Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC

Establishment

PRAIRIE HOME BUILDERS
T10N R6E SEC 32
HIGH RIDGE ESTS BLK 2 LOT 6
2200 SW 35 CIR

Permittee

PRAIRIE HOME BUILDERS
BOX 84891
LINCOLN NE 68501-4891

Permit # 01380233701

Issued 07/12/01
Expires 01/12/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

[redacted] Acting Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

016116

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

A

Permit Number: 013802337

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 2200 SW, 35TH CIRCLE (no rural route) City LINCOLN NE, Zip 68522

Legal Description 32 10N 6E HIGH RIDGE ESTATES 2 6
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 HOME BUILDERS 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 730-7301

C. Contractor

Name ROB CHAMPOUX Company Name PRAIRIE HOME BUILDERS

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

☐ Check if contractor designed system Work Phone OFFICE 476-6599 CEL 730-7301

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

Designer Name Gordon Lukes Firm G&A BACKHOE Work Phone 781-2400

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 6/25/01 Date frwd 7/12/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/12/01 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7-12-01 Date frwd 7-12-01 ACTION ☒ Approved ☐ Disapproved Signature _____

8/21/01
11/21/01 SEWER, TANK, BOX + 1½ LATERAL. J.C.H.

Installation Final Written Approval

By Doug Smith

Date 1/9/02

Business Office Use Only

Date Rec'd 06/25/01
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 11991

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: 03802337

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2200 SW 35th Circle (no rural route) City Lincoln NE, Zip 68522

Owner Prairie Home Addresss ~~2200 S.W. 35TH CIRCLE~~ P.O. BOX 84091 LINCOLN, NE 68501 / ~~PRAIRIE HOME BUILDERS~~

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

Date of Tests 6-9 to 6-10 Weather: Precipitation Wet. .60 .70 Temperature 90°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		8:00AM	6/9	~~12:30PM~~	6/10	8:00AM	6"	6/10	12:00PM	30 MIN	~~3/4"~~	~~.025~~ 40
2	36			6/9							30 MIN	~~1/2"~~	~~.017~~ 60
3	36			6/9							30 MIN	1"	~~.033~~ 30
4	36			6/9							30 MIN	~~1/2"~~	~~.017~~ 60
5	36			6/9							30 MIN	3/4	~~.025~~ 40
6	36	DONT USE		6/9	#6	No/	Down		Hill - TOO FAR				
7	36			6/9							30 MIN	1"	~~.033~~ 30
8	36			6/9							30 MIN	~~1"~~	~~.033~~ 24
9	36			6/9							30 MIN	~~1"~~	~~.033~~ 30
10	36			6/9							30 MIN	~~1"~~	~~.038~~ 26.66

Sum of Percolation Rates: 260
Average of Rates: 43.33
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Phil Malley
Phone: 438-3349
Address: 6005 WEST A LINCOLN, NE 68532

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

03802337

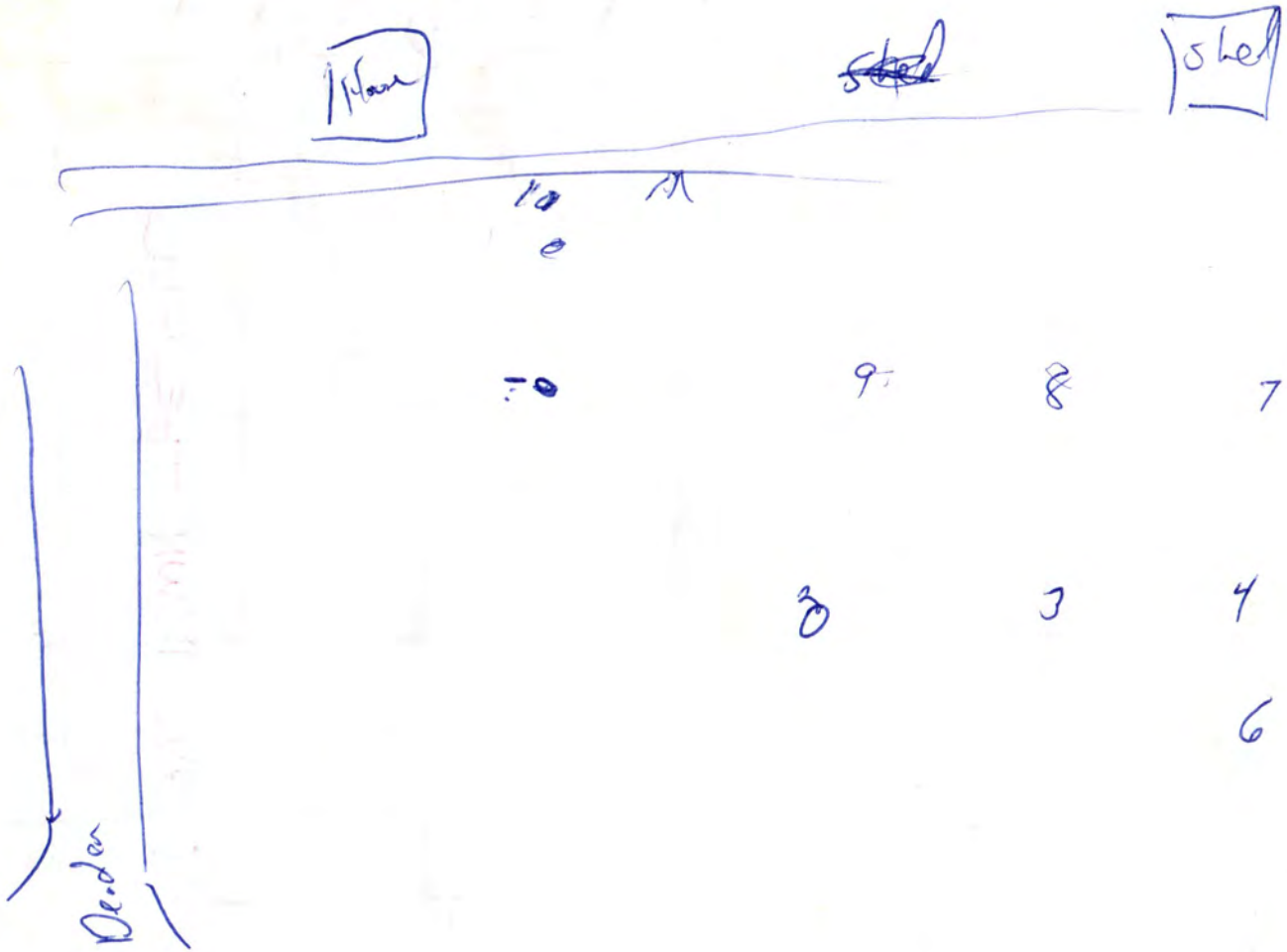
Perc Work Sheet

Date ~~2/17/99~~ ~~2/24/99~~ 6-10-01 - 6-11-01

address ~~SW 12 - SW 14 Dutton Rd~~ SW 35-15- ~~Gabriel Rd~~

Pre Soak | Test

Hole #	8:00 AM 30m	1hr 60m	90m	2hr 120m	150	3hr 180m	210	4hr 240m	30m	1hr 60	90m	2hr 120	150	3hr 180	210	4hr 240	
1	25							21 1/4	3/4								~~.006~~
2	25"							25	1/4								~~.006~~
3	25"							21	1								~~.008~~
4	30"							~~28 3/4~~	1/4								~~.008~~
5	29						~~26~~	26	3/4								~~.006~~
6	26		NO TO FAR DOWN THE HILL					25									~~.006~~
7	28		~~No~~					20 1/2									
8	22							15 1/2									
9	30							23 1/2									
10	22							16 1/2									


Hand
Shelf
Dealer
9
8
7
3
4
5
6

ROB CHAMPOUX 730-7301

C

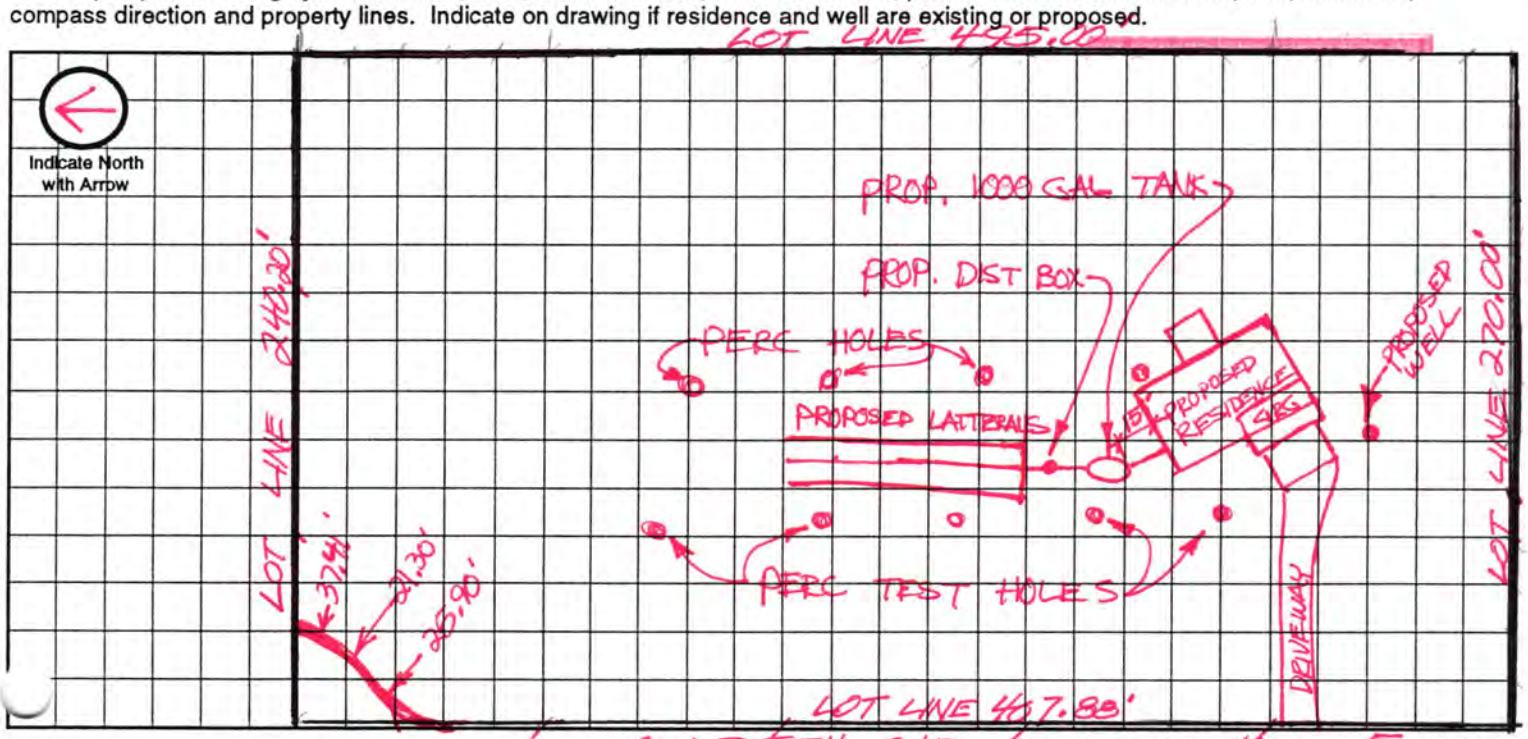
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: 013802337

RECEIVED
JUN 26 2001

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. = 5 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2200 SW 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 _____ (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: 3 %

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

Total Square Feet of Field Required: 3600 sq. ft. (1200) JR

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 3

Total Length of Laterals 300 ft. Number of Trenches 3 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 ROB CHAMPOUX Date 6-27-01

Installer Gordon Likes G+A Backhoe Service Date 7-11-2001

FORM 23-102 10-96

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

D

Permit Number: 013802337

Sewage Disposal System

As Built Plans & Specifications

Date 6-25-01

System Location (Indicate correct number and street)

Address 2200 S.W. 35TH CIRCLE (no rural route) City LINCOLN NE, Zip 68522

A. Building Sewer

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

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 3
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: _____ 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
3. Distance from septic tank: _____ ft.

D. Absorption Field

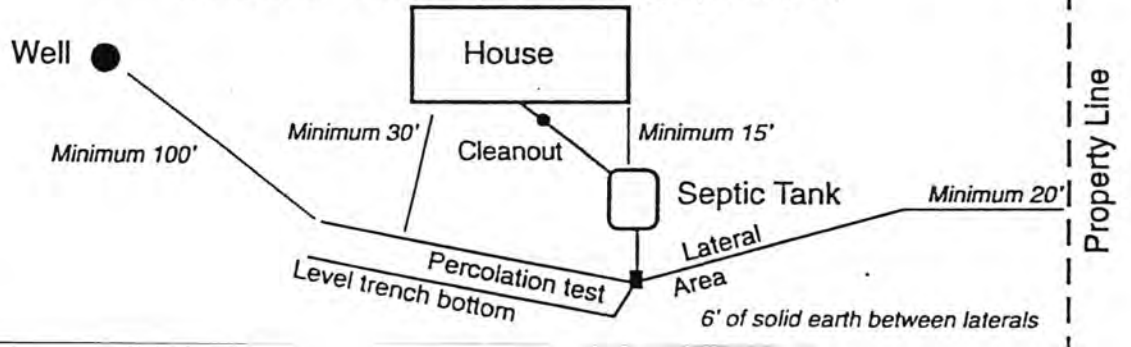
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ 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 _____ ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

NOV 2 8 2001

G & A

BACKHOE SERVICE

Gordon Lukes - Owner/Operator
2319 South 214th Street
Eagle, NE 68347-1995
Bus. (402) 781-2400
Cell. (402) 450-2409
Fax. (402) 781-2411

11/24/01

To Doug Smith,
This is the as built drawing for 2200 South West 35th Circle

