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. 95380138201

Issued 12/07/95
Expires 06/07/96
Revenue Code 18754

Establishment
STEVE CHAMPOUX
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 3 LOT 8
3800 HIGH RIDGE ESTATES

FEES: $150.00

TOTAL $150.00

Permittee
STEVE 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: 12-4-95

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 3 : Lot 8 : Addition High Ridge Estates
   Street Address ~~4~~ 3800 High Ridge Estates
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: _____ ft. WILL INSTALL WHATEVER PERCOLATION TEST INDICATES

Steve Champeau
Signature of Applicant (Owner or Lessee)

Box 84891 Lincoln Ne.
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/5/95 . Date Frwd. 12/6/95 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold E. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 12/6/95 . Date Frwd. 12/6/95 . ACTION: Approved ☑ Disapproved ☐ Signature: TK
3. City or County Engineer : Date Rec'd. 12-6-95 . Date Frwd. 12-6-95 . ACTION: Approved ☒ Disapproved ☐ Signature: RD Mst

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/18/96 by: J.C.H. Need Drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-24-96 By: Paul Wojcik

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

B

Prarie Homes High Ridge
Rob Shampoo Lot #8

FILE NO. _____

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: 12-16-95 to 12-17-95. Weather: Precip. 0 Temp. 45.

Hole. 3 & 5 Had Water Remaining From Pre. sat. Period

OWNER: _____

Address: S.W. 40th & Van Dorn

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"	12-16	12:50 PM	12-17	12:50 PM	12-17	12:50 PM	6"	1:20 P.M	5 1/2	30 min	1/2	
2	36"	12-16	12:50 P.M	12-17	12:50 PM	12-17	12:50 PM	6"	1:20 P.M	5 3/4	30 min	1/4	
3	36"	12-16	12:50 P.M	12-17	12:50 P.M	12-17	12:50 PM	6"	1:20 P.M	5 3/4	30 min	1/4	
4	36"	12-16	12:50 P.M	12-17	12:50 PM	12-17	12:50 PM	6"	1:20 P.M	5 1/2	30 min	1/2	
5	36"	12-16	12:50 P.M	12-17	12:50 PM	12-17	12:50 PM	6"	1:20 P.M	5 3/4	30 min	1/4	
6	36"	12-16	12:50 P.M	12-17	12:50 P.M	12-17	12:50 PM	6"	1:20 P.M	4"	30 min	2	

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

Signature of Person Conducting Test

Address 2700 Dan Ave. Phone 464-0638

(Do not write below this line)

REVIEWING ACTION

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

Remarks: _____

Soil Type (SCS): _____

Date: _____

Signature of Reviewing Official

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

Prairie Homes Lot #2 FILE NO. _____

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: 6-10-96 to 6-12-96. Weather: Precip. 0 Temp. 85.

holes 1,2,3,5,6 had water still in holes

Address: S.W. 40th & Van Dorn

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"	6-10	7:30pm	6-11	7:30pm	6-11	7:45pm	6"	8:15pm	5 1/4"	30min	3/4	40 MIN/IN
2	36"	6-10	7:30pm	6-11	7:30pm	6-11	7:45pm	6"	8:15pm	4 3/4"	30min	1 1/4	24 MIN/IN
3	36"	6-10	7:30pm	6-11	7:30pm	6-11	7:45pm	6"	8:15pm	4 1/4"	30min	1 3/4	17 MIN/IN
4	36"	6-10	7:30pm	6-11	7:30pm	6-11	7:45pm	6"	8:15pm	2"	30min	4	8 MIN/IN
5	36"	6-10	7:30pm	6-11	7:30pm	6-11	7:45pm	6"	8:15pm	4 1/2"	30min	1 1/2	20 MIN/IN
6	36"	6-10	7:30pm	6-11	7:30pm	6-11	7:45pm	6"	8:15pm	4"	30min	2	15 MIN/IN

Roger A. Brown
Signature of Person Conducting Test
Address RR1, Box 80A Morrill NE Phone 794-4355

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

(Do not write below this line)

REVIEWING ACTION

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

Approved Percolation Rate (a)
A. 40 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 ☐

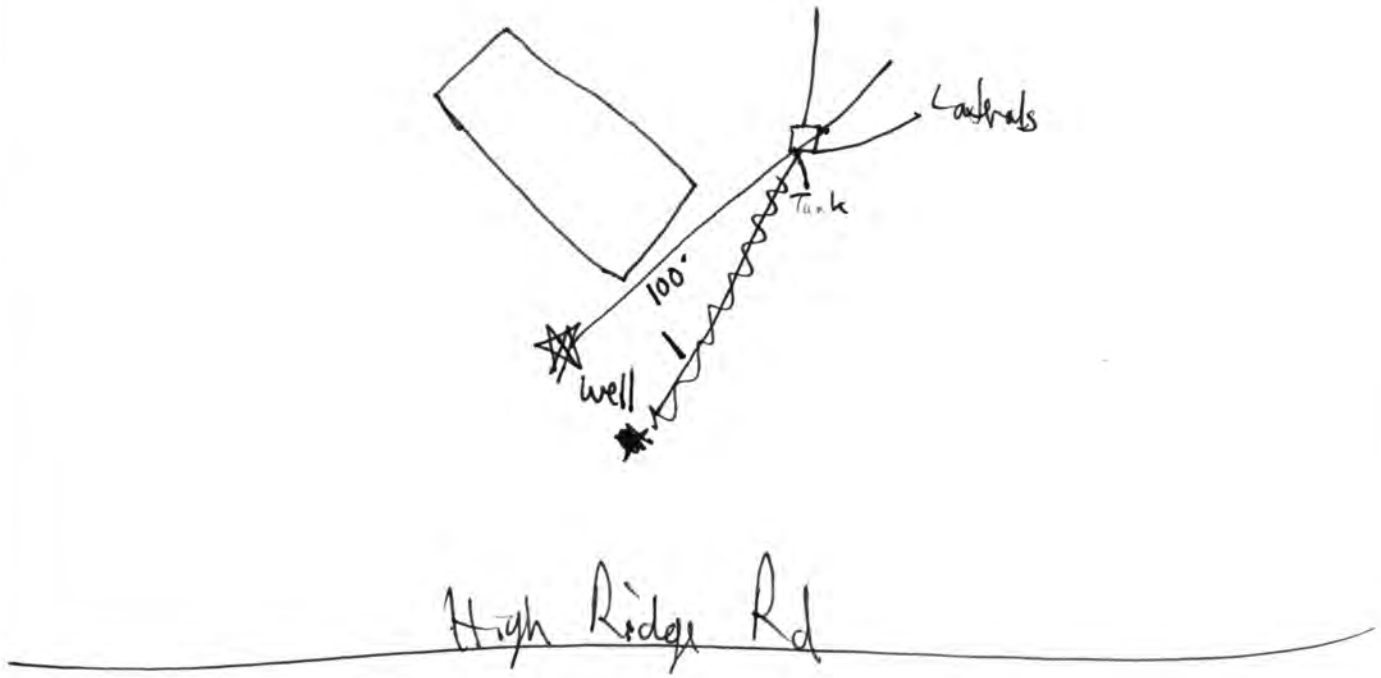
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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:_____

Minimum Design Requirement
1. Capacity of Septic Tank_____gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed_____sq.ft.

_____
Signature of Reviewing Official

3800 High Ridge Rd.

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: _____

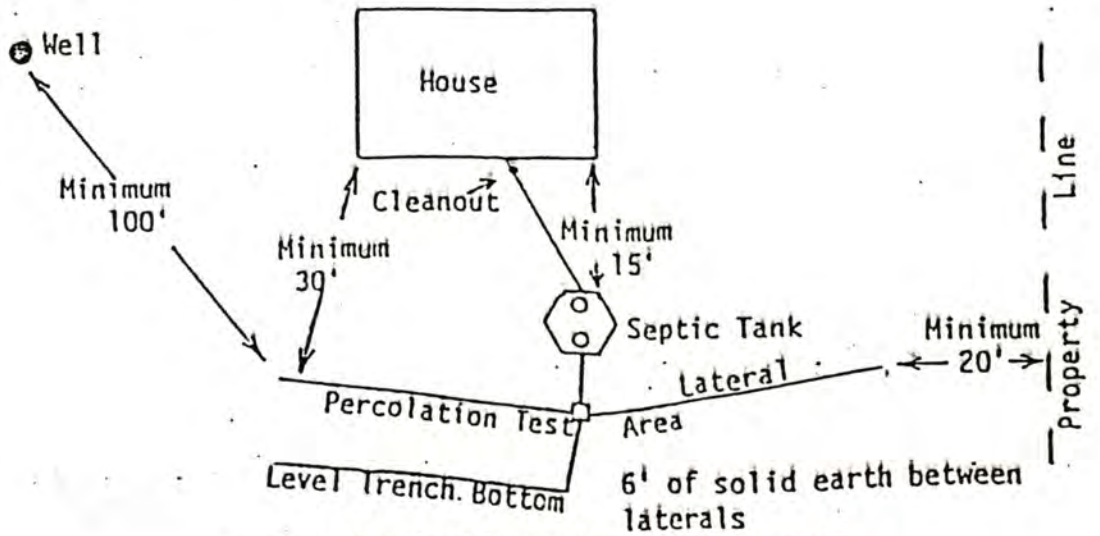
SPECIFICATIONS AS BUILT

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 40 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.

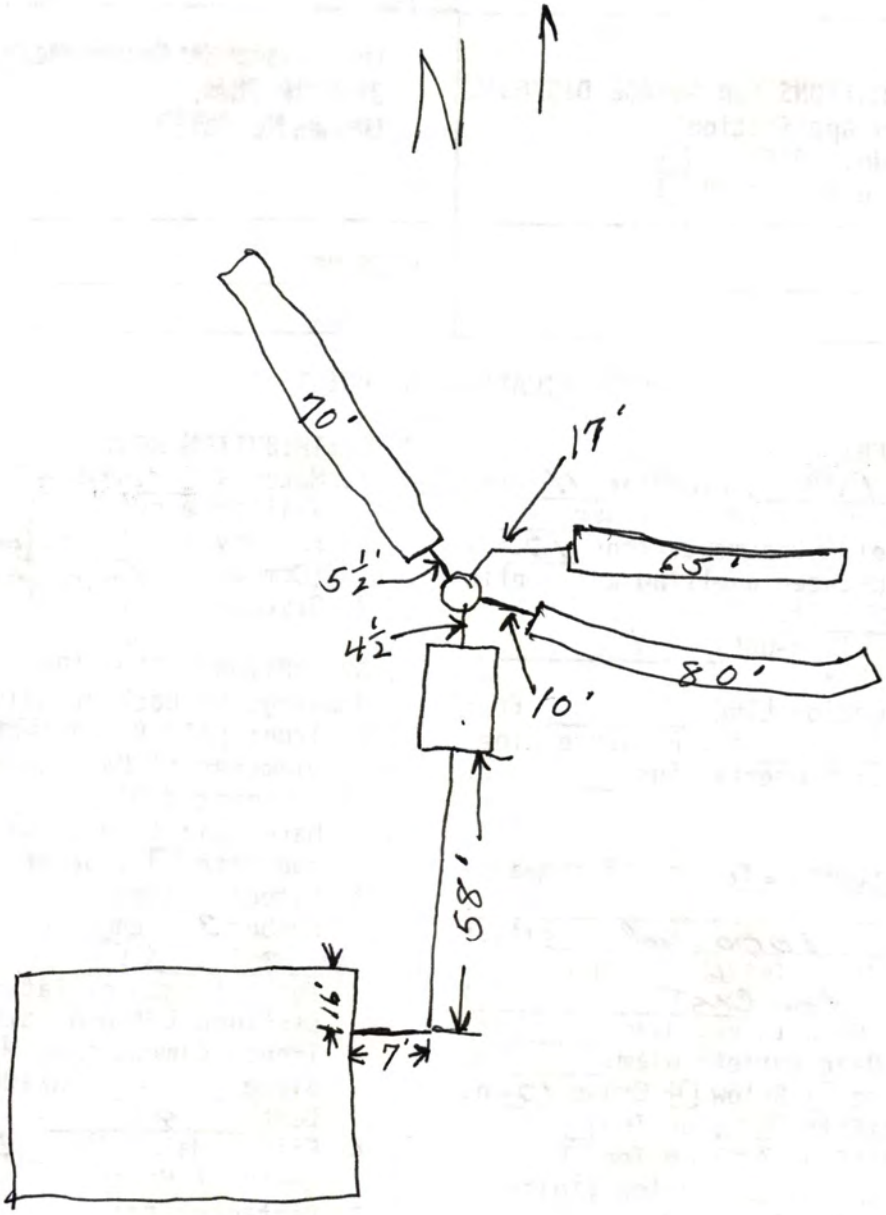
B. SEPTIC TANK:
1. Material Concrete; No. of compartments ____.
2. Capacity 1000 gal gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. ____ in.
Over Outlet; diam. ____ in.
Riser Above ☐ Below ☑ Grade 12 in.
5. Inlet: Baffle ☑; or Tee ☐
6. Outlet: Baffle ☑; or Tee ☐
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 4½ 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 3; Length of each line 70, 80, 65, ____, ____ ft.;
Total length of laterals 215 ft.;
Distance between lateral lines 6' ft.
3. Trench dimensions: Width 4 ft.;
Slope ____ in/100 ft.; Average Depth 40 in.
4. Filter Material: Gravel
Depth of Material 20 in.
5. Distances to:
Well or Suction Line ____ ft.; Stream ____ ft.; Pressure Line ____ ft.; Property Line ____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN



Capital City Trenching

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. 95400052301

Issued 12/07/95
Expires 06/07/96
Revenue Code 19851

Establishment
STEVE CHAMPOUX
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 3 LOT 8
3800 HIGH RIDGE ESTATES

FEES: $75.00

TOTAL $75.00

Permittee
STEVE 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"

SW 40 25 A-Vacation

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: _____

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 3 : Lot 8 : Addition High Ridge Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: _____Ft.
4. Intended use of well Residence

Steven Chapman
Signature of Applicant (owner or lessee)

Box 84891 Lin 68501
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 12/5/95. Date Frwd. 12/6/95. Action: Approved ☒ Disapproved ☐ Signature: Gerald C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 12/6/95. Date Frwd. 12/6/95. Action: Approved ☑ Disapproved ☐ Signature: TK
3. City or County Engineers: Date Rec'd 12/6/95. Date Frwd. _____. Action: Approved ☐ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: ~~5/30/96~~ by ~~G. C. Hood~~
Date: 6/3/96 by G.C. Hood
Date: _____ by _____

Nitrate Level <0.1 PPM Chloride 54 PPM.
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-25-96 By: Paul Hogan

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

FORM 23-13

JUN 2 6 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 ____ Lot ____ Addition 3800 W. HIGH RIDGE RD
Owner STEVE CHAMPOUX Address P.O. BOX 84891, LINCOLN, 68501

LOG OF WELL	
Depth ft. --to--	Description
0- 10	BRN CLAY
10- 60	YEL CLAYS
60- 95	BLUE CLAY
95-100	BLUE & BRN CLAY
100-110	SILTY LIGHT BLUE CLAY
110-115	BLACK CLAY
115-120	BLUE CLAY
120-130	SANDY BRN CLAY
130-150	FINE TAN SS
150-180	MED FINE TAN SS
180-195	FINE TAN SS
195-215	MED FINE TAN SS

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER
Depth (from ground level), Ft. 213'
Date Completed 4-1-96

Casing: Length, Ft. 193 ; Dia.In. 4"
Wall Thickness, Inc. 214 ; type PVC

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

Drop Pipe: Length, Ft. 140 Dia.In. 1¼"

Water Level, Surface to top of water, Ft.:
Static 104 , Pumping 114 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)

P. O. BOX 308
Address HICKMAN, NEBRASKA 68372

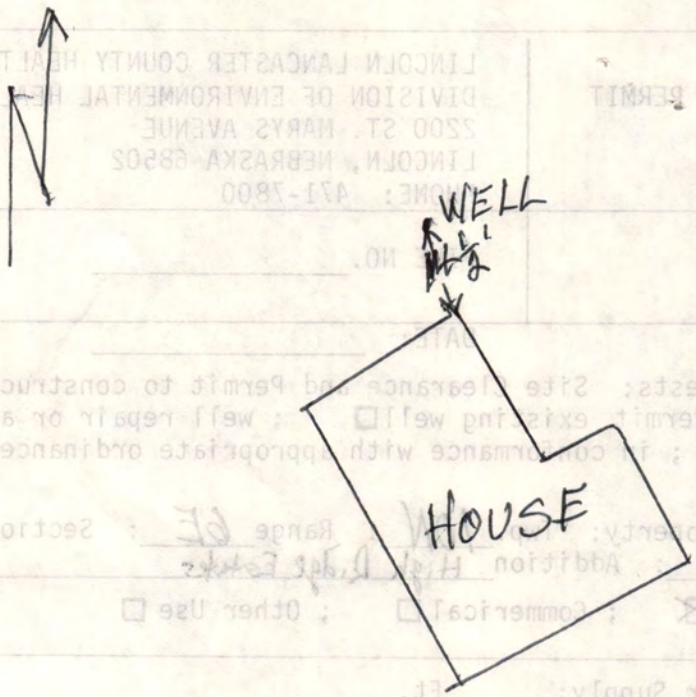
REMARKS NITRATE NITROGEN <0.1 ppm
BACTERIOLOGICAL O.K.
CHLORIDE 54 p.p.m.

Date 25 JUNE 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


WELL
HOUSE