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. 96380146301

Issued 07/30/96
Expires 01/30/97
Revenue Code 18754

Establishment
STEVE CHAMPOUX
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 2 LOT 2

FEES: $150.00

TOTAL $150.00

Permittee
STEVE CHAMPOUX
BOX84891
BOX 84891
LINCOLN NE 68501

Issued By M. Jane Ford
Health Director

2408

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: 6-18-96

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 2 : Lot 2 : Addition High Ridge Estates
   Street Address 3610 West Spring View Rd
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.

Steve Chapman
Signature of Applicant (Owner or Lessee)

Box 84891 Lin 68501
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/29/96. Date Frwd. 7/30/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 7-30-96. Date Frwd. 7-30-96. ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer: Date Rec'd. 7-30-96. Date Frwd. 7-30-96. ACTION: Approved ☒ Disapproved ☐ Signature: K J Mynam

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: _____ by: _____ Sewer, tank, 2 laterals
Date: 10/11/96 by: J.C.H.
Date: 10/14/96 by: J.C.H. Need Drawing

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/16/96 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

FILE NO. _____

3610 West Spring View Rd.

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: 9-9-96 to 9-10-96. Weather: Precip. a ¼ Temp. 70.

OWNER: Prairie Hare

Lot 2 Block 2 High Ridge Estates

Address: Box 84891
Lincoln, NE 68501

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	9-9-96	5:30	9-10-96	5:30	9-10-96	5:30	6"	6:00	5¼	30	¾"	40 MIN/IN
2	36	"	5:30	"	5:30	"	5:30	6"	6:00	5½	30	½"	60 MIN/IN
3	36	"	5:30	"	5:30	"	5:30	6"	6:00	5½	30	½	60 MIN/IN
4	36	"	5:30	"	5:30	"	5:30	6"	6:00	5.0"	30	1"	30 MIN/IN
5	36	"	5:35	"	5:35	"	5:35	6"	6:05	5¼	30	¾"	40 MIN/IN
6	36	"	5:35	"	5:35	"	5:35	6"	6:05	5¼	30	¾"	40 MIN/IN
7	36	"	5:35	"	5:35	"	5:35	6"	6:05	5½	30	½"	60 MIN/IN

Signature of Person Conducting Test

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

Address Rt 6 Box 52 Lincoln Phone 438-3349

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: JULY 29, 1996
getting close to Pawnee Clay Loam edge

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

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: JULY 29, 1996

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 990 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

3610 Springview

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: _____

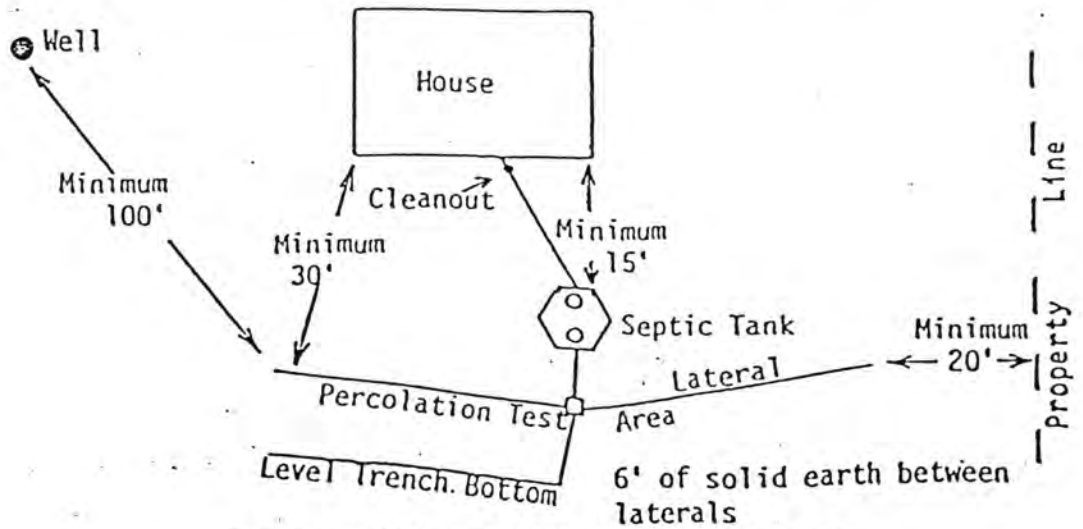
SPECIFICATIONS AS BUILT

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 50 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.

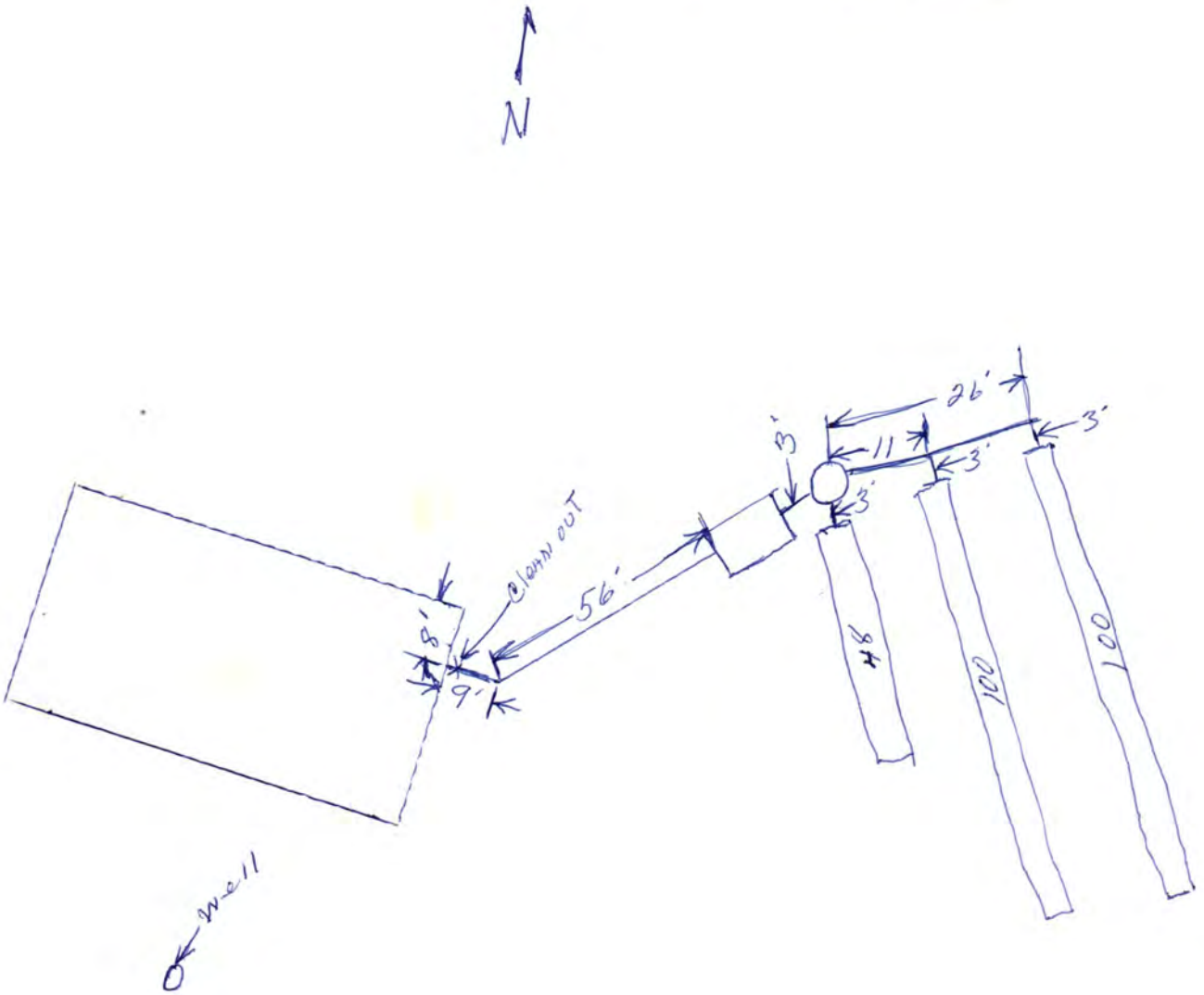
C. DISTRIBUTION BOX:
1. Material concrete ; Number - available outlets _____.
2. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 3 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 24 or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☑ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 100, 100, 48, _____, _____ ft.;
Total length of laterals 248 ft.;
Distance between lateral lines 7 ft.
3. Trench dimensions: Width 4 ft.;
Slope — in/100 ft.; Average Depth 40 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

3610 Springview



9-11-96
Capital City Trenching

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

ermit
WATER WELL

No. 96400057301

Issued 07/30/96
Expires 01/30/97
Revenue Code 19851

Establishment
STEVE CHAMPOUX
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 2 LOT 2

FEES: $75.00

Permittee
STEVE CHAMPOUX
BOX84891
BOX 84891
LINCOLN NE 68501

TOTAL $75.00

Issued By M. Jane Ford
Health Director

2407

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: 471-7800

FILING FEE $_____

FILE NO._____

DATE: 6-18-96

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 2 : Lot 2 : Addition High Ridge Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe SFR
3. Distance to Public Water Supply: _____Ft.
4. Intended use of well _____

Stan Chapman
Signature of Applicant (owner or lessee)

Box 84891 Linc. 68501
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 7/29/96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7/30/96. Signature: Gerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 7-30-96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7-30-96. Signature:
3. City or County Engineers: Date Rec'd _____. Action: Approved ☒ Disapproved ☐
   Date Frwd. 7-30-96 Signature:

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/23/96 by Gerrold C. Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level <0.1 PPM CHLORIDE 54 P.P.M.
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11/1/96 By: G. C. Hood

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

FORM 23-13

OCT 2 2 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 2 Lot 2 Addition 3610 W. SPRINGVIEW RD.
Owner PRAIRIE HOME BUILDERS Address P. O. BOX 84891, LINCOLN 68501

LOG OF WELL	
Depth ft. --to--	Description
0- 15	RED/BRN CLAY
15- 35	YEL CLAY
35- 55	LIGHT BLUE SILTY CLAY
55- 75	SANDY CLAY & SAND
75-100	RED SHALE
100-115	SILTY BLUE SHALE
115-130	YEL & RED SHALE
130-136	YEL SHALE & SANDSTONE
136-156	MED WHITH SANDSTONE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER
Depth (from ground level) Ft. 155'
Date Completed 10-11-96

Casing: Length, Ft. 145; Dia. In. 4"
Wall Thickness, Inc. 214; type PVC

Screen: Length, Ft. 10' Dia. In. 4"
Type PVC SLOTTED, slot Size .025

Drop Pipe: Length, Ft. 140 Dia. In. 1"

Water Level, Surface to top of water, Ft.
Static 55', Pumping 60' 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)

Address P. O. BOX 308
HICKMAN, NEBRASKA 68372

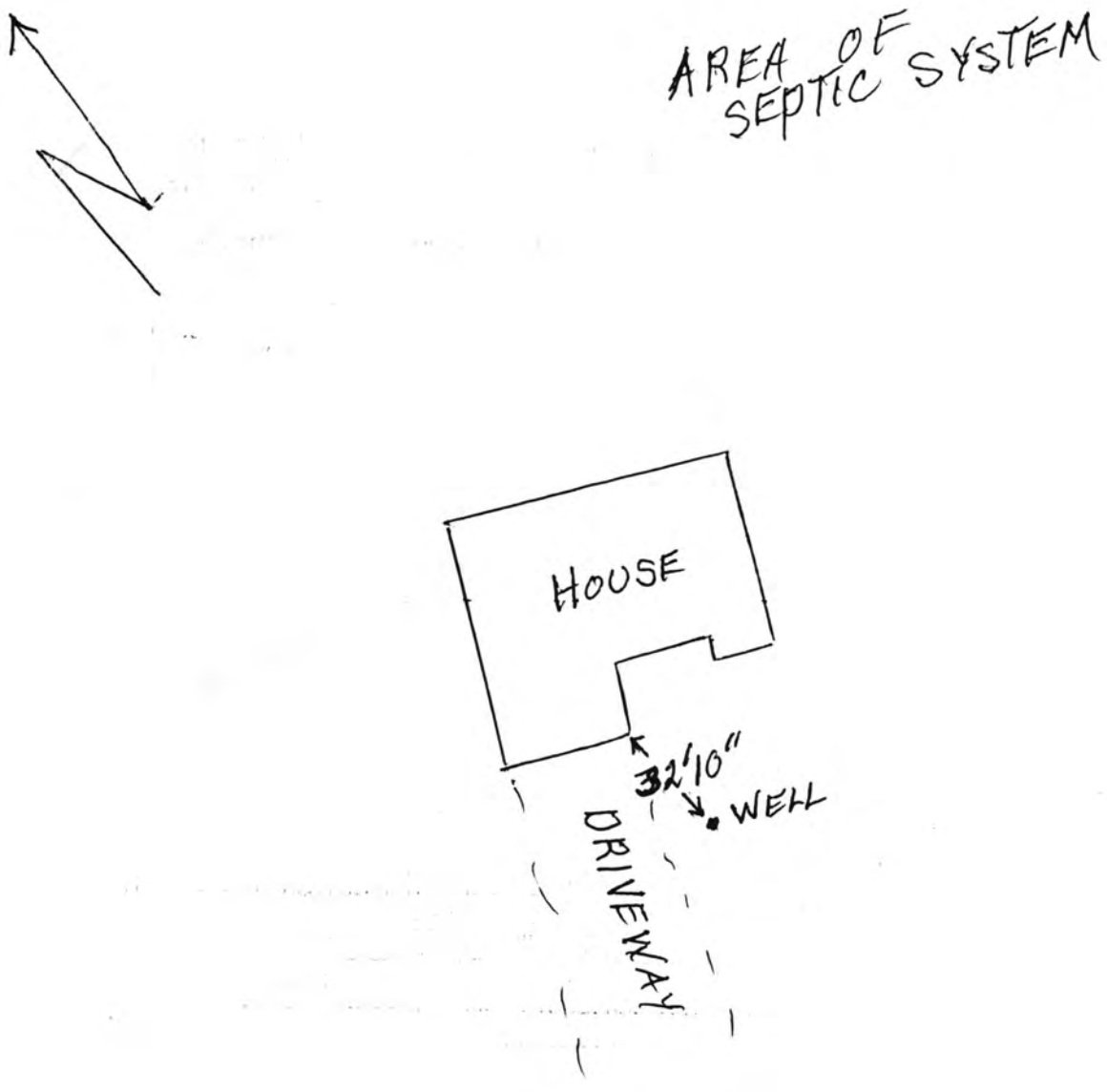
REMARKS NITRATE NITROGEN < 0.1 P.P.M.
BACTERIOLOGICAL O.K.
CHLORIDE 54 P.P.M.

Date 21 OCTOBER 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-A


AREA OF SEPTIC SYSTEM
HOUSE
32'10"
WELL
DRIVEWAY