LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 97380161101

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 07/07/97
Expires 01/07/98
Revenue Code 18754

Establishment

STEVE CHAMPOUX
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 1 LOT 2
3800 W SPRINGVIEW

FEES: $150.00

TOTAL $150.00

Permittee

STEVE CHAMPOUX
BOX84891
BOX 84891
LINCOLN NE 68501

Issued By M. Jane Ford
Health Director

4982

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

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

A

Permit Number:

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 3800 W. Springview (no rural route) City Lin NE, Zip

Legal Description NW (1/4) 32 (1/4) Section 10N Township 6E Range High Ridge Estates Subdivision Lot 2 Addition Block 1 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 Prairie Homes Signature Steve Clyne

Address Box 84891 City/State/Zip 68501

☐ Check if owner designed system Home Phone Work Phone 4766599

C. Contractor

Name Prairie 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 Larry Schwarck 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 7/7/97 Date frwd 7/7/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-7-97 Date frwd 7-7-97 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 7-7-97 Date frwd 7-7-97 **ACTION** ☒ Approved ☐ Disapproved Signature Dennis Bartels

8/4/97 NEW
8/4/97 C.N. Sewer, tank, distribution box + Related

Installation Final Written Approval

By Jerrold C. Hood

Date AUGUST 4, 1997

Business Office Use Only

Date Rec'd

Amt Paid

Rec'd By Cash/Check No.

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 3800 W. Sprigview (no rural route) City Lin NE, Zip [illegible]

Owner Prairie Homes Addresss Box 84891 68501

Soil Type (SCS): _____ Percolation Rate: 22. min./inch

Date of Tests 5-7- to 5-8 Weather: Precipitation 0 Temperature 82

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	3'	5-7	9:00	5-8	9:30	5-8	9:30	6"	5-8	10:00	30	1½	20
2	"	"	"	"	"	"	"	"	"	10:00	"	1¼	24
3	"	"	"	"	"	"	"	"	"	10:00	"	1½	20
4	"	"	"	"	"	"	"	"	"	10:00	"	1½	20
5	"	"	"	"	"	"	9:35	"	"	10:05	"	1¼	24
6	"	"	"	"	"	"	9:35	"	"	10:05	"	1¼	24

Person Conducting Percolation Tests

Name: Phil Nalley

Phone: 438-3349

Address RT6 Box 52 Lincoln

Sum of Percolation Rates: 132

Average of Rates: 22

Rate Used for Calculation: 22

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

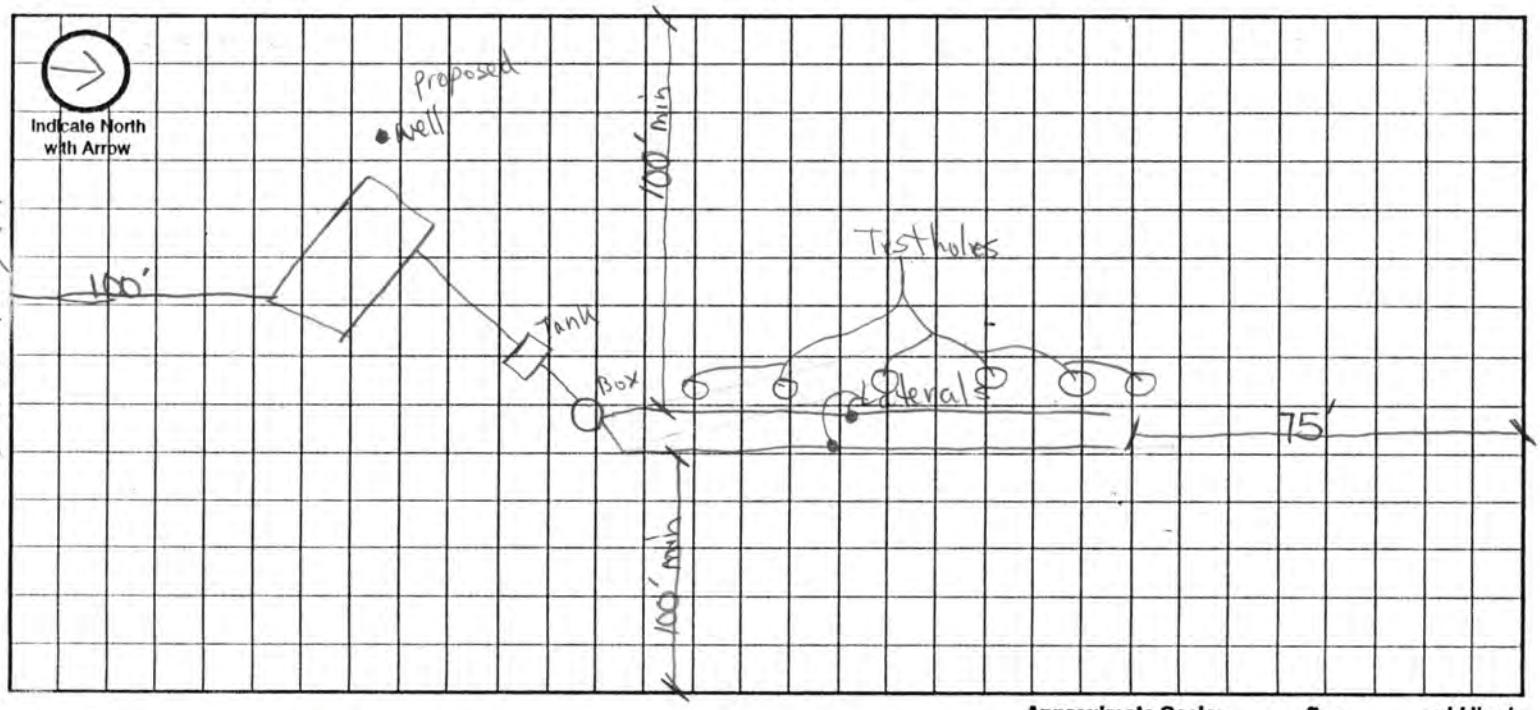
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) ~~3800 Bartlett~~ 3800 W. Springview City Lin NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 22 (min. per inch) Soil Type: Clay - Black Land Slope: 7 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Lateral Field

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

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 2

Total Length of Laterals _____ ft. Number of Trenches 1 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 Steve Champoux Date 6-17-97

Installer X Date _____

FORM 23-102 10-96

Rec'd 6/24/97 #6508 $150.00

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 8-4-97

System Location (Indicate correct number and street)

Address 3800 Springview (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Precast PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 70 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Precast
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☑ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 13 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8 ft.

D. Absorption Field

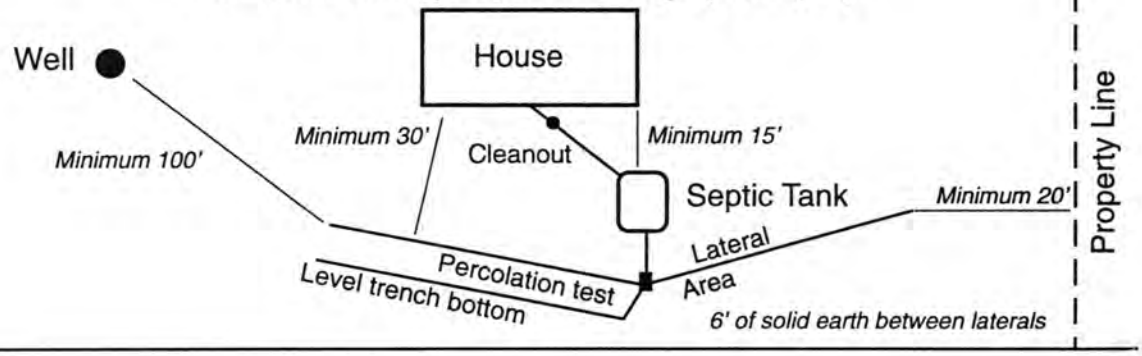
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 6
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 84 ft. 84 ft.
   _____ ft. _____ ft., 168 total ft.
3. Trench dimensions: Width 4 ft.
   Slope 3-6 in/100 ft.
   Average depth 36 in
4. Filter material: Road Gravel
   Depth of material 16" in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

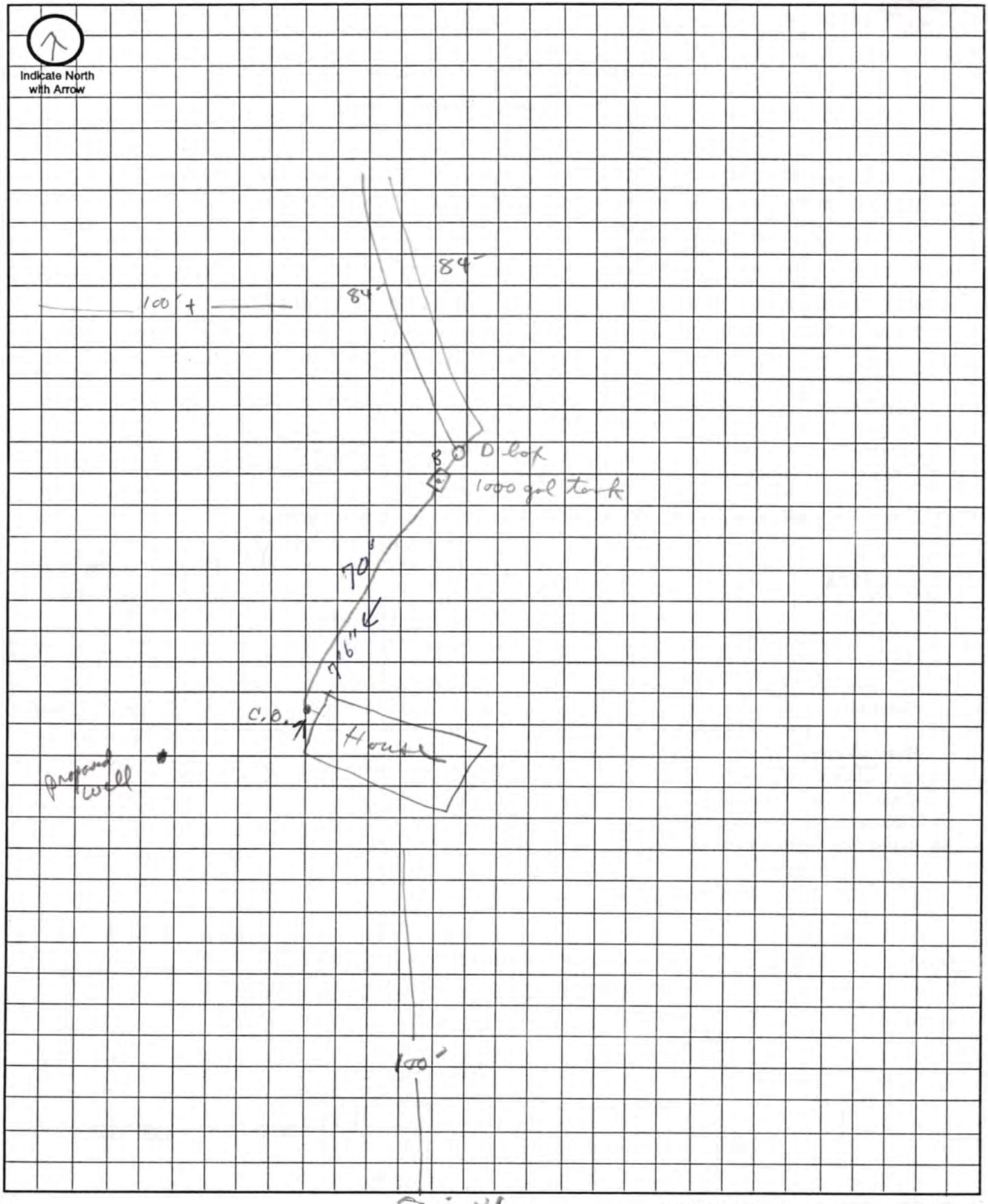
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402) 441-8000
NON TRANSFERABLE Lincoln, NE 68510-1514
PERMIT

Permit

WATER WELL

No. 97400064001

Issued 06/30/97
Expires 12/30/97
Revenue Code 19851

Establishment

STEVEN CHAMPOUX
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 1 LOT 2
3800 W SPRINGVIEW

FEES: $75.00

TOTAL $75.00

Permittee

STEVEN CHAMPOUX
BOX84891
BOX 84891
LINCOLN NE 68501

4935

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"

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

Permit No. 97400644

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - $75.00
- ☐ Annual Permit for an existing well - $50.00
- ☐ Permit to repair or alter existing well involving opening of well - $25.00

1. Well Site Address 3800 W. Spring View (No Rural Route Please) City Lin, NE Zip _____

Legal description of property:
Twp 10N; Range 6E; Section 32; Block 1; Lot 2; Addition High Ridge Estates

2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____

3. Distance to Public Water Supply _____ feet.

Signature of Owner Steve Champoux

Print Name Steve Champoux
Current Address Box 84891
Lin 68501
Current Home Phone _____
Work Phone 476-6599

Signature of Contractor _____

Print Name _____
Address _____
_____
Home Phone _____
Work Phone _____
Cellular Phone _____

Sewage Permit Applied for: ☒ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request
Please Do Not Write Below This Line

Approval Process: Lincoln Municipal Code 8.44

1. Health Department — Date received 6/23/97, Date forwarded 6/23/97 — ACTION ☒ Approved ☐ Disapproved — Signature: Jerrold C. Hood
2. Building & Safety — Date received 6/23/97, Date forwarded 6/23/97 — ACTION ☒ Approved ☐ Disapproved — Signature: [signature]
3. City Engineer — Date received 6/23/97, Date forwarded 6/23/97 — ACTION ☒ Approved ☐ Disapproved — Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 1/28/99 By Jerrold C. Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Hood
Date: 2/2/99

Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

Nitrate Level 0.3 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 06/20/97
Amt Paid: $ 75
Rec'd By _____ Cash/Check No. 6508

DEC 2 4 1997

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 9740006 40

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 32 T. 10 R. 6 Block ___ Lot ___ Addition 3800 W. SPRINGVIEW RD
Owner PRAIRIE HOME BUILDERS Address P.O. BOX 84891, LINCOLN, NE 68501

LOG OF WELL	
Depth ft. --to--	Description
0- 5	DARK BRN CLAY
5- 10	RED/BRN CLAY
10- 50	YEL CLAY-SOME SAND
50- 65	BLUE CLAY
65- 80	LIGHT SILTY BLUE CLAY
80- 90	FINE BRN SAND
90- 95	SILTY LIGHT BRN CLAY
95-100	BLACK CLAY
100-105	LIGHT BRN & YEL SHALE
105-125	LIGHT BLUE SHALE
125-155	VERY FINE TAN SS
155-168	FINE TAN SS TRNG MED FINE
168-175	RED & WHITE SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER
Depth (from ground level), Ft. 168'
Date Completed 8/25/97

Casing: Length, Ft. 153'; Dia.In. 4"
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 15' Dia.In. 4"
Type PVC SLOTTED , slot Size .025

Drop Pipe: Length, Ft. 120 Dia.In. 1 1/4"

Water Level, Surface to top of water, Ft.:
Static 71' M , Pumping 80' EST

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 _____ (Signed)

P. O. BOX 308
Address Hickman, Nebraska 68372-0308

Date 23 DECEMBER 1997

REMARKS NITRATE NITROGEN 0.3 P.P.M. BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 22-4



AREA OF SEPTIC SYSTEM

