# 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. 96380141201

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

Establishment
STEVEN CHAMPOUX
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 2 LOT 4

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 2 : Lot 4 : Addition High Ridge Estates
   Street Address 2101 S.W 35 Circle
2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe_____
3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐
4. Distance to public sewer: NA ft. WILL INSTALL WHATEVER PERCOLATION TEST INDICATES

Steve Champoux
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:

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 7-25-96 by: P.D.
Date:_____ by:_____
Date:_____ by:_____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-10-96 By: Paul Wyhaven

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

FORM 23-43

FT, NE.

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 4 Block 2 HighRidge Estates FILE NO. _____
NE 2101 SW 35th Circle

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: 3 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 6-25 to 6-26. Weather: Precip. 2" 6-22 Temp. 65°

Bottom of Holes still wet.

OWNER: Prairie Homes
Address: ~~2101 SW~~ 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./Min.) | Water Level (in.) | Elapsed Time (Min.) | Water Level Drop (in.) | Percolation Rates (Min./in.) |
| 1 | 36" | 6-25 | 7:00 | 6-26 | 7:00p | 6-26 | 7:00p | 22" | 7:30p | 25½ | 30 | 3½ | 9 MIN/IN |
| 2 | 36" | " | 7:00p | 6-26 | 7:00p | " | 7:00p | 24" | 7:30p | 26½ | 30 | 2½ | 12 MIN/IN |
| 3 | 36" | " | 7:00p | " | 7:05p | " | 7:05p | 27½" | 7:35p | 29 | 30 | 1½ | 24 MIN/IN |
| 4 | 36" | " | 7:10p | " | 7:05p | " | 7:05p | 27½" | 7:35p | 30 | 30 | 2½ | 12 MIN/IN |
| 5 | 36" | " | 7:15p | " | 7:10p | " | 7:10p | 24½" | 7:40p | 25¾ | 30 | 1¼ | 24 MIN/IN |
| | | | | | | | | | | | | | |
| 7 | 36" | " | 7:20p | " | 7:15p | " | 7:15p | 26¼" | 7:40p | 28½ | 25 | 2¼ | 13 MIN/IN |
| 8 | 36" | " | 7:20p | " | 7:15p | " | 7:15p | 27" | 7:45p | 29½ | 30 | 2½ | 12 MIN/IN |
| 9 | 36" | " | 7:25p | " | 7:20p | " | 7:20p | 26" | 7:45p | 28¼ | 36 | 2¼ | 13 MIN/IN |
| | | | | | | | | | | | | | |

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

Phillip O Nally
Signature of Person Conducting Test

Address R+6 Lincoln, NE Phone 438-3349

(Do not write below this line)

REVIEWING ACTION

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

Approved Percolation Rate (a)
A. 13 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

FORM 20104-0477
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
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

**D**

DATE: _____

FILE NO. _____

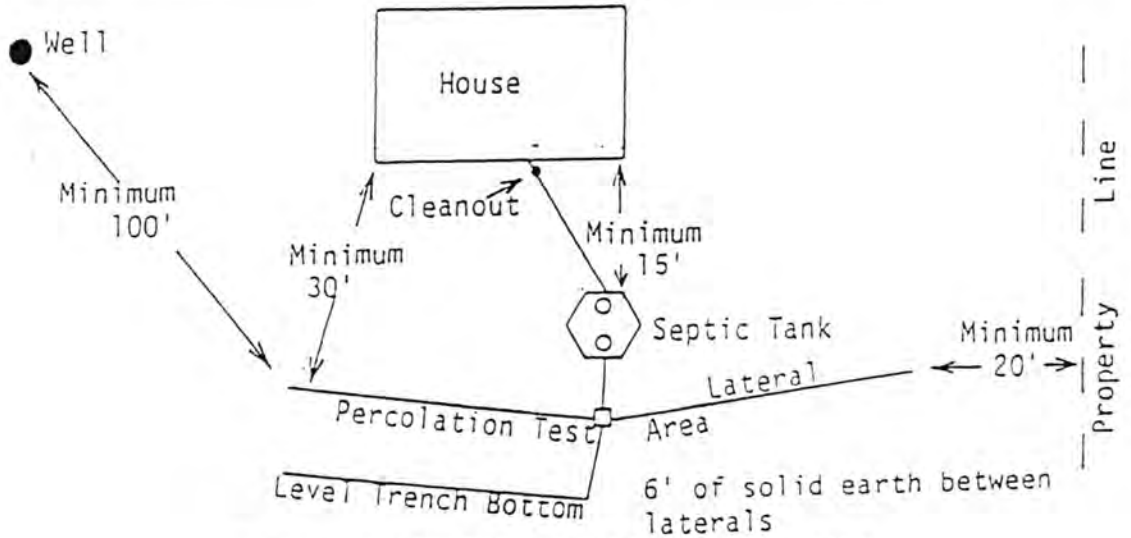
## SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 36 in.
3. Distance between dwelling and septic tank 40 ft.
4. Number of clean-outs 2.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

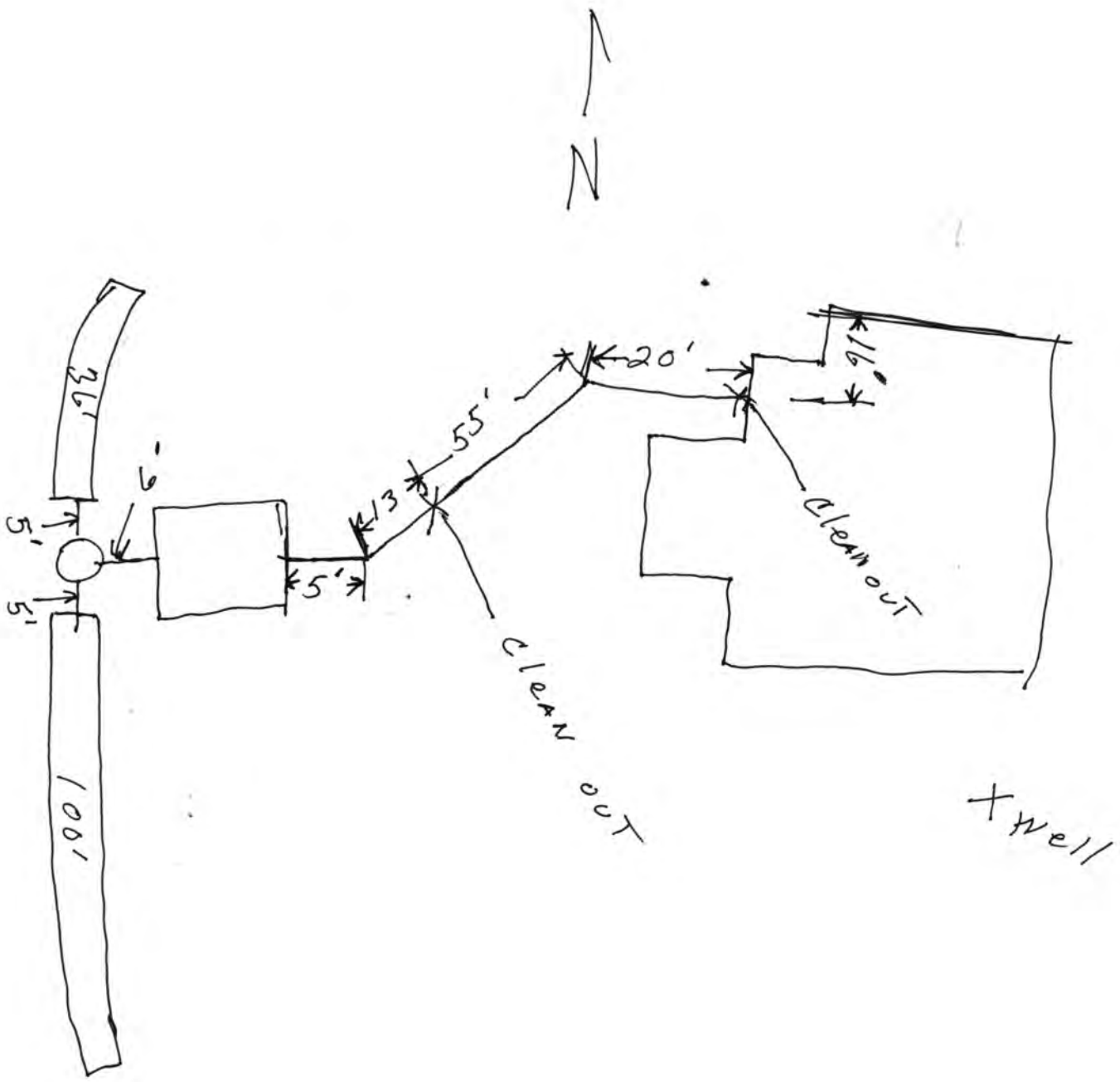
B. SEPTIC TANK:
1. Material Concrete; No. of compartments _____;
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre CAST )
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
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 5.
2. Factory Built: Yes ☑ No ☐
(Company Pre CAST )
3. Distance from Septic Tank 6 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 36, 100, _____, _____, _____ ft.;
Total length of laterals 136 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 20 in.
5. Distances to:
Well or Suction Line 108 ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.




TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN




Capital City Trenching
7-25-96

received 7-25-96 P.D.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 10-6-32 Location 2101 SW 35

Owner/Requestor Capital Trenching

# WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- X New system, initial
- ___ New system, followup
- ___ Existing system, repair
- ___ Existing system, followup
- ___ Loan approval
- ___ Consultation
- ___ Other (Specify)

REMARKS noticed water standing in perc test hole at northern most hole. Last rainfall was on Sat. July 20th

7-26-96 water 6" deep in hole after 24 hrs.
system approved based on perc test results submitted

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leech Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System ✓ Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Dryfhaus

Date: 7-25-96

Received by: _____

WA1002

# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 96400054501

Issued 04/08/96
Expires 10/08/96
Revenue Code 19851

Establishment
STEVEN CHAMPOUX
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 2 LOT 4

FEES: $75.00

TOTAL $75.00

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: 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. 9640000545

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

Steven Chapman
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. Hood
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: M McGlenn

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10-10-96 by P.D
Date: 2/24/98 by J.C.H
Date: _____ by _____

Nitrate Level < 0.1 PPM CHLORIDE 190 P.P.M.
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 2/27/98 By: J.C. Hood

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

FORM 23-13

JUL 26 1996

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 9640000545

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 4 Addition HIGH RIDGE ESTATES 2101 S.W. 35TH CIR.

Owner PATRICK KARSTING Address 2101 S.W. 35TH CIRCLE, LINCOLN 68524

| LOG OF WELL | |
|---|---|
| Depth ft. --to-- | Description |
| 0- 35 | YEL CLAY |
| 35- 50 | BLUE & BLK CLAY |
| 50- 63 | SILTY BLUE CLAY |
| 63- 80 | REWORKED FINE SS TRNG |
| | HARD AND CRS. |
| 80-110 | FINE BLUE SS & SHALE |
| 110-120 | SANDY BLUE SHALE |
| 120-140 | RED SHALE |
| 140-151 | BLUE SHALE |
| 151-175 | FINE SS |
| 175-185 | MED FINE SS |
| 185-195 | FINE SS |
| | |
| | |

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 175'
Date Completed 7-11-96

Casing: Length, Ft. 155; Dia. In. 4"
Wall Thickness, Inc. 214; type PVC

Screen: Length, Ft. 20' Dia. In. 4"
Type WOP & SLOTTED, slot Size .025

Drop Pipe: Length, Ft. 100 Dia. In. 1¼"

Water Level, Surface to top of water, Ft.:
Static 61', Pumping 65'

Yield: 125 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 [signature] (Signed)

Address P. O. BOX 308 HICKMAN, NEBRASKA 68372

Date 25 JULY 1996

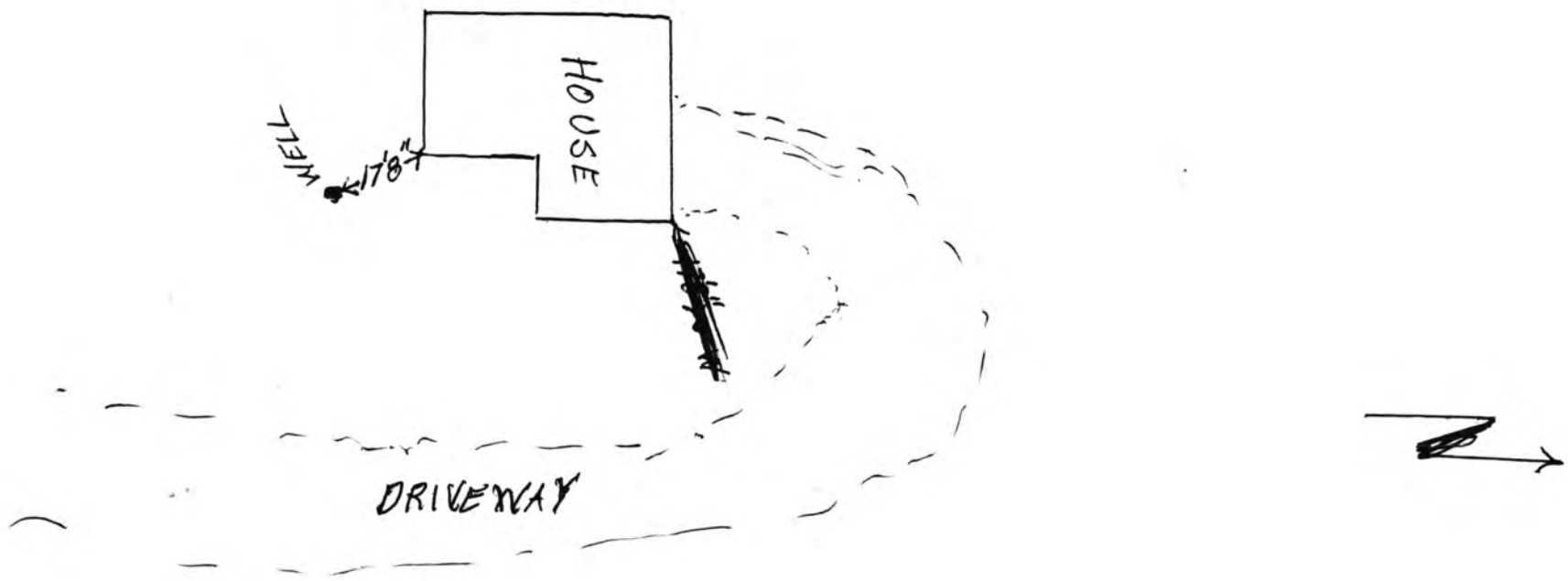
REMARKS NITRATE NITROGEN < 0.1 P.P.M.
BACTERIOLOGICAL O.K.
CHLORIDE 190 P.P.M.

DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 22-A

AREA OF
SEPTIC SYSTEM



~~7/14/98~~ 11-19-98

## LLCHD -- Well Data Entry

Permit Number: 96400545 ID Number: Date Abandoned:

Lat Deg: Min: Sec: Lng Deg: Min: Sec: Elev:

Township: 10N Range: 6E Section: 32 Quarter: Quarter/Quarter:

Blk: 2 Lot: 4 Addition: High Ridge Estates

House No: 2101 Dir: SW St. Name: 35th St. Type: CR Suf:

Well Use: Res Applicant: Steve Champoux

Owner: Patricia Rorsting Drlr: Bill Moser

Drl Method: Roto Date Cmpltd: 07/11/96 Well Depth: 175' Cs Lngth: 155' Cs Dia: 4"

Cs. Type: PVC Screen Length: 20' Static Lvl: 61' Pumping Lvl: 65' Yield: 125 gpm