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

A

Permit Number: 98380176.

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 9500 South 64th St. (no rural route) City Lincoln NE, Zip 68516

Legal Description 28 TQN 7E Country Lane 1st Addition Block 1 Lot 2
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name John & Mary Ann Gabel Signature John & Mary Ann Gabel

Address 9500 South 64th St. City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone 489-3790 Work Phone 473-9754

C. Contractor

Name Wellman Plumbing, Inc. Company Name Clint Presnell

Address 3301 South 6th St. City/State/Zip Lincoln, NE 68502

☒ Check if contractor designed system Work Phone 430-6817

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

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms ~~4~~ 5 (5th later on in basement) 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 1-27-98 Date frwd 1/28/98 ACTION ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-28-98 Date frwd 1-28-98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1-28-98 Date frwd 1-28-98 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date 5-26-98

Business Office Use Only
Date Rec'd 1-27-98
Amt Paid $150.00
Rec'd By _____ Cash/Check No. 5133.

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

HAS WELL PERMIT

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

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 9500 South 64th st (no rural route) City Lincoln NE, Zip 68516

Owner John & Mary Ann Cabel Addresss Same

Soil Type (SCS): ~~Clay loam~~ WYMORE SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 6-18-97 to 6-19-97 Weather: Precipitation 0 Temperature 90°

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	36"	6-18	9:00 P	6-19	8:35 P	6-19	8:35P	6"	6-19	9:05 P	30min	3/4	40
2	36"	6-18	9:00 P	6-19	8:35 P	6-19	8:35P	6"	6-19	9:05 P	30min	3/4	40
3	36"	6-18	9:00 P	6-19	8:35 P	6-19	8:35P	6"	6-19	9:05 P	30min	1/2	60
4	36"	6-18	9:00 P	6-19	8:35 P	6-19	8:35 P	6"	6-19	9:05 P	30min	3/4	40
5	36"	6-18	9:00 P	6-19	8:35 P	6-19	8:35 P	6"	6-19	9:05 P	30min	1/2	60
6	36"	6-18	9:00 P	6-19	8:35 P	6-19	8:35P	6"	6-19	9:05 P	30min	1	~~30~~

Person Conducting Percolation Tests

Name: Brian Shafer (see Attached)

Phone: 402-464-0638

Address 2700 Dan Ave
Lincoln, NE

Sum of Percolation Rates: 270

Average of Rates: 45

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks OK

Signature of Reviewing Official _____ Date 1-27-98

FORM 23-101 10-96

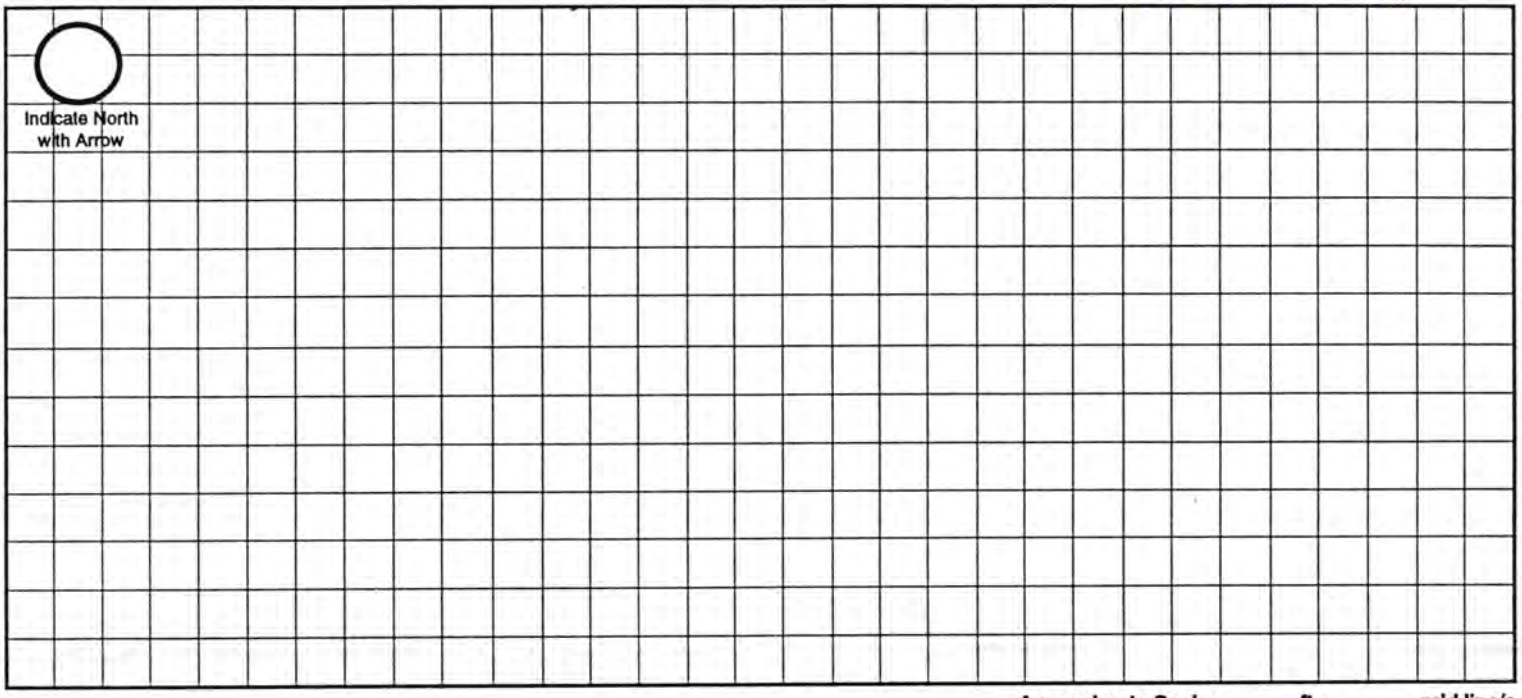
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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. (see Attached)



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 9500 South 64th St. City Lincoln NE, Zip 68516

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: WYMORE SILTY Clay Loam Land Slope: 2 %

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

Total Square Feet of Field Required: 1320 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 5 Number of Distribution Laterals per Bed 1

Total Length of Laterals 440 ft. Number of Trenches 5 Trench Width 3'

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

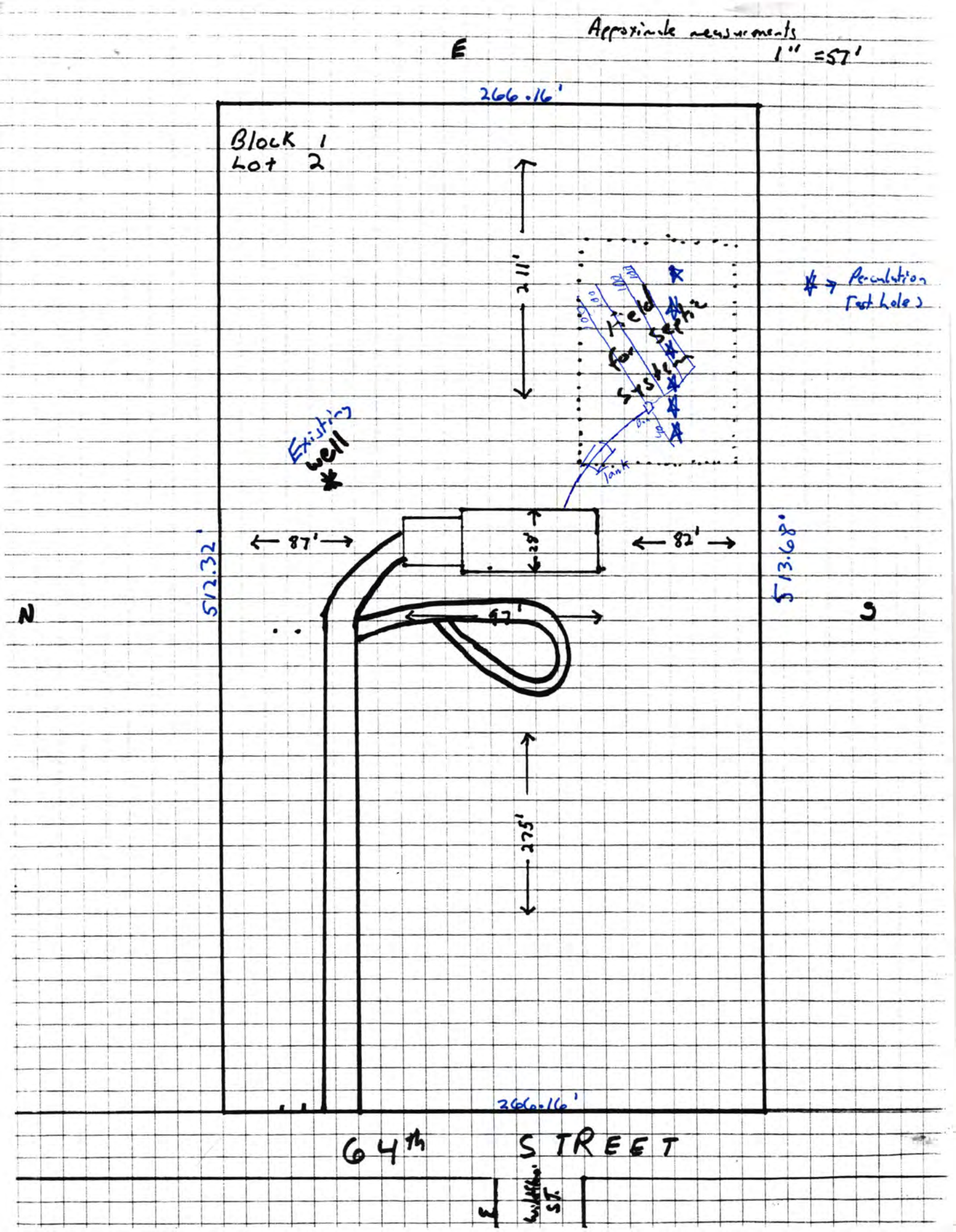
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor _____ Date 1-27-98

Installer Clint Pruitt (Wellmann Plumbing) Date 1-27-98

FORM 23-102 10-96


Approximate measurements
1" = 57'
E
266.16'
Block 1
Lot 2
211'
Field for septic system
→ Percolation Test Holes
Existing well
87'
82'
38'
512.32'
513.68'
N
S
67'
275'
266.16'
64th STREET
Whittier St.

Gabel House

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

Date 5-19-98

System Location (Indicate correct number and street)

Address 9500 So. 64th (no rural routes) City Lincoln NE, Zip 685

A. Building Sewer

1. Material: PVC CL 160
   Diameter: 4" in.
2. Distance above basement floor: [redacted] in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line [redacted] ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: 3
2. Capacity: 1500 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☑ above ☐ below grade 6 in.
5. Inlet: ☑ baffle ☐ tee
6. Outlet: ☑ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 85 in.
8. Distances to: Well or suction line 200 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 22 ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☑ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field

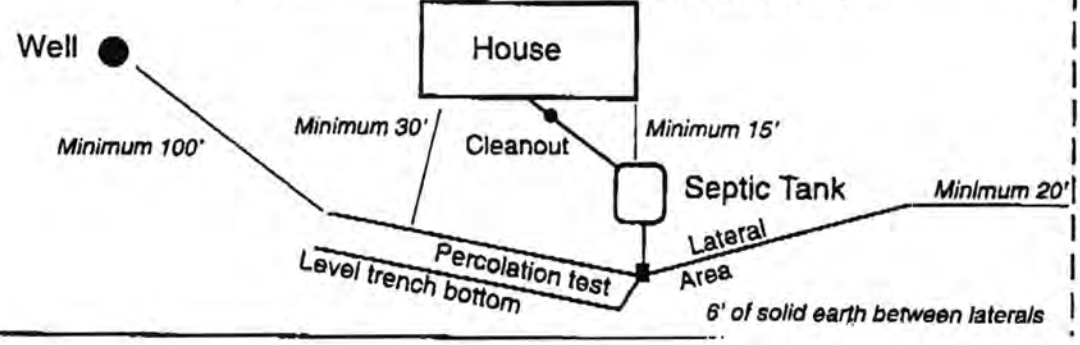
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☑ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: 4"
   Material: ☐ fiberglass ☑ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 70 ft. 70 ft.
   100 ft. 100 ft., 100 ft.
3. Trench dimensions: Width 3 ft.
   Slope 5 in/100 ft.
   Average depth 40 In
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line 200 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 20 ft.

Indicate North with Arrow

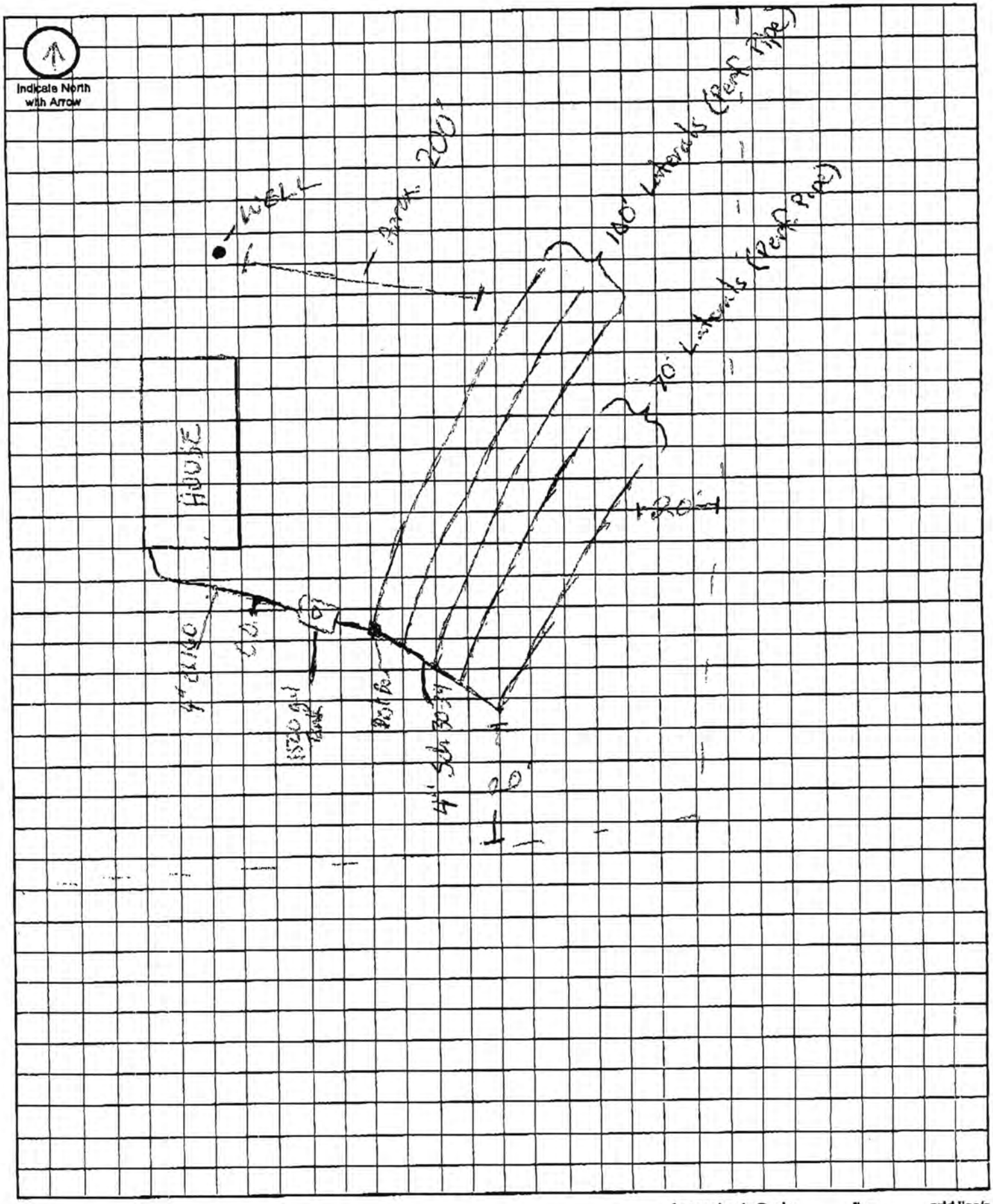
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing

Wellmann Plumbing



Approximate Scale: _____ ft. = _____ grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 98380171601

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 01/27/98
Expires 07/27/98
Revenue Code 3157

Establishment

JOHN GABEL
T9N R7E SEC 28
COUNTRYLANE 1ST ADD. BLK 1 LOT 2
9500 S 64 STREET

FEES: $150.00

TOTAL $150.00

Permittee

JOHN GABEL
9500 S 64 ST
LINCOLN NE 68516-9285

Issued By Gregg M Wright MO
~~M. Jane Ford~~
Health Director

5893

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402) 441-8000
NON TRANSFERABLE Lincoln, NE 68510-1514
PERMIT

Permit No. 97400064901

WATER WELL

Issued 07/14/97
Expires 01/14/98
Revenue Code 19851

Establishment

JOHN GABEL
T9N R7E SEC 28
COUNTRYLANE 1ST ADD. BLK 1 LOT 2
9500 S 64 STREET

FEES: $75.00

Permittee

JOHN GABEL
5021 S 73 ST
LINCOLN NE 68516

TOTAL $75.00

5009

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

Permit No. 97400644

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - $75.00
- ☐ Annual Permit for an existing well - $50.00
- ☐ Permit to repair or alter existing well involving opening of well - $25.00

1. Well Site Address 9500 S. 64th St. City Lincoln, NE Zip 68516
(No Rural Route Please)
Legal description of property:
Twp 9N; Range 7E; Section 28; Block 1; Lot 2; Addition Countryline First Addition

2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____

3. Distance to Public Water Supply _____ feet.

Signature of Owner _____
Print Name John C. Gobel
Current Address 5021 South 73rd St. Lincoln, NE 68516
Current Home Phone (402) 489-3790
Work Phone (402) 473-9754

Signature of Contractor _____
Print Name Holly Drilling Co.
Address R.R. 1 Dorchester, NE 68343
Home Phone _____
Work Phone (402) 946-3871
Cellular Phone (402) 430-8914

Sewage Permit Applied for: ☐ Yes ☒ No ☐ Not applicable

Please Submit Permit Fee with This Request
Please Do Not Write Below This Line

Approval Process: Lincoln Municipal Code 8.44

1. Health Department	Date received 7/10/97 Date forwarded 7/11/97	ACTION Signature: Jerrold C. Hood	☒ Approved	☐ Disapproved
2. Building & Safety	Date received 7/11/97 Date forwarded 7/11/97	ACTION Signature:	☒ Approved	☐ Disapproved
3. City Engineer	Date received 7/11/97 Date forwarded 7/11/97	ACTION Signature:	☒ Approved	☐ Disapproved

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 7/15/98 By J. C. Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Hood R.E.H.S.
Date: 7/20/98

Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

Nitrate Level <0.1 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 07/11/97
Amt Paid: $ 75 cc
Rec'd By _____ Cash/Check No. 5043

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 97000649

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9N R. 7E Block 1 Lot 2 Addition COUNTRY LANE 1ST ADD.
Owner JOHN GABEL Address 5021 S. 73RD LINCOLN NE 68516

LOG OF WELL	
Depth Ft.	Description
0 to 2	topsoil
2 - 82	CLAY, YELLOW/TAN/BROWN
82-92	CLAY, BLUE
92-95	SHALE, YELLOW & RED
95-100	SHALE BLUE GRAY TAN
100-106	SHALE, BLUE [illegible] TAN
106-109	SHALE RED, YELLOW, GRAY
109-126	SHALE, GRAY
126-128	IRONSTONE
128-141	SHALE, BLUE
141-147	SHALE, SANDSTONE LAYERS
147-148	SANDSTONE, BROWN, HARD
148-180	SANSTONE, MEDIUM, YELLOW
180-195	SANDSTONE, COARSE, YELLOW
195-200	SANDSTONE, CALC. LAYERS
200-240	SANDSTONE, COARSE, YELLOW

WELL COMPLETION RECORD

Drilling Method: ROTARY
Depth (from ground level), Ft. 240
Date Completed 7 23 97
Casing: Length, Ft. 230 ; Dia. In. 5.563 OD
Wall Thickness, Inc. .265 ; type PVC
Screen: Length, Ft. 10 Dia. In. 5
Type PVC , slot Size .020
Drop Pipe: Length, Ft 220 Dia. In. 1 1/4
Water Level, Surface to top of water, Ft.:
Static 175 , Pumping 200
Yield: 16 ggm, Measured ☐ , Est. ☒
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Joe Holly (Signed)
Address RT. 1 DORCHESTER NE 68343
Date

REMARKS NITRATE NITROGEN < 0.1 PPM, BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4

October 1995
DWR Form 145

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

Registration Date _____ Sequence No. _____ Registration No. _____
Owner Code No. _____ Receipt No. _____ _____ NRD

1. Well Owner John Gabel Telephone Number (402) 489-3790
Address 5021 S. 73rd
City Lincoln State NE Zip Code 68516 +

2. Drilling Firm Holly Drilling Co. Telephone Number (402) 946-3871
Address Rt. 1 Box 144A Contractor's License No. 39261
City Dorchester State NE Zip Code 68343

X 3. Permit Number(s) 9740006490 1

4. Purpose of well (indicate one): ___Dewatering (over 90 days) X Domestic ___Geothermal ___Ground Heat Exchanger
___Ground Water Source Heat Pump ___Industrial ___Injection ___Irrigation ___Livestock ___Monitoring
___Observation ___Public Water Supply (with spacing (46-638)) ___Public Water Supply (without spacing) ___Recovery ___Aquaculture
___Other _____
(indicate use)

5. Replacement and abandoned well information.
A. Is this well a replacement well? ___Yes X No B. Registration number of abandoned well: _____
C. Replacement well is _____ feet from abandoned well. D. Abandoned well last operated _____, 19____
E. Original well pump column size: _____ inches. F. Completion of original well abandonment on _____, 19____
G. Location of water use of abandoned well: _____

6. A. Well location: ___¼ of the SE ¼ of Section 28, Township 9 North, Range 7 East/~~West~~, Lancaster County.
X B. The well is _____ feet from the (North or South) section line and _____ feet from the (East or West) section line.
(Circle one) (Circle one)
C. Street address or block, lot and subdivision, if applicable: 9500 South 64th St.
County Line 1st Add. Blk 1 Lot 2
D. Location of water use, if applicable (give legal descriptions): _____
E. If for irrigation, the land to be irrigated is _____ acres.
F. Well reference letter(s), if applicable: _____

7. Pump Information.
Is pump installed at this time? ___Yes X No
If yes, complete items A through F.
If no, complete items A and D with estimated information for those wells in which pump will be installed.
A. Actual pumping rate, if applicable: 16 gallons per minute. Measured ☐ or Estimated ☒
B. Pump column diameter: _____ inches. C. Length of pump column: _____ feet.
D. Pumping equipment installed: _____, 1997. E. Brand/Type: _____
F. Pump installed by: Contractor ☐ Owner ☐ Pump Installer ☐ License No. _____

printed on recycled paper

11-19-98

LLCHD -- Well Data Entry

Permit Number: 97400649 ID Number: Date Abandoned:

Lat Deg: Min: Sec: Lng Deg: Min: Sec: Elev:

Township: 9 Range: 7 Section: 28 Quarter: Quarter/Quarter:

Blk: 1 Lot: 2 Addition: Country Lane Estates 1st ADD

House No: 9500 Dir: SO St. Name: 64th St. Type ST Suf:

Well Use: R Applicant: John Gabel

Owner: John C. Gabel Drlr: Holly Well Drilling

Drl Method: Rty Date Cmpltd: 07/23/97 Well Depth: 240 Cs Lngth: 230 Cs Dia: 5.5

Cs. Type: PVC Screen Length: 10 Static Lvl: 175 Pumping Lvl: 200 Yield: 16

AREA OF
SEPTIC SYSTEM



8. Well Construction Information.

A. Total well depth: 240 feet. B. Static water level: 175 feet. C. Pumping water level: 200 feet.
☒ Estimated or ☐ Measured

D. Well Construction began: 7 21, 1997 E. Well Construction completed: 7 23, 1997

F. Bore hole diameter: 10 inches.

G. Plain Casing: Diameter 5.033 ID 5.563 OD inches. Type of material: PVC
Wall thickness: .265 inch(es). Joints--Welded/(Glued)/Threaded/Other: _____
Length(s) and placement(s) depth from +1 ft. to 230 ft. from _____ ft. to _____ ft.

H. Screen: 5.016 ID 5.563 OD in.; Type of material PVC
Screen openings (slot size): .020 Trade name: U.O.P. Johnson
Length(s) and placement(s) depth from 230 ft. to 240 ft. from _____ ft. to _____ ft. Guides at 235 ft.

I. Gravel pack interval(s) from 12 ft. to 240 ft. from _____ ft. to _____ ft. Grade size: Concrete sand

J. Grouted/Sealed from 5 ft. to 12 ft., with bentonite (type)
from 0 ft. to 5 ft., with clay (type)

K. Drilling method: rotary L. Drilling fluid: water

M. Well development technique (total time and method): 2.4 hrs air

N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ___Yes X No
If yes, what will be used: _____

9. Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION
0	2	topsoil
2	7	clay, yellow-brown
7	82	clay, yellow/tan/brown
82	92	clay, blue
92	95	shale, yellow & red
95	100	shale, blue-gray & tan
100	106	shale, blue
106	109	shale, red, yellow & gray
109	126	shale, gray
126	128	sandstone
128	141	shale, blue
141	147	shale, sandstone layers
147	148	sandstone, brown, hard
148	180	sandstone, medium, yellow
180	195	sandstone, coarse, yellow
195	200	sandstone, calc. layers
200	240	sandstone, coarse, yellow

(Additional sheets may be submitted)

10. I am familiar with the information submitted on this registration, and to the best of my knowledge it is true.

Joe Holly — Water Well Contractor's Signature — 7/29/97 Date

Water Well Owner's Signature — 8-1-97 Date