Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008153

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380307801

Issued 08/26/05
Expires 08/26/06
Revenue Code 3157

Establishment:
ROB CHAMPOUX
T9N R6E SEC 17
ROLLING MEADOWS 1ST BLK 3 LOT 3
6401 SW 34 CIRCLE

FEES: $200.00

Permittee:
ROB CHAMPOUX
2045 S FOLSOM ST
APT A
LINCOLN NE 68522-4891

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

A

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

Permit Number: 05380307801

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 6401 S.W. 34TH CIRCLE (no rural route) City LINCOLN NE, Zip 68523

Legal Description 1/4 1/4 Section 17 Township 9N Range 6E Subdivision ROLLING MEADOWS Addition 1ST. Block 3 Lot 3

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 476-6597 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 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 400 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 8/25/05, Date frwd 8/25/05 — ACTION ☒ Approved ☐ Disapproved — Signature Jerrold C. Rood
2. Supt. Bldg. Insp. or Village Clerk — Date rec'd 8/26/05, Date frwd _____ — ACTION ☒ Approved ☐ Disapproved — Signature _____
3. City or County Engineer — Date rec'd 8/25/05, Date frwd 8/25/05 — ACTION ☒ Approved ☐ Disapproved — Signature Chase Baker

Line, table, lateral, field notes, 0 sheets

Installation Final Written Approval

By _____

Date 12/12/05

Business Office Use Only

Date Rec'd 8/26/05

Amt Paid $200.00

Rec'd By CW Cash/Check No. 21401

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: 053803078

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street) Rolling Meadow

Address Blk 3 Lot 3 City Lincoln NE, Zip 68523
6401 SW 34TH (no rural route) CIRCLE

Owner Prairie Homes Address 6401 SW. 34TH CIRCLE

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 45.72 min./inch

Date of Tests 10-13-04 to 10-14-04 Weather: Precipitation 0 Temperature 50°

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	10/13	14:35	10/13	18:35	10/14	12:15	6"	10/14	16:15	30m	5/8	48
2	"	"	"	"	"	"	"	"	"	"		5/8	48
3	"	"	"	"	"	"	"	"	"	"		3/4	40
4	"	"	"	"	"	"	"	"	"	"		5/8	48
5	"	"	"	"	"	"	"	"	"	"		5/8	48
6	"	"	"	"	"	"	"	"	"	"		3/4	40
7	"	"	"	"	"	"	"	"	"	"		5/8	48

Sum of Percolation Rates: 320
Average of Rates: 45.72
Rate Used for Calculation: 45.72

Person Conducting Percolation Tests

Name: Phillip Nalley
Phone: 304-4296
Address 6005 W. "A" STREET
LINCOLN, NE 68522

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 25-101 10-96

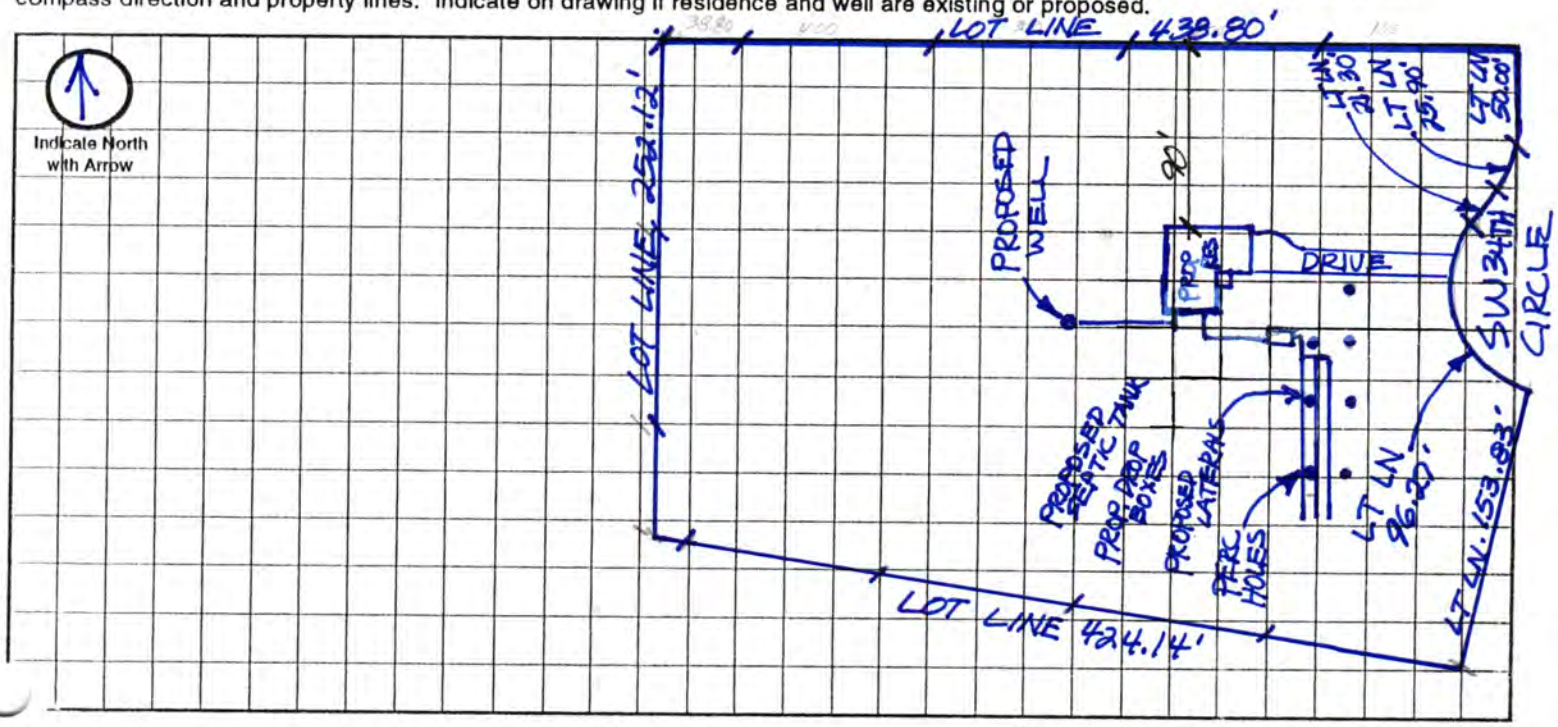
Lincoln-Lancaster County Health Department
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C

Permit Number: 05380307 8

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6401 S.W. 34TH CIRCLE 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 45.72 (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: 990 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 247.5' ft. Number of Trenches 3@ 82.5' 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 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Kelly Crampton Date 8-25-05

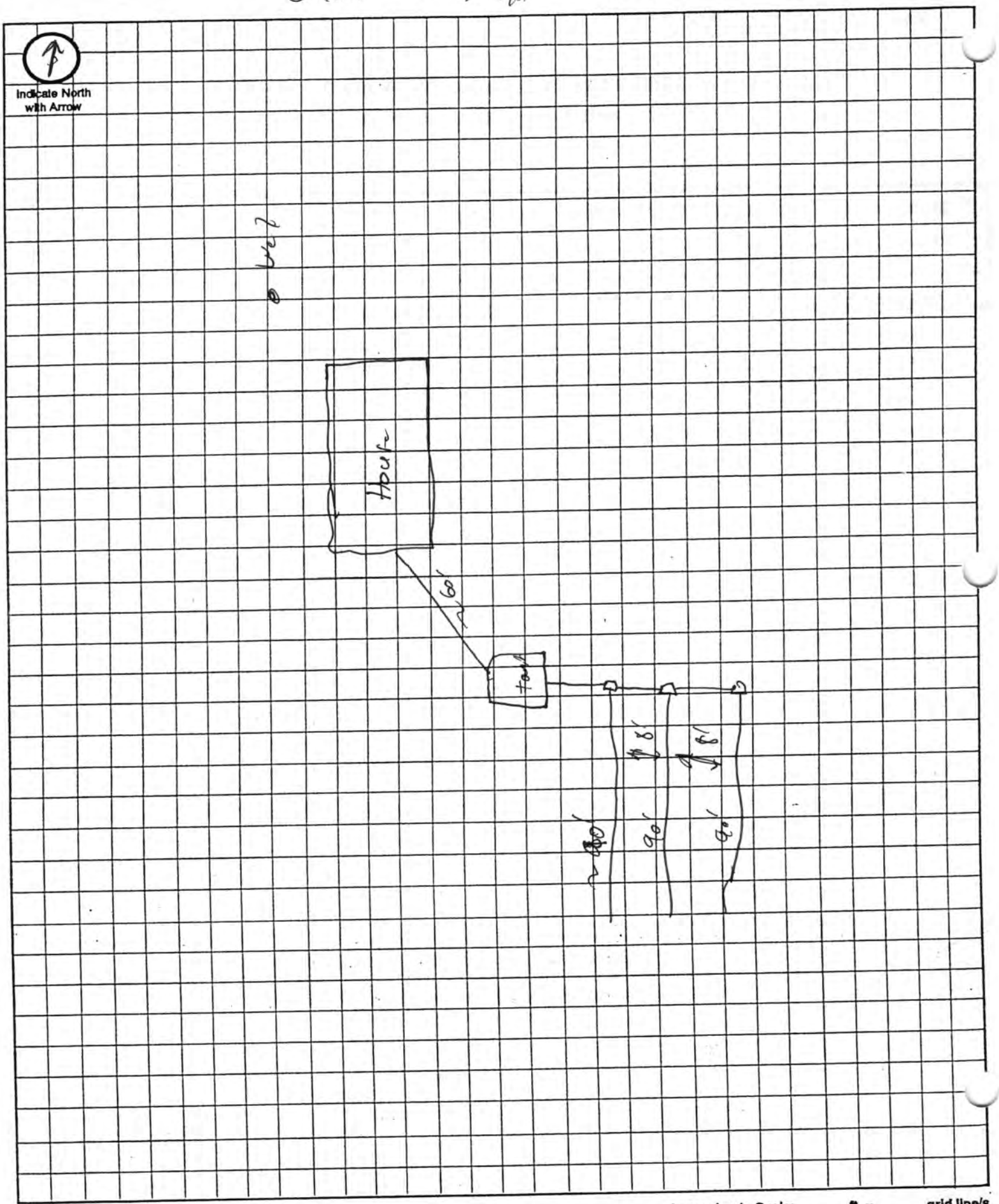
Installer Tom King Date _____

FORM 23-102 10-96

12/12/05

As Built Drawing

6401 SW 34th Field Note



Approximate Scale: _____ ft. = _____ grid line/s