# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

## PERMIT

Permit No. 96380142101

SEWAGE INSTALLATION

Issued 04/22/96
Expires 10/22/96
Revenue Code 18754

Establishment

STEVE CHAMPOUX
T8N R6E SEC 30
BLUESTEM HEIGHTS BLK 1 LOT 4
4200 W BLUESTEM ROAD

FEES: $150.00

TOTAL $150.00

Permittee

STEVE CHAMPOUX
BOX84891
BOX 84891
LINCOLN NE 68501

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"**

000762

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
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

A

FILING FEE: $ 150.00
rec'd 4/19/96 ck 5559 $150.00

FILE NO. _____

CW for sewage system
also rec'd $75.00 will be
to be refunded CW

DATE: 4-18-96

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. 8N ; Range 6E ; Section 30 ;
   Block 1 : Lot 4 : Addition Bluestem Heights
   Street Address 4200 W Bluestem Rd Marshall, ME
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: NA ft. ~~WILL ENSTALL WHATEVER SOIL PERCOLATION TEST INDICATES~~

Steve Chapman
Signature of Applicant (Owner or Lessee)

Box 84841 Lin 68501
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/19/96. Date Frwd. 4/19/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/19/96. Date Frwd. 4/19/96. ACTION: Approved ☒ Disapproved ☐ Signature: _____
3. City or County Engineer : Date Rec'd. 4/19/96. Date Frwd. 4/19/96. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/1/96 by: J.C. Hood ~~Sewer only~~
Date: 11/20/96 by: J.C. Hood
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/20/96 By: Jerrold C. Hood

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

430-8088

FORM 23-43

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

**B**

Blue Stem Rd. 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: _____ to _____. Weather: Precip. _____ Temp. 95 .

OWNER: Prairie Home

Address: Box

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./Min.) | Water Level (in.) | Elapsed Time (Min.) | Water Level Drop (in.) | Percolation Rates (Min./in.) |
| 1 | 36 | 7-2 | 12:00p | 7-3 | 2:00 | 7-3 | 2:00 | 6" | 2:30 | 4½" | 30 | 1½ | 20 MIN/IN |
| 2 | 36 | 7-2 | 12:00p | 7-3 | 2:00 | 7-3 | 2:00 | 6" | 2:30 | | | | |
| ~~3~~ | ~~36~~ | ~~7-2~~ | ~~12:00p~~ | ~~7-3~~ | ~~2:00~~ | ~~7-3~~ | ~~2:00~~ | ~~6"~~ | | | | | |
| 4 | 36 | 7-2 | 12:00p | 7-3 | 2:00 | 7-3 | 2:05 | 6" | 2:35 | 5" | 30 | 1" | 30 MIN/IN |
| 5 | 36 | 7-2 | 12:05p | 7-3 | 2:05 | 7-3 | 2:05 | 6" | 2:35 | 4½" | 30 | 1½ | 20 MIN/IN |
| 6 | 36 | 7-2 | 12:05p | 7-3 | 2:05 | 7-3 | 2:05 | 6" | 2:35 | 4¾" | 30 | 1¼ | 24 MIN/IN |
| 7 | 36 | 7-2 | 12:05p | 7-3 | 2:05 | 7-3 | 2:10 | 6" | 2:40 | 4" | 30 | 2" | 15 MIN/IN |
| 8 | 36 | 7-2 | 12:05p | 7-3 | 2:05 | 7-3 | 2:10 | 6" | 2:40 | 4¼" | 30 | 1¾" | 17 MIN/IN |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Phillip D Nolte
Signature of Person Conducting Test

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

Address Rt 6 Box 52 Phone 438-3349

(Do not write below this line)

REVIEWING ACTION

Remarks: Seems just a little fast for Wymore Silty Clay Loam
Soil Type (SCS): Wymore Silty Clay Loam
Date: August 30, 1996

Approved Percolation Rate (a)
A. 21 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrold 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
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(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:_____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 641 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

4200 West Blue Stem

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: _____

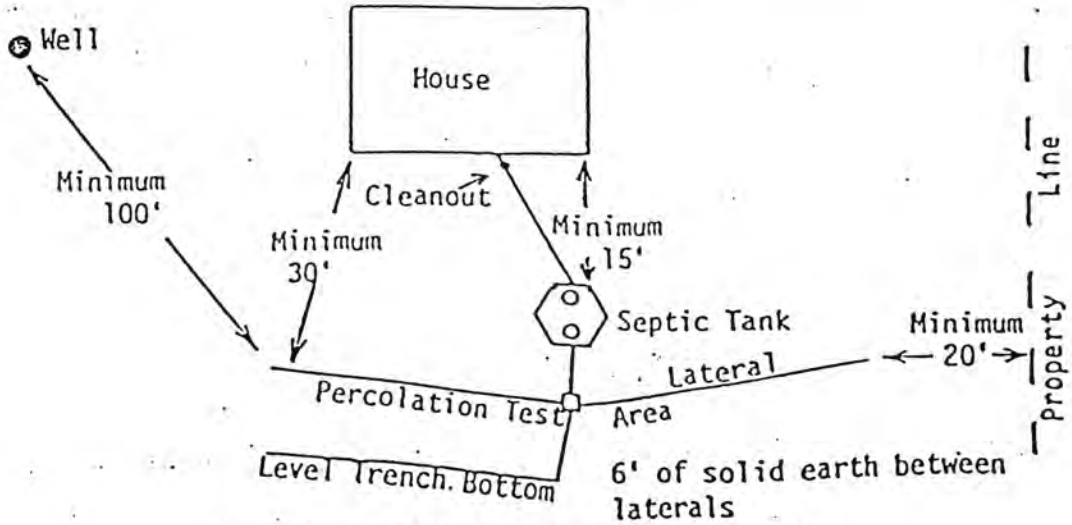
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs 4.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

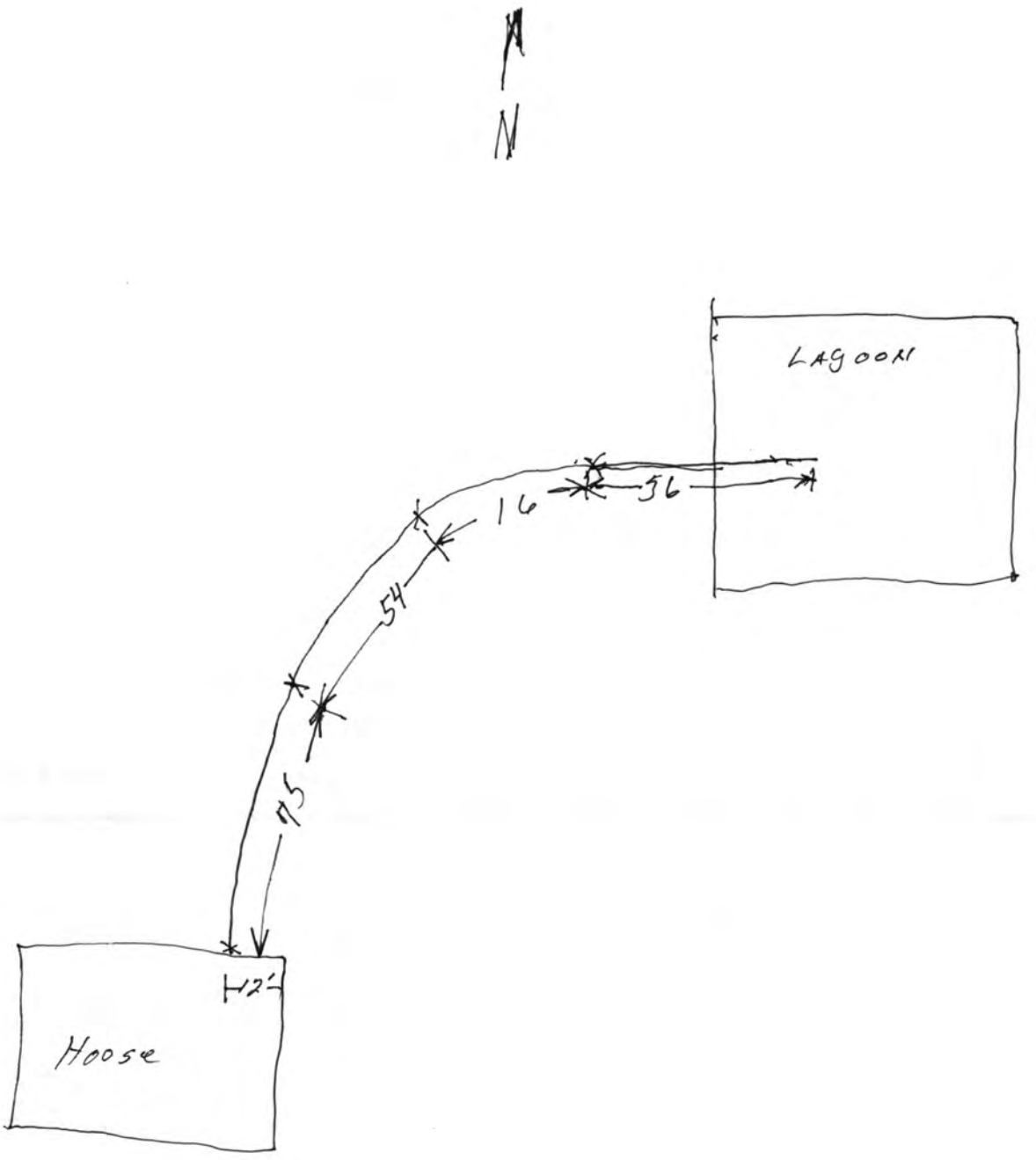
B. SEPTIC TANK:
1. Material _____; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7.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

C. DISTRIBUTION BOX:
1. Material _____; Number - available outlets _____.
2. Factory Built: Yes ☐ No ☐
(Company _____)
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 _____.
2. Lateral Lines:
Number ___ ; Length of each line _____, _____, _____, _____, _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines ____ ft.
3. Trench dimensions: Width _____ ft.;
Slope _____ in/100 ft.; Average Depth _____ in.
4. Filter Material: _____
Depth of Material _____ in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN




H300 West Blue Stem

Capitol City Trenching