Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

006137

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 05380295001

Issued 01/06/05
Expires 07/06/05
Revenue Code 3157

Establishment: PRAIRIE HOME BUILDERS INC
T9N R6E SEC 17
ROLLING MEADOWS-1ST BLK 4 LOT 5
6633 SW 36 CT

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: 05380295001

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 6633 S.W. 36TH COURT (no rural route) City LINCOLN NE, Zip 68523

Legal Description 1/4 1/4 Section 17 Township 9N Range 6E Subdivision ROLLING MEADOWS 1ST ADD Addition 4 Block 5 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 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 1/6/05 Date frwd 1/7/05 ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1/7 Date frwd 1/7 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1-7-05 Date frwd 1-7-05 ACTION ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Doug Smith

Date 8/4/05

Business Office Use Only

Date Rec'd 1/6/05

Amt Paid 200.00

Rec'd By CW Cash/Check No. 20087

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

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B

Permit Number: 053802950

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 Block 4 Lot 5 (no rural route) City Lincoln NE, Zip 68523

Owner Prairie Homes. Addresss 6633 S.W. 36TH COURT

Soil Type (SCS): SHARPSBURG Silty Clay loam Percolation Rate: 42.26 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	34	8/27	20:00	8/27	20:00	8/28	18:30	6"	8/28	21:30	30min	15/8	48
2	35											3/4	40
3	35											5/8	48
4	34											1/2	60
5	36											3/4	40
6	36											3/4	40
7	38											1/2	60
8	32											1 1/8	26.6
9	35											1 1/2	20.
10	36											3/4	40

Sum of Percolation Rates: 422.6
Average of Rates: 42.26
Rate Used for Calculation: 42.26

Person Conducting Percolation Tests

Name: Phil Nalley
Phone: 402-304-4296
Address Lincoln, NE

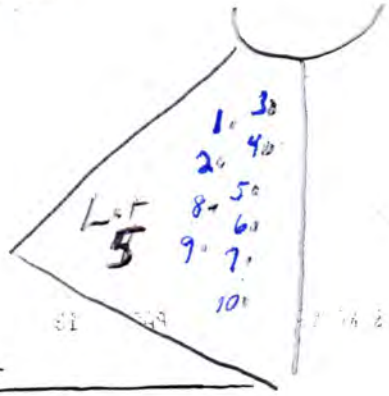
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Wood Date JANUARY 6, 2004

FORM 23-101 10-96



Perc Work Sheet

Date 8/28/03

address Rolling Meadows Block 4 Lot 5

Hole #	Pre Soak 1hr 30m	60m	2hr 90m	120m	3hr 150m	180m	4hr 210m	240m	Test 1hr 30m	60m	2hr 90m	120m	3hr 150m	180m	4hr 210m	240m	30m
1									23	21 3/4				24 / 21 1/2		24 / 22 3/4	5/8
2									24	22 5/8				25 / 23 1/2		26 / 24 1/2	3/4
3									23 1/2	23				24 / 23		24 / 22 3/4	5/8
4									25	23 1/2				24 / 23		25 / 24	1/2
5									26	24				25 / 23 1/2		22 / 20 1/2	3/4
6									23 1/2	21 1/4				24 / 23		23 / 21 1/2	3/4
7									22	19 3/4				23 / 20 1/4		24 / 22	1
8									23	20 1/2				24 / 22		23 / 20 1/4	1 1/8
9									26	23 1/2				25 / 23 1/2		24 / 21	1 1/2
10									25	21				27 / 25		26 / 24 1/2	3/4

1hr 1/4 | 1 1/2 | 3/4
1hr 1/4 | 5/8
1hr | 1/2
1hr 1/2 | 3/4
1hr 1/2 | 3/4
2hr | 1
2hr 1/4 | 1 1/8
3hr | 1 1/2
1hr 1/2 | 3/4

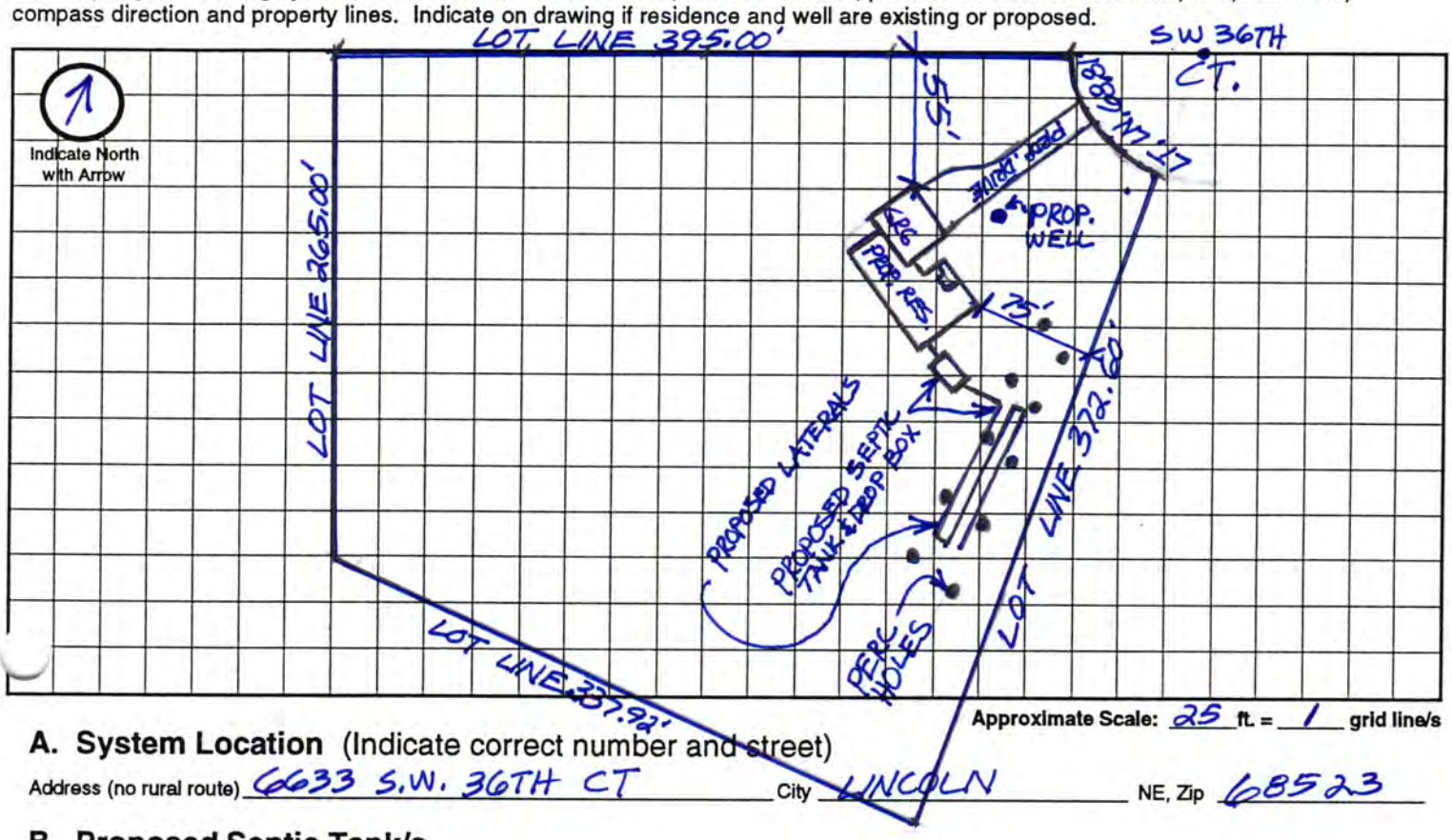
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C

Permit Number: 053802950

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) 6633 S.W. 36TH CT 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 42.26 (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 1250 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. OR 2@ 123.75' 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 _____ Date 1-5-05

Installer Gordon Lukes GoA Backhoe Service Date 1-5-05