Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008673

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 06380316101

Issued 03/07/06
Expires 03/07/07
Revenue Code 3157

Establishment
PRAIRIE HOME BUILDERS INC
T9N R6E SEC 17
ROLLING MEADOWS 1ST BLK 1 LOT 1
6701 SW 38 ST

FEES: $275.00

Permittee
ATTN ROB CHAMPOUX
PRAIRIE HOME BUILDERS
2045 S FOLSOM ST STE A
LINCOLN NE 68522

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

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MAR 06 2006

A

Permit Number: 06380316101

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 6701 SW. 38TH ST. (no rural route) City LINCOLN NE, Zip 68523

Legal Description 17 (1/4) (1/4) Section 9N Township 6E Range ROLLING MEADOWS Subdivision 1ST. Addition 1 Block 1 Lot

Geographical Location (If known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name _____ Signature _____

Address _____ City/State/Zip _____

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name ROB CHAMPOUX Company Name PRAIRIE HOME BUILDERS

Address 2045 S. FOLSOM ST. SUITE "A" City/State/Zip LINCOLN, NE 68522

☒ Check if contractor designed system Work Phone 476-6599 EXT 101

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 4 Is there a Whirlpool Bathtub YES NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 500 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 3/7/06 Date frwd 3/7/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/7/06 Date frwd 3/7/06 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 3/7/6 Date frwd 3/7/6 ACTION ☒ Approved ☐ Disapproved Signature Chris Baker

Installation Final Written Approval

By _____

Date 14/1/06

Business Office Use Only

Date Rec'd 3/7/06
Amt Paid 275.00
Rec'd By _____ Cash/Check No. 22406

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

total $425.00
150. for well cw

Lincoln-Lancaster County Health Department
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B

Permit Number: 063803161

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

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System Location (Indicate correct number and street)

Address Rolling Meadows Block 1 Lot 1 City Lincoln NE, Zip 68523
(no rural route) 6701 SW 38TH ST.

Owner PRAIRIE HOME BUILDERS Addresss 2045 S. FOLSOM ST. STE "A"

Soil Type (SCS): ~~SHARPSBURG~~ SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 6-11-04 to 6-12-04 Weather: Precipitation .5 Temperature 60

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
	6"	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	30"	7/20	13:15	7/21	12:15	7/21	12:15	6"	7/21	1615	30	5/8	~~26.6~~ 48
2	30"	7/20	1315	7/21	1215	7/21	12:15	6"	7/21	1615	30	1/2	~~30~~ 60
3	30"	7/20	1315	7/21	1215	7/21	12:15	6"	7/21	1615	30	1/2	~~30~~ 60
4	30"	7/20	1315	7/21	1215	7/21	12:15	6"	7/21	1615	30	5/8	~~26.6~~ 48
5	30"	7/20	1315	7/21	1215	7/21	12:15	6"	7/21	1615	30	3/4	~~34.0~~ 40
6	30"	7/20	1315	7/21	1215	7/21	1215	6"	7/21	1615	30	5/8	~~26.6~~ 48

Sum of Percolation Rates: 304
Average of Rates: 50,66
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Phil Nalley
Phone: 304-4296
Address 6005 W. "A" ST.
LINCOLN, NE 68523

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Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date MARCH 7, 2006

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

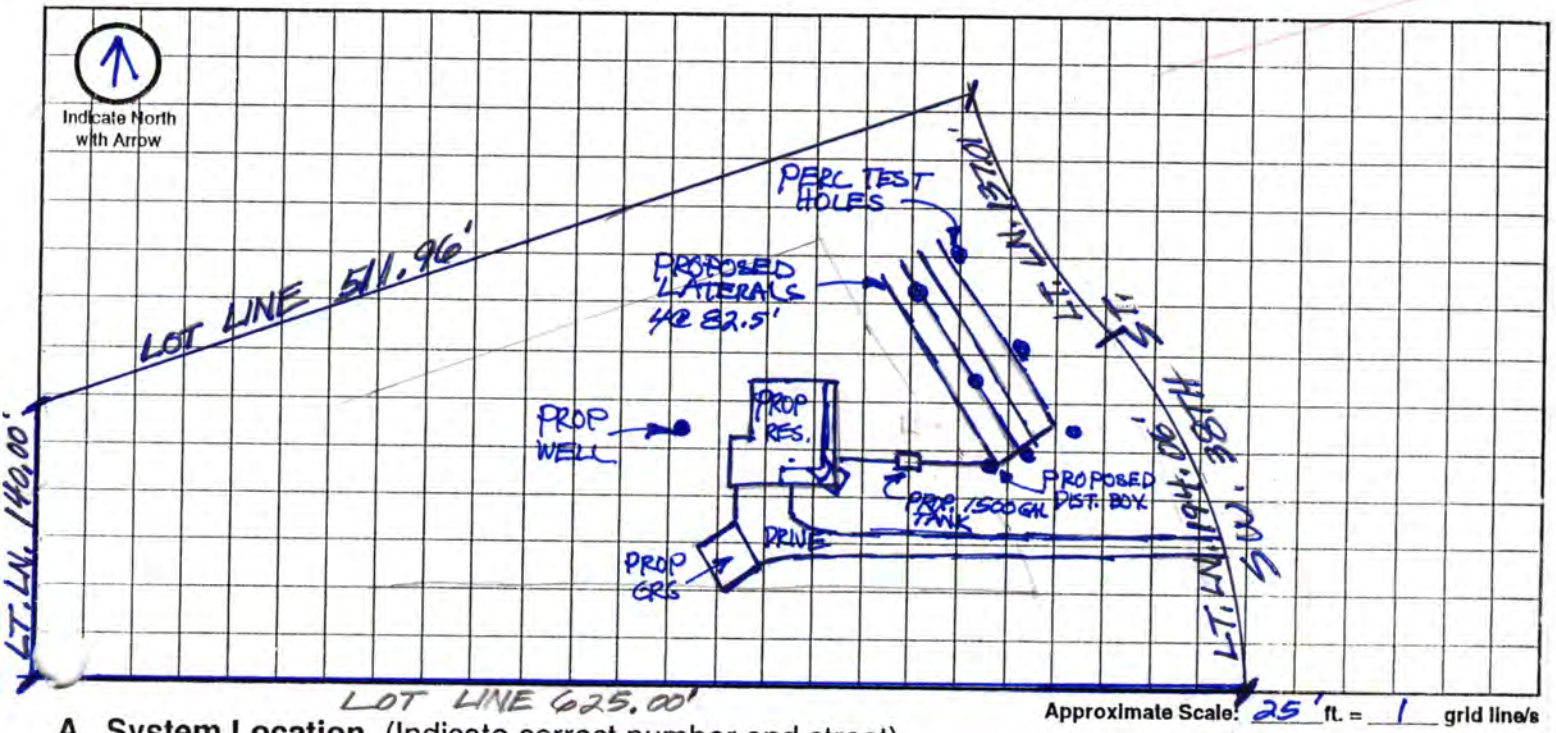
C

Permit Number: 06380316

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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.



A. System Location (Indicate correct number and street)

Address (no rural route) 6701 S.W. 38TH ST. City LINCOLN NE, Zip 68523

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 60 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: 1% %

Type of Absorption System: ☐ Trench ☒ Bed ☐ Other

Total Square Feet of Field Required: 1400 sq. ft. 4 BDRM w/WHIRLPOOL

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: INFILTRATOR

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 3

Total Length of Laterals ~~330~~ 350 ft. Number of Trenches 4 @ ~~82.5~~ 87.5 ft. EA. Trench Width 4'

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 ☒	☒
oon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

Home Building Contractor Rob Thompson Date 2-17-06

Installer Tom King Date 2-16-06

FORM 23-102 10-96

FORM 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 12558
FILE NO._____

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

Legal Description Sec. 19 TN. 9 R. 6E Block____ Lot____ Addition _____

Well location address or nearest road intersection 6701 S.W. 38TH, LINCOLN, NE. FROM S.W. 40TH & W. DENTON ROAD GO 1/2 MILE NORTH AND ON EAST SIDE.

Owner ROB KLUCAS Address 815 MARY COURT, LINCOLN, NE 68522

LOG OF WELL	
Depth Ft to:	Description
0- 25	Dry permeable clay
25- 30	Brown clay
30-95	Shale & very fine sandstone
95-120	Medium fine sandstone
120-170	Medium fine tan sandstone

WELL COMPLETION RECORD

Drilling Method ROTO / WATER

Depth (from ground level). Ft. 166'

Date Completed 07/18/06

Casing: Length, Ft. 151' : Dia. In. 4"

Wall Thickness, .214" : Type PVC 200#

Screen: Length, Ft. 15' : Dia. In. 4"

Type PVC MONOFLEX , Slot size .020

Well tested capacity 20 GPM WITH AIR

Static water level 100' Measured XX Est. ____

Pumping water level 115' at 20 gpm.
Measured ____ Est. XX

Drop pipe: Length, Ft. 140' Dia. In. 1 1/4" Type. PVC 80

Pump model & H.P. 1 HP - 20 GPM
Gpm Yield of pump. 20 Measured XX Est. ____

Chlorination Completed Yes XX 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, NE 68372

Date: 25 JULY 2006

Remarks: _____

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