LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 95380130701

Issued 06/28/95
Expires 12/28/95
Revenue Code 18754

Establishment
BOB HOBACK
T10N R7E SEC 23
BLK 3 LOT A

FEES: $150.00

TOTAL $150.00

Permittee
BOB HOBACK
3321 CROWN POINTE RD
LINCOLN NE 68506

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"

REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

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

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: JUNE 26, 1995

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 10N ; Range 7E ; Section 23 ;
   Block 3 : Lot A : Addition SUNRISE EST. 1ST.
   Street Address 1101 No. 95th

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: — ft. ~~WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES~~

B D Hobuck
Signature of Applicant (Owner or Lessee)

3321 CROWN POINT Rd.
Address
432-5871

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/26/95. Date Frwd. 6/26/95. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Rood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/27/95. Date Frwd. 6/27/95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City or County Engineer: Date Rec'd. 6-27-95. Date Frwd. 6-27-95. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-16-95 by: mm need drawing (ck)
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-25-95 By: Ron Morgenroth

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 22 43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 9/10/95 to 9/11/95. Weather: Precip. dry Temp. 90°.

OWNER: 1101 No. 95th
Address: Robert Hoback

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	28"	9/10	10:00	9/11	10:00	9/11	12:00	6	12:30		30	3/4	
2	"	"						6			"	1 1/4	
3	"	"						6			"	1	
4	"	"						6			"	1 1/2	
5	"	"						6			"	1 3/4	
6	"	"						6			"	1 1/4	

John L Stahmer
Signature of Person Conducting Test

Address 9816 NW. 40th Phone 474-9811

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: SEPTEMBER 26, 1995

Approved Percolation Rate (a)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks: _____

Date: SEPTEMBER 21, 1995

Minimum Design Requirement
1. Capacity of Septic Tank 1250 gals.
2. Total Length of Laterals 276 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 967 sq.ft.

Jerrold C. Wood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO: _____

Robert Hobeck
1101 No. 95th

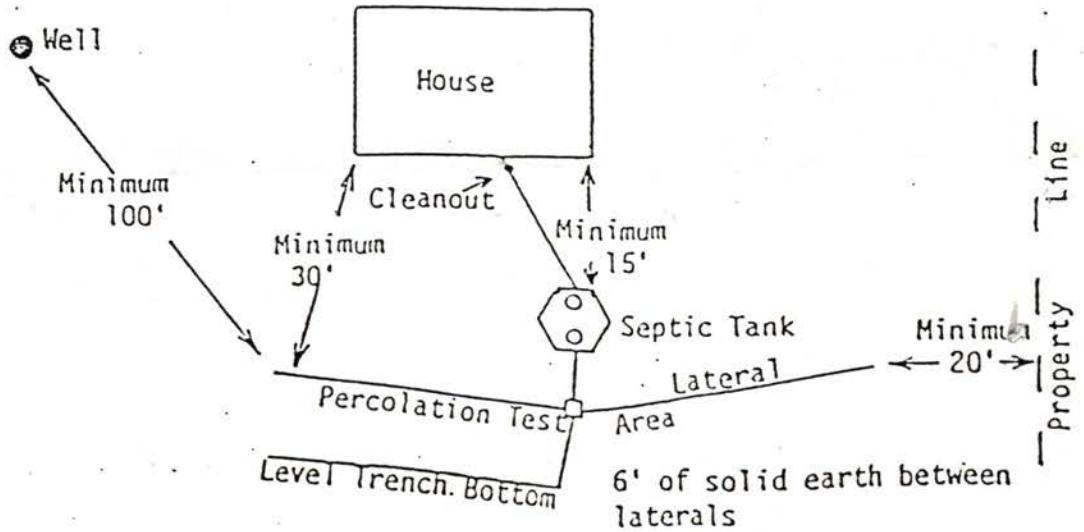
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4" in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 165 ft.
4. Number of clean-outs 3.
5. Distances to:
Well or Suction Line 100 + ft.; Stream — ft.; Pressure Line — ft.; Property Line 100 + ft.

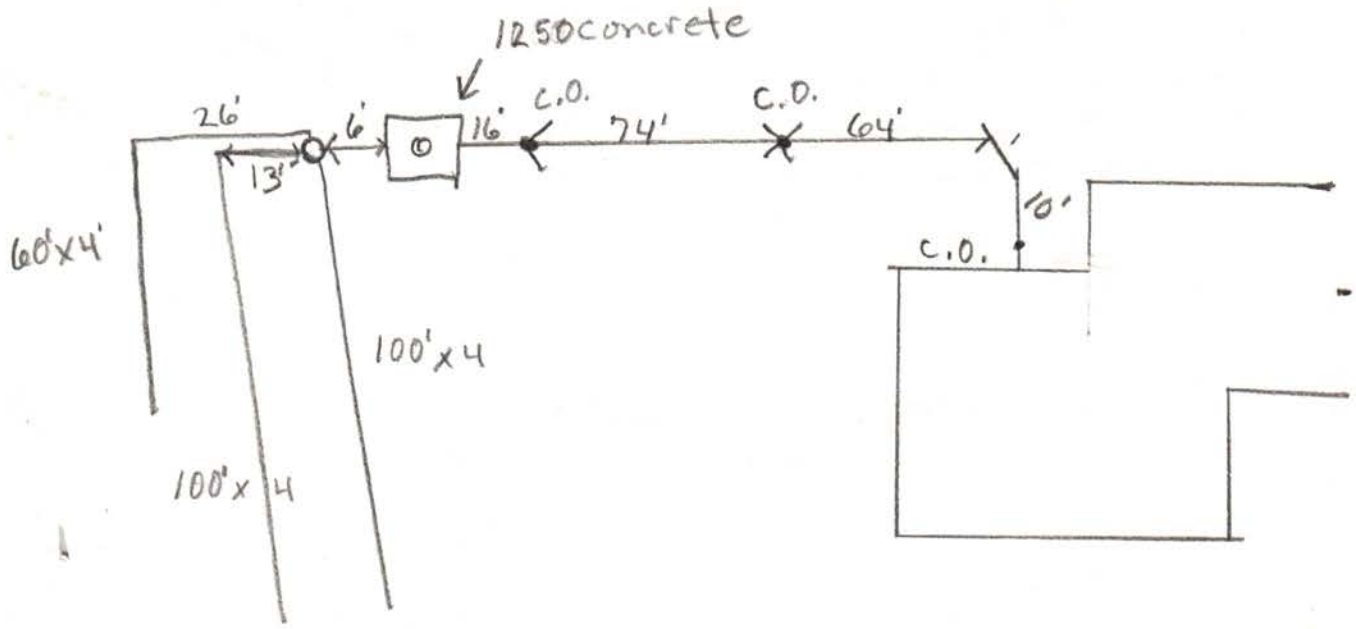
B. SEPTIC TANK:
1. Material Concrete; No. of compartments ____.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☑ Below ☐ Grade ____ in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 100 + ft.; Stream — ft.; Pressure Line — ft.; Property Line — ft.

C. DISTRIBUTION BOX:
1. Material Concrete; Number - available outlets ____.
2. Factory Built: Yes ☑ No ☐
(Company Pre-cast)
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 15 or Perforated Pipe 4.
Material: fiberglass ☐; plastic ☐; concrete ☐; other PVC.
2. Lateral Lines:
Number 3; Length of each line 100, 100, 60, ____, ____ ft.;
Total length of laterals 260 ft.;
Distance between lateral lines 15 ft.
3. Trench dimensions: Width 4 ft.; Slope 2 in/100 ft.; Average Depth 24 in.
4. Filter Material: Rd. Gravel
Depth of Material 18 in.
5. Distances to:
Well or Suction Line 100'+ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN


N
c.o. clean out
1250 concrete
26'
6'
16'
c.o.
74'
c.o.
64'
13'
10'
c.o.
60'x4'
100'x4
100'x 4

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 95400048801

Issued 06/28/95
Expires 12/28/95
Revenue Code 19851

Establishment
BOB HOBACK
T10N R7E SEC 23
BLK 3 LOT A

FEES: $75.00

TOTAL $75.00

Permittee
BOB HOBACK
3321 CROWN POINTE RD
LINCOLN NE 68506

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"

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $ 75.00

FILE NO. _____

DATE: JUNE 26, 1995

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 10N : Range 7E : Section 23
   Block 3 : Lot A : Addition SUNRISE EST. 1 ST.
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe 1101 NO. 95TH ST.
3. Distance to Public Water Supply: — Ft.
4. Intended use of well ALL WATER SINGLE FAMILY HOME

Bob Hoback
Signature of Applicant (owner or lessee)

3321 CROWN POINT Rd.
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 6/26/95. Date Frwd. 6/26/95. Action: Approved ☒ Disapproved ☐ Signature: Lerrold C. Nodd
2. Supt. Bldg. Insp.: Date Rec'd 6/27/95. Date Frwd. 6/27/95. Action: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineers: Date Rec'd 6/27/95. Date Frwd. _____. Action: Approved ☐ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 12-7-95 by [signature]
Date: 12-29-95 by [signature]
Date: 2-5-96 by [signature]

Nitrate Level 3.4 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3-4-96 By: R. Mozant

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

MAR 5 1996

STATE OF NEBRASKA
DEPARTMENT OF WATER RESOURCES
WATER WELL REGISTRATION

FOR DEPARTMENT USE ONLY

Registration No. _____ Sequence No. _____ Registration Date: _____

Owner Code No. _____ Receipt No. _____ _____ NRD

1. Well Owner Bob Hoback Telephone Number (402) 432-5871
   Address 4316 Overhall Dr.
   City Lincoln State NE Zip Code 68516 +

2. Drilling Firm Earnest Well Drilling, Inc. Telephone Number (402) 761-2281
   Address Box H Contractor's License No. 39051 Pump Installer License No. _____
   City Milford State NE Zip Code 68405 +

3. Permit Number(s) _____

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
   ___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. Abandoned well plugged _____, 19____

6. A. Well location: ____¼ ____¼ of Section _____, Township _____ North, Range _____ East/West, _____ County.
   B. The well is _____ feet from the North/South section line (indicate one) and _____ feet from the East/West section line, (indicate one)
   C. Street address or block, lot and subdivision, if applicable: _____
   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? X Yes ___No
   If yes, complete items A through E.
   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: 20 gallons per minute. Measured ☒ or Estimated ☐
   B. Pump column diameter: 1 1/4" inches. C. Length of pump column: 120' feet.
   D. Pumping equipment installed: 9/2, 19 95. E. Brand/Type: Dempster

printed on recycled paper

C & H Custom Homes
Bob & Louayne Hoback
1101 N. 95th St.
Lincoln, NE 68505

8. Well Construction Information.

A. Total well depth: 140' feet. B. Static water level: 72' feet. C. Pumping water level: 82 feet.
D. Construction began: 8/31, 19 95. E. Construction completed: 9/2, 19 95.
F. Bore hole diameter: _____ inches.
G. Casing: Diameter 4.072 ID 4.5 OD inches. Type of material: PVC
Wall thickness: .214 inches. Joints--Welded/Glued/Threaded/Other: _____ Guides at _____ ft.
Length(s) and placement(s) depth from 0 ft. to 130 ft. from _____ ft. to _____ ft.
H. Screen: 4.026 ID 4.5 OD in.; Type of material PVC
Screen openings (slot size): .010 Trade name: Monoflex Guides at 135 ft.
Length(s) and placement(s) depth from 130 ft. to 140 ft. from _____ ft. to _____ ft.
I. Gravel pack interval(s) from 20 ft. to 140 ft. from _____ ft. to _____ ft. Grade size: Road Gravel
J. Grouted/Sealed from 5 ft. to 20 ft., with Bentonite (type) C-PA
from _____ ft. to _____ ft., with _____ (type)
K. Drilling method: Rotary L. Drilling fluid: Quick-Gel
M. Well development technique (total time and method): Air 1 HR.
N. Will chemicals, fertilizer or antifreeze be injected or utilized in the system? ___Yes _X_No
If yes, what will be used: _____

). Geologic Materials Logged

DEPTH IN FEET FROM	TO	DESCRIPTION
0	2	Top Soil
2	45	Brown Clay
45	52	Gray clay
52	75	Blue clay
75	80	Brown clay
80	140	Sandstone

DEPTH IN FEET FROM	TO	DESCRIPTION

(Additional sheets may be submitted)

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

Ben Ernst — Water Well Contractor's Signature — 10/6/95 Date

Louayne Hoback — Water Well Owner's Signature — 10/30/95 Date

C & H Custom Homes
Bob & Louayne Hoback
1101 N. 95th St.
Lincoln, NE 68505

FEB 2 9 1996

DATE: 8/31/95

Earnest Pump Co.

WELL DRILLING & REPAIR
P. O. BOX H 400 2ND ST.
MILFORD, NE 68405
(402) 761-2281

NAME: Bob Hoback

ADDRESS: 4316 Duxhall Dr.

CITY: Lincoln STATE: NE ZIP: 68516 PHONE: (402) 432-5871

WELL INFORMATION

WELL DIA. 9 DEPTH 140'

STATIC WATER LEVEL 72'

ESTIMATED G.P.M. 20

GRAVEL PACK RD Gravel + C-pack

CASING

SIZE 4" TYPE PVC

SCREEN

SLOT .010 LENGTH 10' TYPE monoflex

WELL LOG

FEET	FORMATION
0-2	Top Soil
2-45	Brown clay
45-52	Gray clay
52-75	Blue clay
75-80	Brown clay
80-140	Sandstone

FEET	FORMATION
	Grouted/Sealed from
5'-20'	Bentonite hole plug

PUMP: 1½ hp 20 gpm Dempster

DROP PIPE: 1¼" 120' CABLE: 12/2 W/G

PRESSURE TANK: WM 20 Well-Mate

Earnest Well Drilling, Inc.

PREPARED BY _____

KNOWLEDGE EXPERIENCE national water well association CERTIFIED ABILITY C.W.D./P.I.

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. _____

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 23 T. 10N R. 7E Block 3 Lot 3A Addition SUNRISE ESTATES
Owner BOB HOBACK Address 4316 DUXHALL DRIVE

LOG OF WELL	
	Description
Depth Ft. To	

WELL COMPLETION RECORD

Drilling Method: _____
Depth (from ground level), Ft. 140
Date Completed _____

Casing: Length, Ft. _____ ; Dia. In. 4
Wall Thickness, Inc. _____ ; type PVC

Screen: Length, Ft. 10 Dia. In. _____
Type MONOFLEX , slot Size .010

Drop Pipe: Length, Ft. 120 Dia. In. 1¼

Water Level, Surface to top of water, Ft.:
Static 72 , Pumping _____

Yield: 20 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 EARNEST PUMP CO.
(Signed)

Address P.O. BOX H, 400 2ND ST.
MILFORD, NEBRASKA 68405

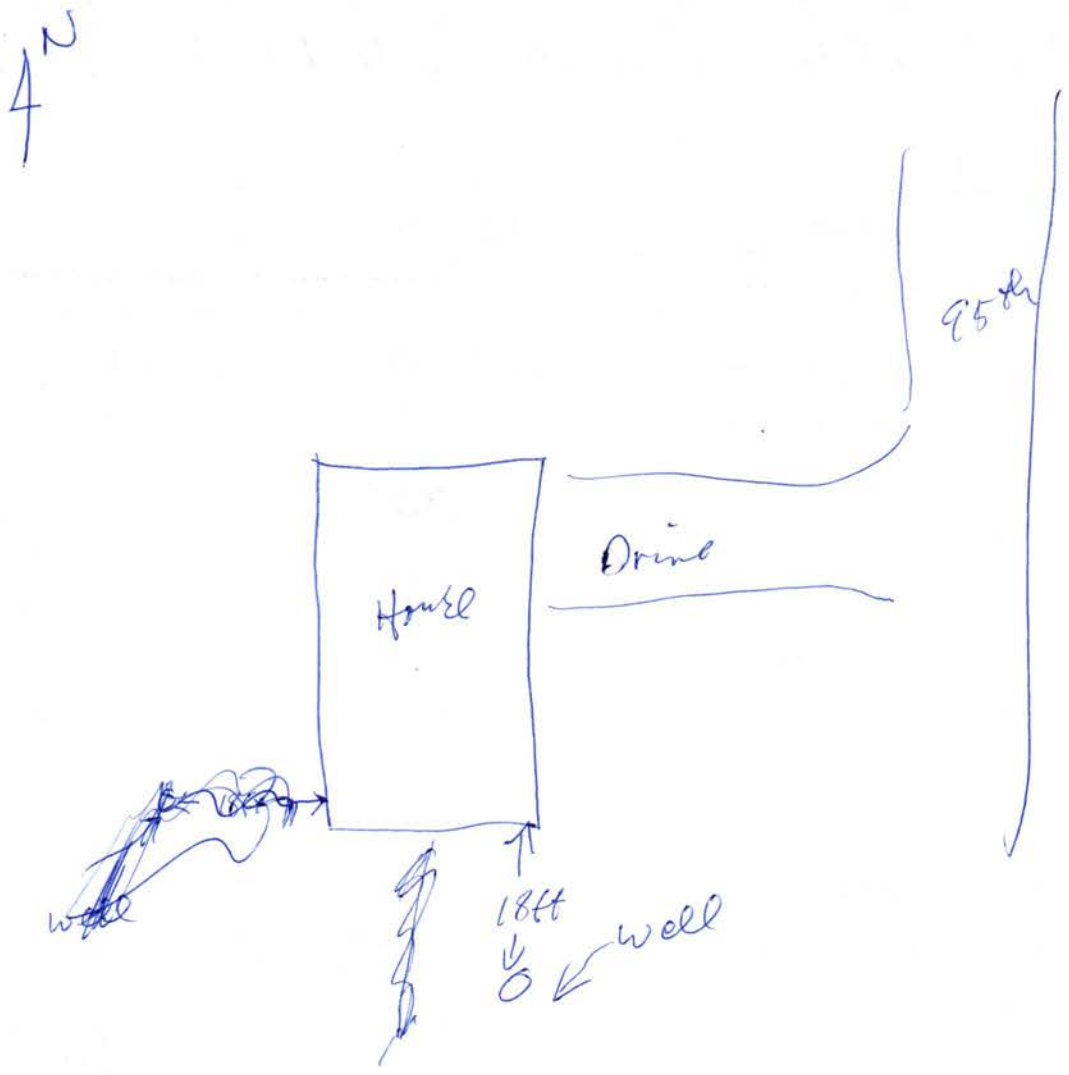
Date _____

REMARKS _____

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


N
95th
House
Drive
well
18ft
well