Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 99380200001

Issued 06/02/99
Expires 12/02/99
Revenue Code 3157

Establishment

PAT CHAMPOUX
T9N R5E SEC 13
PARCEL "C" LOT 2IT
6501 W OLD CHENEY RD

FEES: $150.00

Permitee

PAT CHAMPOUX
6501 W OLD CHENEY RD
LINCOLN NE 68521

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010398

A

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

Permit Number: 9938020001

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 6501 W. OLD CHENEY (no rural route) City LINCOLN NE, Zip 68339

Legal Description 13 9N 5E Lot 8 IT ~~PARCEL C 2IT~~
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 Pat Champoux Signature Pat Champoux

Address ~~1010 Judson~~ 6501 West Old Cheney Rd. City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone ~~476-4826~~ 540-0029 Work Phone 423-6721

C. Contractor ROB CHAMPOUX

Name PRAIRIE HOME BUILDERS Company Name PRAIRIE HOME BUILDERS

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 Dan Bass Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES ~~NO~~ (NO WHIRLPOOL)

☐ 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 6/2/99 Date frwd 6/2/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/30/04 Date frwd 3/30/04 **ACTION** ☒ Approved ☒ Disapproved Signature _____
   PROVIDE INFORMATION FOR DEV. IN FLOOD PLAIN
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☒ Approved ☐ ~~Disapproved~~ Signature _____

3/26/04 No fences, etc. in C.A.

Installation Final Written Approval

By _____

Date 7/7/04

Business Office Use Only

Date Rec'd 06/02/99

Amt Paid 150.00

Rec'd By _____ ~~Cash~~/Check No. 2195

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Old Cheney (no rural route) City Lincoln NE, Zip 68522

Owner Pat Champeaux Addresss

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

Date of Tests 2-13-99 to 2-14-99 Weather: Precipitation -0- Temperature 30

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	2/13	1:00p	2-14	12:00p	2-14	12:00p	6"	2-14	1:00	60m	1/4	240
2	36	"	"	"	"	2-14	12:00p	6"	2-14	1:00	60m	1/4	240
3	36	"	"	"	"	2-14	12:pm	6"	2-14	1:00	60m	3/8	160
4	36	"	"	"	"	2-14	12:05	6"	2-14	1:05	60m	1/4	240
5	36	"	"	"	"	2-14	12:05	6"	2-14	1:05	60m	1/4	240
6	36	"	"	"	"	2-14	12:05	6"	2-14	1:05	60m	3/8	160

Sum of Percolation Rates: 1280
Average of Rates: 213.33
Rate Used for Calculation: 240

Person Conducting Percolation Tests

Name: Phil Malloy
Phone: 438-3349
Address RT, 6 Box 52 Lincoln Ne.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

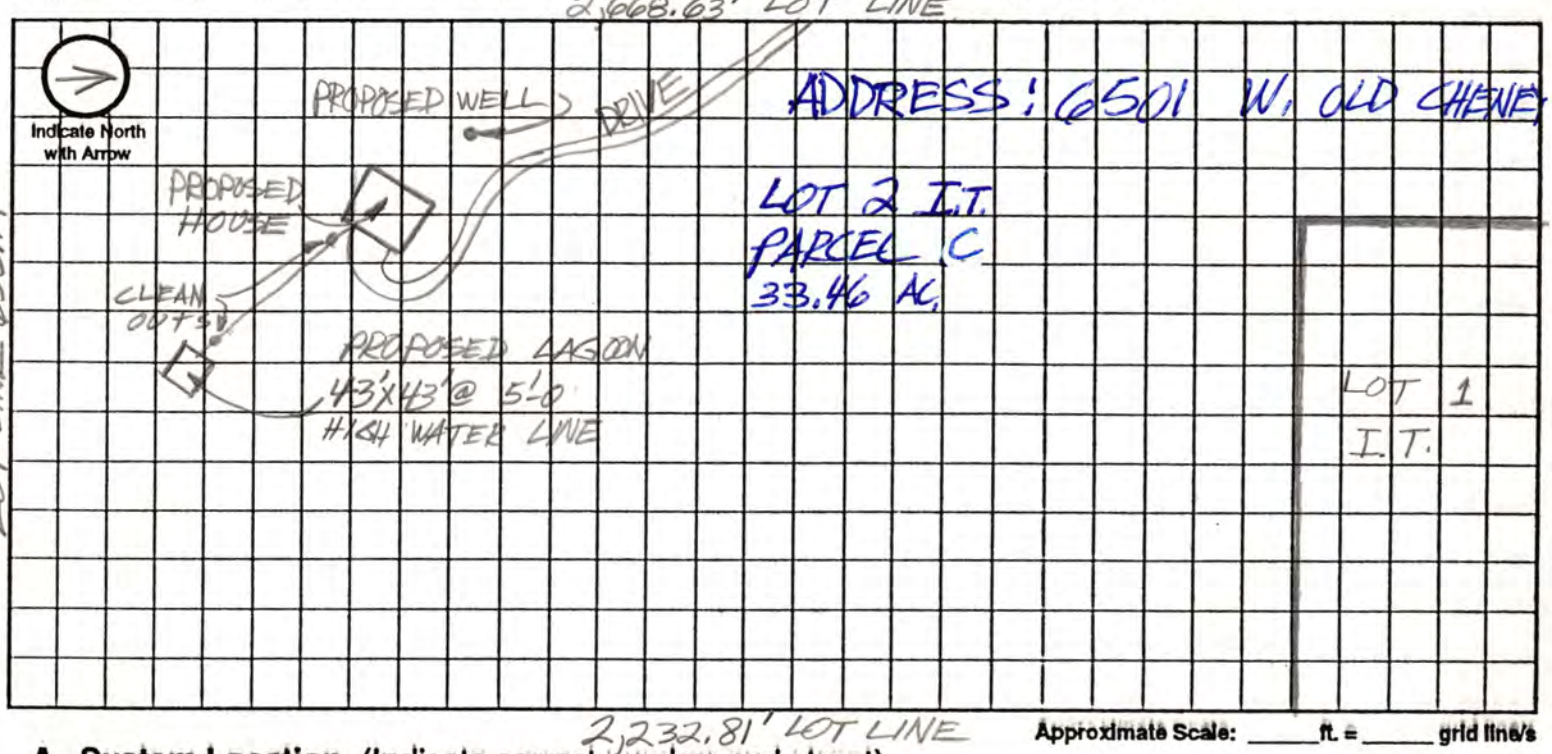
C

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

Permit Number:

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) 6501 W. OLD CHENEY RD City LINCOLN NE, Zip 68339

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: 10 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other NONE - LAGOON

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 HOME BUILDERS INC. Date 2-16-99

Installer _____ Date _____