Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 02380250901

Issued 07/23/02
Expires 01/23/03
Revenue Code 3157

Establishment

PRAIRIE HOME BUILDERS
T9N R6E SEC 17
ROLLING MEADOWS-1ST LOT 14IT

FEES: $200.00

Permittee

PRAIRIE HOME BUILDERS
BOX 84891
LINCOLN NE 68501-4891

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002742

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

A

Permit Number: 02380250 9

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 TEMP ADDRESS (no rural route) City LINCOLN NE, Zip 68523

Legal Description ____ ____ 17 9-N 6E ~~ROLLING MEADOWS~~ ~~1ST~~ Block 14 Lot
1/4 1/4 Section Township Range Subdivision Addition

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 421-6680 Work Phone 730-7301

C. Contractor ROB CHAMPOUX

Name ~~PRAIRIE HOME BUILDERS~~ Company Name PRAIRIE HOME BUILDERS

Address 4200 SW 12TH ST, OR P.O. BOX 84891 68501 City/State/Zip LINCOLN NE 68501

☒ Check if contractor designed system Work Phone 730-7301 OR 476-6599 OR 421-6680

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name ____ Firm G&A. BACKHOE Work Phone 781-2400

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 7/23/02 Date frwd 7/23/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/24/02 Date frwd ____ ACTION ☐ Approved ☐ Disapproved Signature ____
3. **City or County Engineer** Date rec'd 7-23-02 Date frwd 7-23-02 ACTION ☒ Approved ☐ Disapproved Signature Chris Bake

Lateral 4/3/03 + trunk – need drawing D.V

Installation Final Written Approval

By Doug Smith

Date 5/16/03

Business Office Use Only

Date Rec'd 7-23-02
Amt Paid 200.00
Rec'd By TW Cash/Check No. ____

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: 023802509

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City LINCOLN NE, Zip 68523
(no rural route)

Owner PRAIRIE HOME BUILDERS Addresss P.O. BOX 84891 LINCOLN NE

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 36.43 min./inch

Date of Tests 7-5 to 7-6 Weather: Precipitation 98°F 0" Temperature 98°F

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"	7-5	6:00	7-6	6:00	7-6	6:00	6"	7-6	9:30	30~	3/4	40
2	36"	7-5	6:00p	7-6	6:00	7-6	6:00	6"	7-6	9:32	30~	1/8	34.29
3	36"	7-5	6:00p	7-6	6:00	7-6	6:00	6"	7-6	9:34	30~	1/8	34.29
4	36"	7-5	6:00p	7-6	6:00	7-6	6:02	6"	7-6	9:36	30~	3/4	40
5	36"	7-5	6:00p	7-6	6:00	7-6	6:02	6"	7-6	9:38	30~	1	30
6	36"	7-5	6:00p	7-6	6:00	7-6	6:02	6"	7-6	9:40	30~	3/4	40

Sum of Percolation Rates: 218.58
Average of Rates: 36.43
Rate Used for Calculation: 36.43

Person Conducting Percolation Tests

Name: Phillip Nelle
Phone: 304-4296
Address _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

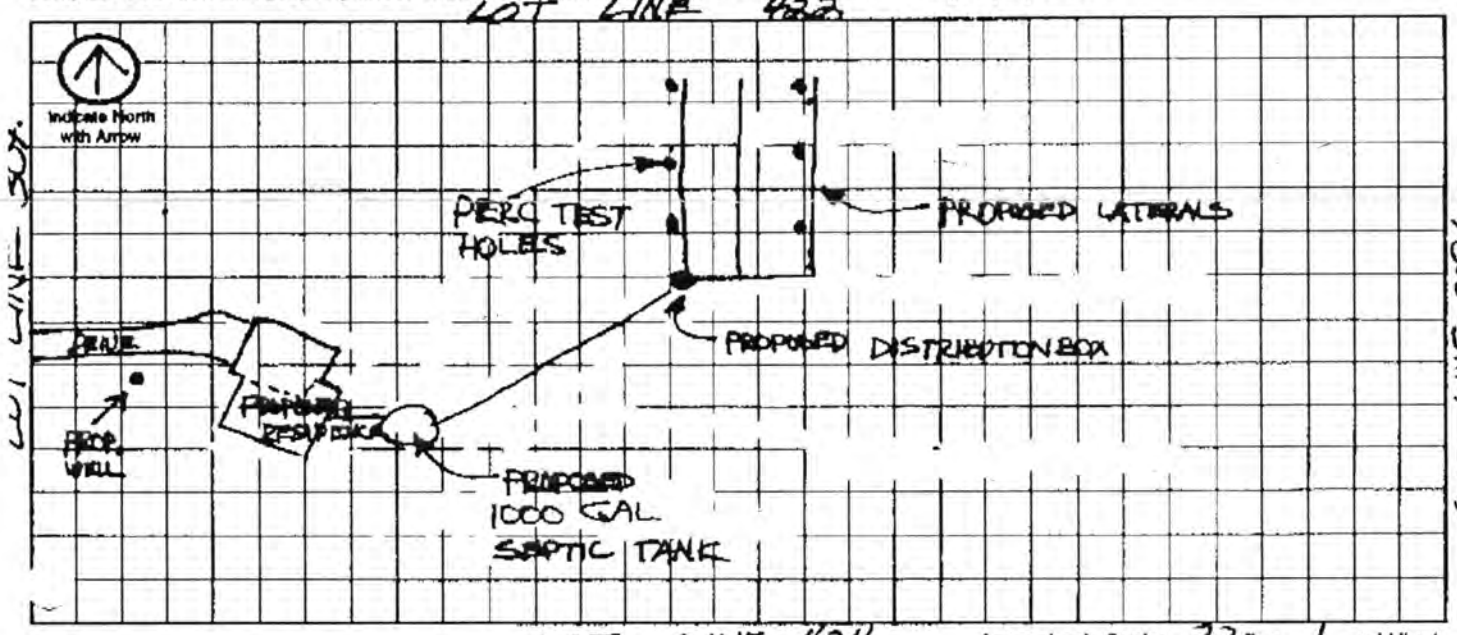
C

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

Permit Number: 023802509

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: 22 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ 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 36.43 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: 2% - 3% %

Type of Absorption System: ☐ Trench ☒ Bed ☐ Other _____

Total Square Feet of Field Required: 825 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 3

Total Length of Laterals 206 ft. Number of Trenches 3 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 ☒	☒
xgpon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor ROB CHAMPOUX Date 6-25-02

Installer Gordon Hicks G+A Backhoe Service Date 7-14-02

FORM 23-102 10-99

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 _____

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: _____
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

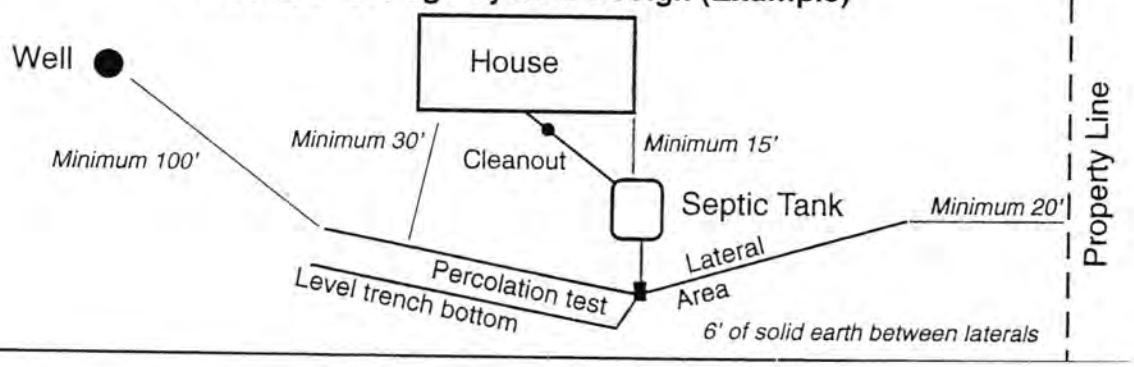
(Provide as-built drawings on back of this form)

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)



APR 2 8 2003

G & A

BACKHOE SERVICE

Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

04/24/03

To Doug Smith,

This is the as built drawing for 6640 South West 34th Street for Prarie Home Builders.

