Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005437

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380287601

Issued 08/12/04
Expires 02/12/05
Revenue Code 3157

Establishment
PRAIRIE HOME BUILDERS INC
T9N R6E SEC 17
ROLLING MEADOWS-1ST BLK 2 LOT 3
3730 W BURGESS

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: 04380287601

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 3730 W. BURGESS (no rural route) City LINCOLN NE, Zip 68523

Legal Description 17 9N 6E ROLLING MEADOWS 1ST 2 3
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 INC.

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~~ 4 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 8/12/04 Date frwd 8/13/04	**ACTION** ☒ Approved ☐ Disapproved Signature Jerald C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 8-13-04 Date frwd 8-13-04	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 8-13-04 Date frwd 8-13-04	**ACTION** ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Doug Anoch

Date 12/15/04

Business Office Use Only
Date Rec'd 08/12/04
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 19123

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

Lincoln-Lancaster County Health Department
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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) LINCOLN

Address Rolling Meadows BLK 2 Lot 3 City Lancaster County NE, Zip 68523
(no rural route)

Owner Prairie Homes Addresss 3730 W. BURGESS LANE

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 48 min./inch

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

Percolation Test Data Table

A.	B.	C. D. Pre-Saturation Period		E. F.		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"	6-11	19:00	6-12	[illegible]	6-12	18:00	6"	6-12	22:00	30 m	5/8	26.6 48
2	"	"	"	"	18:00	6	"	"	"	"	"	1/2	[illegible] 60
3	"	"	"	"	"	"	"	"	"	"	"	1/2	[illegible] 60
4	"	"	"	"	"	"	"	"	"	"	"	5/8	26.6 48
5	"	"	"	"	"	"	"	"	"	"	"	3/4	24.0 40
6	"	"	"	"	"	"	"	"	"	"	"	1/2	[illegible] 60
7	"	"	"	"	"	"	"	"	"	"	"	1/2	30.0 60

Sum of Percolation Rates: [illegible] 376
Average of Rates: [illegible] 53.71
Rate Used for Calculation: 53.71

Person Conducting Percolation Tests

Name: Phil Nalley
Phone: 304-4296
Address 6005 WEST A
LINCOLN, NE 68532

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

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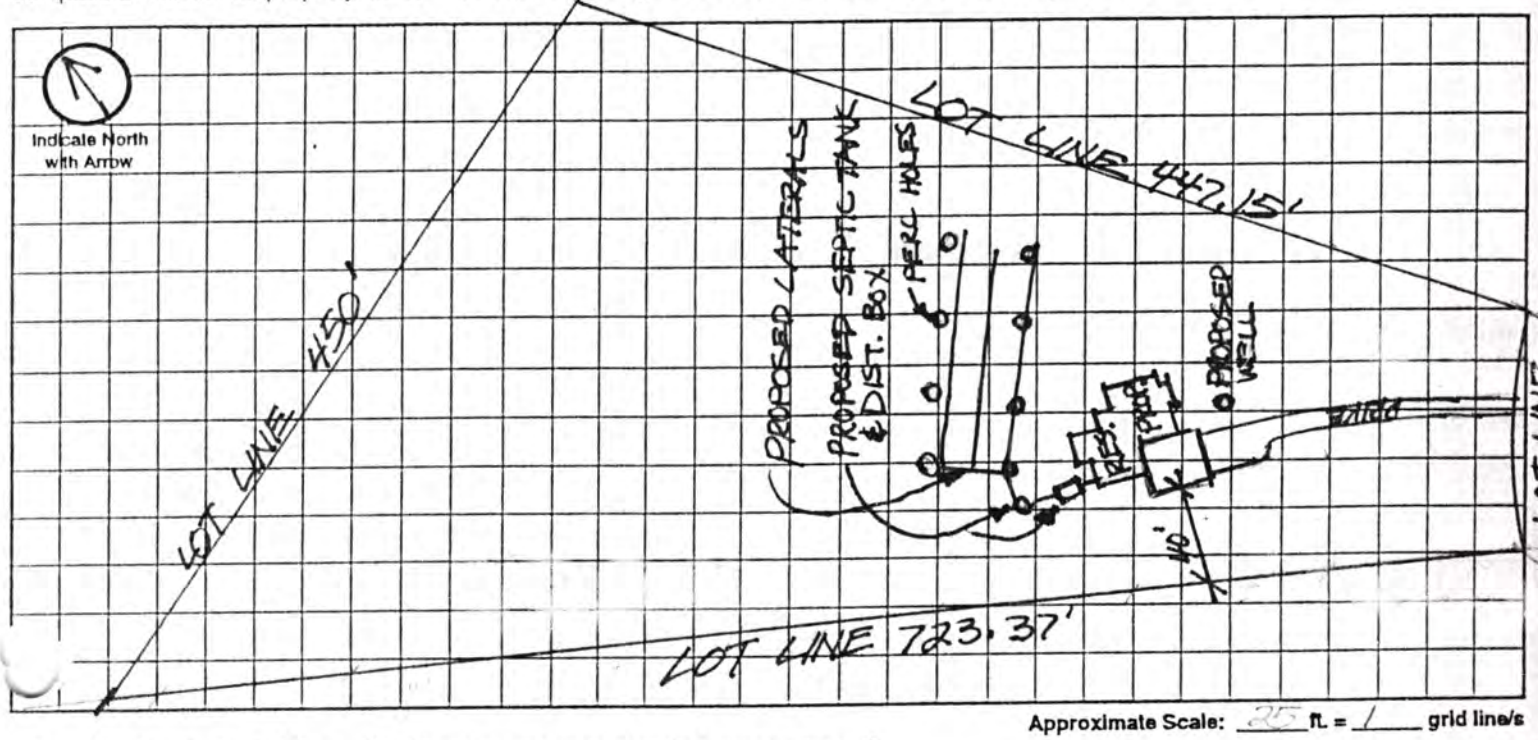
C

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: 25 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3730 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 53.71 (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: 1400 sq. ft.

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 350 ft. Number of Trenches 3 @ 116.66 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 Robert L. Thompson Date 8-12-04

Installer Gordon Lubbs Date 6-12-04

FORM 23-102 10-96

North

3730 W. Bursee

