LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 98380184101

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 09/03/98
Expires 03/03/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment

PRAIRIE HOME BUILDERS
T10N R6E SEC 32
HIGH RIDGE ESTS BLK 5 LOT 2
3717 W HIGH RIDGE RD

TOTAL $150.00

Permittee

PRAIRIE HOME BUILDERS
BOX84891
BOX 84891
LINCOLN NE 68501-4891

Issued By Health Director
Lincoln-Lancaster County Health Department

008104

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: 98BO184

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 3717 W. HIGH RIDGE RD City LINCOLN NE, Zip 68522
(no rural route)

Legal Description 32 10N 6E HIGH RIDGE ESTATES 5 2
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 Champoux

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

☐ Check if owner designed system Home Phone 421-6580 Work Phone 730-7302 # 476-6599

C. Contractor

Name PRAIRIE HOME BUILDERS Company Name SAME ←

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

☐ Check if contractor designed system Work Phone 476-6599 # 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 9/1/98 Date frwd 9/3/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-3-98 Date frwd 9-3-98 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 9-3-98 Date frwd 9-3-98 ACTION ☒ Approved ☐ Disapproved Signature

10/19/98 Sewer Tank L.C.H. 10/30/98 Need Drawing L.C.H.

Installation Final Written Approval

By Jerrold C. Wood

Date October 27, 1998

Business Office Use Only

Date Rec'd 09/02/98
Amt Paid 150 ck
Rec'd By _____ Cash/Check No. 8047

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

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: 98801841

PROPERTY WHERE SOIL TESTED:

Location: Township 10 ; Range 6 ; Section & ¼ Section 32
Property Dimensions: 174.58 ft. x 474.2 ft. Area: 3 acres. (Attach Sheet C with sketch of property);
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☒ ; Sandy Loam ☐ ; Silt Loam ☒ ; Clay Loam ☒ : SHARPSBURG SILTY CLAY LOAM
Dates of Tests: 8-20-98 to 8-21-98 ; Weather: Precip: 1/2 temp. 60 F ;

OWNER: Prairie Homes

Address: 3707 West High Ridge Rd

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"	5-7	9:15	5-8	10:15	5-8	10:15	6"	10:45	4"	30 m	2"	15
2	36"	5-7	9:15	5-8	10:15	5-8	10:15	6"	10:45	4 1/4	30 m	1 3/4	17.14
3	36"	5-7	9:15	5-8	10:15	5-8	10:15	6"	10:45	5"	30 m	1	30
4	36"	5-7	9:15	5-8	10:15	5-8	10:15	6"	10:45	4 3/4	30 m	1 1/4	24
5	36"	5-7	9:15	5-8	10:15	5-8	10:20	6"	10:50	4 3/4	30 m	1 1/4	24
6	36"	5-7	9:15	5-8	10:15	5-8	10:20	6"	10:50	4 1/2	30 m	1 1/2	20
7	36"	5-7	9:15	5-8	10:15	5-8	10:20	6"	10:50	4 3/4	30 m	1 1/4	24
8	36"	5-7	9:15	5-8	10:15	5-8	10:20	6"	10:50	5"	30 m	1	30
9	36"	5-7	9:15	5-8	10:15	5-8	10:20	6"	10:50	5"	30 m	1	30

Sum of Percolation Rates: 124.14
Average of Rates: 20.69
Mean of Rates: 24

Signature of Person Conducting Test

Address RT 6 Box 52 Lincoln Phone 438-2249

(Do Not Write below this line)

REVIEWING ACTION

Approved Percolation Rate (a)
A: 21 min./inch
B: _____ min./inch
C: _____ min./inch

Remarks:
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: SEPTEMBER 1, 1998

Signature of Reviewing Official

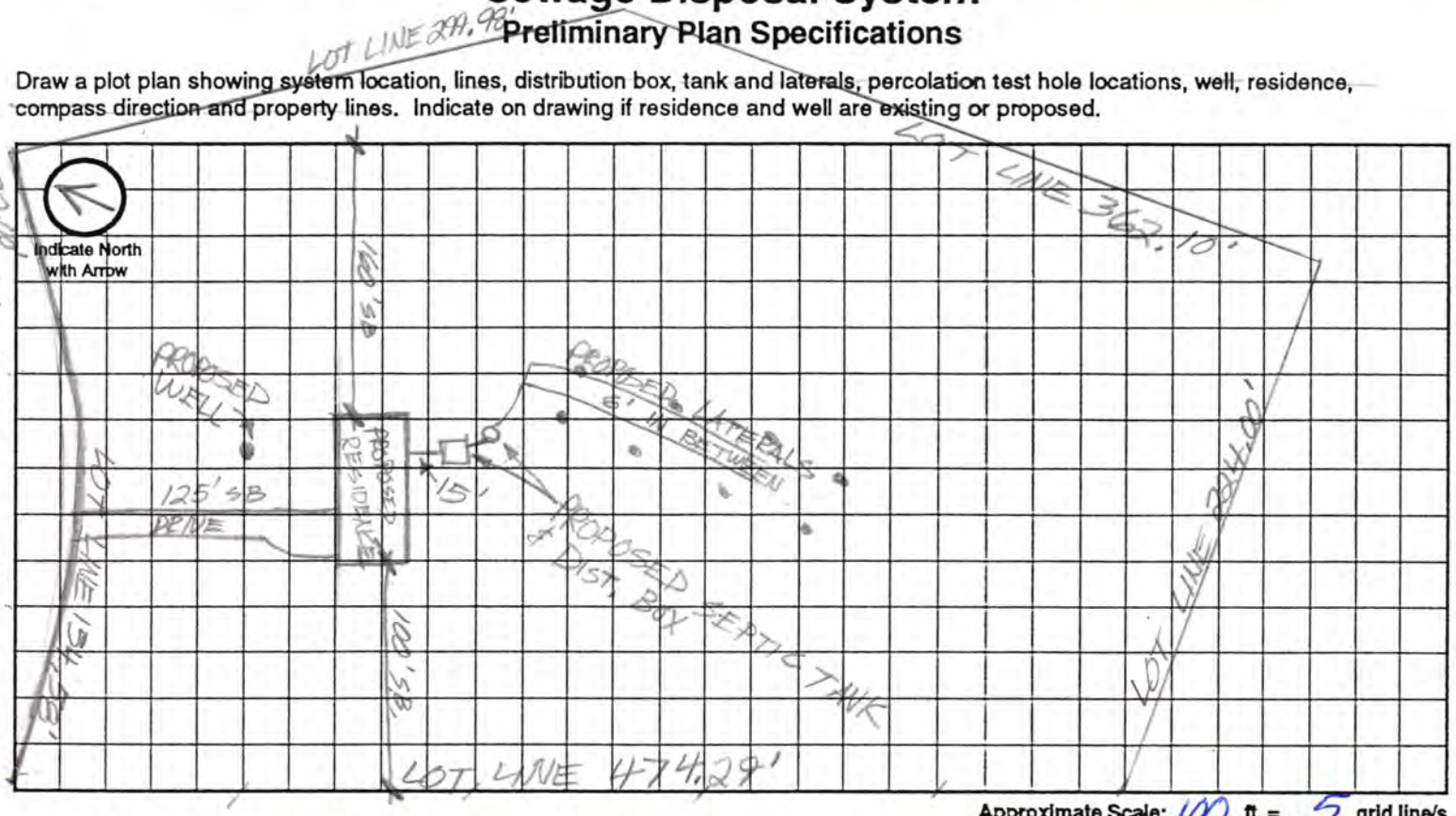
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 98380184C1

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) 3717 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 24 (min. per inch) Soil Type: SHARPS SILT, SILTY CLAY LOAM Land Slope: 3% %

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

Total Square Feet of Field Required: 641 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 160 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 Bob Champoux Date 9-1-98

Installer Larry Schevarek Date 9-2-98

FORM 23-102 10-96

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

OCT 22 1998

Permit Number: 98380184

Sewage Disposal System

As Built Plans & Specifications

Date 10-20-98

System Location (Indicate correct number and street)

Address 3717 W Highridge (no rural route) City _____ 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: 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: 1250 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: 8'-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: 13 ft.

D. Absorption Field

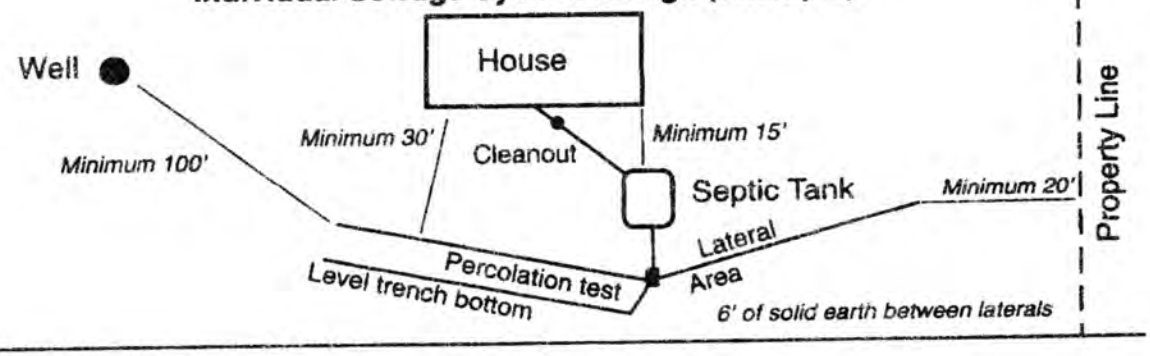
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 15"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 80 ft. 80 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope – in/100 ft.
   Average depth 34" 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.

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

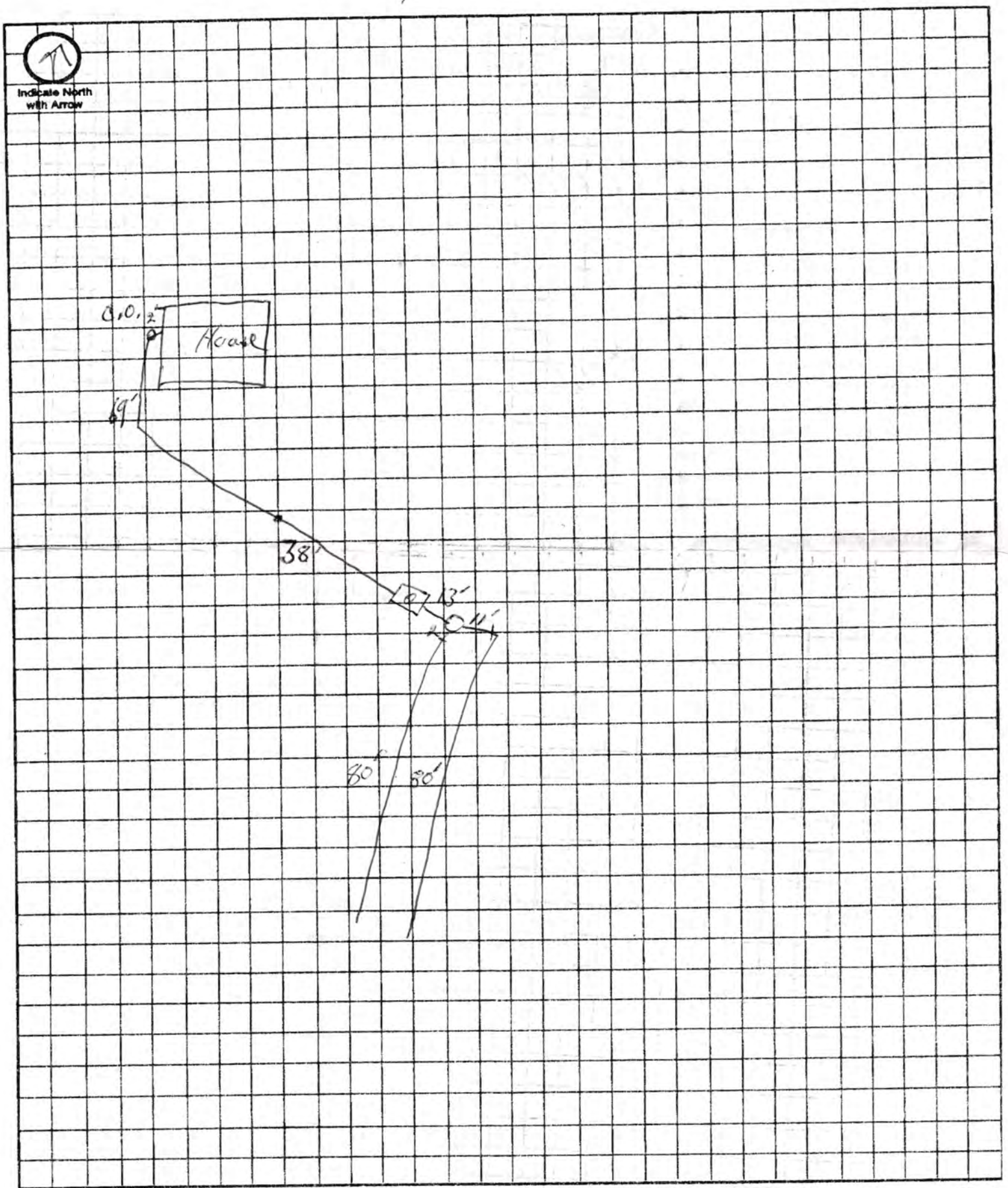
indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schewonsk



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. 98400078301

WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 09/03/98
Expires 03/03/99
Revenue Code 3162

Establishment
PRAIRIE HOME BUILDERS
T10N R6E SEC 32
HIGH RIDGE ESTS BLK 5 LOT 2
3717 W HIGH RIDGE RD

FEES: $75.00

PAID

TOTAL $75.00

Permittee
PRAIRIE HOME BUILDERS
BOX84891
BOX 84891
LINCOLN NE 68501-4891

Issued By Health Director
Lincoln-Lancaster County Health Department

008105

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

State Well Reg. # G-097409
#PID 10-32-306-002-000

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

Permit No. 98400703

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 3717 W HIGH RIDGE RD City LINCOLN, NE Zip 68522
(No Rural Route Please)
Legal description of property:
Twp 10N; Range 6E; Section 32; Block 5; Lot 2; Addition HIGH RIDGE ESTATES

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

3. Distance to Public Water Supply UNKNOWN feet.

Signature of Owner Rob Champoux

Print Name ROB CHAMPOUX
Current Address 4200 SW 12
LINC, NE 68522
Current Home Phone 421-6580
Work Phone 476-6599

Signature of Contractor Rob Champoux PRAIRIE HOMES

Print Name ROB CHAMPOUX
Address 4200 SW 12TH
LINCOLN, NE 68522
Home Phone 421-6580
Work Phone ~~730-7302~~ 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

Approval Process: Lincoln Municipal Code 8.44

1. Health Department — Date received 9/1/98; Date forwarded 9/2/98
   ACTION Signature: ☒ Approved ☐ Disapproved — Jerrold C. Hood
2. Building & Safety — Date received 9/2/98; Date forwarded 9/2/98
   ACTION Signature: ☒ Approved ☐ Disapproved
3. City Engineer — Date received 9/2/98; Date forwarded ___/___/___
   ACTION Signature: ☒ Approved ☐ Disapproved — Dee Hall

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 3/2/00 By Jerrold C. Hood Depression filled.
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Nitrate Level 0.5 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Installation Final Written Approval
By: Jerrold C. Hood
Date: 3/6/00

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

Business Office Use Only
Date Rec'd: 09/02/98
Amt Paid: $ 75.00
Rec'd By ____ ~~Cash~~/Check No. 8047

Also Sewage

PID # 10-32-306-002-000
State Well Reg # G-097409
APR 15 1999

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 9840007B3

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 5 Lot 2 Addition IN HIGH RIDGE ESTATES 3717 W. HIGH RIDGE RD.

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

LOG OF WELL	
Depth ft. --to--	Description
0- 60	BRN & YEL CLAY
60- 80	BLUE CLAY
80- 85	BLACK CLAY
85- 90	MED FINE TAN SAND
90-100	BLUE CLAY W/SOME RUBBLE
100-105	BRN & BLACK CLAY
105-140	YEL SHALE & LITTLE FINE SS
140-170	FINE YEL SS
170-185	MED FINE YEL SS
185-189	GRAY SHALE
189-197	MED LIGHT YEL SS
197-220	GRAY SHALE W/LITTLE VERY
	FINE SS
220-238	VERY FINE TAN SS
238-	CREVASE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 197'
Date Completed 2/4/99

Casing: Length, Ft. 177'; 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. 120 Dia. In. 1 1/4"

Water Level, Surface to top of water, Ft.:
Static 89' M, Pumping 95' EST

Yield: 10 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 [signature] (Signed)

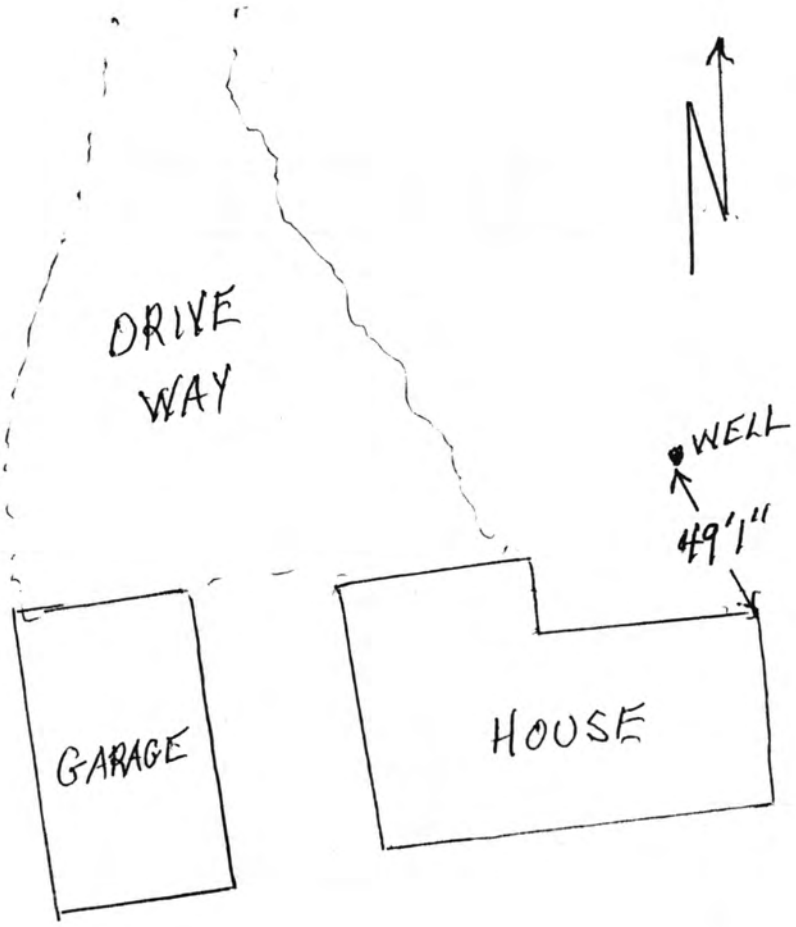
Address P. O. BOX 308 Hickman, Nebraska 68372-0308

REMARKS NITRATE NITROGEN 0.5 p.p.m. BACTERIOLOGICAL O.K.

Date 14 APRIL 1999

DO NOT WRITE BELOW THIS DOUBLE LINE

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



AREA OF SEPTIC SYSTEM