LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
SEWAGE INSTALLATION

No. 93380102701

Issued 07/15/93
Expires 01/15/94
Revenue Code 18754

Establishment
STEVEN CHAMPOUX
T10N R6E SEC 31
MOCHENHAUPT ACRES LOT 2
1401 SW 47 STREET

FEES: $150.00

TOTAL $150.00

Permittee
STEVEN CHAMPOUX
BOX 84891
LINCOLN NE 68501

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $_____

FILE NO._____

DATE: 6-18-93

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 10N ; Range 6E ; Section 31 ;
   Block _____ : Lot 2 : Addition Mockenhaupt Acres
   Street Address 1401 SW 47

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☒ LAGOON

4. Distance to public sewer: _____ ft.

Steven M. Clayson
Signature of Applicant (Owner or Lessee)

Box 84891, Lincoln, Neb 68501
Address

(Do not write below this double line) 437-8088

1. Health Department: Date Rec'd. 7/14/93. Date Frwd. 7/15/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7/15/93. Date Frwd. 7/15/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Spin

3. City or County Engineer: Date Rec'd. 7-15-93. Date Frwd. 7-15-93. ACTION: Approved ☒ Disapproved ☐ Signature: Deana Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/12/94 by: L.C.H. Need drawing, fences, etc.
Date: 9-26-94 by: [illegible]
Date: 10/7/94 by: L.C.H.

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/13/94 By: Jerrold C. Hood

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 23-43

SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800 441-8000 8328

B

Test Taken at 1431 SW. 47th

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 6-30-93 to 7-1-93 . Weather: Precip. 0 Temp. 80°.
Holes-2-3-4-5-6 had water in From Pre-Test

OWNER: Prairie Homes
Address: Box 84891 Lincoln NE.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Date (Mo./Day)	Time (Hr./Min.)	Water Level (in.)	Time (Hr./Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	6-30	9:00 pm	7-1	5:00 pm	7-1	5:00 pm	6"	5:30 pm	5 3/4"	30m	1/4"	
2	36"	6-30	9:00 pm	7-1	5:00 pm	7-1	5:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	
3	36"	6-30	9:00 pm	7-1	5:00 pm	7-1	5:00 pm	6"	5:30 pm	6"	30m	0"	
4	36"	6-30	9:00 pm	7-1	5:00 pm	7-1	5:00 pm	6"	5:30 pm	6"	30m	0"	
5	36"	6-30	9:00 pm	7-1	5:00 pm	7-1	5:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	
6	36"	6-30	9:00 pm	7-1	5:00 pm	7-1	5:00 pm	6"	5:30 pm	5 7/8"	30m	1/8"	

Mike Honeyman
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln Phone 464-0638
Precast Products Inc.

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

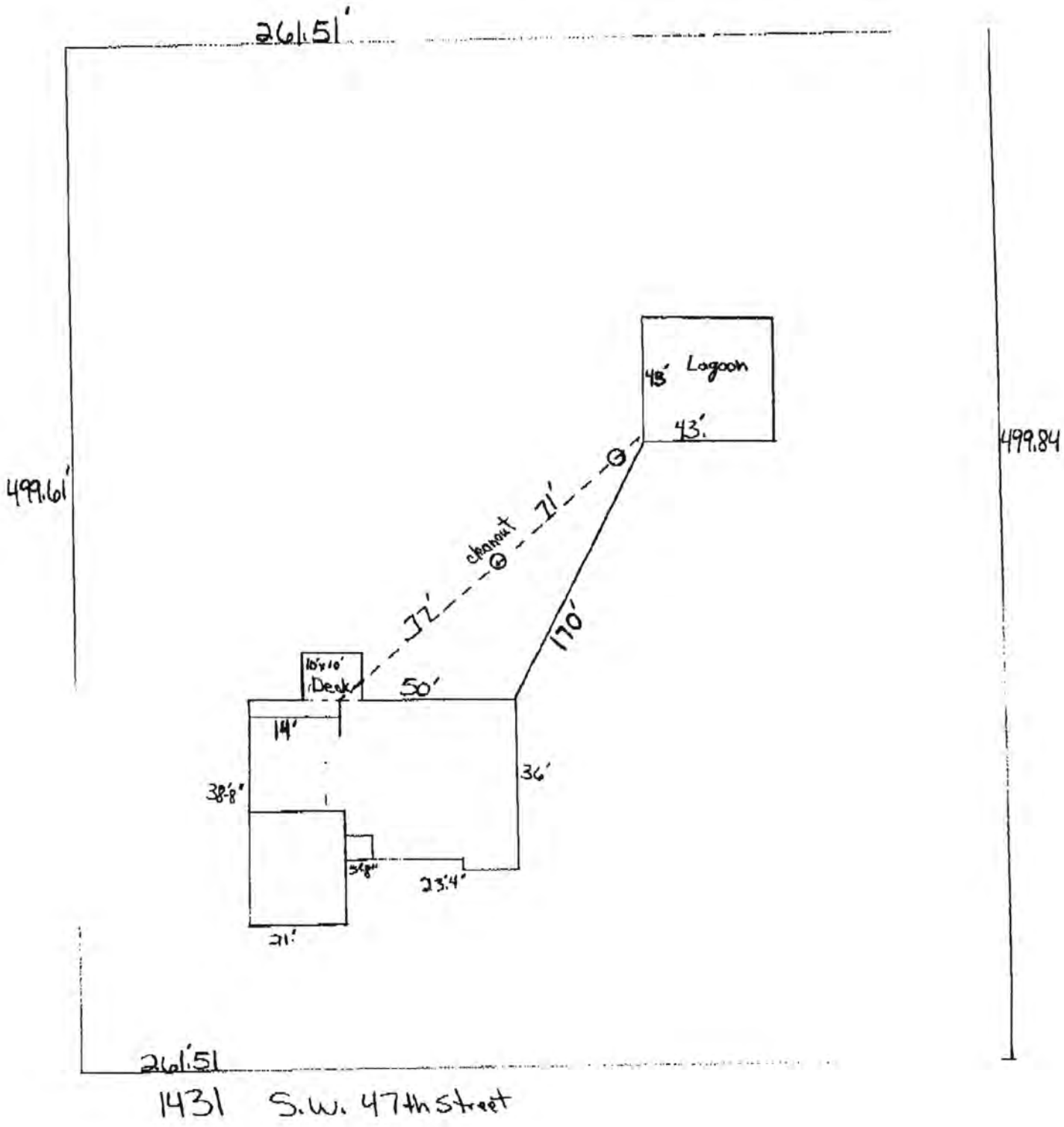
REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

FROM PRECAST PRODUCTS INC 07.14.1993 10:38 P. 1



Lot 2
Mackenhaupt Acres

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

P E R M I T

Permit
WATER WELL

No. 93400037801

Issued 07/15/93
Expires 01/15/94
Revenue Code 19851

Establishment
STEVEN CHAMPOUX
T10N R6E SEC 31
MOCHENHAUPT ACRES LOT 2
1401 SW 47 STREET

FEES: $75.00

TOTAL $75.00

Permittee
STEVEN CHAMPOUX
BOX 84891
LINCOLN NE 68501

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW
"POST IN A PROMINENT PLACE"

FORM: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-8000

FILING FEE $_____

FILE NO._____

DATE: _____

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 10N : Range 6E : Section 31
   Block _____ : Lot 2 : Addition Mockenhaupt Acres
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____ Ft.
4. Intended use of well 3 Bedroom home

Steven M Chapman
Signature of Applicant (owner or lessee)

Box 84891, Lincoln 68501
Address

437-8088

City Water Yes ☐ No ☒

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 6-18-93. Date Frwd. 7/15/93. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 7/15/93. Date Frwd. 7/15/93. Action: Approved ☒ Disapproved ☐ Signature: Gary Spin
3. City or County Engineers: Date Rec'd 7-15-93. Date Frwd. 7-15-93. Action: Approved ☒ Disapproved ☐ Signature: Mark McGehan

REMARKS OR REASONS FOR DISAPPROVAL Will need back flow prevention if ever hooked up to City water.

Site Visits:
Date: 9-21-94 by Gary Sanitary seal Booster
Date: 10/7/94 by L. Cobb
Date: 10-10-94 by P.D. seal repaired

Nitrate Level ≤0.1 PPM CHLORIDE 68 PPM.
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/13/94 By: L.C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

RECEIVED AUG 0 3 1994

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. _____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 31 T. 10 R. 6 Block ____ Lot ____ Addition _____

Owner ROBERT CHANPOUX Address 4200 S.W. 12TH

LOG OF WELL	
Depth Ft.	Description
0- 5	BLK CLAY
5 20	YLW CLAY
20- 30	YLW SAND
30- 48	BLUE SAND
48- 65	BLUE CLAY
65- 75	BLUE & WHITE SHALE
75-125	RED & WHITE SHALE
125-182	BLUE SHALE
182-200+	Med Sandstone

WELL COMPLETION RECORD

Drilling Method: ROTO

Depth (from ground level), Ft. 187'
Date Completed 6-17-94

Casing: Length, Ft 182 ; Dia. In. 4"
Wall Thickness, Inc 200# ; type PVC

Screen: Length, Ft. 5' Dia. In. 4"
Type PVC WOP , slot Size .030

Drop Pipe: Length, Ft. ____ Dia. In. _____

Water Level, Surface to top of water, Ft.:
Static 20 , Pumping _____

Yield: 80 ggm, Measured ☒ , Est. ☐
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller /s/ Bill Moser
(Signed)

Address P. O. BOX 308
HICKMAN, NEBRASKA 68382

Date _____

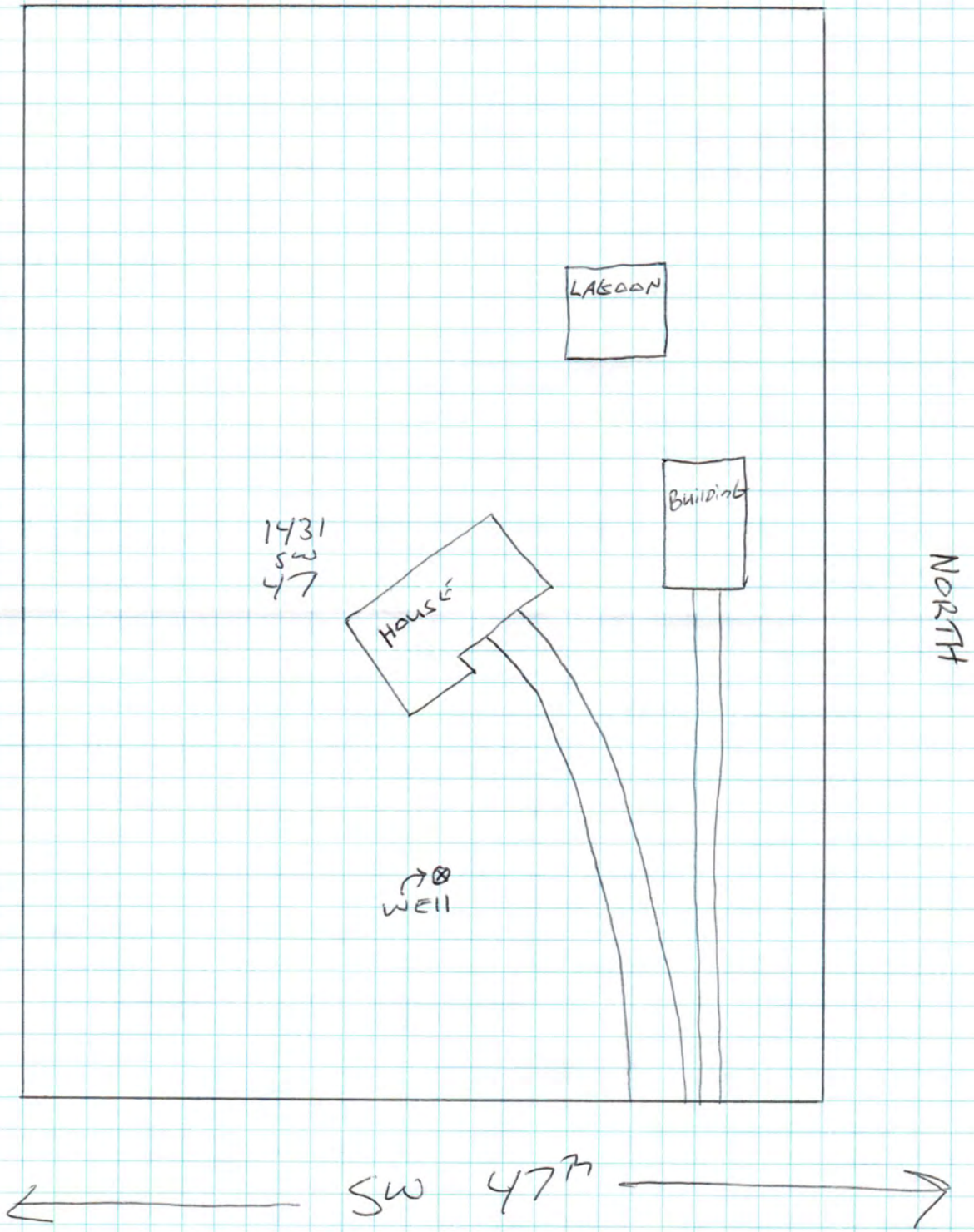
REMARKS NITRATE NITROGEN < 0.1 ppm.
BACTERIOLOGICAL O.K.
CHLORIDE 68 p.p.m.

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 33-4

SCOTT AND JANE BYRAM
1431 SW 47



NOT TO SCALE

PID# 10-31-206-002-000

✓ 5/19/00

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 $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 1431 SW 49th ST LINCOLN NE 68521

Twp 10N Range 6E Section 31 1/4 ___ 1/4 ___ Block ___ Lot 2 Addition ~~Hawk Ridge~~ MOCHENHAUPT ACRES

Directions to Property _____

Location of Well FRONT YARD all attached Tap Location: Inside ☑ Outside ☐

Location of Sewage System BACK YARD all attached Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	JANE & SCOTT BYRAM	1431 SW 14th ST ~~LINCOLN~~ LINCOLN, NE 68521	
Tenant/Buyer:	KAROLYN LUNDY & BRIAN HUSA	3721 N 14th LINCOLN NE 68521	438 6368
Return to:	Sydne KNOX	WOODS BROS 7100 S 29th ST LINCOLN NE 68516	499 2578

Signature of Applicant Karolyn K. Lundy Address 3721 N. 14th Lincoln NE 68521 Date 5 / 6 / 00

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 5 / 10 / 00
Initials SW
Amount $150.00
Check No. 5961

DATA ENTRY

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

PRELIMINARY STATUS--By Doug Smith **DATE:** 5 / 15 / 00

WATER SYSTEM:		Approved	Disapproved
Construction		☑	☐
Bacteria	absent	☑ ___/ml	☐ ___/ml
Nitrate		☑ 2.2 ppm	☐ ___ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___
Date ___/___/___ by ___
Date ___/___/___ by ___

Comments: - No trespassing sign needed on lagoon

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Smith Date 5 / 19 / 00

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: 10-95