LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 99380197301

Issued 04/23/99
Expires 10/23/99
Revenue Code 3157

PAID

FEES: $150.00

Establishment

PRAIRIE HOMES
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 2 LOT 5
2100 SW 35 CIR

Permittee

PRAIRIE HOMES
BOX 0084891
LINCOLN NE 68501-4891

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

009165

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: 99380197 3

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 2100 S.W. 35TH CIR. City LINCOLN NE, Zip 68522
(no rural route)

Legal Description 32 10N 6E HIGH RIDGE EST. 2 5
1/4 1/4 Section Township Range Subdivision Addition 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 Rob Champoux

Address P.O. BOX 84891 City/State/Zip LINCOLN NE 68501

☒ Check if owner designed system Home Phone 421-6580 Work Phone 730-7302

C. Contractor ROB CHAMPOUX

Name PRAIRIE HOMES Company Name PRAIRIE HOME BUILDERS INC.

Address P.O. BOX 84891 City/State/Zip LINCOLN, NE 68501

☒ Check if contractor designed system Work Phone 730-7302

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 4-22-99 Date frwd 4/23/99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4-23-99 Date frwd 4-23-99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd ~~4-23-99~~ Date frwd 4-23-99 **ACTION** ☒ Approved ☐ Disapproved Signature _____

8/27/99 Need drawing. J. Orf

Installation Final Written Approval

By Jerrold E. Wood R.E.H.S.

Date September 3, 1999

Business Office Use Only

Date Rec'd 04/22/99
Amt Paid 150.00
Rec'd By LO ~~Cash~~/Check No. 8946

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector Also well

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 2100 SW 35th Circle (no rural route) City Lincoln NE, Zip NE 68532

Owner Prairie Homes Addresss P.O. BOX 84891 LINCOLN NE 68501

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 4-11-98 to 4-12-98 Weather: Precipitation -0- Temperature 60°-70° F.

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	36	4/11	9:AM	4/11	1:PM	4/12	9:AM	6	4/12	1:PM	30m	1/2	60
2	36	4/11	9:AM	4/11	1:PM	4/12	9:AM	6	4/12	1:PM	30m	1/2	60
3	36	4/11	9:AM	4/11	1:PM	4/12	9:AM	6	4/12	1:PM	30m	3/4	40
4	36	4/11	9:AM	4/11	1:PM	4/12	9:AM	6	4/12	1:PM	30m	3/4	40
5	36	4/11	9:AM	4/11	1:PM	4/12	9:AM	6	4/12	1:PM	30m	3/4	40
6	36	4/11	9:AM	4/11	1:PM	4/12	9:AM	6	4/12	1:PM	30m	1"	30
7	36	4/11	9:AM	4/11	1:PM	4/12	9:AM	6	4/12	1:PM	30m	1/2	60
8	36	4/11	9:AM	4/11	1:PM	4/12	9:AM	6	4/12	1:PM	30m	1/2	60

Person Conducting Percolation Tests

Name: Phillip Nalley

Phone: 438-3349

Address 6005 West A.
Lincoln, NE 68532

Sum of Percolation Rates: 390

Average of Rates: 48.75

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks OK

Signature of Reviewing Official John F. Mesner Date 4-22-99

FORM 23-101 10-96

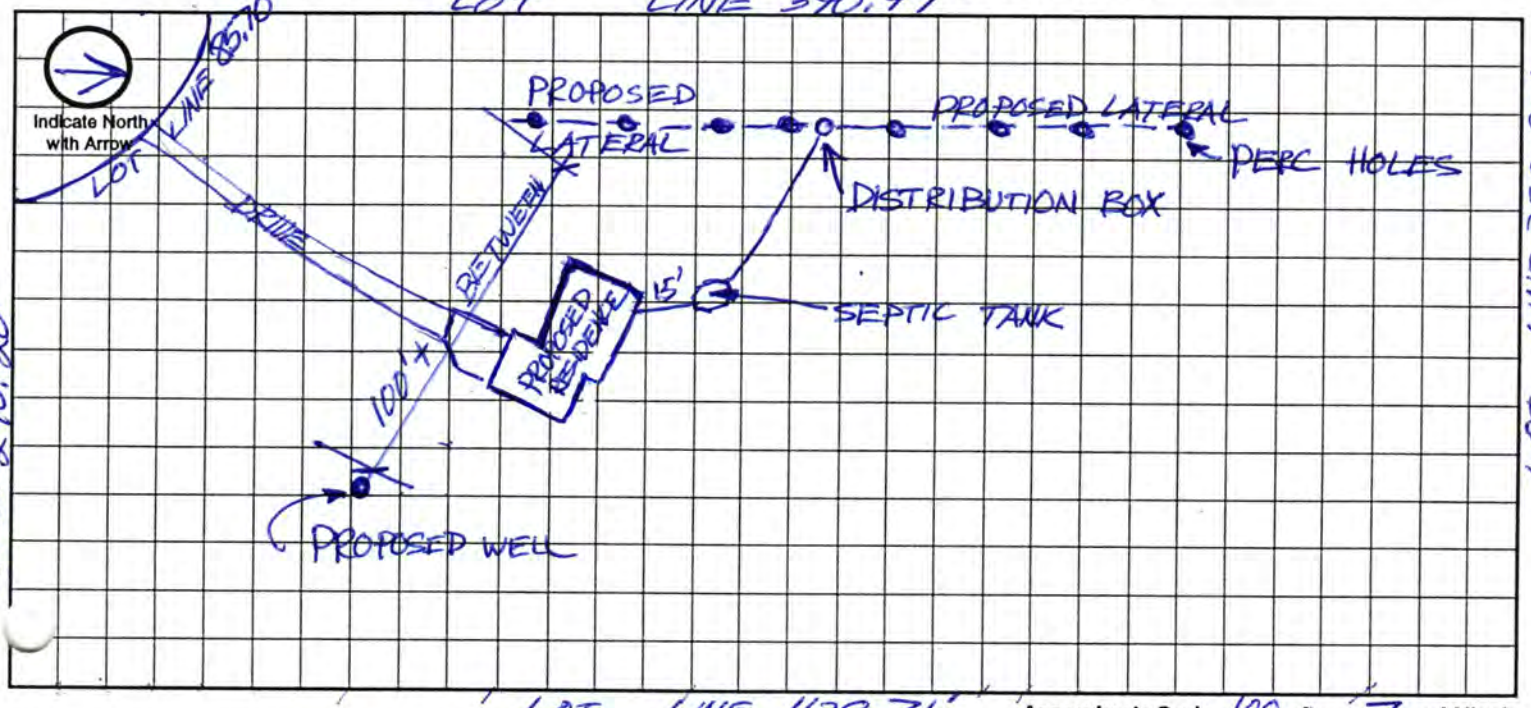
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 100 ft. = 7 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2100 S.W. 35TH CIR. City LINCOLN NE, Zip 68522

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: 2 %

Type of Absorption System: ☐ Trench ☒ Bed ☐ Other _____

Total Square Feet of Field Required: 1650 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 2

Total Length of Laterals 413 ft. Number of Trenches 5 Trench Width 4'-0

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 Robert Chase Date 4-20-99

Installer Larry Schwarck Date 4-21 99

FORM 23-102 10-96

SEP 2 1999

D

Permit Number:

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

Sewage Disposal System

As Built Plans & Specifications

Date 8-28-99

System Location (Indicate correct number and street)

Address 2100 S 91 35th Cr. (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: 5' in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 72½ 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: 1250 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: 6 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 1st one 20'-17' 2nd 13' 3rd ft.

D. Absorption Field

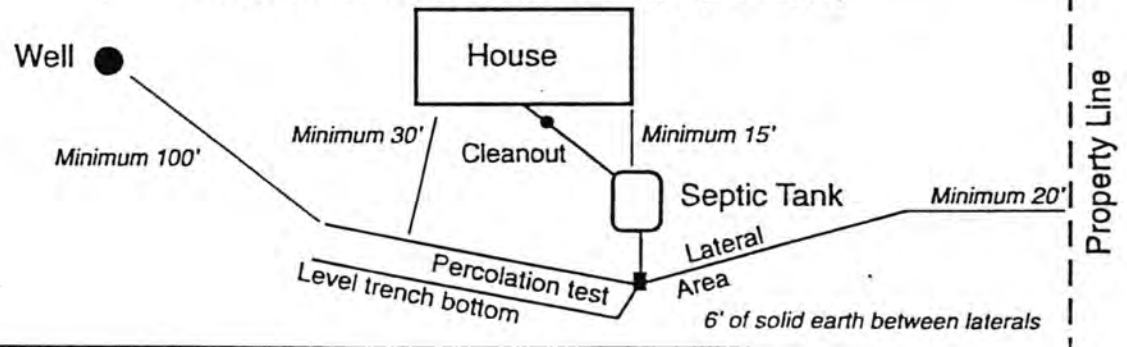
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 5
   Length of each line: 100 ft. 100 ft.
   100 ft. 86 ft., 26 ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 20' ft.

Indicate North with Arrow

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

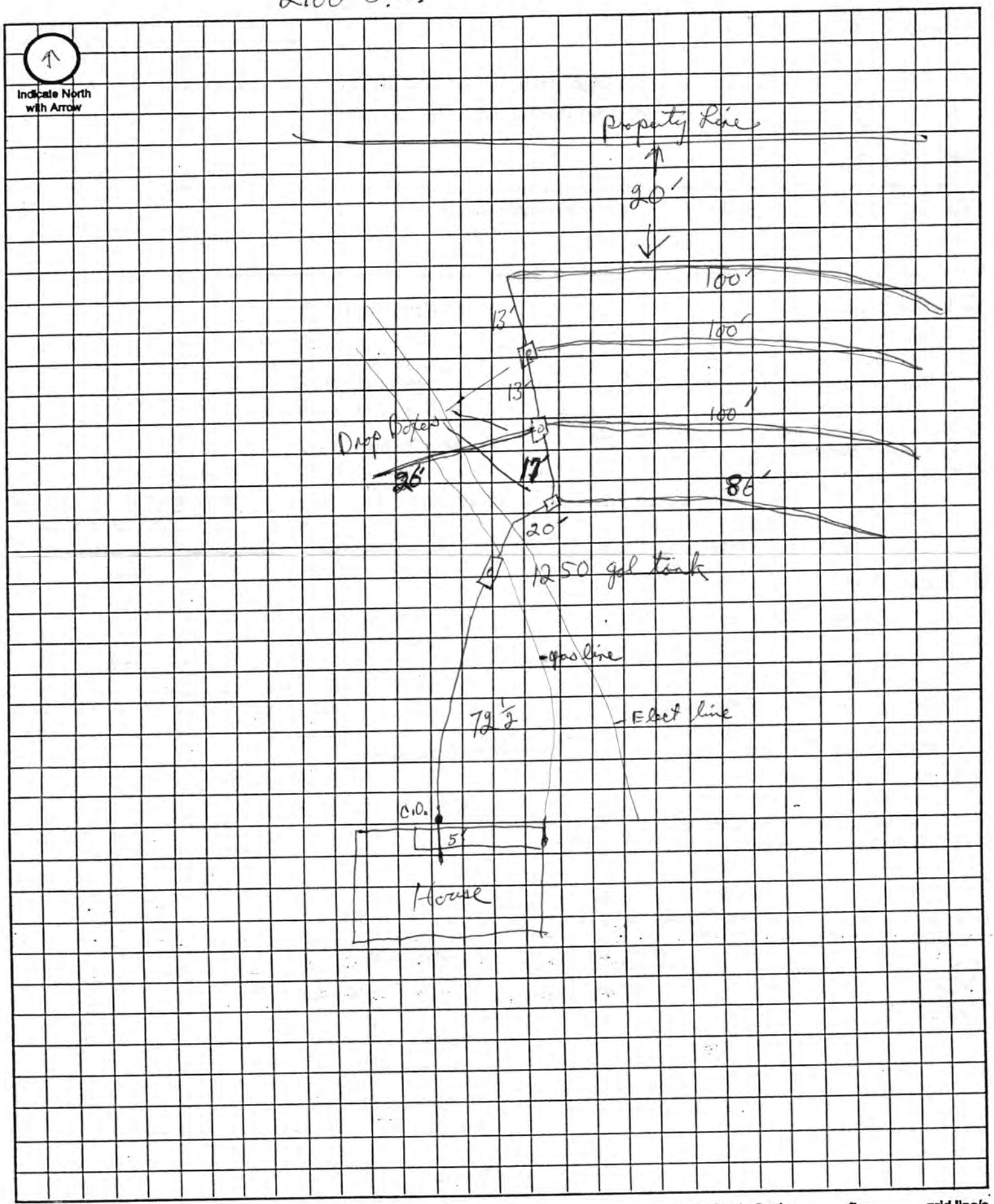
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

by Larry Schwarck
2100 S.W. 35th Cr. for Prairie Home Bldg.



Approximate Scale: _____ ft. = _____ grid lines

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 99400082301

WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 04/23/99
Expires 10/23/99
Revenue Code 3162

PAID

FEES: $75.00

Establishment

PRAIRIE HOMES
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 2 LOT 5
2100 SW 35 CIR

TOTAL $75.00

Permittee

PRAIRIE HOMES/ROB CHAMPOUX
BOX0084891
BOX 0084891
LINCOLN NE 68501-4891

Issued By Health Director
Lincoln-Lancaster County Health Department

009164

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. 99400082 3

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 2200 SW. 35TH CIR. City LINCOLN, NE Zip 68522
   (No Rural Route Please)
   Legal description of property:
   Twp 10N; Range 6E; Section 32; Block 2; Lot 5; Addition HIGH RIDGE ESTATES
2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____
3. Distance to Public Water Supply 7 feet.

Signature of Owner Rob Champoux

Print Name ROB CHAMPOUX
Current Address 4200 SW 12TH.
LINCOLN, NE
Current Home Phone 421-6580
Work Phone 730-7302

Signature of Contractor Rob Champoux

Print Name ROB CHAMPOUX
Address [redacted] P.O. BOX 84891
LINCOLN, NE 68501
Home Phone 421-6580
Work Phone ~~730-7302~~ 476-6594
Cellular Phone 730-7302

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 4/22/99 Date forwarded 4/23/99	ACTION ☒ Approved ☐ Disapproved Signature:	
2.	Building & Safety	Date received 4/23/99 Date forwarded 4/23/99	ACTION ☒ Approved ☐ Disapproved Signature:	
3.	City Engineer	Date received 4/22/99 Date forwarded 4/22/99	ACTION ☒ Approved ☐ Disapproved Signature:	

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 7/10/2000 By DS
Date: ____/____/____ By _____
Date: ____/____/____ By _____

Installation Final Written Approval
By: Doug Smith
Date: 07/14/00

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

Nitrate Level 0.0 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 04/22/99
Amt Paid: $ 75.00
Rec'd By LS Cash/Check No. 8946

DEC 9 1999

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
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 WELL

Legal Description: Sec. 32 T. 10 R. 6 Block ____ Lot ____ Addition 2100 S.W.35TH IN HIGH RIDGF

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

LOG OF WELL	
Depth Ft to:	Description
0- 55	BRN & YEL CALY
55- 70	BLUE CLAY
70- 80	SILTY BLUE CLAY
80-115	FINE SAND & SHALE
115-145	RED & WHITE SHALE
145-177	BLUE SHALE
177-195+	MED TAN SANDSTONE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 190'

Date Completed 9/7/99

Casing: Length, Ft. 180' :Dia. In. 4"

Wall Thickness, Inc. .214 :Type PVC

Screen: Length, Ft. 10' Dia. In. 4"

Type PVC WOP , Slot Size .025

Drop Pipe: Length, Ft. 100' Dia. In. 1 1/4"

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

Static 65' M , Pumping 70' EST

Yield: 10 gpm, Measured XX . Est. ____

Chlorination Completed Yes XX No ____

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

Driller _____
(Signed)
P. O. BOX 308

Address: HICKMAN, NE 68372-0308

Date: 8 DECEMBER 1999

Remarks Nitrate 0.0

Bac T - 0.

DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record ____

Moser Well Drilling and Service Inc.

Marvin Moser
Hickman, NE

Bill Moser
Roca, NE

Allen Moser
Hickman, NE

Chris Thornton
Hickman, NE

Hickman, Nebraska 68372
Phone: (402) 792-2515
Lincoln: 477-7291

Pumps & Well Supplies - Trenching - Drilling

Date: 9/7/99 Well #: 101-99 Driller: Bill

Owner/Builder: Greg Hansen, 2100 S.W. 35th, Lincoln, Ne 68522-8737 Phone# 438-7780

Location: 2100 S.W. 35th Circle in High Ridge at S.W. 40th & W. Van Dorn

Built by Prairie Home Builders

Depth: 190' Elevation:

0- 55 Brown and yellow clay
55- 70 Blue clay
70- 80 Silty blue clay
80-115 Fine sand and shale
115-145 Red and white shale
145-177 Blue shale
177-195+Medium tan sandstone

Casing Information

Type: pvc Thickness: 200#
Length: 180' Diameter: 4"
Bore Size: 8.5" SWL: 65' M
PWL: GPM: 80 w/air

Filler Pack: 30-175'
Grout: 6-30'

Screen

Length: 10' Diameter: 4"
Type: pvc wop Slot: .025
Area of:
Screen(s): 180-190'
Pack: 175-191'
Type of Pack: "B"

Chemical Analysis

Total Chlorides: 120
Hardness:
Nitrates:
Bacteria:
Iron:

STATE & CTY SENT 12/8/99

Lancaster/Garfield

T.N. 10 R.E. 6 SEC. 32

REG# G-106036 6/16/00

101-99.max

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 $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 2100 SW 35

Parcel ID 10 - 32 - 303 - 005 - 000 (i.e. 99-99-999-999-999)

Twp____ Range____ Section____ 1/4____ 1/4____ Block____ Lot____ Addition Highridge Estates, Block 2 Lot 5

Directions to Property East of SW 40th Between A - Vanorn

Location of Well South of House Tap Location: Inside ☐ Outside ☒

Location of Sewage System North of House Year Installed 2000

Site Hazards (dogs, etc.) None

	NAME	ADDRESS	PHONE
Present Owner:	Larry Geiger	2251 W. Pleasant Hill Rd.	430-6977
Tenant/Buyer:	John Schurman		
Return to:	John Schurman	524 W. Keating Lincoln NE 68521	476-1040 (Fax)

Signature of Applicant [signature] & copy to Address 225 N. Cotner Date 3/13/02

[signature] Sellers Agent FAX: 436-3399

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 03/14/02 Amount 200.00 Check No. 1165 Initials [initials]

DATA ENTRY Date __/__/__ Case No.____ Initials____

PRELIMINARY STATUS--By Doug Arnold **DATE:** 3/14/02

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.3 ppm	☐ ____ ppm

SEWAGE SYSTEM

Approved ☒

Provisional ☐

Disapproved ☐

Additional Site Visits

Date__/__/__ by____

Date__/__/__ by____

Date__/__/__ by____

Comments: No visible malfunction of on-site system noted

See Attached Letter ☐

FINAL STATUS

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

Approved by Doug Arnold Date 3/19/02

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: 9-00