# 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. 98380182901

Issued 08/21/98
Expires 02/21/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment
PRAIRIE HOME BUILDERS
T1ON R6E SEC 32
HIGHRIDGE ESTS-1ST BLK 3 LOT 5
3605 W SPRINGVIEW RD

TOTAL $150.00

Permittee
PRAIRIE HOME BUILDERS
BOX84891
BOX 84891
LINCOLN NE 68501

Issued By Health Director
Lincoln-Lancaster County Health Department

007992

**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:

# 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 ROB CHAMPOUX

### A. System Location (Indicate correct number and street)

Address 3605 W. SPRINKVIEW RD. (no rural route) City LINCOLN NE, Zip 68522

Legal Description 32 10N 6E HICKORY RIDGE ESTATES 1ST 3 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 HOME BUILDERS INC. Signature Rob Champ

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

☐ Check if owner designed system Home Phone 476-6599 Work Phone CEL 730-7302

### C. Contractor ROB CHAMPOUX

Name PRAIRIE HOME BUILDERS Company Name PRAIRIE HOME BUILDERS INC.

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

☐ Check if contractor designed system Work Phone 476-6599 CEL 730-7302

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

Designer Name LARRY SCHWARCK Firm _____ Work Phone 430-6113

### 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 8/20/98 Date frwd 8/21/98 **ACTION** ☒ Approved ☐ Disapproved Signature Gerald C Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8-21-98 Date frwd 8-21-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-21-98 Date frwd 8-21-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

12/7/00 Original (this permit) expired, J.C.H.

### Installation Final Written Approval

By _____

Date _____

***Business Office Use Only***

Date Rec'd 8/21/98.
Amt Paid $150.00
Rec'd By CW Cash/Check No. 7996

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

COPIED

**B**

Permit Number:

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

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

### System Location (Indicate correct number and street)

Address 3605 ~~[illegible]~~ West Spring View (no rural route) City Lincoln NE, Zip 68522

Owner Prairie Homes Addresss P.O. Box 84891

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 32.85 min./inch

Date of Tests ~~8/8/98~~ 8/8/98 to 8/9/98 Weather: Precipitation 0 Temperature 83-85° 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" | 8/8 | 3:15 pm | 8/8 | 7:15 | 8/9 | 9:15 am | 6" | 8/9 | 1:15 pm | 30 min | 7/8 | ~~34.28~~ |
| 2 | 36" | 8/8 | 3:15 | 8/8 | 7:15 | 8/9 | 9:15 am | 6" | 8/9 | 1:15 pm | 30 | 1 | ~~30~~ |
| 3 | 36" | 8/8 | 3:15 | 8/8 | 7:15 | 8/9 | 9:15 am | 6" | 8/9 | 1:15 pm | 30 | 1 | ~~30~~ |
| 4 | 36" | 8/8 | 3:15 | 8/8 | 7:15 | 8/9 | 9:20 am | 6" | 8/9 | 1:20 pm | 30 | 7/8 | ~~34.28~~ |
| 5 | 36" | 8/8 | 3:15 | 8/8 | 7:10 | 8/9 | 9:20 am | 6" | 8/9 | 1:20 pm | 30 | 3/4 | ~~40~~ |
| 6 | 36" | 8/8 | 3:15 | 8/8 | 7:15 | 8/9 | 9:20 am | 6" | 8/9 | 1:20 pm | 30 | 3/4 | ~~40~~ |
| 7 | 36" | 8/8 | 3:15 | 8/8 | 7:15 | 8/9 | 9:25 am | 6" | 8/9 | 1:25 pm | 30 | 7/8 | ~~34.28~~ |
| 8 | 36" | 8/8 | 3:15 | 8/8 | 7:15 | 8/9 | 9:25 am | 6" | 8/9 | 1:25 pm | 30 | 7/8 | ~~34.28~~ |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 197.12

Average of Rates: ~~[illegible]~~ 32.85

Rate Used for Calculation: 32.85

### Person Conducting Percolation Tests

Name: Phil Nolley

Phone: 438-3349

Address 6005 West A

DO NOT WRITE BELOW THIS LINE

### Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

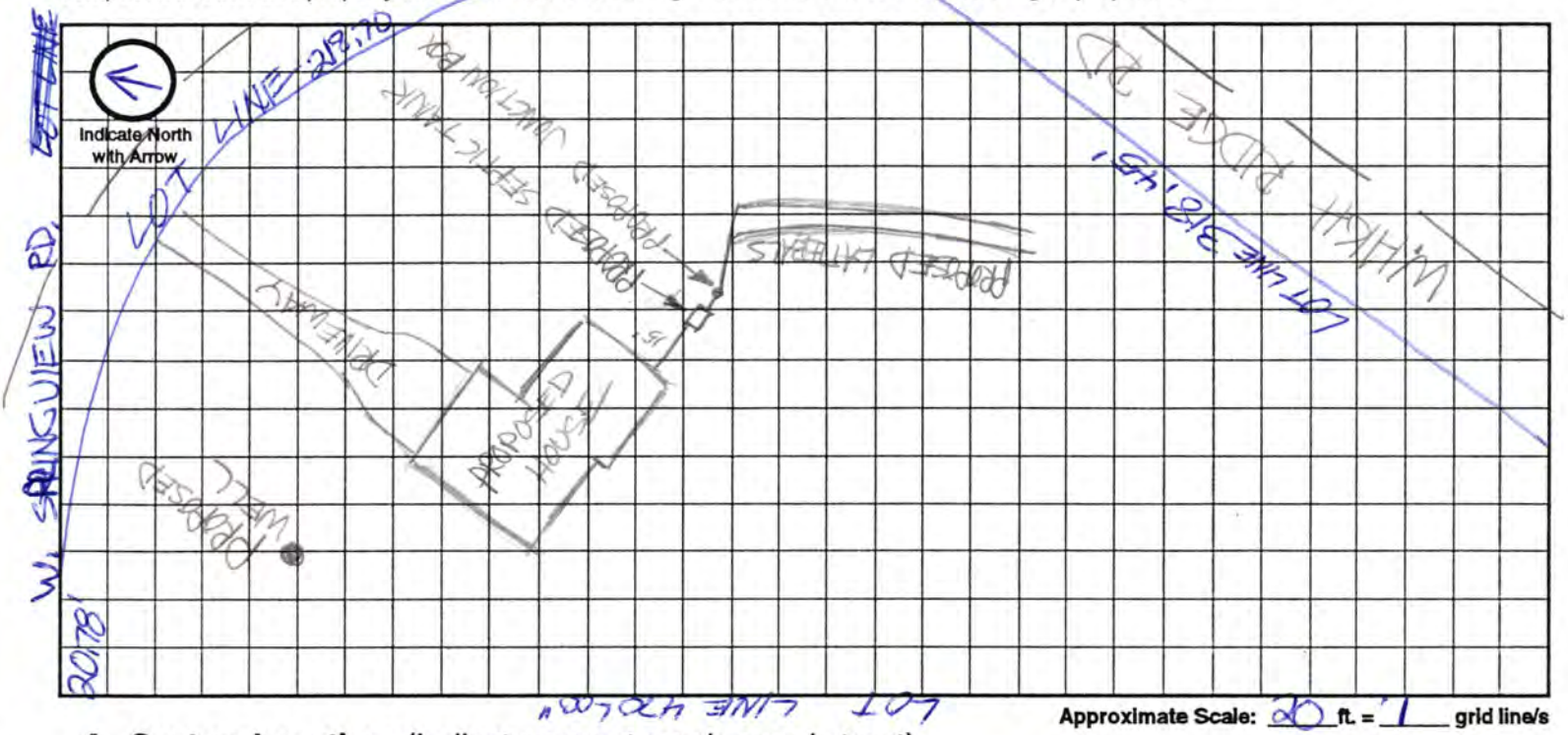
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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.




## A. System Location (Indicate correct number and street)

Address (no rural route) 3605 W. SPRINGVIEW RD. 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 32.85 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: 20% %

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

Total Square Feet of Field Required: 774 sq. ft.

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 2

Total Length of Laterals 194 ft. Number of Trenches 2 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 Robert D. Champ Date 8-19-98

Installer Larry Schwarck Date 8-21-98

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:

# Sewage Disposal System

## As Built Plans & Specifications

Date 05/10/2001

**System Location (Indicate correct number and street)**

Address 3605 West Spring View Road (no rural route) City Lincoln NE, Zip

## 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: _____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter Ø in.
   Over outlet, diameter Ø in.
   Riser: ☐ above ☒ below grade 8Ø in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 8 in.
8. Distances to: Well or suction line Over 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 100 ft.

## C. Distribution Box

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 9' 6" ft.

## D. Absorption Field

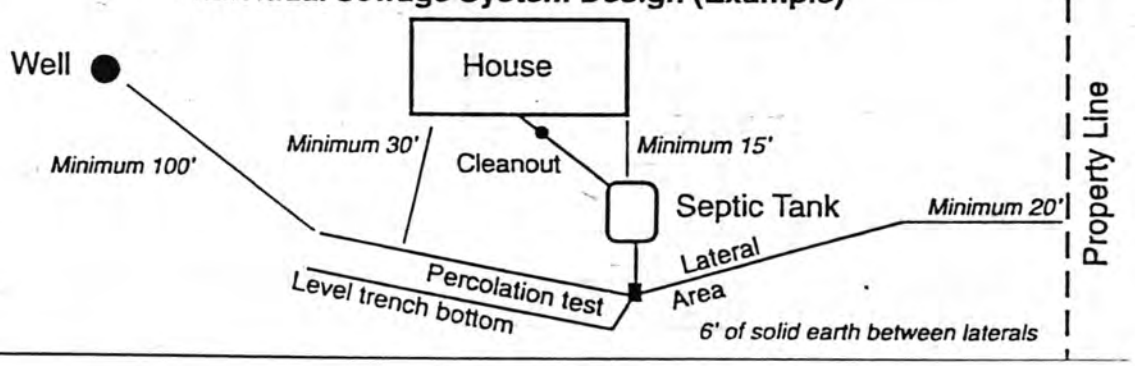
*(Provide as-built drawings on back of this form)*

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other Infiltrator Eq 24
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   100 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 1 1/2 in/100 ft.
   Average depth 3' in
4. Filter material: 2A Gravel
   Depth of material 12 in.
5. Distances to: Well or suction line Over 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 80 ft.

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

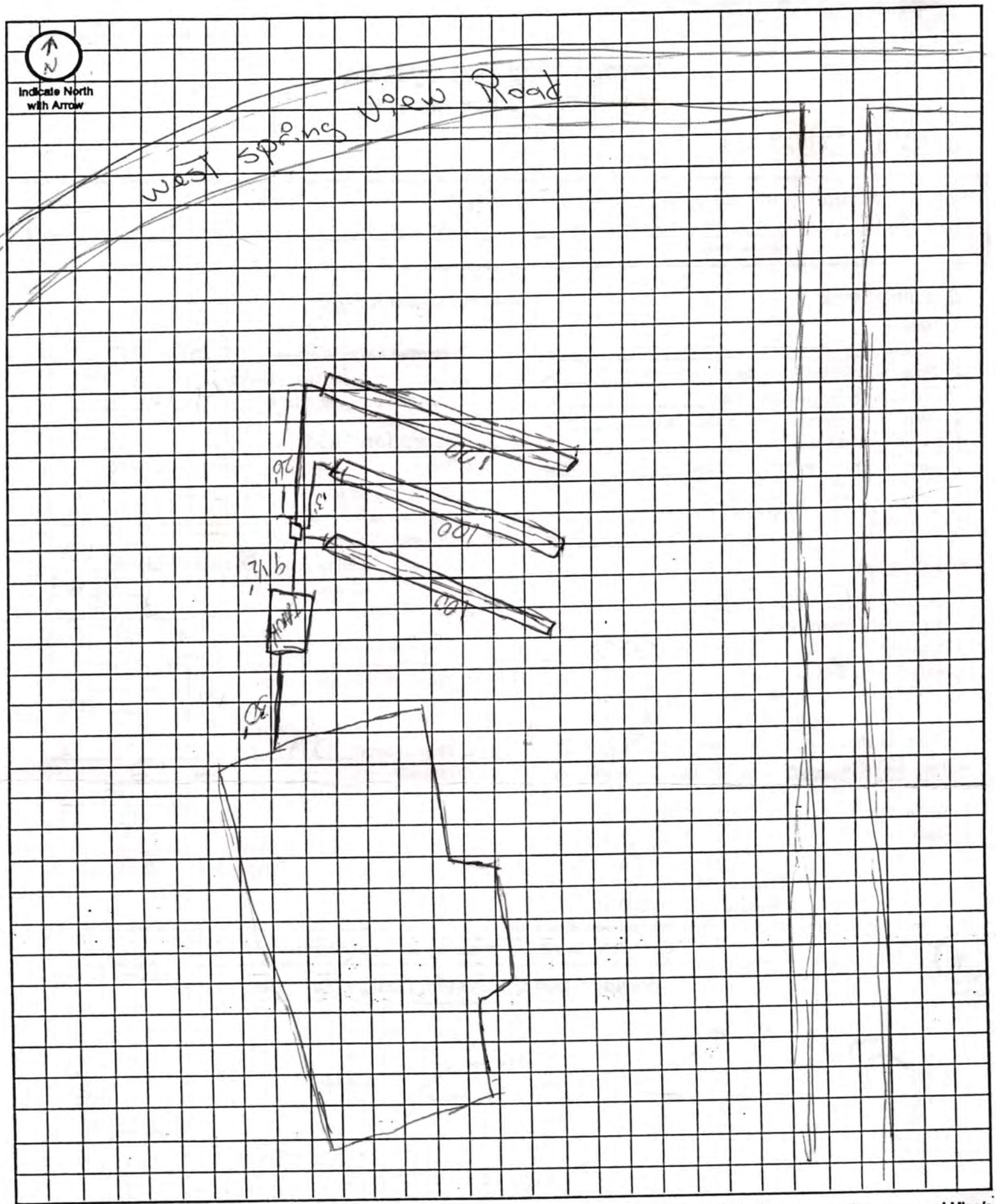
Indicate North with Arrow

### Individual Sewage System Design (Example)




FORM 23-103 10-96

# As Built Drawing




Approximate Scale: _____ ft. = _____ grid line/s

# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

## PERMIT

Permit No. 98400077801

WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 08/21/98
Expires 02/21/99
Revenue Code 3162

PAID

FEES: $75.00

Establishment

ROBERT CHAMPOUX
T10N R6E SEC 32
HI[illegible]RIDGE ESTS-1ST BLK 3 LOT 5
3605 W SPRINGVIEW RD

TOTAL $75.00

Permittee

ROBERT CHAMPOUX
4200 SW 12 ST
LINCOLN NE 68501

Issued By Health Director
Lincoln-Lancaster County Health Department

007984

**THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"**

PID 1032-324-004-000

SW 40th West A Area

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

Permit No. 84600728

# 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 3707 W. SPRINGVIEW RD. City LINCOLN, NE Zip 68522
(No Rural Route Please)
Legal description of property:
Twp 10N Range 6E; Section 32; Block 3; Lot 5; Addition HIGH RIDGE ESTATES

2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____

3. Distance to Public Water Supply NOT feet. KNOWN

Signature of Owner Rob Champoux

Print Name ROB CHAMPOUX
Current Address 421-6580
4200 SW 12TH LINC. NE 68522
Current Home Phone 421-6580
Work Phone 476-6599 cell 730-7302

Signature of Contractor Rob Champoux

Print Name ROB CHAMPOUX
Address P.O. BOX 84891
LINCOLN NE 68501
Home Phone 421-6580
Work Phone 476-6599
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**

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Approval Process: Lincoln Municipal Code 8.44

1. Health Department — Date received 8/20/98, Date forwarded 8/21/98 — ACTION ☒ Approved ☐ Disapproved — Signature: Jerrold C. Hood
2. Building & Safety — Date received 8/21/98, Date forwarded 8/21/98 — ACTION ☒ Approved ☐ Disapproved — Signature:
3. City Engineer — Date received 8/20/98, Date forwarded 8/20/98 — ACTION ☒ Approved ☐ Disapproved — Signature:

REMARKS OR REASONS FOR DISAPPROVAL: If & When hookup to City Water, Backflow prevention assembly will be required.

**Site Visits:**
Date: 9/22/99 By J.C. Hood
Date: ___/___/___ By ___
Date: ___/___/___ By ___

**Installation Final Written Approval**
By: Jerrold C. Hood R.E.H.S.
Date: 9/28/99

Nitrate Level 1.2 mg/L
Chloride Level ___ mg/L
Bacteriological Analysis Satisfactory
Yes X No ___
Other ___

***Business Office Use Only***
Date Rec'd: 8/21/98
Amt Paid: $ 75.00
Rec'd By ___ Cash/Check No. 7996

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

SEP 25 1998

PID # 10-32-364-004-000

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. _____

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

DATA SHEET FOR WATER WELLS

3707 W. Springview

Legal Description: Sec. 32 T. 10 R. 6 Block ___ Lot ___ Addition High Ridge Estate

Owner Prairie Home Builders Address P. O. Box 84891, Lincoln, Ne 68501

| LOG OF WELL | |
|---|---|
| Depth ft. --to-- | Description |
| 0- 60 | YEL & BRN CLAY |
| 60- 90 | BLUE CLAY |
| 90- 100 | VERY FINE SAND |
| 100-115 | ORANGE SHALE AND SOME SS |
| 115-225 | BLUE SHALE-VERY HARD LAYERS |
| 225-235+ | MED FINE TAN SS |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 233'
Date Completed 9/4/98

Casing: Length, Ft. 225' ; Dia. In. 4"
Wall Thickness, Inc. .214" ; type PVC

Screen: Length, Ft. 8' Dia. In. 4"
Type PVC SLOTTED , slot Size .025

Drop Pipe: Length, Ft. 120' Dia. In. 1 1/4"

Water Level, Surface to top of water, Ft.:
Static 87' , Pumping 90' EST

Yield: 80 ggm, Measured XX ☐ , Est. ☐
Chlorination Completed Yes XX 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 68372-0308

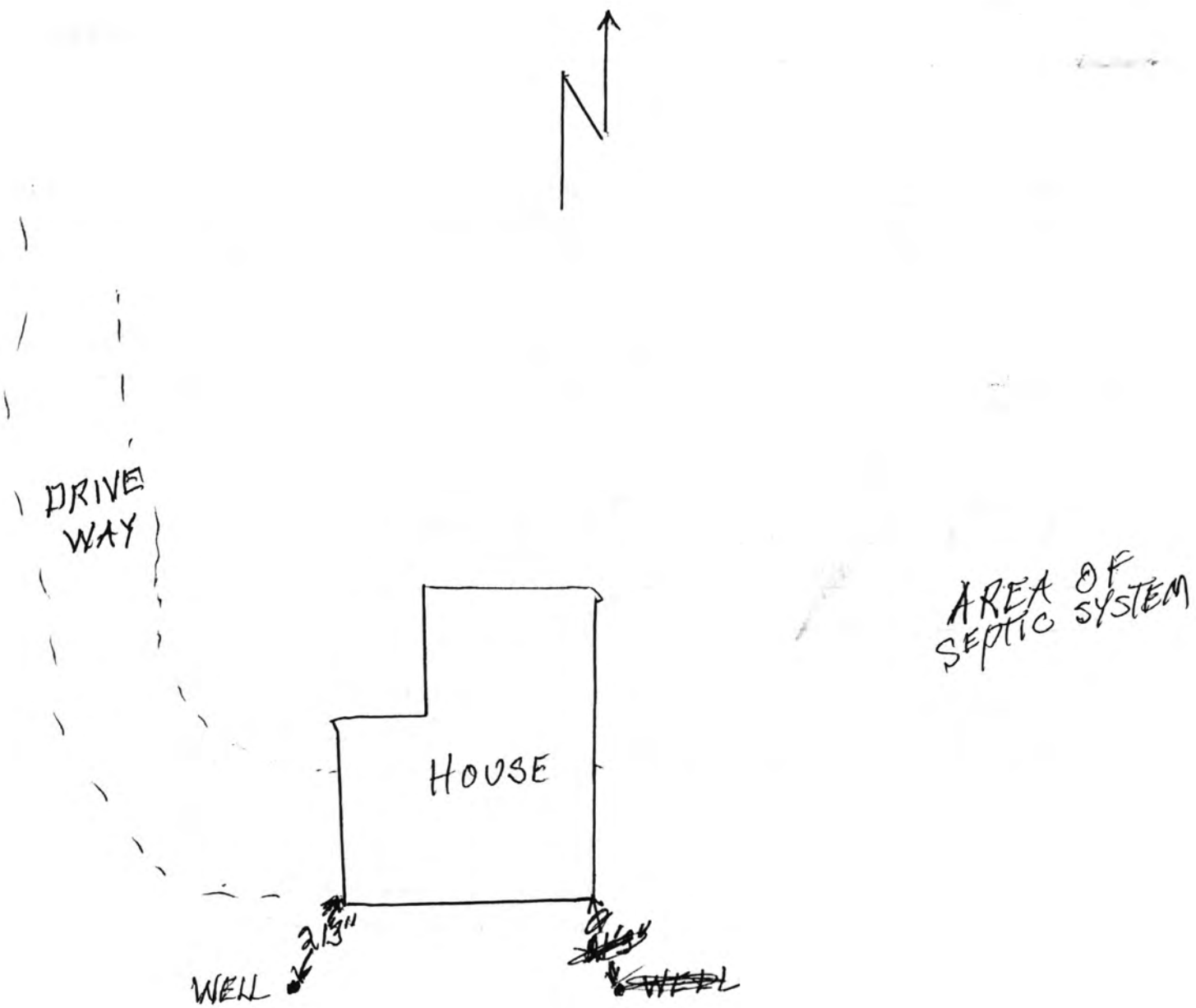
Date 24 SEPTEMBER 1998

REMARKS NITRATE NITROGEN 1.2 P.P.M.
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LINE

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

(REV. 11-4


N
DRIVE WAY
HOUSE
AREA OF SEPTIC SYSTEM
WELL
2.5'
WELL