Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008554

(402) 441-8000

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 05400120201

Issued 12/23/05
Expires 12/23/06
Revenue Code 3162

Establishment

ROB CHAMPOUX
T9N R6E SEC 17
ROLLING MEADOWS-1ST BLK 4 LOT 1
6700 SW 38 ST

FEES: $150.00

Permittee

ROB CHAMPOUX
2045 S FOLSOM ST
STE A
LINCOLN NE 68522-4891

TOTAL: $150.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

A

Permit Number: 05380313801

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

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 6700 S.W. 38TH ST. (no rural route) City LINCOLN NE, Zip 68523

Legal Description ____ ____ 17 9N 6E ROLLING MEADOWS 1ST ADD 4 1
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 ____ 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 Tom King Firm ____ Work Phone ____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify ____

Design flow in gallons per day 300 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 12/23/05 ACTION ☒ Approved ☐ Disapproved
   Date frwd ____ Signature Doug Mrsny
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12-28-05 ACTION ☒ Approved ☐ Disapproved
   Date frwd 12-28-05 Signature ____
3. **City or County Engineer** Date rec'd 12-28-05 ACTION ☒ Approved ☐ Disapproved
   Date frwd 12-28-05 Signature ____

Line, tank, lateral 6/15/06 DL

Installation Final Written Approval

By Doug Mrsny

Date 6/23/06

Business Office Use Only

Date Rec'd 12-23-05

Amt Paid 425.00

Rec'd By TW Cash/Check No. 21833 21996

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: 053803138

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

Rolling Meadows

System Location (Indicate correct number and street)

Address Blk 4 Lot 1 6700 S.W. (no rural route) 38TH ST. City Lincoln NE, Zip 68523

Owner Prairie Homes Addresss 2045 S. FOLSOM ST. SUITE "A"

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 42.62 min./inch

Date of Tests 10-12-04 to 10-13-04 Weather: Precipitation 0 Temperature 60's

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"	10-12	12:30	10-12	16:30	10-13	14:00	6"	10-13	18:00	30m	3/4	40	1hr.
2	"	"	"	"	"	"	"	"	"	"	"	5/8	48	26.6
3	"	"	"	"	"	"	"	"	"	"	"	3/4	40	20
4	"	"	"	"	"	"	"	"	"	"	"	7/8	34.29	
5	"	"	"	"	"	"	"	"	"	"	"	3/4	40	20
6	"	"	"	"	"	"	"	"	"	"	"	5/8	48	26.6
7	"	"	"	"	"	"	"	"	"	"	"	5/8	48	26.6

Sum of Percolation Rates: 298.29

Average of Rates: 42.62

Rate Used for Calculation: 42.62

Person Conducting Percolation Tests

Name: Phil Nolley

Phone: 304-4296

Address 6005 W. "A" STREET

LINCOLN, NE 68532

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

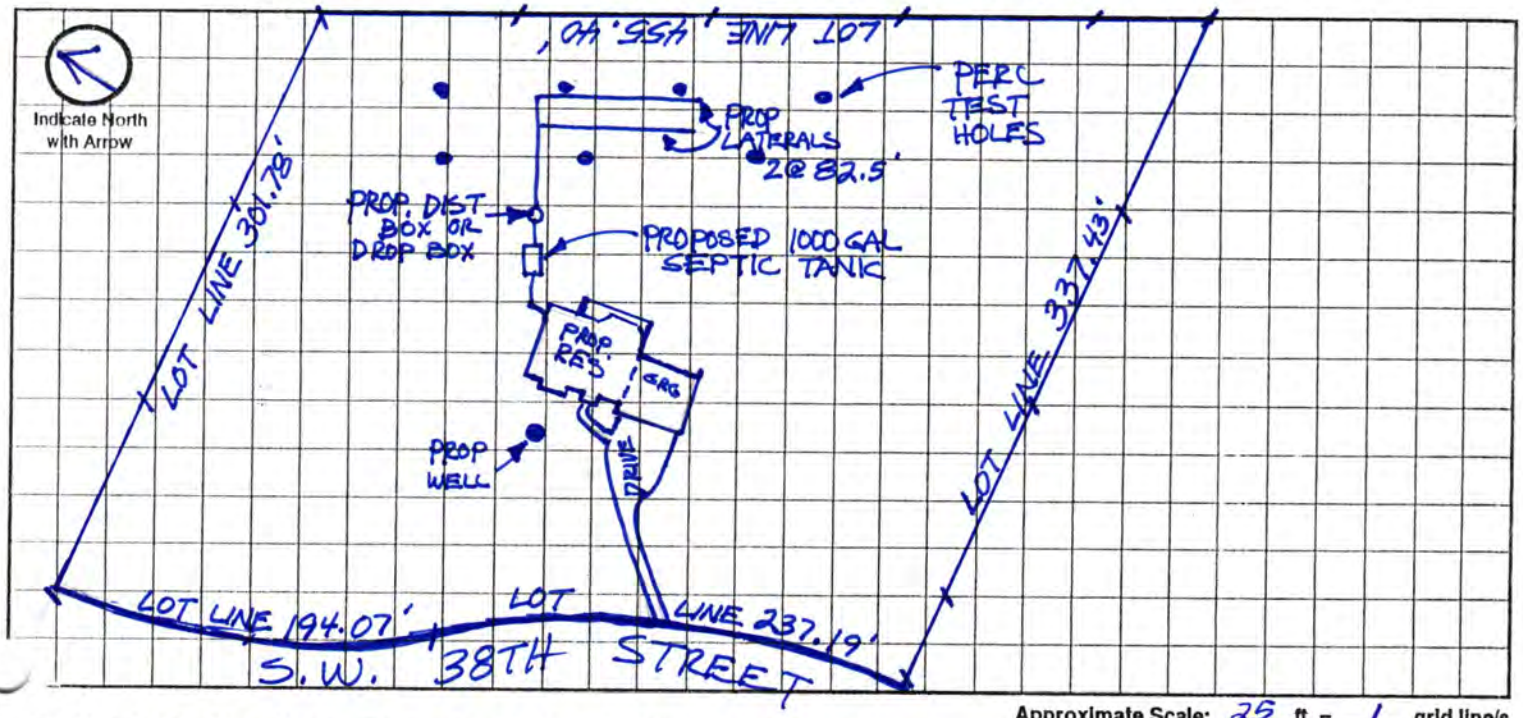
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 05380313B

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6700 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 42.62 (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: 660 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 2

Total Length of Laterals 165' ft. Number of Trenches 2@82.5 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 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date 12-21-05

Installer _____ Date 12-21-05

Tom King

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 06/15/06

System Location (Indicate correct number and street)

Address 6700 S.W. 38th (no rural route) City LINCOLN NE, Zip 68522

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: 0 in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 40 ft.
4. Number of clean-outs: ONE
5. Distances to: well or suction line 100 ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 2
2. Capacity: ____ gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 4 in.
   Over outlet, diameter 4 in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line 140 ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line 100 ft.

C. Distribution Box

1. Material: ____
   Number available outlets: ____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: ____ ft.

D. Absorption Field

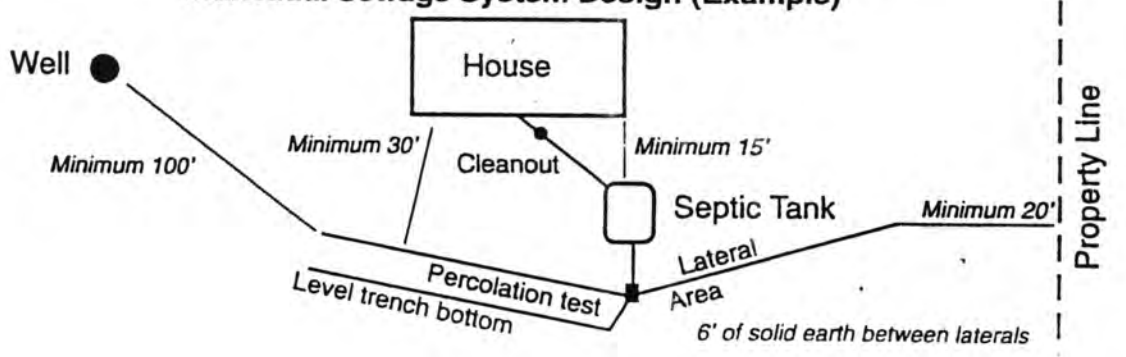
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 3'
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 82.5 ft. 82.5 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 3' ft.
   Slope ____ in/100 ft.
   Average depth 24 in
4. Filter material: DIRT
   Depth of material 12 in.
5. Distances to: Well or suction line 160 ft.
   Stream 0 ft.
   Pressure line 0 ft.
   Property line 30 ft.

Indicate North with Arrow

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

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
Phone: 402-441-8022

Permit No. 05400120201

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- [x] Site Clearance and Permit to construct a new individual water well - $100
- [ ] Bi-Annual Permit for an existing well - $100 (Renewed every 2 years)
- [ ] Permit to repair or alter existing well involving opening of well - $50

1. Well Site Address 6700 S.W. 38TH ST. City LINCOLN, NE Zip 68523
(No Rural Route Please)
Township 9N Range 6E Section 17 1/4 Section
Block 4 Lot 1 Addition ROLLING MEADOWS 1ST ADD
Parcel ID ____-____-____-____-____ (i.e. 99-99-999-999-999)

2. Well use: [x] Residential [ ] Commercial [ ] Other Describe

3. Distance to Public Water Supply UNKNOWN feet.

Signature of Owner PRAIRIE HOME BUILDERS Print Name Rob Champoux
Current Address 2045 S. FOLSOM ST. SUITE "A" LINCOLN, NE 68522
Current Home Phone 421-6580 Work Phone 476-6599 EXT 101

Signature of Contractor Rob Champoux Print Name Rob Champoux
Address 2045 S. FOLSOM ST. SUITE "A" LINCOLN, NE 68522
Home Phone 421-6580 Work Phone 476-6599 Cellular Phone 730-7301

Sewage Permit Applied for: [x] Yes [ ] No [ ] Not applicable

Please Submit Permit Fee with This Request

Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

Approval Process: Lincoln Municipal Code 8.44

1.	Health Department	Date received 12/27/05 Date forwarded ___/___/___	ACTION	[x] Approved	[ ] Disapproved
			Signature:		
2.	Building & Safety	Date received 12/28/05 Date forwarded 12/28/05	ACTION	[x] Approved	[ ] Disapproved
			Signature:		
3.	City Engineer	Date received 12/28/05 Date forwarded 12/28/05	ACTION	[x] Approved	[ ] Disapproved
			Signature:		

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits
Date: 10/5/06 By
Date: 8/5/06 By
Date: ___/___/___ By

Nitrate Level 0 mg/L
Chloride Level ____ mg/L
Bacteriological Analysis Satisfactory [X] Yes [ ] No
Other

Installation Final Written Approval
Date: 10/11/06 By

Business Office Use Only
Received: Date: 12/23/05 Amount 425.00 Check No. 21833 21996 Initials MJ

Distribution: White - Health Department Lt. Green - Engineer Lt. Blue - Building Inspector

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. 17 TN. 9 R. 6E Block____ Lot____ Addition _____

Well location address or nearest road intersection 6700 S.W. 38TH, LINCOLN, NE 68523 From S.W. 40th & W. Denton Rd go 1/2 mile north & on east side.

Owner BRIAN VON BARGEN Address 6700 S.W. 38TH, LINCOLN, NE 68523

LOG OF WELL	
Depth Ft to:	Description
0- 15	Dry cracked clay
15- 20	Brown clay
20- 25	Yellow shale
25- 65	Very fine sandstone & siltstone
65- 75	Medium yellow sandstone
75- 80	Shale
80-105	Medium fine orange sandstone
105-150	Fine yellow sandstone

Remarks: _____

WELL COMPLETION RECORD

Drilling Method ROTO / WATER

Depth (from ground level). Ft. 144'

Date Completed 04/27/06

Casing: Length, Ft. 132' : Dia. In. 4"

Wall Thickness, .214" : Type PVC 200 #

Screen: Length, Ft. 12' : Dia. In. 4"

Type PVC HIFLOW , Slot size .018

Well tested capacity 25 GPM with Air

Static water level 87' Measured XX Est. _____

Pumping water level 95' at 20 gpm.
Measured _____ Est. XX

Drop pipe: Length, Ft. 120' 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.

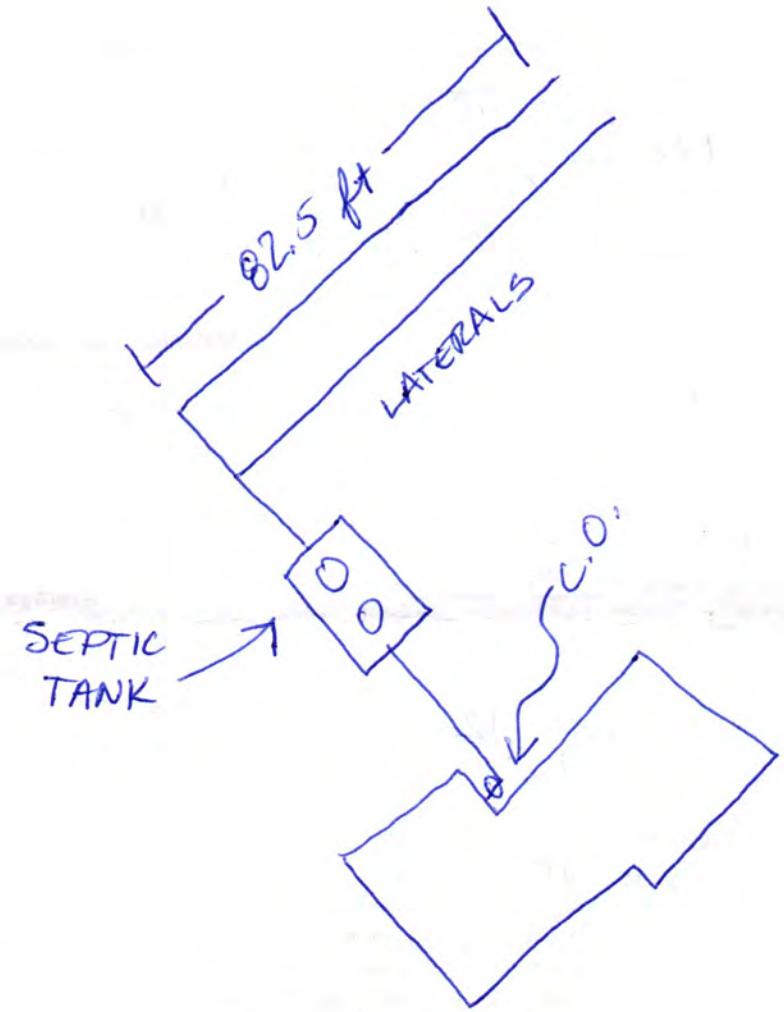
Driller _____
(Signed)

Address P.O. BOX 308
HICKMAN, NE 68372

Date: 25 JULY 2006

DO NOT WRITE BELOW THIS DOUBLE LINE

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



N