# Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005206

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380284601

Issued 06/11/04
Expires 12/11/04
Revenue Code 3157

Establishment:
CORNERSTONE HOMES
T9N R6E SEC 18
ROLLING MEADOWS-1ST BLK 4 LOT 7
3501 W BURGESS ST
New Address - 6500 SW 36th

FEES: $200.00

Permittee:
ATTN STEVE CHAMPOUX
CORNERSTONE HOMES
2045 S FOLSOM ST #B
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: 04380284601

# 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 3501 W Burgess City Lincoln NE, Zip

New Address 6500 SW 36th (no rural route)

Legal Description 18 9N 6E Rolling Meadows 1st Add 4 7
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 Cornerstone Homes Signature Steve Champoux

Address 2045 S. Folsom #B City/State/Zip 68522

☐ Check if owner designed system Home Phone 730-7302 Work Phone

### C. Contractor

Name " Company Name "

Address " City/State/Zip "

☐ Check if contractor designed system Work Phone

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

Designer Name Gordon 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 6/11/04 Date frwd 6/21/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6-21-04 Date frwd 6-21-04 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd Date frwd ACTION ☒ Approved ☐ Disapproved Signature Bruce Briney

12/14/04 Line, tank, lateral, field note O.K

### Installation Final Written Approval

By Doug Moser

Date 6/20/06

***Business Office Use Only***

Date Rec'd 06/11/04

Amt Paid 200.00

Rec'd By Cash/Check No. 3096

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

Coreys.

B

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Permit Number: 043802846

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address Rolling Meadows Blk 4 Lot 7 (no rural route) City Lincoln NE, Zip NE

Owner Prairie Homes Addresss ~

Soil Type (SCS): Loam / Silty Clay Percolation Rate: _____ min./inch

Date of Tests 4/22/04 to 4/22/04 Weather: Precipitation 0 Temperature 58°

### 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" | 4/22 | 1:30 | 4/22 | 2:00 | 4/22 | 2:00 | 6" | 4/22 | 6:00 | 60m | 1 3/8 | 24.00 |
| 2 | 36" | | | | | | | | | | | 1 1/8 | 26.66 |
| 3 | 36" | | | | | | | | | | | 1 1/8 | 26.66 |
| 4 | 36" | | | | | | | | | | | 1 | 30 |
| 5 | 36" | | | | | | | | | | | 1 | 30 |
| 6 | 36" | | | | | | | | | | | 1 1/2 | 20 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 157.32
Average of Rates: 26.22
Rate Used for Calculation: 24.22

### Person Conducting Percolation Tests

Name: Phillip Nalley
Phone: 304-4296
Address ~

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood Date JUNE 14, 2004

FORM 23-101 10-96

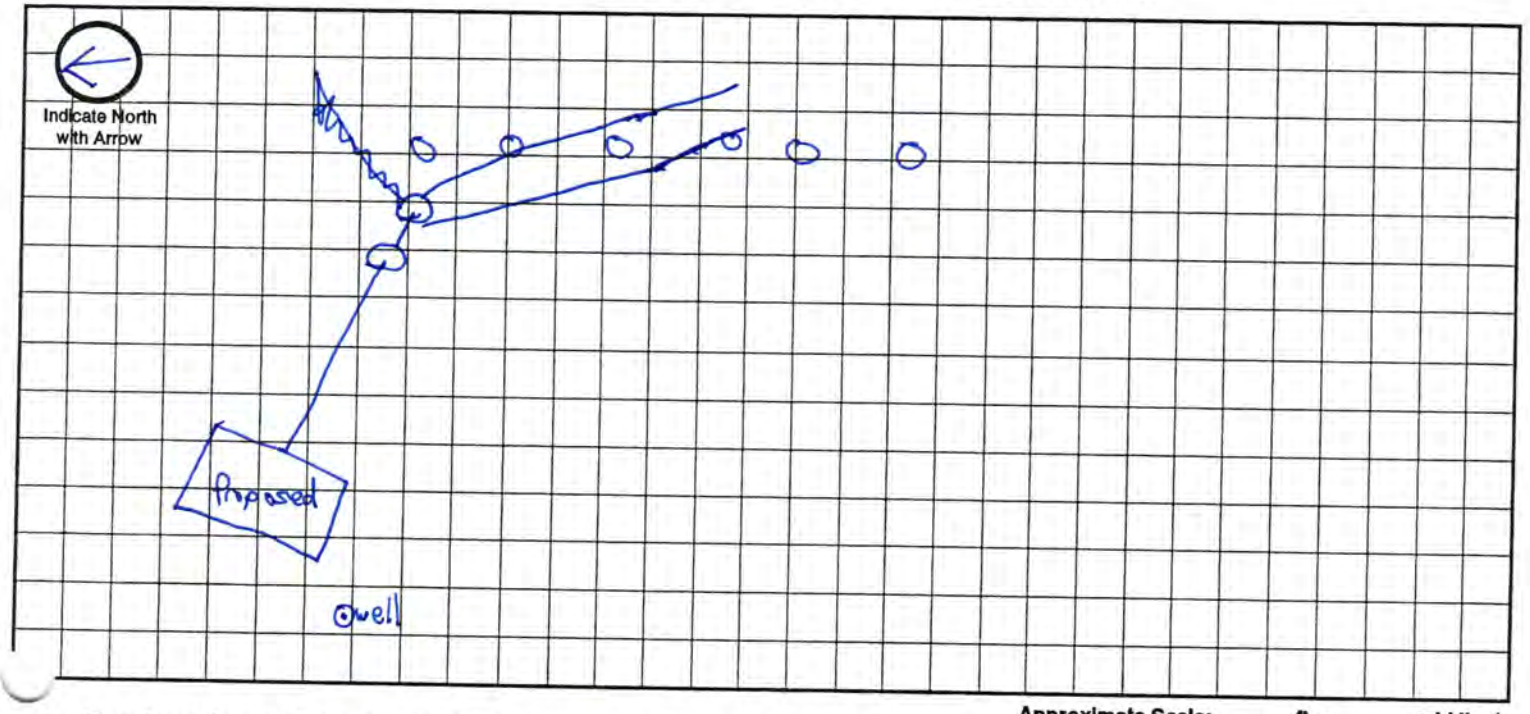
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**C**

Permit Number: 04380284G

# 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) 3501 W Burgess City Lincoln NE, Zip _____

## B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

## C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 26.22 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

## 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 ☐ | ☐ |

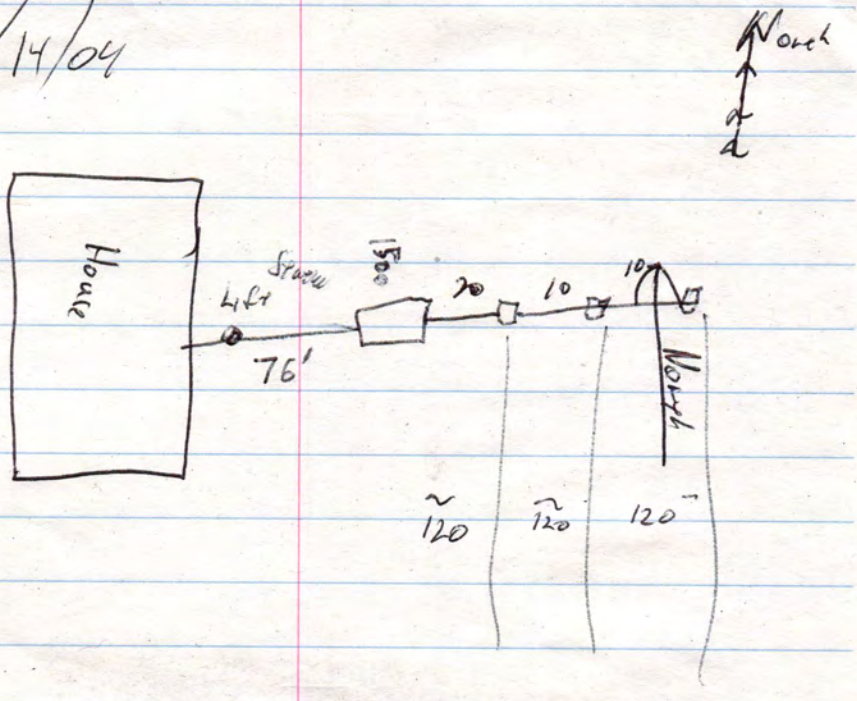
## E. Required Signatures

Home Building Contractor _____ Date 6-11-04

Installer Gordon Sluka GOA Backhoe Service Date _____

FORM 23-102 10-96

12/14/04




650° SW 36A