LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 98380188901

SEWAGE INSTALLATION
LAGOON

Issued 11/09/98
Expires 05/09/99
Revenue Code 3157

Establishment

PRAIRIE HOME BUILDERS
T9N R5E SEC 2
RIDGE PARK BLK 1 LOT 2
2901 S 74 ST

FEES: $150.00

PAID

TOTAL $150.00

Permittee

PRAIRIE HOME BUILDERS
BOX84891
BOX 84891
LINCOLN NE 68501-4891

Issued By Health Director
Lincoln-Lancaster County Health Department

008280

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: 98 38 01889

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 2901 S 74TH (no rural route) City LINCOLN NE, Zip 68532

Legal Description 2 9N 5E RIDGE PARK 1 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 PRAIRIE HOME BUILDERS Signature Rob Champoux

Address P.O. BOX 84891 City/State/Zip LINCOLN, NE 68501

☒ Check if owner designed system Home Phone 421-6580 Work Phone 730-7302

C. Contractor ROB CHAMPOUX

Name PRAIRIE HOME BUILDERS Company Name PRAIRIE HOME BUILDERS INC

Address P.O. BOX 84891 City/State/Zip LINCOLN, NE, 68501

☐ Check if contractor designed system Work Phone 730-7302

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 11/6/98 Date frwd 11/9/98 **ACTION** ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/9/98 Date frwd 11/9/98 **ACTION** ☑ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11-9-98 Date frwd 11-9-98 **ACTION** ☑ Approved ☐ Disapproved Signature _____

6/17/99 Sewer only. J.C.H.

Installation Final Written Approval

By _____

Date 3/31/04

Business Office Use Only

Date Rec'd 11/06/98
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 8270

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

Also WELL

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

B

Permit Number: 9838 01889

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address SW 74th Street (no rural route) City Lincoln NE, Zip 68522

Owner Prairie Homes Addresss

Soil Type (SCS): Percolation Rate: 120 min./inch

Date of Tests 9-28 to 9-29 Weather: Precipitation 00 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	36"	9-28	10:30	9-28	2:30	9-29	10:00	6"	9-29	2:00	30	1/2	60
2								6"			30	1/4	120
3								6"				3/8	80
4							10:05	6"		2:05		3/8	80
5								6"				1/2	60
6								6"				1/2	60
7							10:10	6"		2:10		3/8	80
8							10:10	6"				1/4	120

Person Conducting Percolation Tests

Name: Phil Nalley

Phone: 438-3349

Address 6005 West A

Sum of Percolation Rates: 660

Average of Rates: 82.5

Rate Used for Calculation: 120

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks NOT ACCEPTABLE FOR ABSORPTION. LAGOON WILL BE CONSTRUCTED.

Signature of Reviewing Official John E Munn Date 11-6-98

FORM 23-101 10-96

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

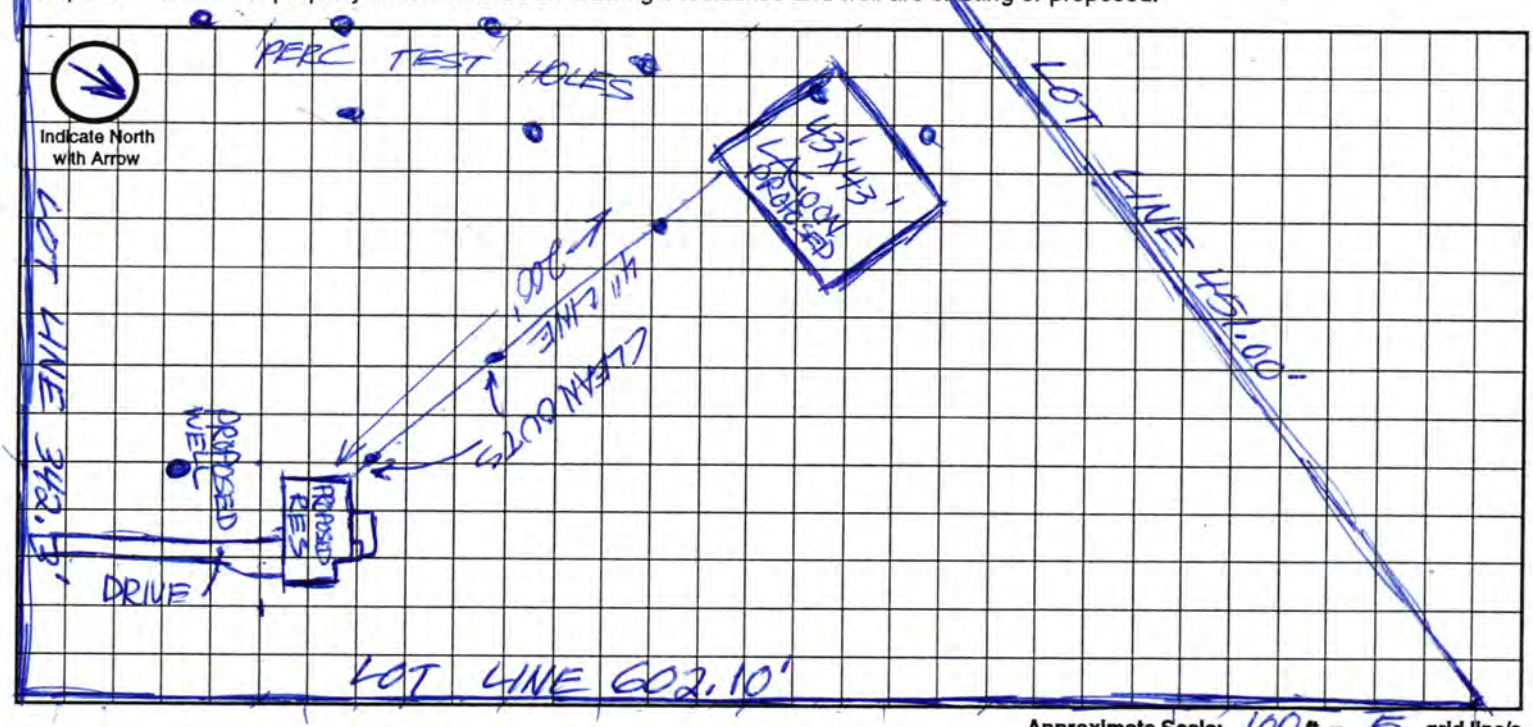
C

Permit Number: 9838 01889

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: 100 ft. = 5 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2901 SW. 74TH ST. City LINCOLN NE, Zip 68532

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 120 (min. per inch) Soil Type: _____ Land Slope: 8 %

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 Bob Chapp Date 10-30-98

Installer Larry Schwarck Date _____

FORM 23-102 10-96

JUN 2 1 1999

D

Permit Number:

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

Sewage Disposal System

As Built Plans & Specifications

Date 6-17-99

System Location (Indicate correct number and street)

Address 2901 S 74th (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: Regan in.
3. Distance between dwelling and septic tank: 154 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Lagoon
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished 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
3. Distance from septic tank: _____ ft.

D. Absorption Field

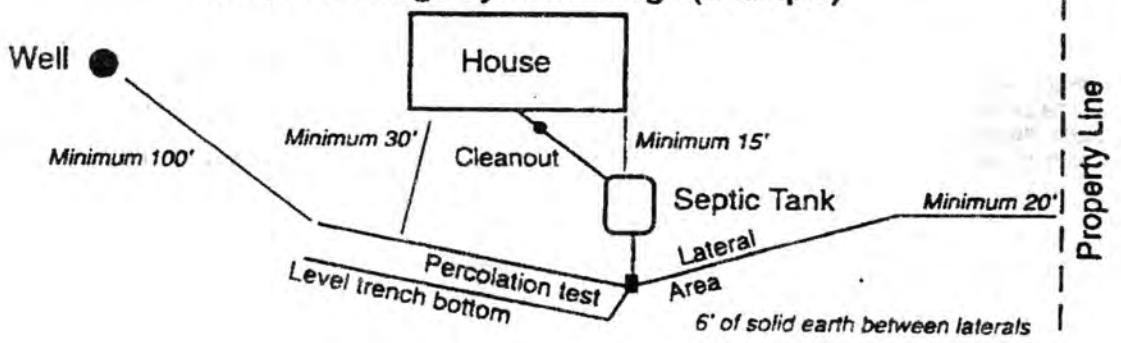
(Provide as-built drawings on back of this form)

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. _____ ft.
   _____ ft. _____ ft., _____ 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.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

rmit

No. 98400079601

WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 11/09/98
Expires 05/09/99
Revenue Code 3162

PAID

FEES: $75.00

Establishment

PRAIRIE HOME BUILDERS
T9N R5E SEC 2
RIDGE PARK BLK 1 LOT 2
2901 SW74 ST

TOTAL $75.00

Permittee

PRAIRIE HOME BUILDERS
BOX84891
BOX 84891
LINCOLN NE 68501-4891

Issued By Health Director
Lincoln-Lancaster County Health Department

008279

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. _____

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 2901 SW 74TH City LINCOLN, NE Zip 68532
(No Rural Route Please)
Legal description of property:
Twp 9N Range 5E Section 2; Block 1; Lot 2; Addition RIDGE PARK

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

3. Distance to Public Water Supply UNKNOWN feet.

Signature of Owner ROB CHAMPOUX

Print Name ROB CHAMPOUX
Current Address 4200 SW 12TH ST.
LINCOLN NE 68522
Current Home Phone 421-6580
Work Phone 476-6599 / 730-7302

Signature of Contractor _____

Print Name ROB CHAMPOUX
Address P.O. BOX 84841
LINCOLN, NE 68501
Home Phone 421-6580
Work Phone 476-6599
Cellular Phone 730-7302

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 11/6/98; Date forwarded 11/9/98 — **ACTION** ☒ Approved ☐ Disapproved Signature: _____
2. Building & Safety — Date received 11/9/98; Date forwarded 11/9/98 — **ACTION** ☒ Approved ☐ Disapproved Signature: _____
3. City Engineer — Date received 11/16/98; Date forwarded ___/___/___ — **ACTION** ☒ Approved ☐ Disapproved Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 2/14/00 By Jerrold C. Toof Depression around well
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Nitrate Level 1.0 mg/L
Chloride Level ___ mg/L
Bacteriological Analysis Satisfactory
Yes X No ___
Other _____

Installation Final Written Approval
By: Doug Smith
Date: 03/31/04

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

Business Office Use Only
Date Rec'd: 11/06/98
Amt Paid: $ 75.00
Rec'd By LO ~~Cash~~/Check No. 8270

Also Sewage

SEP 2 4 1999

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
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 WELL

Legal Description: Sec. 2 T. 9 R. 5 Block _____ Lot _____ Addition 2901 S.W. 74th - In Ridge Park
Owner Prairie Home Builders Address P. O. Box 84891, Lincoln, Ne 68501

LOG OF WELL	
Depth Ft to:	Description
0- 35	BRN & YEL CLAY
35- 55	BLUE & YEL CLAY
55-150	BLUE CLAY
150-160	YEL & LIGHT GRAY SHALE
160-175	LIGHT GRAY SHALE
175-215	RED & GRAY SHALE, SOME
	FINE SANDSTONE
215-222	MOSTLY FINE SANDSTONE,
	SOME SHALE
222-260+	FINE TAN SANDSTONE

WELL COMPLETION RECORD

Drilling Method: Roto/Water
Depth (from ground level). Ft. 251'
Date Completed 7/20/99
Casing: Length, Ft. 231' :Dia. In. 4"
Wall Thickness, Inc. .214 :Type PVC
Screen: Length, Ft. 20' Dia. In. 4.843 & 4.5"
Type PVC WOP & SLOTTED, Slot Size .020
Drop Pipe: Length, Ft. 140' Dia. In. 1 1/4"
Water Level, Surface to top of water, Ft.:
Static 93' M, Pumping 100' EST
Yield: 10 gpm, Measured XX. Est. _____
Chlorination Completed Yes XX No ___

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

Driller _____ (Signed)

P. O. BOX 308
Address: HICKMAN, NE 68372-0308

Date: 22 SEPTEMBER 1999

Remarks _____

DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record _____

Moser Well Drilling and Service Inc.

Marvin Moser
Hickman, NE
Bill Moser
Roca, NE
Allen Moser
Hickman, NE
Chris Thornton
Hickman, NE
Hickman, Nebraska 68372
Phone: (402) 792-2515
Lincoln: 477-7291

Pumps & Well Supplies - Trenching - Drilling

Date: 7/20/99 Well #: 82-99 Driller: Bill

Owner/Builder: Prairie Home Builders, P. O. Box 84891, Lincoln, NE 68501 Phone # 430-8088

Location: 2901 S.W. 74th in Ridge Park which is S.W. 74th & W. Van Dorn

0- 35 Brown and yellow clay
35- 55 Blue and yellow clay
55-150 Blue clay
150-160 Yellow and light gray shale
160-175 Light gray shale
175-215 Red and gray shale, some fine sandstone
215-222 Mostly fine sandstone, some shale
222-260+Fine tan sandstone

Depth: 251' Elevation:

Casing Information

Type: pvc Thickness: 200#
Length: 231' Diameter: 4"
Bore Size: 8.5" SWL: 93' M
PWL: GPM: 100+

Filler Pack: 35-225'
Grout: 6-35'

Screen

Length: 10' + 10' Diameter: 4"
Type: pvc wop; monoflex Slot: .020
Area of:
Screen(s): 231-251'
Pack: 225-252'
Type of Pack: "B"

Chemical Analysis

Total Chlorides:
Hardness:
Nitrates:
Bacteria:
Iron:

STATE & CTY SENT 9/22/99

Lancaster/Denton

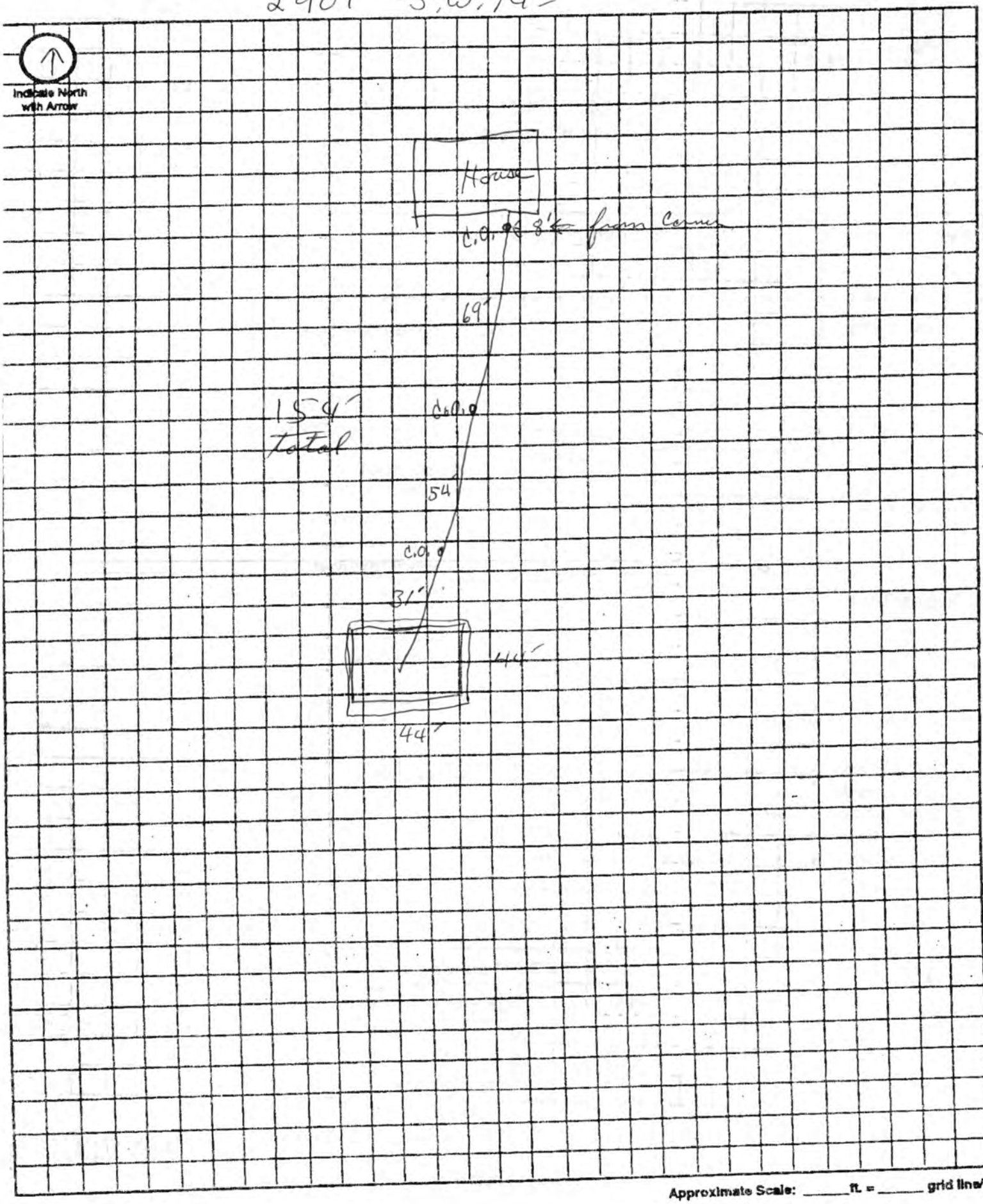
T.N. 9 R.E. 5 SEC. 2

REG# G-104858 3/30/00

82-99.max

As Built Drawing by Larry Schwark

2901 S. W. 74th St.



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