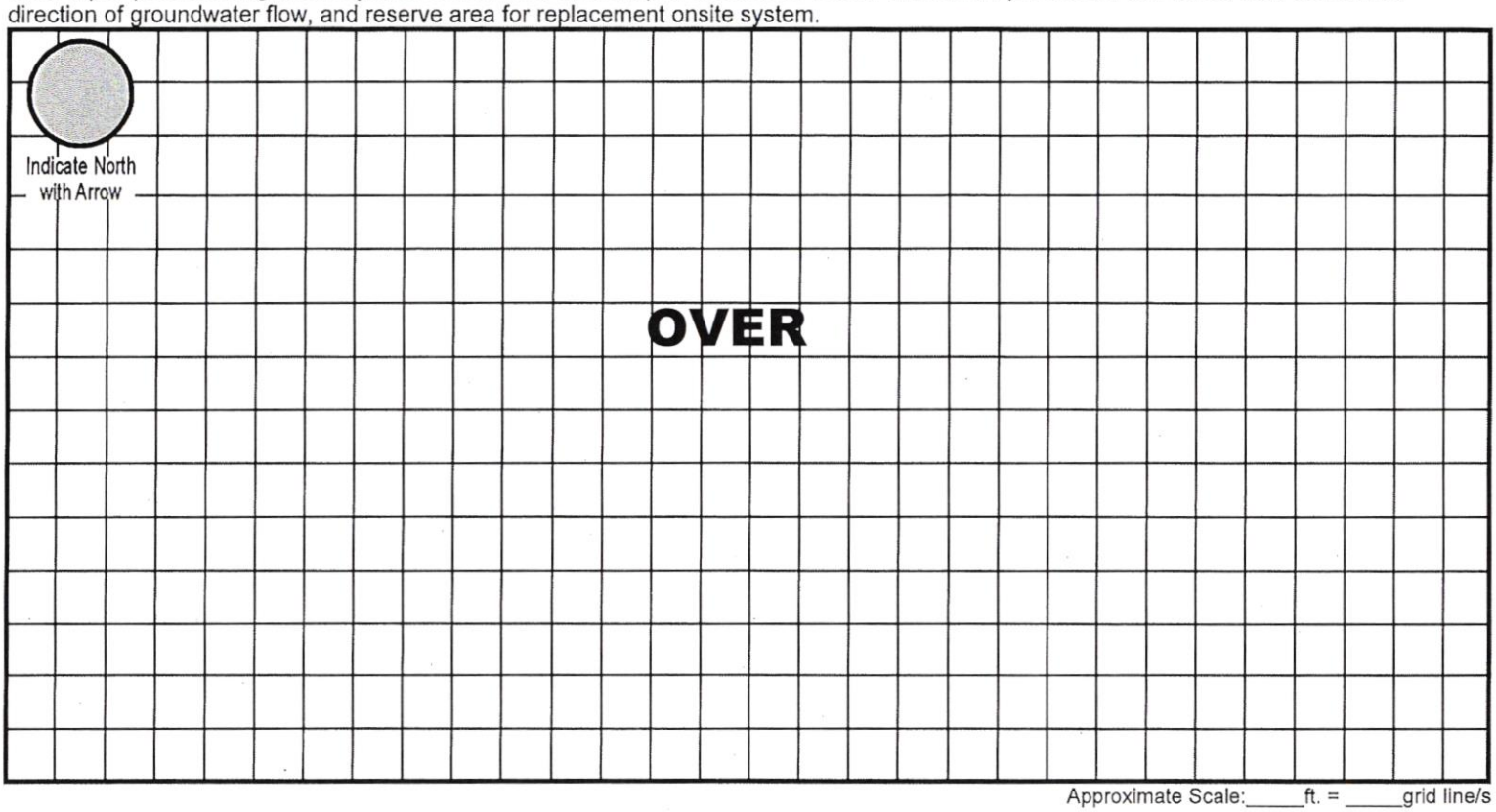
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

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) 9700 Davey Rd City Waverly NE, Zip 68462

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 30 (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 _____ Sq. Ft.

Total length of laterals 160 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☐ Chambers ☑ Other EZFlow 1203H

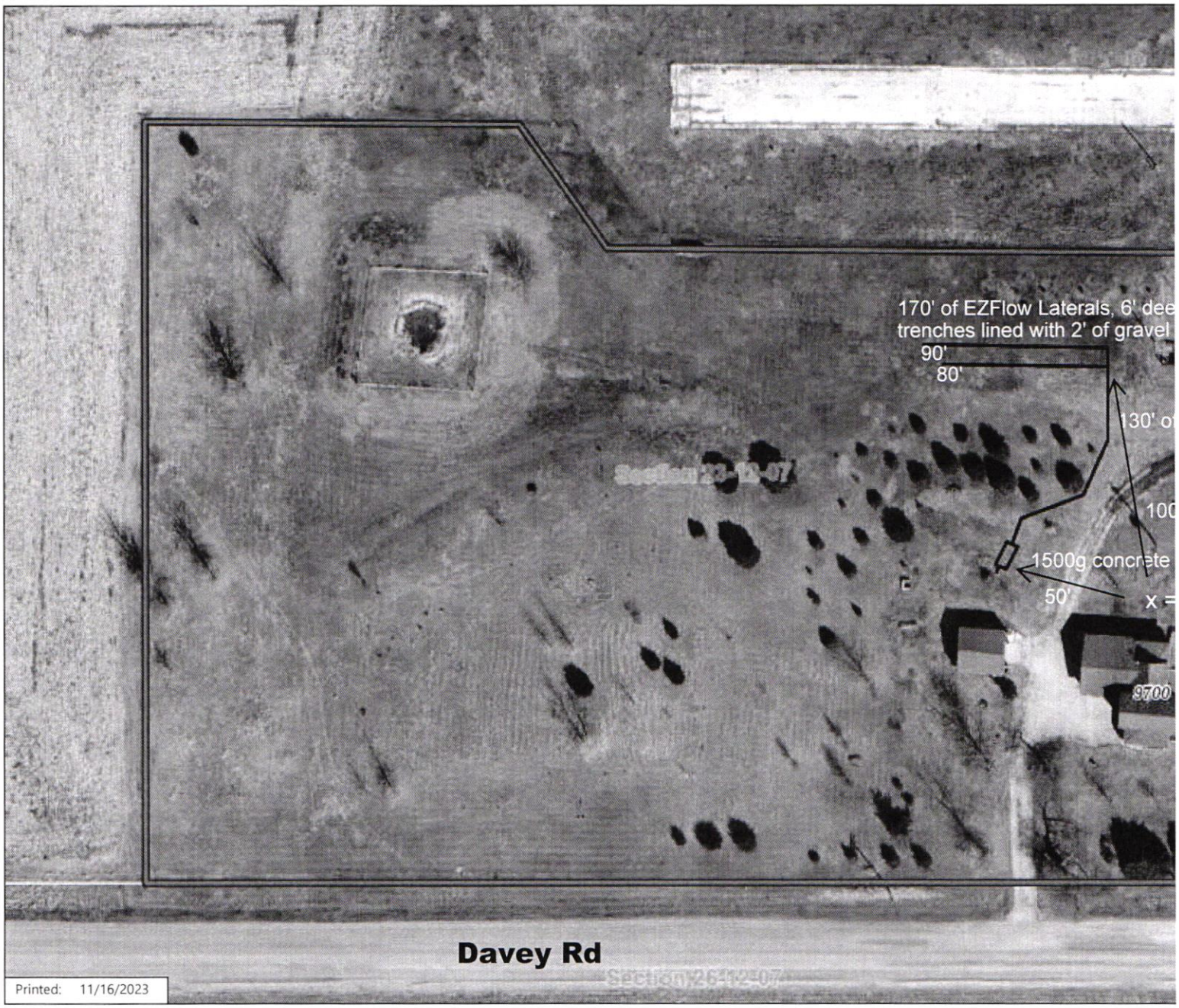
No. of Absorption Trenches 2 Width 38" No. of Drop Boxes 1 Distribution Box _____

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

Installer Mark L. Jakobek Date: 12/6/23

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 11/16/2023

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 regardir
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. HS002619

System Type: Standard

Situs: No Site Address Specified

Issued: 12/11/2023

Expires: 12/11/2024

Description: S23, T12, R7, 6th Principal Meridian, LOT 21 SE

Owner: BOENS, LONIE RENEE
9700 DAVEY RD
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

RAYMOND CONTRACTING INC
13800 NW 70TH 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 HS002619

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* 9700 Davey Rd (no rural route) City Waverly, NE Zip 68462

Legal Description SE SE 28 12N 7E 21
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 19-23-400-011-000 *Approx. Address (If to be determined)

B. Owner

Name Lonie Boens Signature Lonie Boens

Address 9700 Davey Rd City/State/Zip Waverly, NE 68462

Home Phone 309-236-4805 Work Phone

C. Certified Installer

Name: Terri Jakoubek Signature Terri 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 4.32
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 12/11/23
Date frwd 12/11/23
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 1/3/24

Business Office Use Only
Date Received 12-06-23 Amount Paid $470
Received By DMD Cash/Check No. cc6040

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

Form A Updated: 2/18

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

D

Permit Number:

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 = 19-23-400-011-000

Address or Legal Description or Parcel Identification Number (PID) 9700 Davey Rd, Waverly, NE 68462

Owner: Lonie Boens Address 9700 Davey Rd, Waverly, NE 68462

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between ~~dwelling~~ Tie on and septic tank: 63 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 15 in.
4. Distance to:
   Well 100 ft. +
   Pressure line N/A ft +
   Property Line 50 ft. +
   Foundation 60 ft. +

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 4 & 9 ft. N & W

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: 5'-6' deep trench lined with 1'-2' of gravel
3. Length of each lateral (linear): ft. 80 ft. 90 ft. ____ ft. ____
4. Drainfield size: 765 sq. ft. (630 Req'd)
5. Distance to:
   Well 100 ft. +
   Pressure line N/A ft. +
   Property line 10 ft. +
   Depth of Groundwater >12

1.5' laterals installed upon arrival DA

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

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

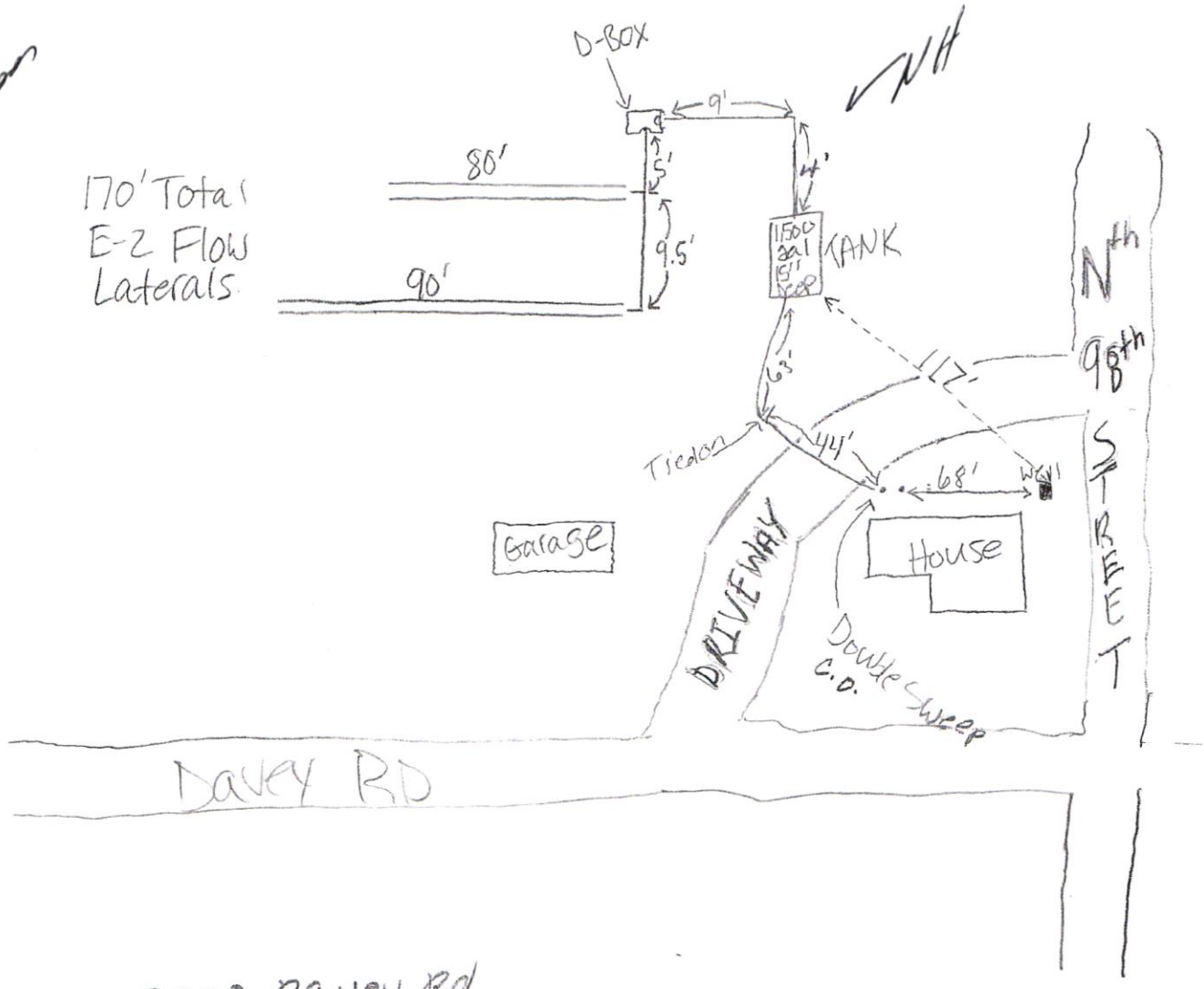
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Kevin L. Jahnke Date: 12/11/23

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

NT

Old Lagoon



9700 Davey Rd

Waverly, NE 68462

12/11/23

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