LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION
LAGOON

No. 98380187501

Issued 10/26/98
Expires 04/26/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
PRAIRIE HOME BUILDERS
T9N R5E SEC 2
RIDGE PARK BLK 1 LOT 3
7400 BLUE BIRD LN

Permittee
PRAIRIE HOME BUILDERS
BOX84891
BOX 84891
LINCOLN NE 68501-4891

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

008227

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 1 of

Permit Number: 98380 1875

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) CR 3814

Address 7400 BLUE BIRD LANE City LINCOLN NE, Zip 68532
(no rural route)

Legal Description Sec 2 T9N R5S RIDGE PARK 1 3
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 PRAIRIE HOME BUILDERS

Name ~~ROBERT CHAMPOUX~~ 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 _____

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 10-23-98 Date frwd 10/28/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 10/28/98 Date frwd 10/28/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 10-28-98 Date frwd 10-28-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

11/23/98 Need fence, drainage steps, etc.

Installation Final Written Approval

By _____

Date 8/2/00

Business Office Use Only

Date Rec'd 10/23/98
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 8248

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: 7838 01875

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

Corner lot 74th + Vandorn

System Location (Indicate correct number and street)

Address BLUE BIRD (no rural route) City Lincoln NE, Zip 68522

Owner Prairie Homes. Addresss P.O. BOX 84891 LINCOLN NE 68501

Soil Type (SCS): _____ Percolation Rate: 240 min./inch

Date of Tests 9-27 to 9-28 Weather: Precipitation 0 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"	9-27	9:30A.	9-27	1:30	9-28	10:00	6"	9-28	2:00	30	~~1/8~~	120
2	36"	9-27	9:30A	9-27	1:30	9-28	10:00	6"	9-28	2:00	30	1/4	120
3	36"	9-27	9:30A	9-27	1:30	9-28	10:00	6"	9-28	2:00	30	3/8	80
4	36"	9-27	9:30A	9-27	1:30	9:28	10:05	6"	9-28	205	30	1/2	60
5	36"	9-27	9:30A	9-27	1:30	9-28	10:05	6"	9-28	205	30	1/8	240
6	36"	9-27	9:30A.	9-27	1:30	9-28	10:05	6"	9-28	205	30	1/4	120
7	36"	9-27	9:30A	9-27	1:30	9-28	10:10	6"	9-28	210	30	1/8	240
8	36"	9-27	9:30A.	9-27	1:30	9-28	10:10	6"	9-28	210	30	1/8	240

Person Conducting Percolation Tests

Name: Phil Nalley

Phone: 438-3349

Address 6005 West A.

Sum of Percolation Rates: 1220

Average of Rates: 152.5

Rate Used for Calculation: 240

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks NOT ACCEPTABLE FOR ABSORPTION SYSTEM. LAGOON IS OK.

Signature of Reviewing Official John E. Nunn Date 10-23-98

FORM 23-101 10-96

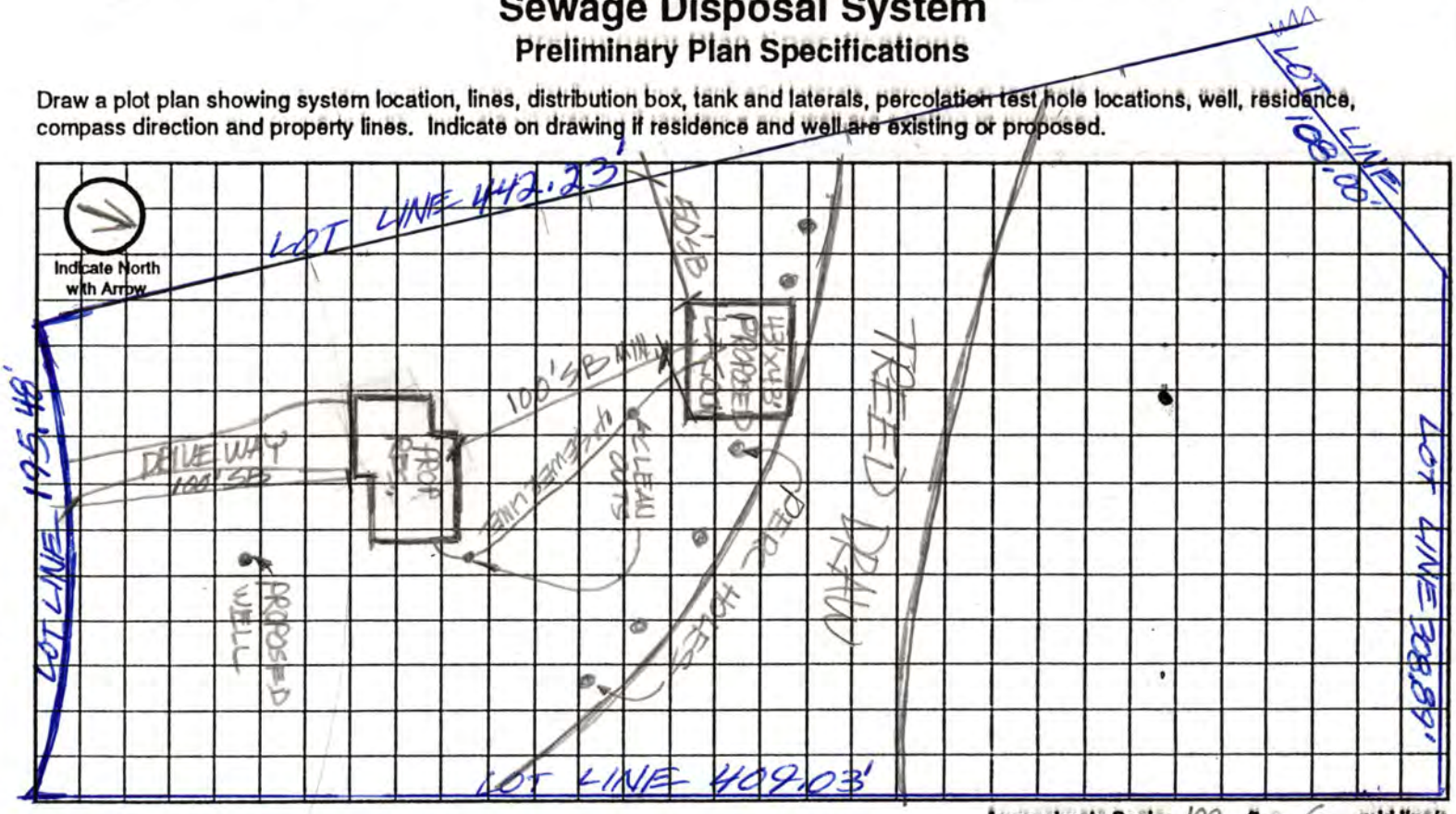
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98 3801875

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. = 6 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) BLUE BIRD LANE 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 240 (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 PRAIRIE HOMES / Rob Champ Date 10-23-98

Installer _____ Date _____

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

D

Permit Number: 983801875

Pledge Park

Sewage Disposal System

As Built Plans & Specifications

Date 11-23-98

System Location (Indicate correct number and street)

Address 1400 Blue Bird (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 16
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 42" in.
3. Distance between dwelling and ~~septic tank~~ Lagoon: 165' 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: _____
   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

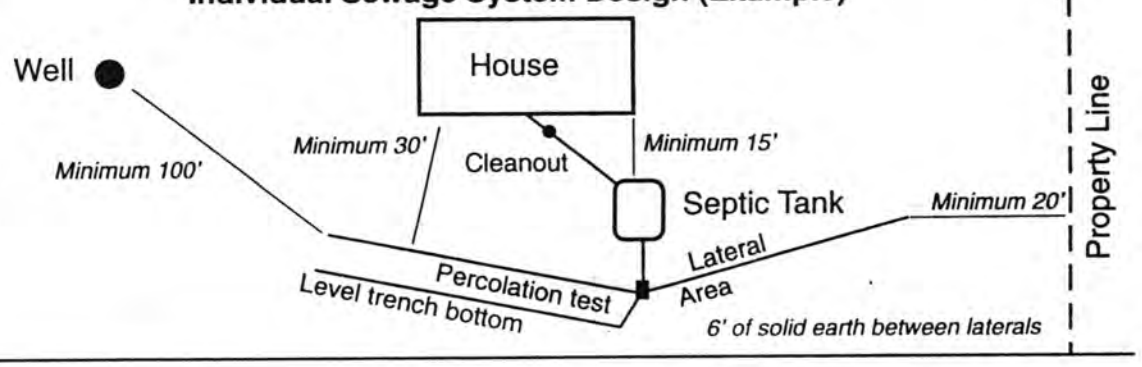
(Provide as-built drawings on back of this form)

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.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 98400079201

WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 10/26/98
Expires 04/26/99
Revenue Code 3162

FEES: $75.00

PAID

TOTAL $75.00

Establishment
PRAIRIE HOME BUILDERS
T9N R5E SEC 2
RIDGE PARK BLK 1 LOT 3
7400 BLUE BIRD LN

Permittee
PRAIRIE HOME BUILDERS
BOX84891
BOX 84891
LINCOLN NE 68501-4891

Issued By Health Director
Lincoln-Lancaster County Health Departme

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

008226

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

Permit No. 98 4000792

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 7400 BLUE BIRD LN City LINCOLN, NE Zip 68532
   (No Rural Route Please)
   Legal description of property:
   Twp 9; Range 5; Section 2; Block 1; Lot 3; 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 730-7302

Signature of Contractor Rob Champoux

Print Name ROB CHAMPOUX
Address 4200 SW 12TH ST
LINCOLN NE, 68522.
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 10/27/98; Date forwarded 10/27/98 — ACTION ☒ Approved ☐ Disapproved; Signature: Jerrold C. Hood
2. Building & Safety — Date received 10/28/98; Date forwarded 10/28/98 — ACTION ☒ Approved ☐ Disapproved; Signature: _____
3. City Engineer — Date received 12/28/98; Date forwarded ___/___/___ — ACTION ☑ Approved ☐ Disapproved; Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 7/15/99 By Jerrold Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Hood
Date: 7/19/99

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

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

Business Office Use Only
Date Rec'd: 10/23/98
Amt Paid: $ 75.00
Rec'd By _____ Cash/Check No. 8248

Also Survey e

MAY 1 3 1999

entered 8/7/00

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 9840007 92

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 2 T. 9 R. 5 Block ___ Lot ___ Addition RIDGE PARK ADDITION 7400 BLUE BIRD LANE

Owner ~~PRAIRIE HOME BUILDERS~~ CHUCK LIEBFELD Address P. O. BOX 81849, LINCOLN, NE 68501

LOG OF WELL	
Depth ft. --to--	Description
0- 35	YEL CLAY
35-140	BLUE CLAY
140-153	GRAY SHALE
153-205	MOSTLY GRAY SHALE W/SOME FINE SANDSTONE
205-232	FINE WHITE SS W/SHALE
232-242	SLIGHTLY CRSR WHITE SS
242-245	GRAY SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 238'
Date Completed 4/16/99

Casing: Length, Ft. 218'; Dia.In. 4"
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 20' Dia.In. 4"
Type PVC WOP & SLOTTED slot Size .020

Drop Pipe: Length, Ft. 120 Dia.In. 1 1/4"

Water Level, Surface to top of water, Ft.:
Static 85' M , Pumping 90' EST

Yield: 80 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 _____ (Signed)

Address P. O. BOX 308 Hickman, Nebraska 68372-0308

REMARKS NITRATE NITROGEN 1.0 PPM, BACTERIOLOGICAL O.K.

Date 12 MAY 1999

DO NOT WRITE BELOW THIS DOUBLE LINE

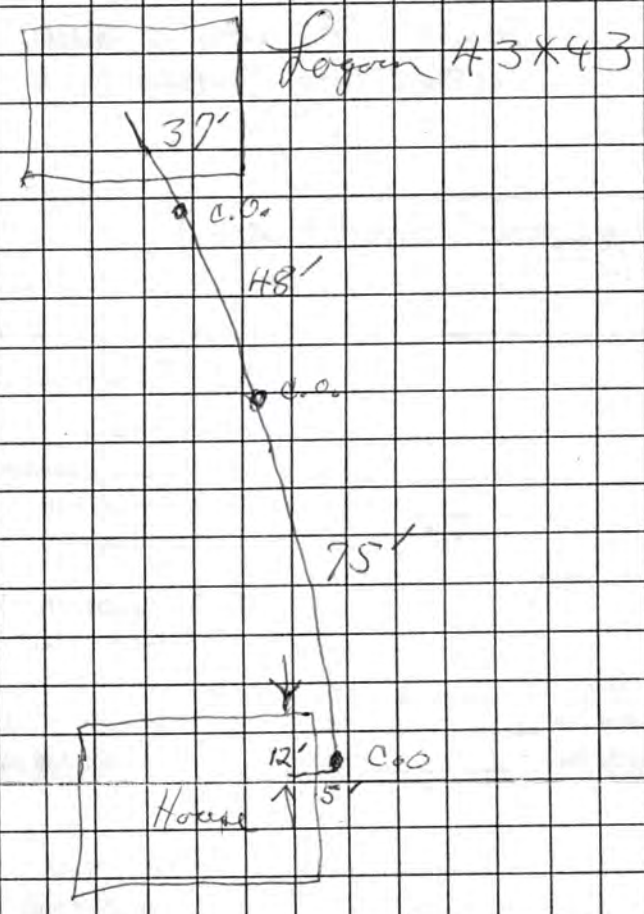
Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 22-4

As Built Drawing by Schwarck Trenching

NOV 2 5 1998

Indicate North with Arrow



1402 Blue Bird

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