LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 98380189301

SEWAGE INSTALLATION
LAGOON

Issued 11/20/98
Expires 05/20/99
Revenue Code 3157

Establishment

GLORIANN Z NOBBMAN
T10N R5E SEC 7
13631 W SUPERIOR-PLEASANT DALE

FEES: $150.00

PAID

Permittee

GLORIANN Z NOBBMAN
13631 W SUPERIOR ST
PLEASANT DALE NE 68423

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008307

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

A

Permit Number: 9838 01893

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 13631 W Superior (no rural route) City Pleasant Dale NE, Zip 68423

Legal Description SEE ATTACHED 7 10 N Range 5E
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 Gloriann, Nabbman

Name Gloriann Nabbman Signature X Gloriann J. Nabbman

Address 13631 W Superior City/State/Zip Pleasant Dale NE 68423

☒ Check if owner designed system Home Phone 796-2602 Work Phone 467-3589

C. Contractor

Name Dennis Duling Company Name Duling Construction Co.

Address 6303 W Waverly Rd City/State/Zip Raymond NE 68428

☐ Check if contractor designed system Work Phone 783-2021

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 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 11-17-98 Date frwd 11/20/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/23/98 Date frwd 11/23/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11/23/98 Date frwd 11/23/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

sewer pipe only – JB

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 11/18/98
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 5165

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

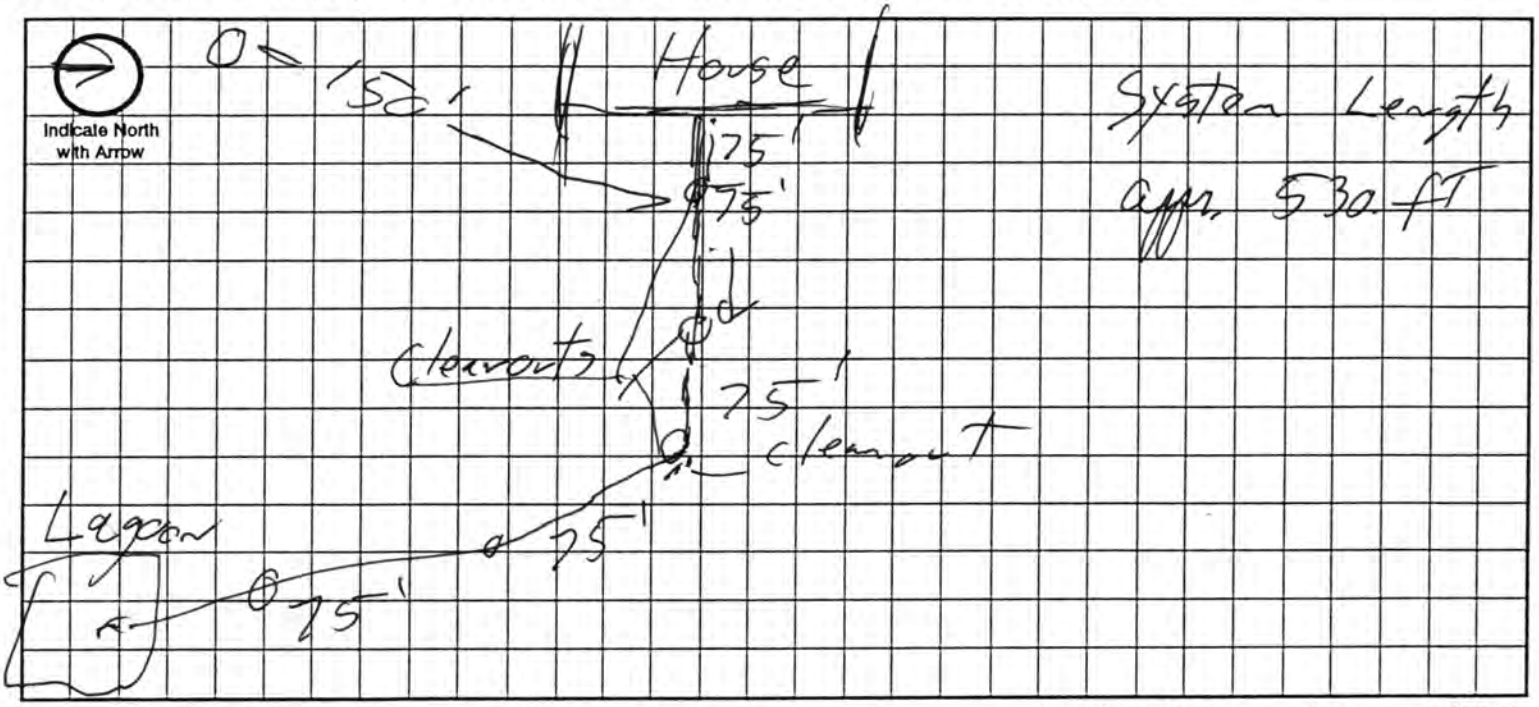
C

Permit Number: 98380893

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 Dennis Doting Date 11-17-98

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

4211-8038

Legal Description 10-5-7 Location 13631 W. Superior

Owner/Requestor Nobbman

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

___ New system, initial
X New system, followup
___ Existing system, repair
___ Existing system, followup
___ Loan approval
___ Consultation
___ Other (Specify)

REMARKS (8) Lagoon shall be fenced, have a locked gate and warning signs attached.

(11) No record of a perc test conducted thus lagoon shall be sealed w/ bentonite or other approved material. No water depth indicator West side may need to be raised

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ___ Septic X Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Drotzmann Received by: X Mrs. Dale Nobbman

Date: 5-12-99

WA1002

NEBRASKA TITLE COMPANY

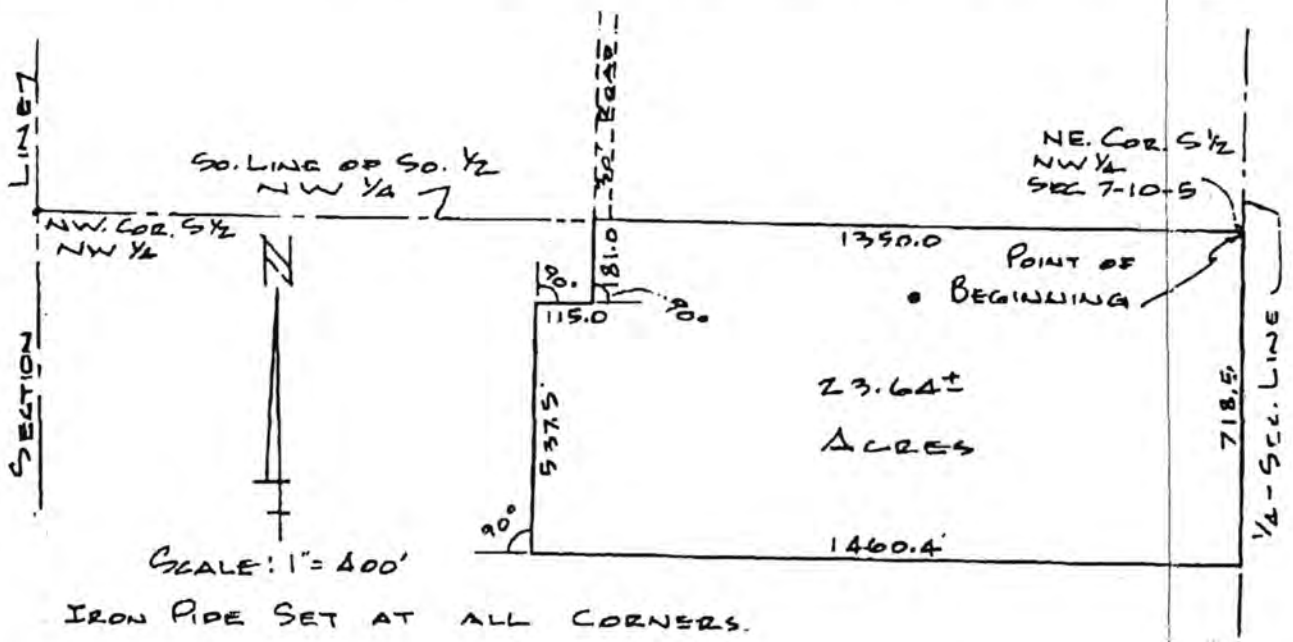
(Attn: Jerry Hood)

Survey of

Part of S½ NW¼ Section 7 T. 10 N., R. 5 E. of 6th P.M.

County Survey No.

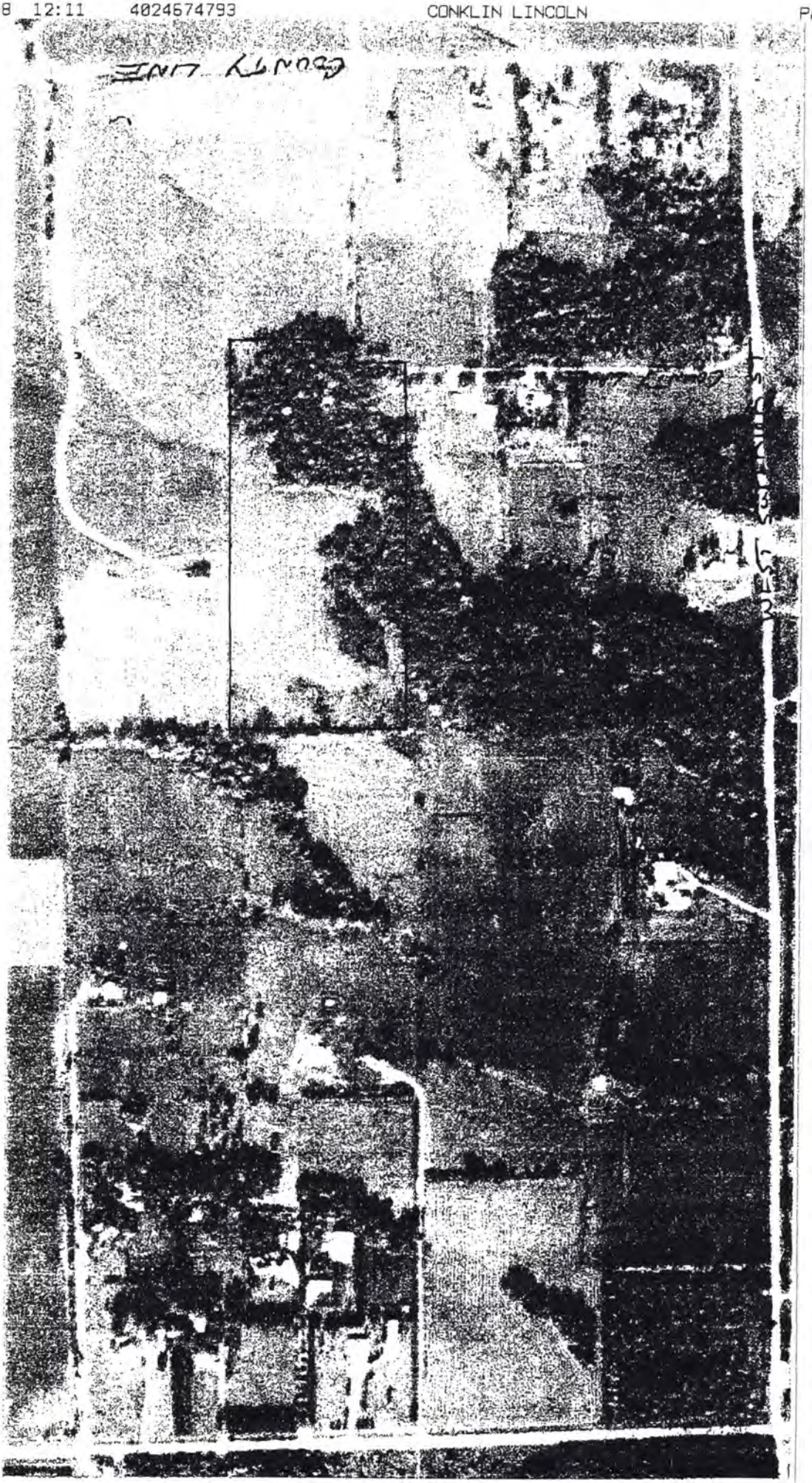
Date Dec. 9 19 78 Weather Fair, Cold



Iron Pipe Set at all corners.

LEGAL DESCRIPTION

A tract of land in the South Half of the Northwest Quarter of Section 7, Township 10 North, Range 5 East of the 6th P.M., Lancaster County, Nebraska, more particularly described as follows: Beginning at the Northeast corner of the South Half of the Northwest Quarter of said Section 7; thence Southerly along the East line of said Northwest Quarter a distance of 718.5 feet; thence Westerly and parallel to the South line of the South Half of said Northwest Quarter a distance of 1460.4 feet; thence Northerly on a deflection angle of 90°00' right, a distance of 537.5 feet; thence Easterly on a deflection angle of 90°00' right a distance of 115.0 feet; thence Northerly on a deflection angle of 90°00' left a distance 181.0 feet to the South line of the South Half of said Northwest Quarter; thence Easterly along the said South line a distance of 1350.0 feet to the Point of Beginning, said tract containing 23.64 acres, more or less.



Attn: Terry Hood