LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

SEWAGE INSTALLATION

No. 96380148501

Issued 09/20/96
Expires 03/20/97
Revenue Code 18754

Establishment

STEVEN CHAMPOUX
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 3 LOT 9

FEES: $150.00

TOTAL $150.00

Permittee

STEVEN CHAMPOUX
BOX84891
BOX 84891
LINCOLN NE 68501

2586

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: $ ~~75~~ 150 ~~00~~ #5455
9/19/96 cs Prairie Homes

FILE NO. _____

DATE: 9-18-96

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 3 : Lot 9 : Addition High Ridge Estates
   Street Address ~~3900~~ 3900 High Ridge Rd

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4. Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

Steve Clapsaddle
Signature of Applicant (Owner or Lessee)

Box 84891 68501
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/19/96. Date Frwd. 9/19/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/19/96. Date Frwd. 9/19/96. ACTION: Approved ☑ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 9-19-96. Date Frwd. 9-19-96. ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4/18/97 by: J.C.H.
Date: 4/18/97 by: J.C.H.
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4/18/97 By: Jerrold C. Hood

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

3900 West High Ridge Road

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: 9-9-96 to 9-10-96. Weather: Precip. 2¼ Temp. 70°.

OWNER: Prairie Homes 476-6599

Address: Box 84891 Lincoln 68501

Lot 9 Block 3 High Ridge Estates

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"	9-9-96	6:15p	9-10-96	6:45	9-10-96	6:45	6"	7:15	5¼"	30	¾"	40MIN/IN
2	"	"	6:15p	9-10-96	6:45	"	6:45	6"	7:15	5¼"	30	¾"	40MIN/IN
3	"	"	6:15p	"	6:45	"	6:45	6"	7:15	5½"	30	½"	60MIN/IN
4	"	"	6:15p	"	6:45	"	6:45	6"	7:15	5¼"	30	¾"	40MIN/IN
5	"	"	6:20p	"	6:50	"	6:50	6"	7:20	5"	30	1"	30MIN/IN
6	"	"	6:20p	"	6:50	"	6:50	6"	7:20	5½"	30	½"	60MIN/IN
7	"	"	6:20p	"	6:50	"	6:50	6"	7:20	5"	30	1"	30MIN/IN

Phillip O Nelly
Signature of Person Conducting Test

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

Address Rt 6 Box 52 Phone 438-3379

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: SEPTEMBER 19, 1996

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

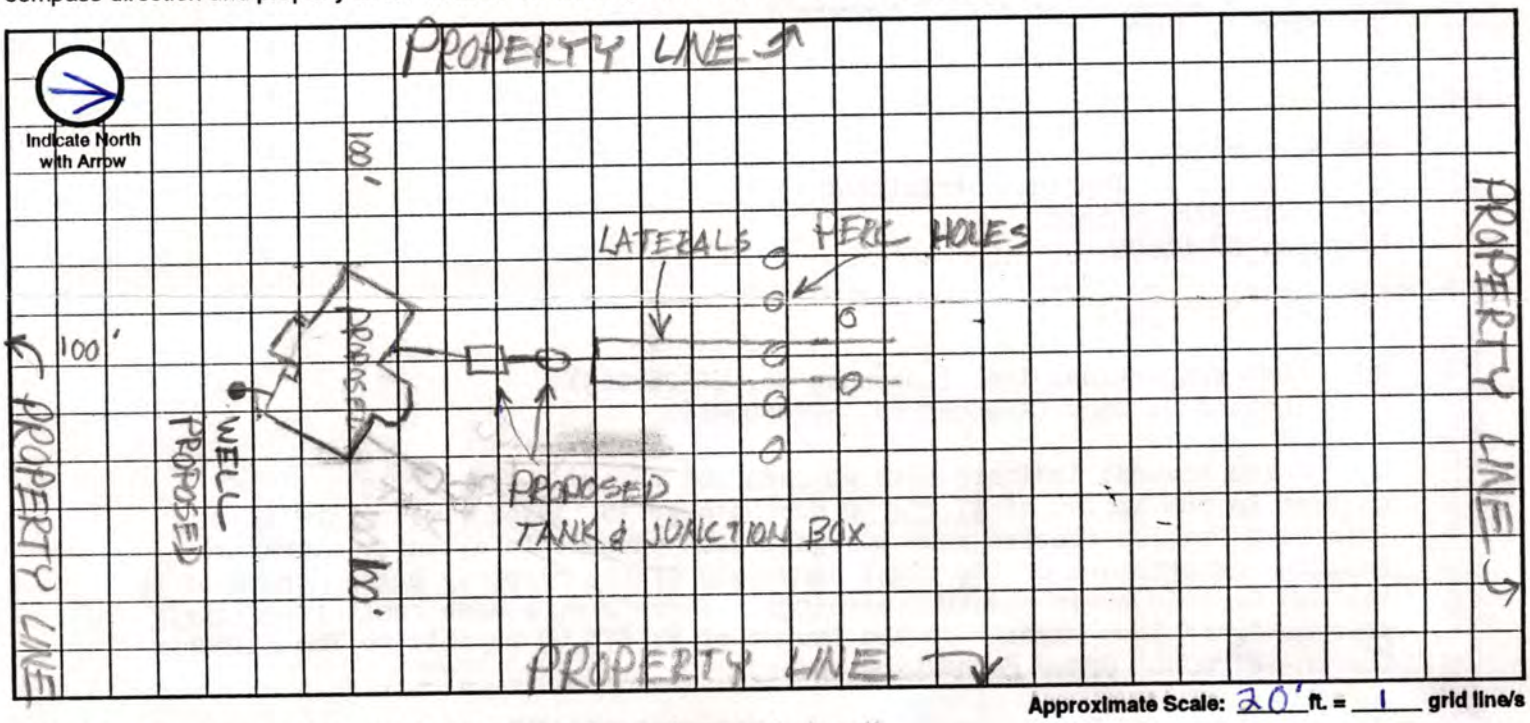
C

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

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: 20' ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3900 W. HIGHRIDGE 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 60 (min. per Inch) Soil Type: SILTY CLAY Land Slope: 5 %

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

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

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 2

Total Length of Laterals 380 ft. Number of Trenches 2 Trench Width 4'

6

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 4-1-97

Installer _____ Date _____

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 4-18-97

System Location (Indicate correct number and street)

Address 3900 High Ridge Rd (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 16" in.
3. Distance between dwelling and septic tank: 85' 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: 1500 gal. 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: 12" in.
8. Distances to: Well or suction line — ft.
   Stream — ft.
   Pressure line — ft.
   Property line — ft.

C. Distribution Box

1. Material: Precast
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 85' ft.

D. Absorption Field

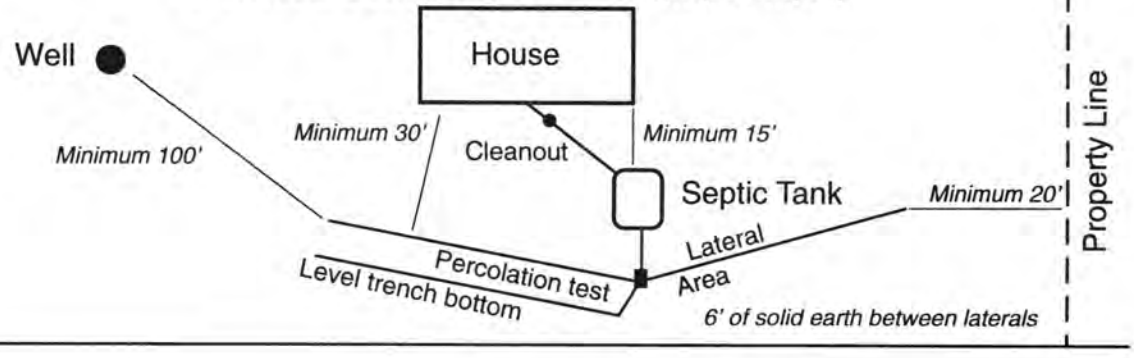
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: IN Filtrator
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 4
   Length of each line: 100 ft. 100 ft.
   100 ft. 80 ft., ____ ft.
3. Trench dimensions: Width 4' ft.
   Slope 4" in/100 ft.
   Average depth 36 in
4. Filter material: Roogravel
   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

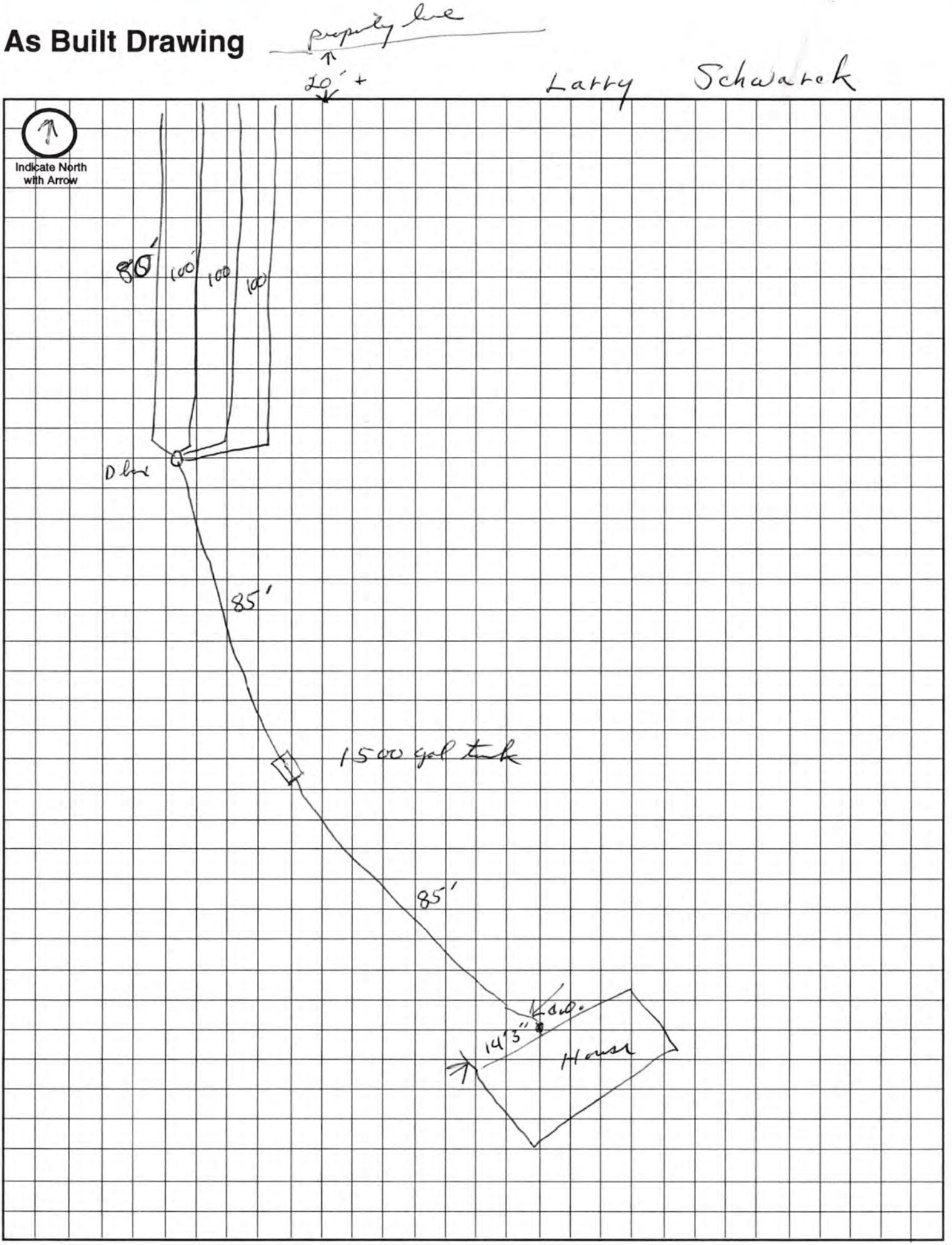
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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
WATER WELL

No. 96400059301

Issued 09/20/96
Expires 03/20/97
Revenue Code 19851

Establishment
STEVEN CHAMPOUX
T1ON R6E SEC 32
HIGH RIDGE ESTATES BLK 3 LOT 9

FEES: $75.00

TOTAL $75.00

Permittee
STEVEN CHAMPOUX
BOX84891
BOX 84891
LINCOLN NE 68501

2584

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"

SW40 A - Hendricks

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 $ 75.00 #5455
9/19/96 Prairie Homes

FILE NO. 9640 00583

DATE: 9-18-96

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 3 : Lot 9 : Addition High Ridge Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well

Steven Chapman
Signature of Applicant (owner or lessee)

Box 84891 68501
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 9/19/96. Date Frwd. 9/19/96. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 9/19/96. Date Frwd. 9/19/96. Action: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineers: Date Rec'd 9/19/96. Date Frwd. ____. Action: Approved ☒ Disapproved ☐ Signature:

REMARKS OR REASONS FOR DISAPPROVAL

Site Visits:
Date: 4/23/97 by Jerrold C. Hood Water not on.
Date: 4-25-97 by P. D.
Date: ____ by ____

Nitrate Level < 0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ X No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 4-30-97 By: Paul D. Gunn

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

FORM 23-13

APR 2 3 1997

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 9640 60583

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

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 32 T. 10 R. 6 Block ____ Lot ____ Addition 3900 W. HIGH RIDGE ROAD

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

LOG OF WELL	
Depth ft. --to--	Description
0- 10	YEL CLAY
10- 20	DARK RED/BRN CLAY
20- 60	YEL CLAY
60- 95	BLUE CLAY
95-105	LIGHT BLUE CLAY, SOME SAND
105-115	BLUE CLAY
115-125	LIGHT BLUE CLAY
125-130	ORANGE SHALE & SANDSTONE
130-185	MED FINE TAN SANDSTONE
185-225	MED YEL SANDSTONE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 220
Date Completed 3/20/97

Casing: Length, Ft. 200 ;Dia.In. 4"
Wall Thickness, Inc. 214 ;type PVC

Screen: Length, Ft. 20 Dia.In. 4"
Type SLOTTED & WOP ,slot Size .025 & .030

Drop Pipe: Length, Ft. 140 Dia.In. 1 1/4"

Water Level, Surface to top of water, Ft.:
Static 107 , Pumping 117 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 68372-0308

Date 22 APRIL 1997

REMARKS CHLORIDE 58 mg/L
Nitrate < 0.1 mg/L

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

~~7/15/98~~ 11-19-98

LLCHD -- Well Data Entry

Permit Number: 96400058 3 ID Number: Date Abandoned:

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

Township: ~~11~~ 10 Range: 6E Section: 32 Quarter: Quarter/Quarter:

Blk: 3 Lot: 9 Addition: High Ridge Estates

House No: 3900 Dir: W. St. Name: High Ridge St. Type: Rd Suf:

Well Use: Res Applicant: Steve Champeau

Owner: Prairie Home Builders Drlr: Bill Moser

Drl Method: Roto Date Cmpltd: 03/20/97 Well Depth: 220' Cs Lngth: 200' Cs Dia: 4"

Cs. Type: WoP Screen Length: 20' Static Lvl: 107' Pumping Lvl: 117 Yield: 80 gpm