Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

000010

(402) 441-8000

Permit SEWAGE INSTALLATION
LAGOON

new LCR 5552 / old LCR 4978

Establishment ROB CHAMPOUX
T9N R6E SEC 17
ROLLING MEADOWS 1ST BLK 3 LOT 6
SW 36 CT

Permittee ROB CHAMPOUX
4200 SW 12 ST
LINCOLN NE 68522

Permit # 03380258901

Issued 01/14/03
Expires 07/14/03
Revenue Code 3157

FEES: $200.00

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: 03380258901

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 5.W.36TH ST. (no rural route) City LINCOLN NE, Zip 68523

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

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Prairie Homes

Name SPECULATION Signature _____

Address 4200 SW 12TH ST. City/State/Zip LINCOLN NE 68522

☐ Check if owner designed system Home Phone 421-6580 Work Phone 730-7301

C. Contractor ROB CHAMPOUX

Name PRAIRIE HOME BUILDERS INC Company Name PRAIRIE HOME BUILDERS INC

Address P.O. BOX 84891 City/State/Zip LINCOLN, NE 68501

☒ Check if contractor designed system Work Phone 476-6599

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 _____ 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 1/14/03 Date frwd 1/15/03	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 1/15/03 Date frwd 1/15/03	**ACTION** ☒ Approved ☐ Disapproved Signature TK	
3. **City or County Engineer**	Date rec'd 1/15/03 Date frwd 1/15/03	**ACTION** ☒ Approved ☐ Disapproved Signature Chas Baker	

9/4/03 Line + Lagoon need fence * D.B

Installation Final Written Approval

By Doug Jones

Date 11/7/03

Business Office Use Only

Date Rec'd 01/15/03
Amt Paid 200.00
Rec'd By ~~as~~ Cash/Check No. 15533

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

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

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)

Address SW 36th Court (no rural route) City Lincoln NE, Zip NE 68523

Owner Prairie Home Addresss P.O Box 84891 LINCOLN, NE 68501

Soil Type (SCS): Wymore Silt Clay Loam Percolation Rate: 40 min./inch

Date of Tests 12-01-02 to 12-02-02 Weather: Precipitation 0" Temperature 30-40

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	12-1		12-2	2:00pm	12-2	2:00pm	6"	12-2	6:00	30	3/4	40
2	"	"		"		"	"	"	"	"		7/8	34.29
3	"	"		"		"	"	"	"	"		3/4	40
4	"	"		"		"	"	"	"	"		7/8	34.29
5	"	"		"		"	"	"	"	"		3/4	40
6	"	"		"		"	"	"	"	"		1"	30
7	"	"		"		"	"	"	"	"		3/8	80
8	"	"		"		"	"	"	"	"		3/8	80
	these test holes were at the front north end of lot - the lagoon will be placed @ the south where it did not percolate at all.												

Sum of Percolation Rates: 218.58

Average of Rates: 36.43

Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Phil Neller

Phone: 402-304-4296

Address 6005 West A
Lincoln, NE 68532

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

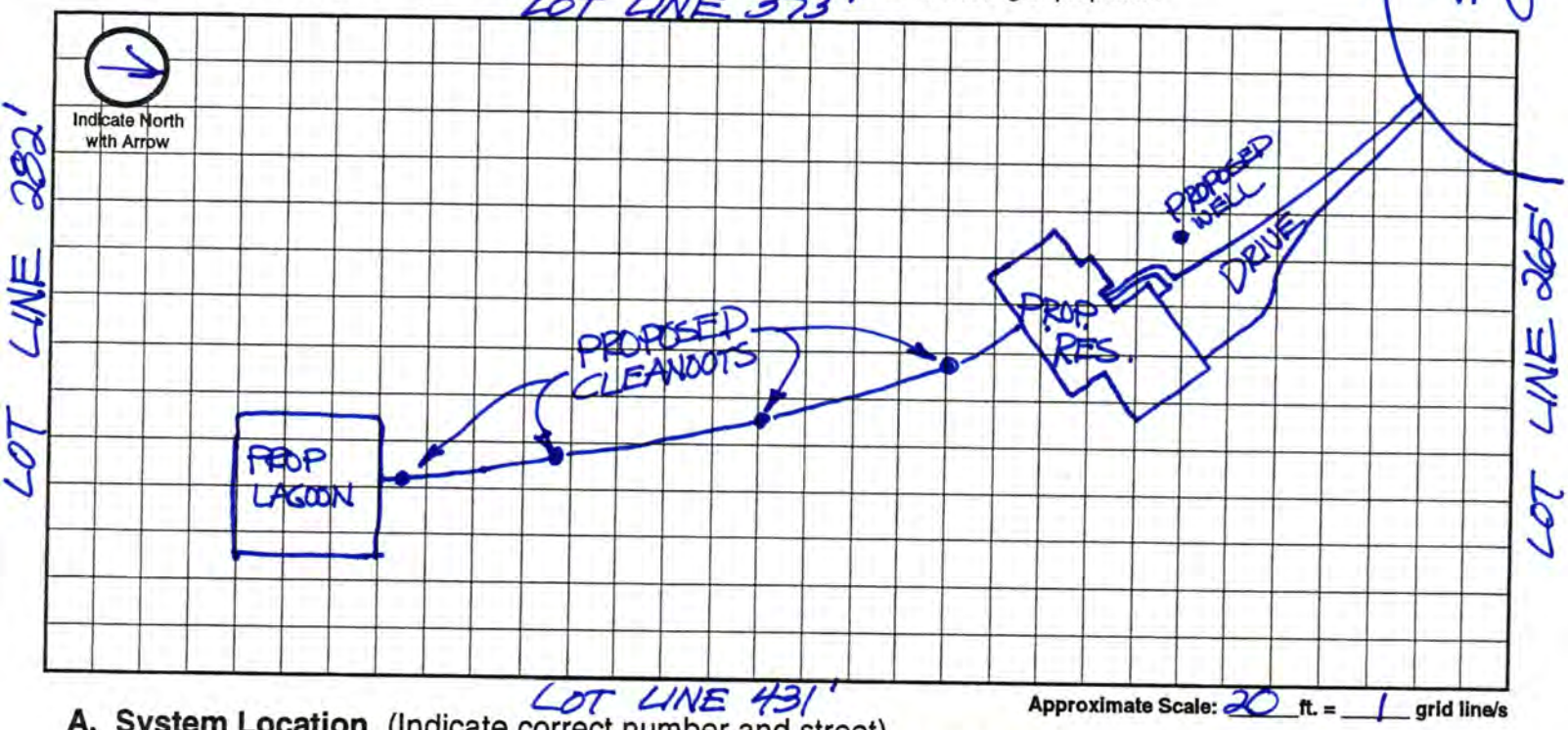
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C

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

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

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☒ Other Lagoon must be sealed so that no more than ½" seepage per day

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

Percolation Rate ? (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: 5% %

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: ____

Capacity of Septic Tank ____ 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 1-14-03

Installer ____ Date ____

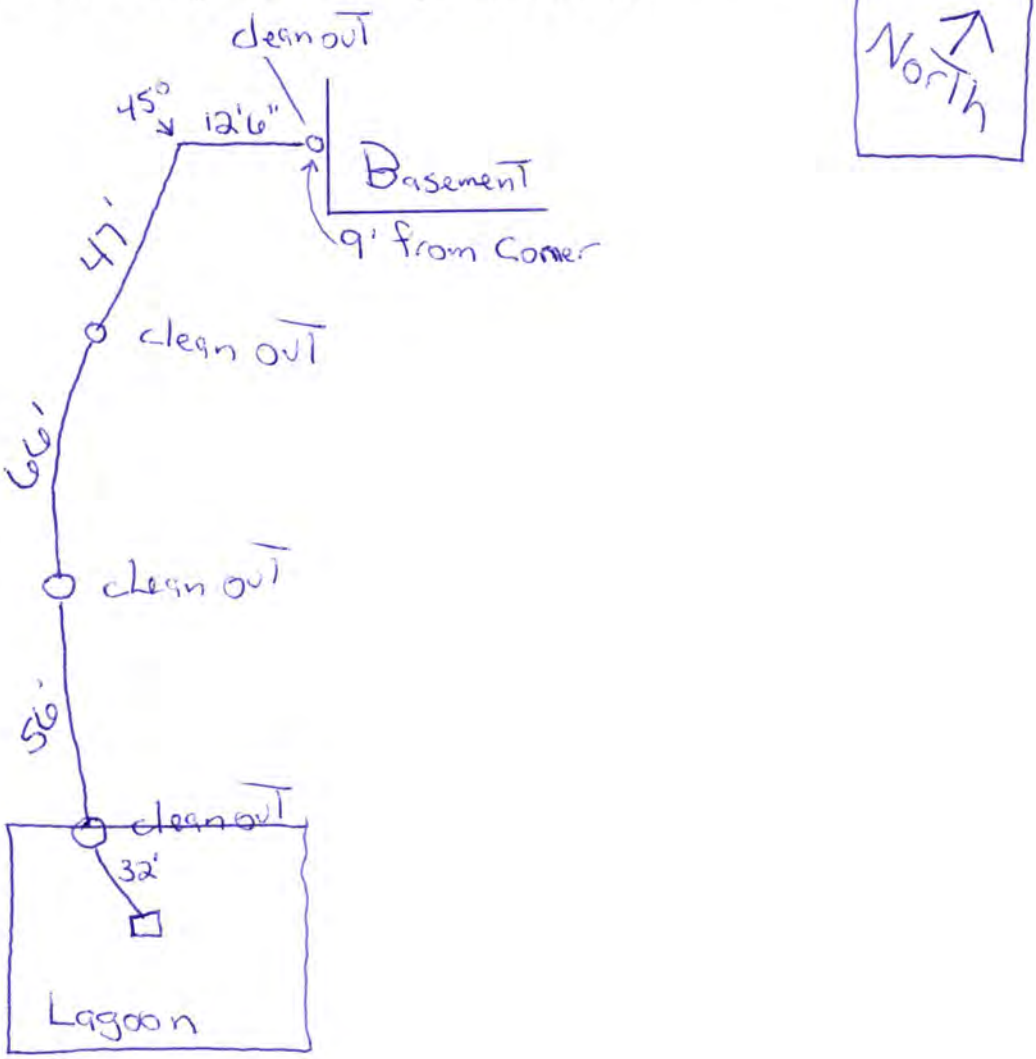
FORM 23-102 10-96

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

OCT 0 1 2003

09/29/03

To Doug Smith,
This is the as built drawing for a Lagoon System for Prairie Homes Builders, Inc on Alpine Circle.



Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 6600 S.W. 36TH CT

Parcel ID 09-17-310-006-000 (i.e. 99-99-999-999-999)

Twp 9N Range 6E Section 18 1/4 1/4 Block 4 Lot 6 Addition Rolling meadows 1ST ADD

Directions to Property W. Denton Road TO S.W. 33RD, North TO Burgess, West on Burgess TO S.W. 36TH CT. - Go Left.

Location of Well Front YARD Tap Location: Inside ☐ Outside ☒

Location of Sewage System LAGOON BACK YARD Year Installed 2003-?

Site Hazards (dogs, etc.) NONE - VACANT

	NAME	ADDRESS	PHONE
Present Owner:	Lowell Zoet	790 FOXTRAIL LANE SAMONAUK IL 60552	815-786-9876
Tenant/Buyer:	ANTHONY REILING	7204 SO. 20TH ST LINCOLN NE 68512	420-7461
Return to:	Byron Yurth	7141 A. STREET LINCOLN NE 68510	434-3830 434-3801 (Fax) Need Fax #

Signature of Applicant Byron Yurth - agent Address 7141 A. STREET LINCOLN NE 68510 Date 1/22/06

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 1/24/06 Amount $200.00 Check No. 1249 Initials ES

DATA ENTRY Date ___/___/___ Case No. _____ Initials _____

PRELIMINARY STATUS--By Gerald C. Hood **DATE:** 1/___/___

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.1 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 1/30/06 by GCH

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: WEEDS MUST BE TRIMED INSIDE LAGOON FENCE. LAGOON NEEDS MORE WATER OR END OF PIPE MAY FREEZE. PINE TREES SHOULD NOT HAVE BEEN PLANTED AS CLOSE TO LAGOON AS THEY ARE. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Gerald C. Hood, R.E.H.S. Date 1/30/06

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00