Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003225

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380274701

Issued 11/18/03
Expires 05/18/04
Revenue Code 3157

Establishment: PRAIRIE HOME BUILDERS INC
T9N R6E SEC 17
ROLLING MEADOWS-1ST BLK 3 LOT 1
3600 W BURGESS LN

FEES: $200.00

Permittee: ROB CHAMPOUX
4200 SW 12 ST
LINCOLN NE 68522

TOTAL: $200.00

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

A

Permit Number: 033802T4701

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 3600 W. BURGESS LANE (no rural route) City LINCOLN NE, Zip 68523

Legal Description 1/4 1/4 Section 18 Township 9N Range 6E Subdivision ROLLING MEADOWS 1ST. Addition 3 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 SPECULATION Signature _____

Address _____ City/State/Zip _____

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

C. Contractor

Name ROB CHAMPOUX Company Name PRAIRIE HOME BUILDERS INC.

Address 2045 S FOLSOM ST. City/State/Zip LINCOLN NE 68522

☒ Check if contractor designed system Work Phone 476-6577 EXT 101

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

Designer Name Hardon Lukes Firm G&A Backhoe Service Work Phone (402) 450-2409

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 11/18/03 Date frwd 11/18/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/18/03 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 11-19-03 Date frwd 11-19-03 ACTION ☒ Approved ☐ Disapproved Signature _____

Tank, line latered 4/23 by Leon M.

Installation Final Written Approval

By Doug Arnold

Date 5/27/04

Business Office Use Only

Date Rec'd 11-18-03
Amt Paid 200.00
Rec'd By TW Cash/Check No. 17408

FORM 23-100 10-96

White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number: 03302747

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Mead Rolling Meadows Block 3 Lot 1 (no rural route) City Lincoln NE, Zip 68523

Owner Prairie Homes Addresss 3600 W. BURGESS LANE

Soil Type (SCS): SHARPSBURG Silty clay Loam Percolation Rate: 47.11 min./inch

Date of Tests 8/27/03 to 8/28/03 Weather: Precipitation Dry Temperature 95 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	32	8/27	16:15	8/27	20:25	8/28	17:40	6"	8/28	21:40	30min	1/2	60
2	34											3/4	40
3	35											1/2	60
4	36											5/8	48
5	35											3/4	40
6	34											7/8	34.3
7	32											3/4	40
8	33											5/8	48
9	34											5/8	48
10	36											3/4	40

Sum of Percolation Rates: 424

Average of Rates: 47.11

Rate Used for Calculation: 47.11

Person Conducting Percolation Tests

Name: Phil Nolley

Phone: 304-4296

Address 6005 WEST A, ST, LINCOLN, NE 68532

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

8.	9.	Lot
7.	4.	1
10.	5.	Block
6.	3.	3
2.	1.	

Sept 3

Perc Work Sheet

Date 1 / 1 /

address Rolling Meadows. Block 3 Lot 1

	Pre Soak								Test							
		1hr		2hr		3hr		4hr	1hr		2hr		3hr		4hr	
Hole #	30m	60m	90m	120m	180m	180m	210m	240m	30m	60m	90m	120m	150	180	210	240
1									25 23					26 24½		26 25⅝
2									24 21½					25 23½		26 24½
3									27 25½					26 25		26 25
4									26 25					27 25⅝		26 27¾
5									27 25¾					26 24½		26 24½
6									25 23½					24 22⅝		26 24¼
7									24 22⅝					25 27¼		26 24½
8									25 23¼					25 22		26 24¾
9									25 23¼					26 24¼		26 24⅜
10									26 24½					27 25⅛		26 24½

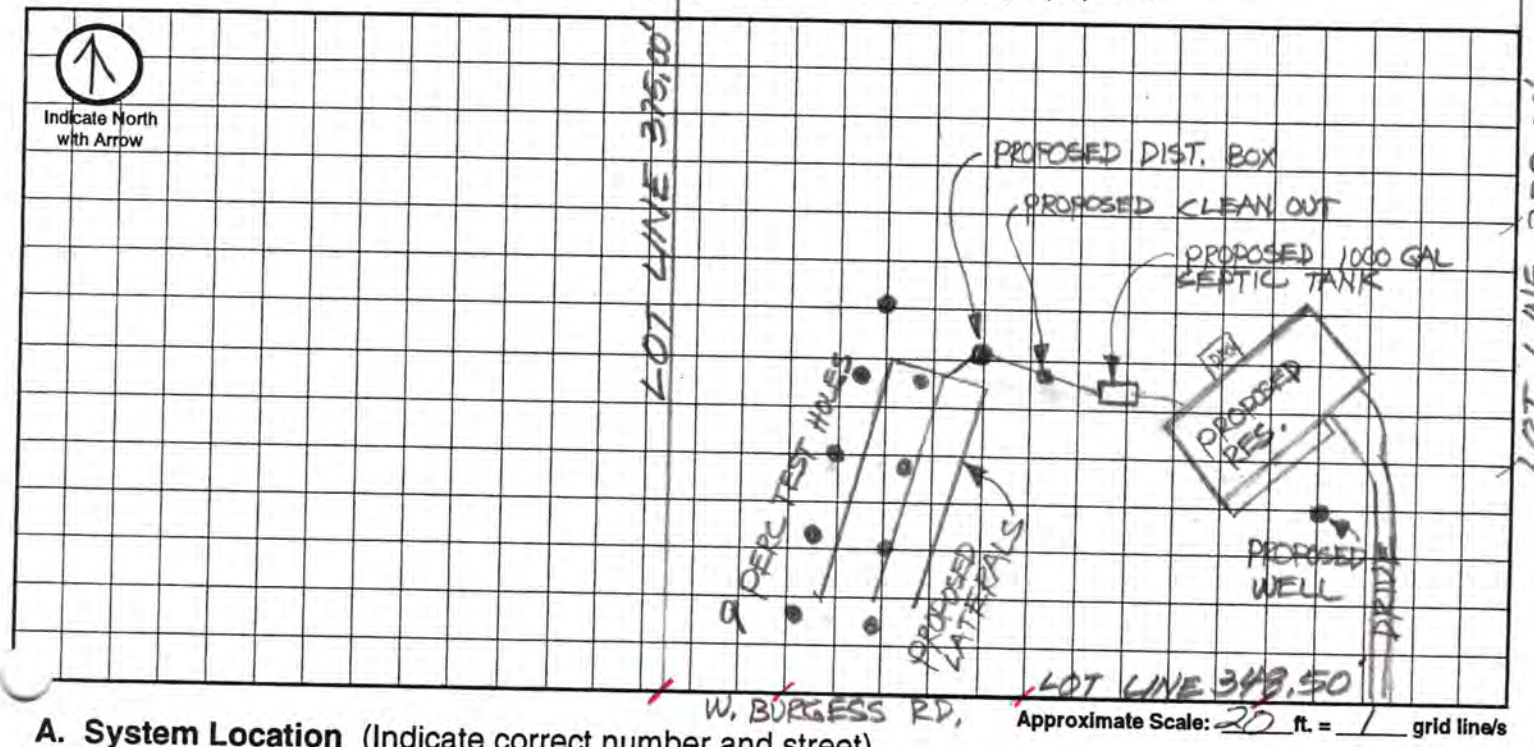
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 03802747

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3600 W. BURGESS LANE 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 47.11 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: 2 %

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

Total Square Feet of Field Required: 990 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 3

Total Length of Laterals 348 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 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Rob Champ Date 11-14-03

Installer _____ Date _____

FORM 23-102 10-96

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D

Permit Number: 033802747

Sewage Disposal System

As Built Plans & Specifications

Date _____

System Location (Indicate correct number and street)

Address 3600 W. BURGESS LANE (no rural route) City LINCOLN NE, Zip 68523

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

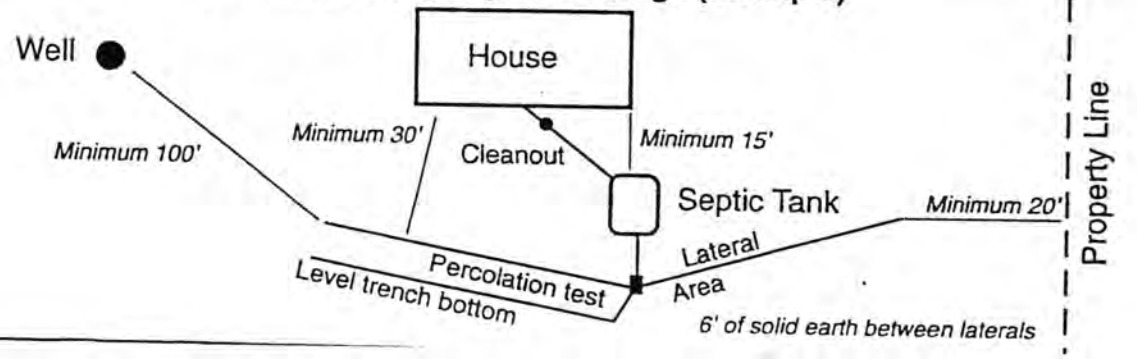
(Provide as-built drawings on back of this form)

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)



FORM 23-103 10-96

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

05/22/04

To Doug Smith,
This is the as built drawing for a Septic System @ 3600 West Burgess Lane for Prairie Home Builders. 1500 Gallon tank with risers to grade & 1000 Sq Ft of Infiltrator H10 lateral with 3 drop boxes.

