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. 96380152601

Issued 12/16/96
Expires 06/16/97
Revenue Code 18754

Establishment
STEVE CHAMPOUX
T10N R6E SEC 32
HIGHRIDGE ESTATES BLK 5 LOT 1
3737 W HIGHRIDGE ROAD

FEES: $150.00

TOTAL $150.00

Permittee
STEVE CHAMPOUX
BOX84891
BOX 84891
LINCOLN NE 68501

2880

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"

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

A

Permit Number: 9638015 26

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 3737 W. High Ridge Rd (no rural route) City Lincoln NE, Zip 68522

Legal Description 32 10N 6E Highridge Estates 5 1
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 Steve Champoux Signature Steve Champoux

Address P.O. Box 84891 City/State/Zip Lincoln, NE 68501

☒ Check if owner designed system Home Phone 476-6599 Work Phone _____

C. Contractor

Name Harold Casement Company Name ~~Harold~~ Capital City Trenching

Address 2141 W. Plum City/State/Zip 68522

☒ Check if contractor designed system Work Phone 476-6313

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 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 12/10/96 Date frwd 12/10/96 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Nood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/10/96 Date frwd 12/10/96 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12-10-96 Date frwd 12-10-96 ACTION ☒ Approved ☐ Disapproved Signature _____

4/21/97 PARTIAL L.C.H.

Installation Final Written Approval

By Jerrold C. Nood

Date APRIL 29, 1997

Business Office Use Only 3024

Date Rec'd 11/13/96

Amt Paid $150.00 (Above)

Rec'd By LO Cash/Check No. 1332

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

B

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

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 3737 W. High Ridge Rd (no rural route) City Lincoln NE, Zip 68522

Owner Prairie Homes Address Box 84891 Lin 68501

Soil Type (SCS): Sharpsburg Silty Clay Loam Percolation Rate: 24 min./inch

Date of Tests 11-3-96 to 11-4-96 Weather: Precipitation 0 Temperature 50°

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	11-3	10:00A	11-4	10:00	11-4	10:00	6"	10:30	4 1/2"	30	1 1/2	20
2	36	11-3	10:00A	11-4	10:00	11-4	10:00	6"	10:30	5"	30	1	30
3	36	11-3	10:00A	11-4	10:00	11-4	10:00	6"	10:30	4 1/4	30	1 1/4	24
4	36	11-3	10:05A	11-4	10:05	11-4	10:05	6"	10:35	5	30	1	30
5	36	11-3	10:05A	11-4	10:05	11-4	10:05	6"	10:35	5	30	1	30
6	36	11-3	10:10 A	11-4	10:10	11-4	10:10	6"	10:40	4 1/2	30	1 1/2	20
7	36	11-3	10:10 A	11-4	10:10	11-4	10:10	6"	10:40	4 1/4	30	1 3/4	16

Sum of Percolation Rates: 170.

Average of Rates: 24.

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Phillip Nalley

Phone: 438-3349

Address RT 6 Box 52 Lincoln 68522

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

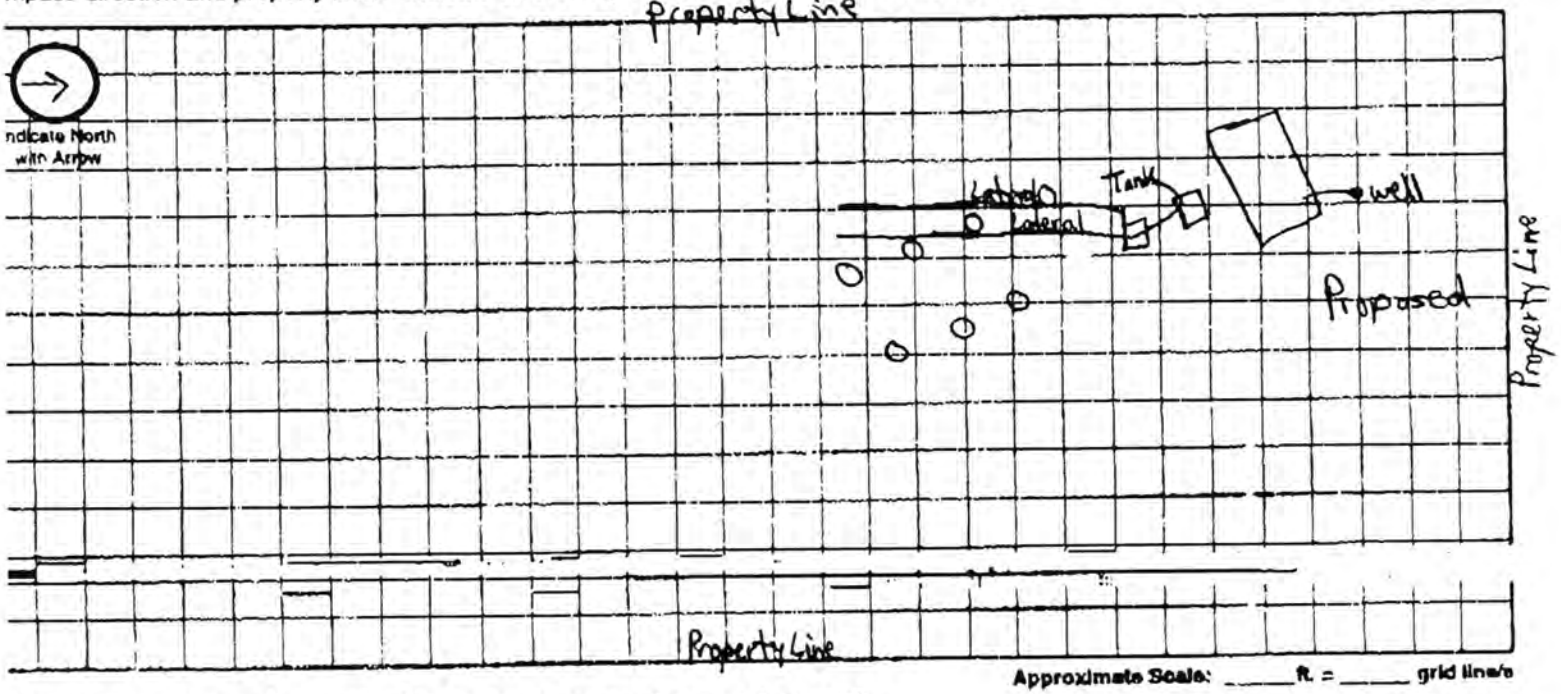
C

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

aw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, mpass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



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

A. System Location (Indicate correct number and street)

Address (no rural route) 3737 W. High Ridge 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 _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 677 sq. ft.

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

Capacity of Septic Tank 1000. gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 2

Total Length of Laterals _____ 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 _____ Date 11-22-96

Installer Capital City Trenching by Harold L. Beermann Date 12-6-96

APR 2 9 1997

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 4-24-97

System Location (Indicate correct number and street)

Address 3737 W. High Ridge Rd. (no rural route) City Lincoln NE, Zip 68522

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 110' ft.
4. Number of clean-outs: 2
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: 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: 10 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: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 10 ft.

D. Absorption Field

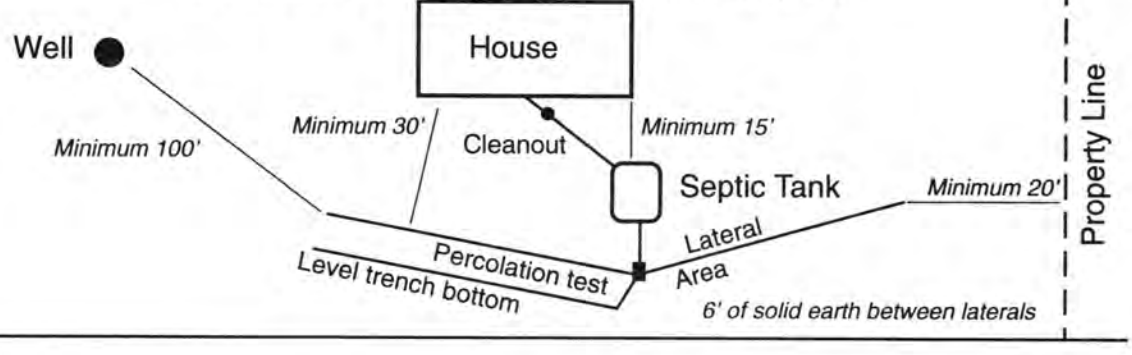
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   58 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 6 in/100 ft.
   Average depth 36 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line ~ ft.
   Stream ~ ft.
   Pressure line ~ ft.
   Property line ~ ft.

Indicate North with Arrow

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

Individual Sewage System Design (Example)



FORM 23-103 10-96

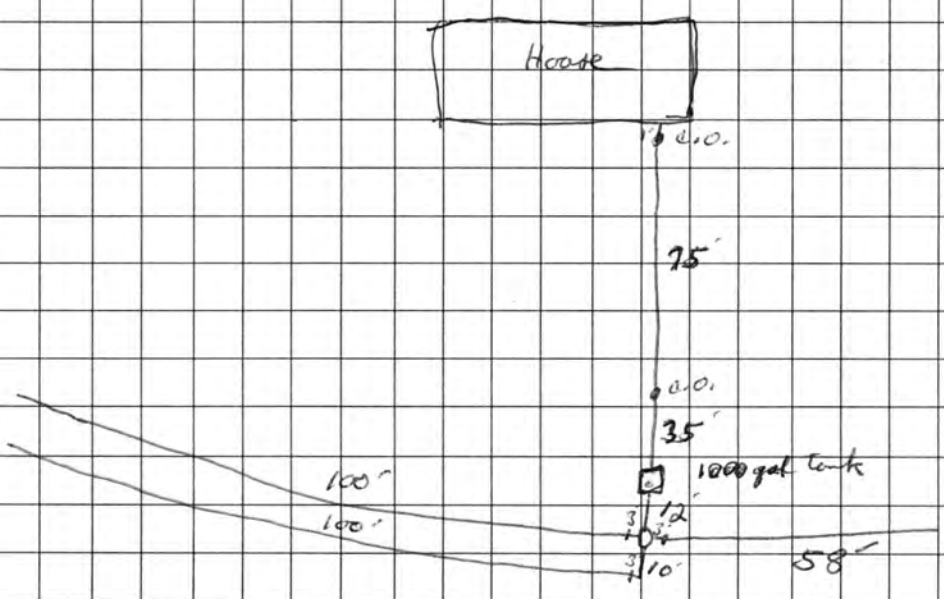
As Built Drawing

3737 W High Ridge

Larry Schwarck

N

Indicate North with Arrow



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. 96400060001

Issued 12/11/96
Expires 06/11/97
Revenue Code 19851

Establishment
STEVE CHAMPOUX
T10N R6E SEC 32
HIGHRIDGE ESTATES BLK 5 LOT 1
3737 W HIGHRIDGE ROAD

FEES: $75.00

TOTAL $75.00

Permittee
STEVE CHAMPOUX
BOX84891
BOX 84891
LINCOLN NE 68501

Issued By M. Jane Ford
Health Director

2881

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

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 #1332
11/13/96 cc (Also Sewage)

FILE NO. _____

DATE: 11-13-96

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 6 32
   Block 5 : Lot 1 : Addition High Ridge Estates
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe SFR
3. Distance to Public Water Supply: ____ Ft.
4. Intended use of well SFR

3737 High Rg. Rd

Steve Champoux
Signature of Applicant (owner or lessee)

Box 84891 68501
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 12/10/96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 12/10/96. Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 12/10/96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 12/10/96. Signature: [signature]
3. City or County Engineers: Date Rec'd 12/10/96. Action: Approved ☒ Disapproved ☐
   Date Frwd. 12/10. Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 6/26/97 by Jerrold C. Hood Depression by well
Date: 1-27-00 by mm (Soil pitch on well cap)
Date: _____ by _____

Nitrate Level 0.1 PPM CHLORIDE 42PPM.
Bacteriological Analysis Satisfactory
Yes ☐ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-13

APR 23 1997

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

Legal Description: Sec. 32 T. 10 R. 6 Block ____ Lot ____ Addition 3737 HIGH RIDGE ROAD
Owner PRAIRIE HOME BUILDERS Address P. O. BOX 84891, LINCOLN, NE 68501

LOG OF WELL

Depth ft. --to--	Description
0- 5	TAN CLAY
5- 10	DARK RED/BRN CLAY
10- 55	YEL AND TAN CLAY
55- 75	SOFT BLUE CLAY
75- 95	FIRM LIGHT GRAY CLAY
95-100	FIRM FINE SAND
100-105	BLUE & BLACK CLAY
105-110	BLUE CLAY
110-115	SANDY ORANGE CLAY
115-130	YEL SHALE
130-185	FINE TAN SANDSTONE
185-195	MED FINE TAN SANDSTONE
195-200	MED FINE BRN SANDSOTNE
200-210	MED FINE TAN SANDSTONE
210-215	MED FINE ORANGE SANDSTONE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER
Depth (from ground level), Ft. 210'
Date Completed 3/21/97

Casing: Length, Ft. 190; Dia.In. 4"
Wall Thickness, Inc. .214 ; type PVC

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

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

Water Level, Surface to top of water, Ft.:
Static 100', Pumping 110' 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)

Address P. O. BOX 308
Hickman, Nebraska 68372-0308

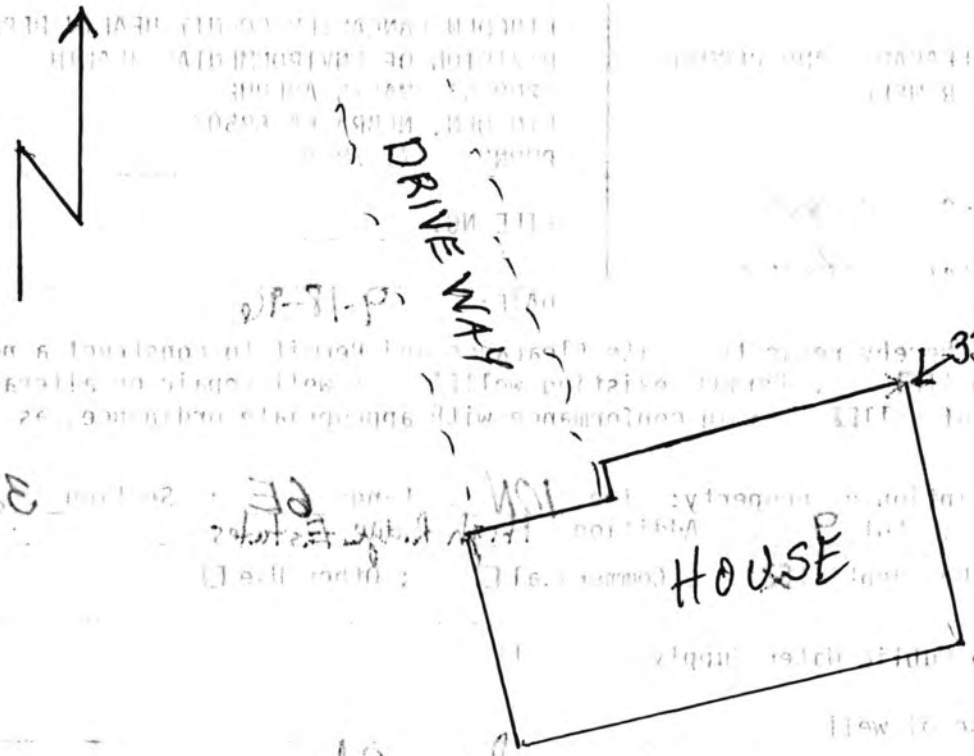
Date 22 APRIL 1997

REMARKS NITRATE NITROGEN 0.1 p.p.m.
CHLORIDE 42 p.p.m.

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



AREA OF SEPTIC SYSTEM