LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 96380141101

Issued 04/08/96
Expires 10/08/96
Revenue Code 18754

Establishment
STEVEN CHAMPOUX
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 1 LOT 3

FEES: $150.00

TOTAL $150.00

Permittee
STEVEN CHAMPOUX
BOX84891
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
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $_____

FILE NO. _____

DATE: 4-3-96

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 32 ;
   Block 1 : Lot 3 : Addition High Ridge Estates
   Street Address 3750 Springview Rd
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe Residence
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: NA ft. ~~WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES~~

Steven McCampen
Signature of Applicant (Owner or Lessee)

Box 84891 Lin 68501
Address
430-8088

(Do not write below this double line)

1. Health Department: Date Rec'd. 4/5/96 . Date Frwd. 4/5/96 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 4/5/96 . Date Frwd. 4/5/96 . ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer : Date Rec'd. 4-5-96 . Date Frwd. 4-5-96 . ACTION: Approved ☒ Disapproved ☐ Signature: RA Mahon

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9/13/96 by: J. C.H. Need drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/8/96 By: Jerrold C. Hood

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

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

Lot 3 Block 1 High Ridge Estates
3750 West Spring View Rd

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: _____ to _____. Weather: Precip. _____ Temp. _____

2 Holes dry @ 1 ft 10

OWNER: Prairie Homes

Address: Spring View Rd

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. 10	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	34	6-25	7:45	6-26	8:00	6-26	8:00	20"	8:30	23'	30	3"	10MIN/IN
2	36	6-25	7:45	"	8:00	"	8:00	24	8:30	25½	30	1½"	20MIN/IN
3	36	"	7:45	"	8:05	"	8:05	26	8:35	28"	30	2"	15MIN/IN
4	36	"	7:50	"	8:05	"	8:05	25½	8:35	27½	30	2¼"	13MIN/IN
5	36	"	7:50	"	8:10	"	8:10	24	8:40	25½"	30	1½"	20MIN/N
6	36	"	7:50	"	8:10	"	8:10	27½	8:40	28½"	30	1"	30MIN/IN
7	36	"	7:55	"	8:15	"	8:15	28¼	8:45	31"	30	2¾"	11MIN/IN
8	36	"	7:55	"	8:15	"	8:15	29	8:45	32"	30	3"	10MIN/N
9	36	"	8:00	"	8:20	"	8:20	25½	8:50	28"	90	2½"	12MIN/IN
10	32	"	8:00	"	8:20	"	8:20	24	8:50	28"	30	4"	8MIN/IN

Phillip D Nolte
Signature of Person Conducting Test

Address Rt 6 Lincoln, NE Phone 435-3349

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: _____

Approved Percolation Rate (a)
A. 15 min./inch
B. _____ min./inch
C. _____ min./inch

Gerrald C. Hood
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO._____

Indicate on sketch if residence and well are exisiting or proposed.

REVIEWING ACTION

Remarks:_____

_____

Date:_____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed 570 sq.ft.

Gerrold C. Hood
Signature of Reviewing Official

3750 Sprengview

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: _____

FILE NO: _____

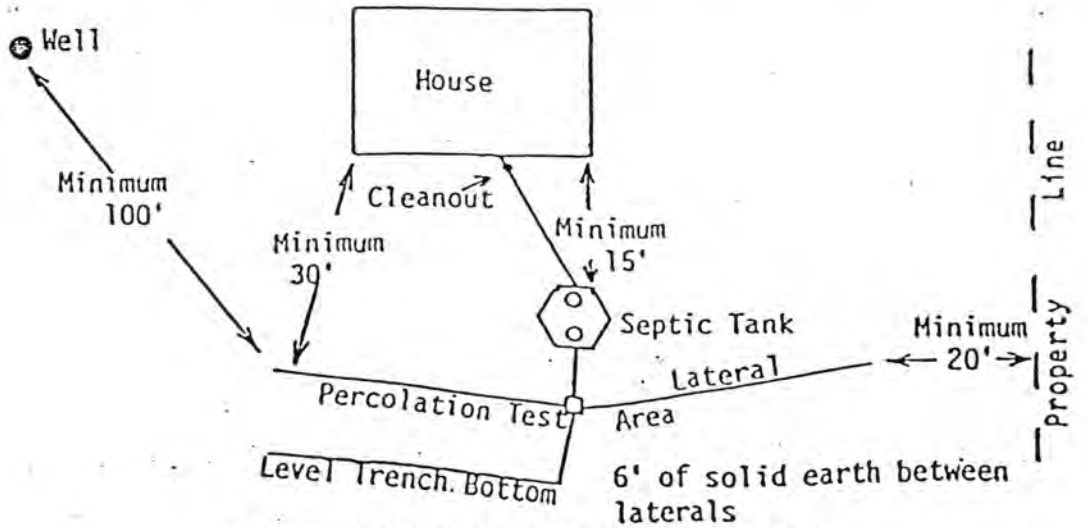
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 12 in.
3. Distance between dwelling and septic tank 40 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 Concrete; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

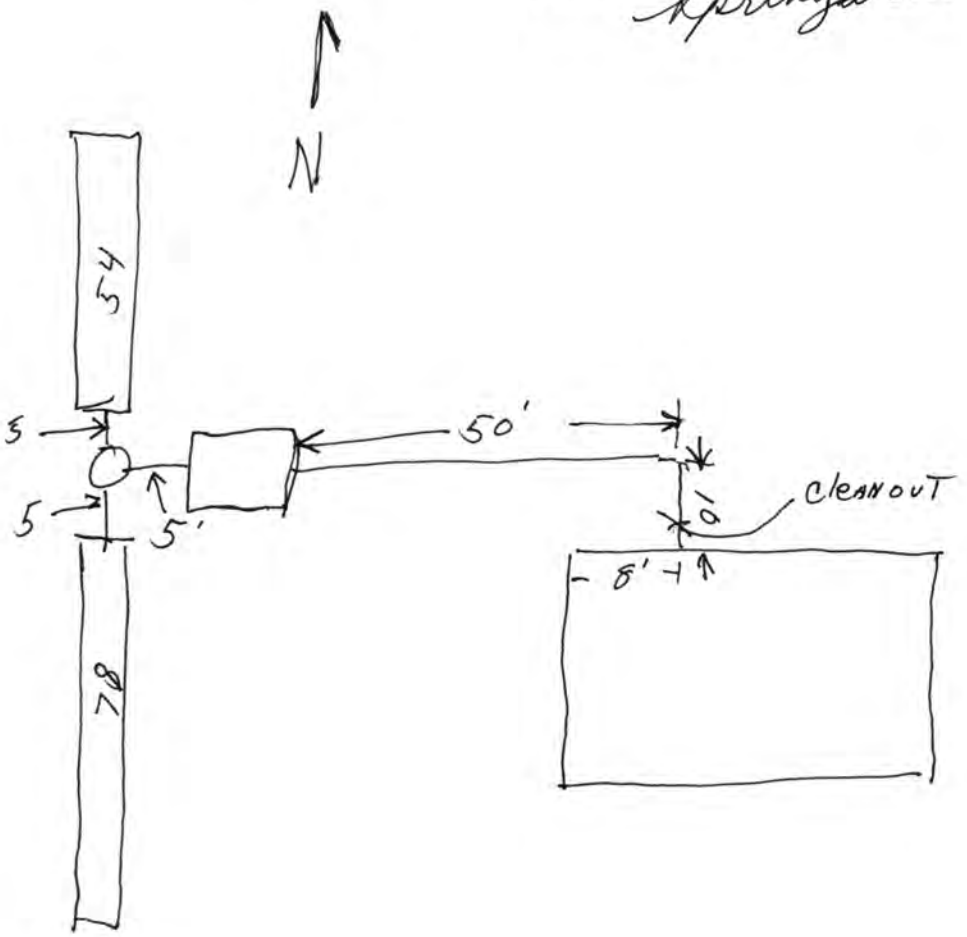
C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets _____.
2. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 5 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 12 or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☐ ; other PVC .
2. Lateral Lines:
Number 2 ; Length of each line 78 , 54 , _____ , _____ , _____ ft.;
Total length of laterals 132 ft.;
Distance between lateral lines ___ ft.
3. Trench dimensions: Width 4 ft.;
Slope — in/100 ft.; Average Depth 36 in.
4. Filter Material: Gravel ,
Depth of Material 22 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

3750 Springarden



Capital City Trenching

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: 471-7800

FILING FEE $_____

FILE NO._____

DATE: 4-3-96

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 32
   Block 1 : Lot 3 : Addition High Ridge Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe SFR 3 Bdrm
3. Distance to Public Water Supply: NA Ft.
4. Intended use of well Res.

Steven Champoux
Signature of Applicant (owner or lessee)

Box 84891 Lin 68501
Address
430-8088

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 4/5/96. Date Frwd. 4/5/96. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Wood
2. Supt. Bldg. Insp.: Date Rec'd 4/5/96. Date Frwd. 4/5/96. Action: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineers: Date Rec'd 4-5-96. Date Frwd. 4-5-96. Action: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 9/16/96 by Jerrold Wood
Date: 10/3/96 by Jerrold Wood
Date: _____ by _____

Nitrate Level < 0.1 PPM CHLORIDE 62 P.P.M.
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/7/96 By: J. C. Wood

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

FORM 23-13

SEP 5 1996

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO._____

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 32 T. 10 R. 6E Block ___ Lot ___ Addition 3750 SPRINGVIEW ROAD

Owner PRAIRIE HOME BUILDERS Address P. O. BOX 84891, LINCOLN, 68501

LOG OF WELL	
Depth ft. --to--	Description
0- 5	DRY GROUND
5- 10	BRN CLAY
10- 40	YEL CLAY
40- 70	BLUE CLAY
70- 85	SILTY BLUE CLAY
85- 93	GRAY SAND
93-105	YEL & RED SHALE
105-115	BLUE SHALE
115-155	DARK RED SHALE
155-175	YEL SHALE & FINE SS
175-200	FINE WHITE SS

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 198

Date Completed 7-30-96

Casing: Length, Ft. 184; Dia. In. 4"

Wall Thickness, Inc. 214 ; type PVC

Screen: Length, Ft. 14' Dia. In. 4"

Type PVC SLOTTED , slot Size .025

Drop Pipe: Length, Ft. 120 Dia. In. 1¼"

Water Level, Surface to top of water, Ft.:

Static 82M , Pumping 90'

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

REMARKS NITRATE NITROGEN < 0.1 P.P.M.
BACTERIOLOGICAL O.K.
CHLORIDE 62 P.P.M.

Date 4 SEPTEMBER 1996

DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 23-4