Lincoln-Lancaster County Health Department

ENVIRONMENTAL-PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

009663

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380325901

Issued 10/03/06
Expires 10/03/07
Revenue Code 3157

Establishment:
GARY L NOBBMANN
T9N R5E SEC 8
LOT 32
11455 W PIONEER BLVD-DENTON

FEES: $290.00

Permittee:
GARY L NOBBMANN
11401 W PIONEER BLVD
DENTON NE 68339

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 06380325901

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

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

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 11401 "W" PIONEER BLVD (no rural route) City DENTON NE, Zip 68339

Legal Description 11455 — 1/4 — 1/4 — Section 8 — Township 9 — Range R5 — 6TH PM — Subdivision — Addition — Block 32 — Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address Pro ID. 03-08-200-013000

B. Owner

Name GARY L. NOBBMAN Signature Gary L. Nobbman

Address 11401 W. PIONEERS BLVD City/State/Zip DENTON NE. 68339

☐ Check if owner designed system Home Phone 402-795-2007 Work Phone 402-436-1079 402-432-4357

C. Contractor

Name MELVIN GAGNER Company Name GAGNER CONST.

Address 4810 W. CLAIR AVE City/State/Zip LINCOLN NE. 68523

☒ Check if contractor designed system Work Phone 432-5698

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name MELVIN GAGNER Firm GAGNER CONST. Work Phone 432-5698

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub 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 ☐ Municipal Code 24.38 ☒ County Resolution No. 2832

1. **Health Department** Date rec'd 10/3/06 Date frwd 10/4/06 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10-4-06 Date frwd 10-4-06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-4-06 Date frwd 10-4-06 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 10/04/06
Amt Paid 290.00
Rec'd By _____ Cash/Check No. 6083

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number: 06380325 9

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 14401 "W" PIONEER Blvd (no rural route) City DENTON NE, Zip 68339

Owner _____ Addresss SAME

Soil Type (SCS): SILTY CLAY LOAM Percolation Rate: 50.66 min./inch

Date of Tests 9-13-06 to 9-14-06 Weather: Precipitation 0 Temperature 80

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	31	9-13	12:30	9-14	1:30	9:14	1:30	6	9:14	2:00	30	1/2	60
2	32	"	"	"	"	"	"	"	"	"	"	5/8	48
3	32	"	"	"	"	"	"	"	"	"	"	1/2	60
4	31	"	"	"	"	"	"	"	"	"	"	5/8	48
5	29	"	"	"	"	"	"	"	"	"	"	3/4	40
6	32	"	"	"	"	"	"	"	"	"	"	5/8	48

Sum of Percolation Rates: 304
Average of Rates: 50.66
Rate Used for Calculation: 50.66

Person Conducting Percolation Tests

Name: Melvin Wagner
Phone: 432 5698
Address 4810 "D" Claire Ave
Lincoln NE. 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

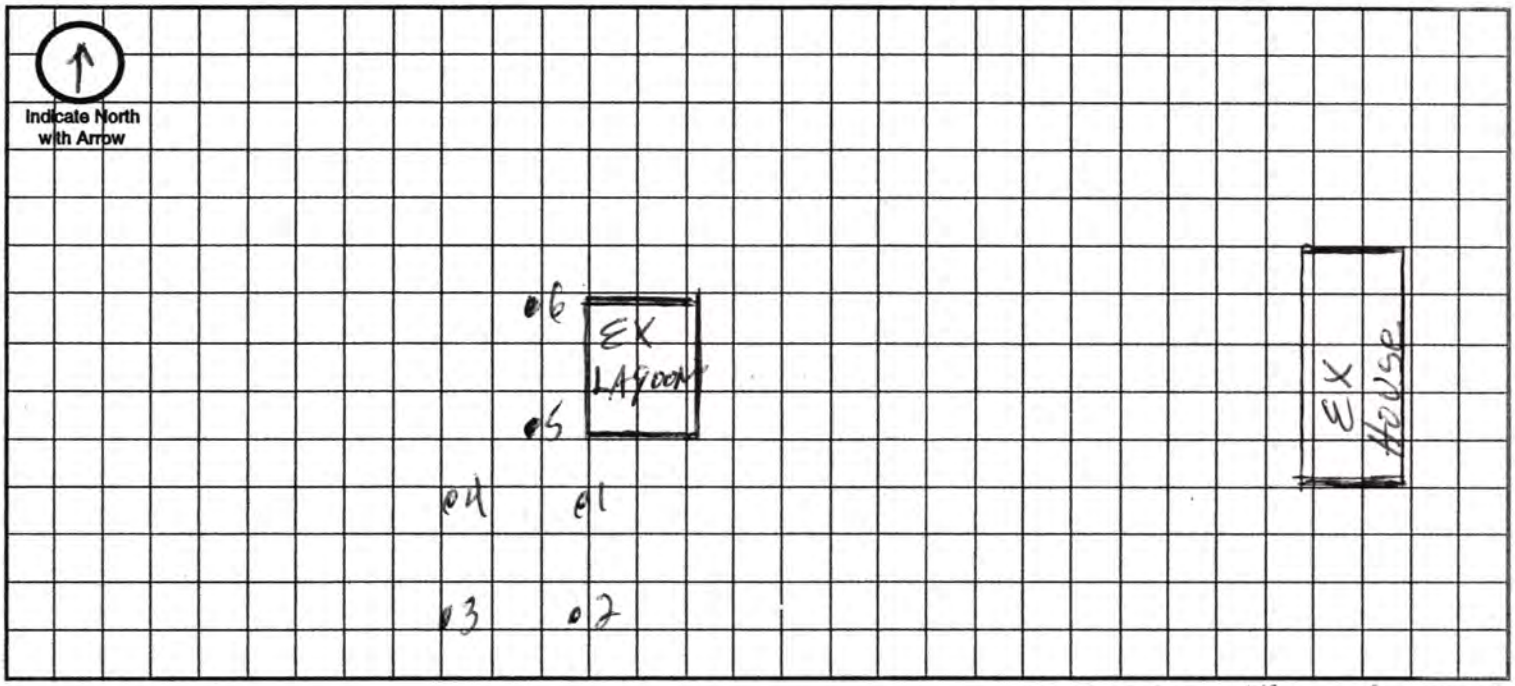
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 063803259

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 14401 W PIONEERS BLVD City DENTON NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 50.66 (min. per inch) Soil Type: SILT CLAY LOAM Land Slope: .03 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed _____

Total Length of Laterals 267 ft. Number of Trenches 2 Trench Width 4

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Melvin F Gagner Date 9-14-06

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

12-1-06 Gary Hoffman

System Location (Indicate correct number and street)

Address 11401 "W" PIONNERS City DENTON NE, Zip 68339
(no rural route)

Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 147 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 50 ft.
   stream NA ft.
   pressure line OVER 100 ft.
   property line 11 100 ft.

Septic Tank

1. Material: CONCRET
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☒ above ☐ below grade 4 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 17 in.
8. Distances to: Well or suction line OVER 50 ft.
   Stream NA ft.
   Pressure line OVER 100 ft.
   Property line 11 100 ft.

C. Distribution Box

1. Material: NA
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

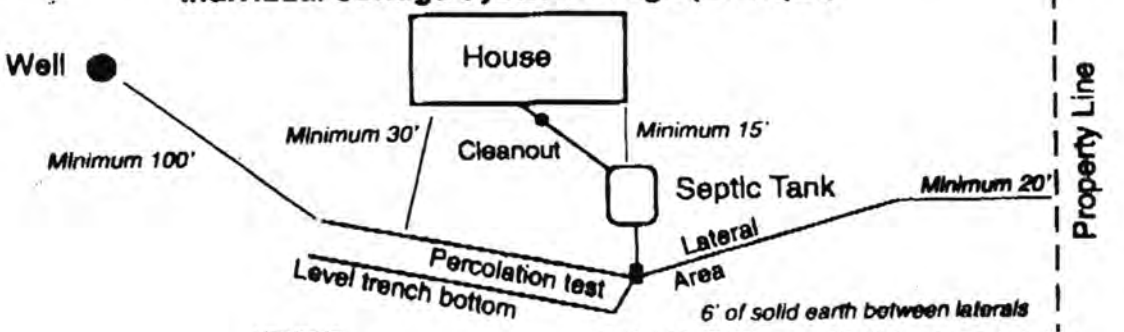
D. Absorption Field

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

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATORS
2. Lateral lines: Number 3
   Length of each line: 87 ft. 87 ft.
   87 ft. _____ ft. _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 28 in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 120 ft.
   Property line OVER 30 ft.

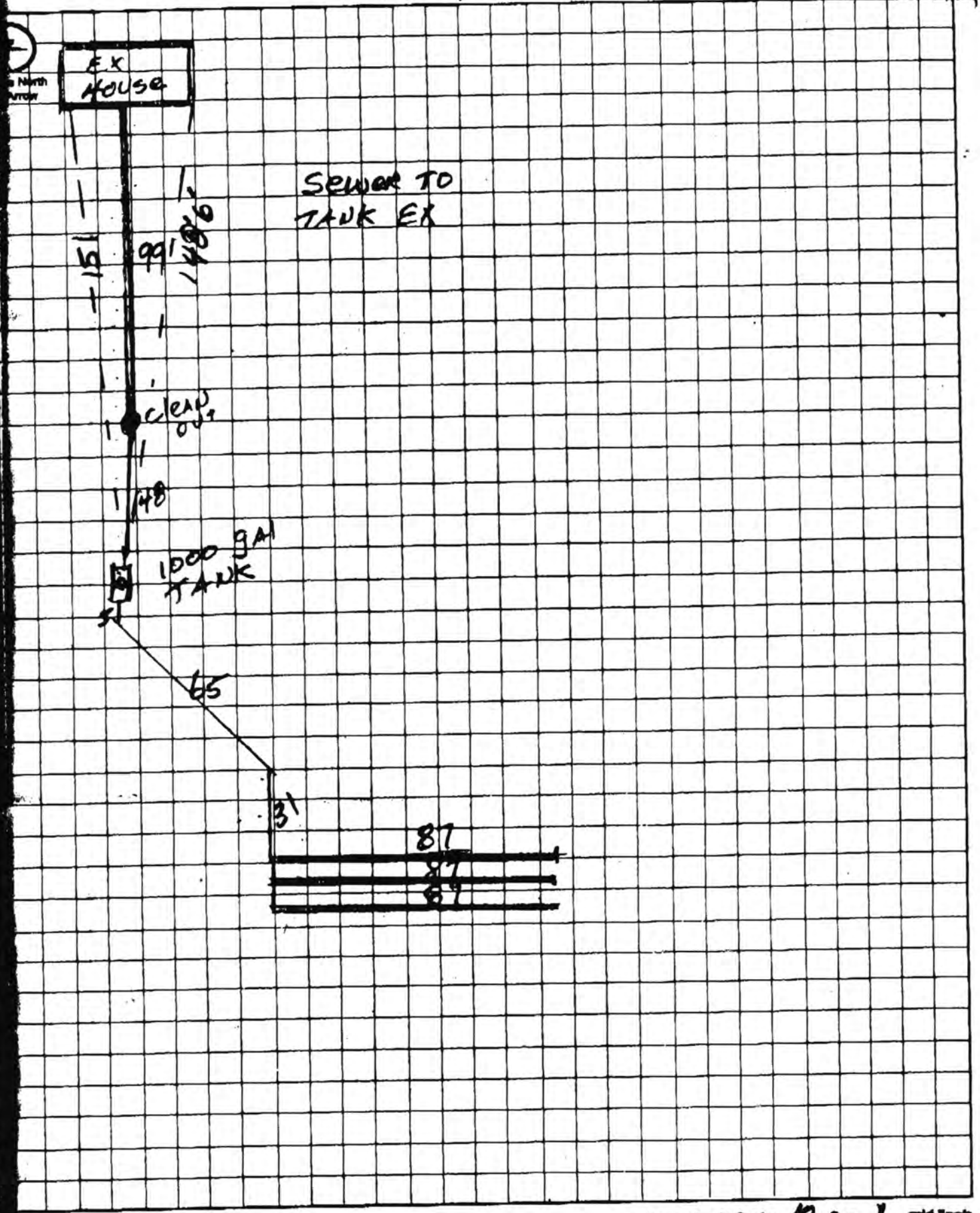
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



Bullt Drawing

11401 W. Pioneers Blvd. Denton NE



Approximate Scale: 12 ft = 1 grid line's

001

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-78

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER / L

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 11-12-91

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 5E ; SECTION 8 ; BLOCK ___

LOT ___; ADDITION _____; Street Address SW 115 AND WEST PIONEERS (HOUELSHRUD DEVELOPMENT)

Directions to Property 1/4 MILE WEST OF SW 112 AND WEST PIONEERS ON SOUTH SIDE OF ROAD (THREE DRIVEWAYS TAKE CENTER ONE)

Location of Well NORTH OF HOUSE Tap Location: Inside ☐ Outside ☒

Location of Sewage System WEST OF HOUSE Year Installed 1976

	NAME	ADDRESS	PHONE
Present Owner:	ANGELINE NOBBMAN	500 KNOX APT. #14 LINCOLN, NE	435-0580
Tenant/Buyer:	GARY NOBBMAN	RFD #1 DENTON, NE	795-2007
Return to:	~~CORNHUSKER BANK~~ SAME AS BUYER		

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Gary Nobbman Address RFD #1 BOX 22C DENTON NE. 68335

==========

HEALTH DEPARTMENT USE ONLY

Date Received NOVEMBER 12, 1991 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE NOVEMBER 13, 1991

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☒	☐	Approved:	☐	Date 11/13/91 by L.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____ by ___
Nitrate 2.9 ppm.	☒	☐	Disapproved:	☒	Date _____ by ___

Comments: GATE NEEDS A LOCK INSTEAD OF SNAP HOOK. SHOULD RUN MORE WATER IN LAGOON. Lock on gate now.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☒	Approved: ☒	Provisional Approval: ☐

APPROVED BY Harold E. Wood R.S. DATE NOVEMBER 15, 1991

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

LOGICAL EXAMINATION OF DRINKING WATER

TO BE COLLECTED AND MAILED ON:

(2-3) WK. (4) DAY (5) SAMP/DAY (6-7)

ACCOUNT NO. (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 11/13/91 11:36A.M. (9-16) MO./DAY/YR./HOUR BY L. C. Hood (17-28)

ADDRESS OR LOCATION NE¼SEC.8, T9N, R5E (29-41)

NAME AND ADDRESS OF OWNER ANGELINE NOBBMAN

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 26433 (44-47)

DATE EXAMINED (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE (57-60) mg/LITER

NITRATE (61-64) mg/LITER

TPC (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY ET (76-79)

IN '91 NOV 13 P1:08

OUT '91 NOV 14 P1:57

WATER CHEMISTRY

STATE LAB NO. 156337

COMPLETE INFORMATION BELOW

DATE COLLECTED 11 (MO) 13 (DAY) 91 (YEAR) 11:36 A.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOD

SAMPLE LOCATION ANGELINE NOBBMAN

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 8 TWNSHP 9 N RANGE 5 E

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

FOR LABORATORY USE ONLY

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N 2.9 mg/l

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY CC

FOR ACCOUNTING USE ONLY

LWN 88

'91 NOV 13 P5:33 REPORTED

'91 NOV 13 P12:07 RECEIVED