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. 98380174701

Issued 05/01/98
Expires 11/01/98
Revenue Code 3157

FEES: $150.00

PAID

Establishment
PRAIRIE HOME BUILDERS
T10N R6E SEC 32
HIGHRIDGE ESTS 1ST BLK 5 LOT 4
3615 W HIGHRIDGE RD

Permittee
PRAIRIE HOME BUILDERS
BOX84891
BOX 84891
LINCOLN NE 68501

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

007310

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

A. System Location (Indicate correct number and street)

Address 3615 W. HIGHRIDGE RD. (no rural route) City LINCOLN NE, Zip NE 68522

Legal Description 32 (1/4) 10N (1/4) 6E (Section, Township, Range) HIGH RIDGE ESTATES (Subdivision) 1ST (Addition) 5 (Block) 4 (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 Signature Robert D. Chapman

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

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

C. Contractor

Name PRAIRIE HOME BUILDERS Company Name PRAIRIE HOME BUILDERS

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

☐ Check if contractor designed system Work Phone 730-7302

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

Designer Name LARRY SCHWARCK 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 4/30/98 Date frwd 4/30/98 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Nood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-1-98 Date frwd 5-1-98 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-1-98 Date frwd 5-1-98 ACTION ☒ Approved ☐ Disapproved Signature _____

6-17-98 P.O. fax copy
4/23/98 J. G.H. Need drawing

Installation Final Written Approval

By Jerrold C. Nood

Date JUNE 25, 1998

Business Office Use Only

Date Rec'd 04/30/98
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 7598

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

Also well #2

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1814
Phone: 402-441-8022

B

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 3615 West High Ridge Rd (No Rural Route) City Lincoln NE Zip 68532

Owner Prairie Hills Address 3615 Crete

Soil Type (SCS): ~~SANDY LOAM~~ SHARPSBURG-SILTY CLAY LOAM Percolation Rate: 24 min./inch

Date of Tests 4-22 to 4-23 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	4-22	10:15	4-23	11:15	4-23	11:15	6	4-23	11:45	30	1½	20
2	"	"	10:15	4-23	11:15	"	11:15	6	"	11:45	30	1½	20
3	"	"	10:15	"	"	"	11:15	6	"	11:45	30	1¼	24
4	"	"	10:15	"	"	"	11:15	6	"	11:45	30	1½	20
5	"	"	"	"	"	"	11:20	6	"	11:50	30	1¼	24
6	"	"	"	"	"	"	11:20	6	"	11:50	30	1¼	24

Sum of Percolation Rates: 132
Average of Rates: 22
Rate Used for Calculation:

Person Conducting Percolation Tests

Name: Phil Nelle
Phone: 438-3349
Address: Rt 6 Box 52
Lincoln NE 68532

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official: Jerrold C. Hood R.E.H.S. Date: APRIL 30, 1998

FORM 23-101 10-96

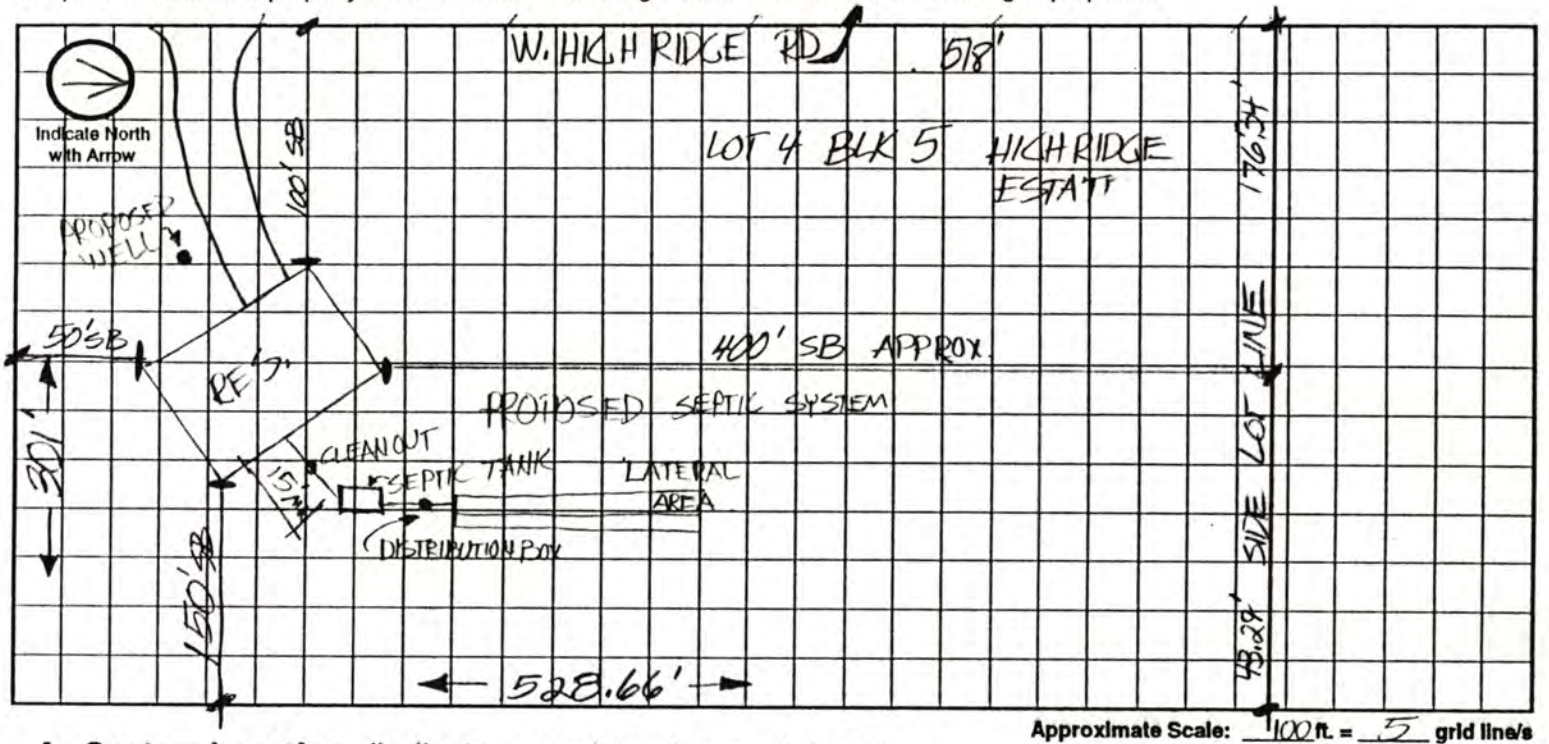
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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.



Approximate Scale: 100 ft. = 5 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3700 W. SPRINGVIEW 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: ~~SHARPSBURG SILTY CLAY LOAM~~ Land Slope: _____ %

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: INFILTRATOR

Capacity of Septic Tank 1000 gals Number of Absorption Beds: 1 Number of Distribution Laterals per Bed 3

Total Length of Laterals 163 ft. Number of Trenches 3 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. Chapin Date 4-30-98

Installer Larry Schwarck Trenching Date _____

FORM 23-102 10-96

JUN 24 1998

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 6-22-98

System Location (Indicate correct number and street)

Address 3615 w High Ridge (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: 50 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: 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: 8" 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: 4 ft.

D. Absorption Field

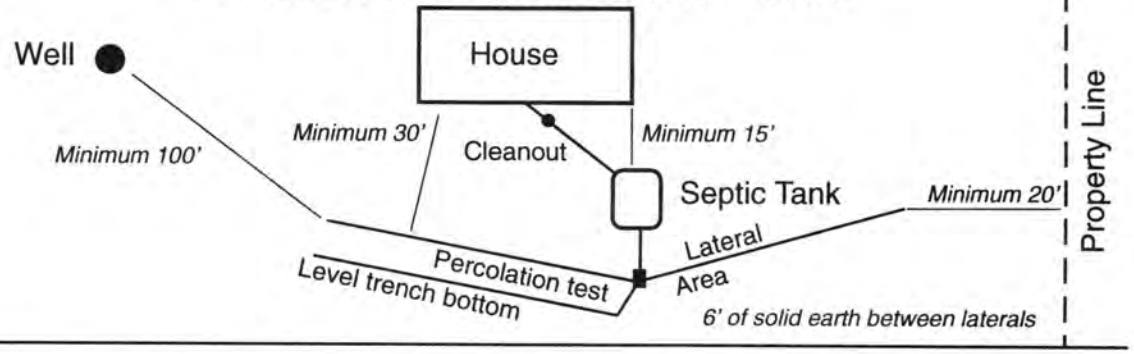
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 16
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: 170' Number 2
   Length of each line: 85 ft. 85 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 30 - 24 in
4. Filter material: _____
   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

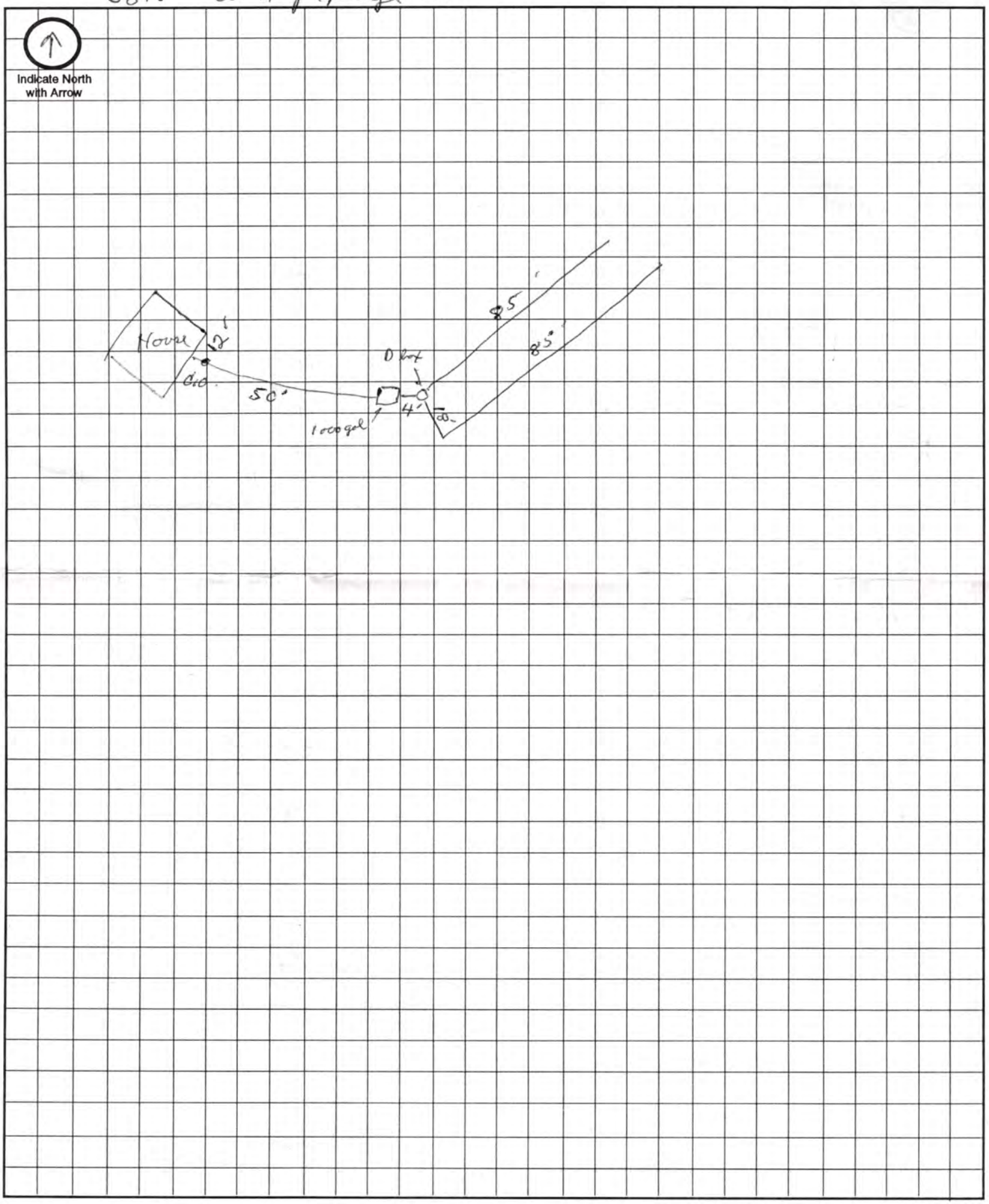
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



As Built Drawing by Larry Schevarck

3615 W High Ridge Rd.



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

No. 98400073901

Permit
WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 05/01/98
Expires 11/01/98
Revenue Code 3162

PAID

FEES: $75.00

Establishment
PRAIRIE HOME BUILDERS
T10N R6E SEC 32
HIGHRIDGE ESTS 1ST BLK 5 LOT 4
3615 W HIGHRIDGE RD

TOTAL $75.00

Permittee
PRAIRIE HOME BUILDERS
BOX84891
BOX 84891
LINCOLN NE 68501

Issued By Health Director
Lincoln-Lancaster County Health Department

007309

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

Permit No. 98400739

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 3615 W. HIGHRIDGE RD. City LINCOLN, NE Zip 68522
   (No Rural Route Please)
   Legal description of property:
   Twp 10N; Range 6E; Section 32; Block 5; Lot 4; Addition HIGH RIDGE ESTATES 1ST
2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____
3. Distance to Public Water Supply _____ feet.

Signature of Owner Robert D. Champoux

Print Name ROBERT D. CHAMPOUX
Current Address P.O. BOX 84891
LINCOLN, NE 68501
Current Home Phone 421-6580
Work Phone 730-7302

Signature of Contractor Robert D. Champoux

Print Name ROBERT D. 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

Approval Process: Lincoln Municipal Code 8.44

1. Health Department — Date received 4/30/98; Date forwarded 4/30/98 — ACTION ☒ Approved ☐ Disapproved; Signature: Jerrold C. Hood
2. Building & Safety — Date received 5/1/98; Date forwarded 5/1/98 — ACTION ☒ Approved ☐ Disapproved; Signature: [illegible]
3. City Engineer — Date received 5/1/98; Date forwarded 5/1/98 — ACTION ☒ Approved ☐ Disapproved; Signature: H McElvain

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 7/28/99 By Jerrold Hood
Date: 7/22/99 By Jerrold Hood
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerrold C. Hood
Date: 7/26/99

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

Nitrate Level <0.1 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 04/30/98
Amt Paid: $ 75.00
Rec'd By LD ~~Cash~~/Check No. 7598

Also Sewage CX2

NOV 1 9 1998

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 98400739

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

DATA SHEET FOR WATER WELLS

3615 W. High Ridge Road

Legal Description: Sec. 32 T. 10 R. 6 Block 5 Lot 4 Addition High Ridge Addition

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

LOG OF WELL	
Depth ft. --to--	Description
0- 40	BRN & YEL CLAY
40- 50	BLUE CLAY
50- 60	BLUE CLAY
60- 80	SILTY & SANDY BLUE CLAY
80- 85	IRONSTONE, SOME FINE SS & SHALE
85- 95	RED SHALE
95-140	GRAY SHALE
140-155	GRAY & RED SHALE
155-196	SANDY GRAY SHALE
196-208	VERY FINE SANDSTONE
208-225	GRAY SHALE & VERY FINE SS

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 208'

Date Completed 10/16/98

Casing: Length, Ft. 198'; Dia.In. 4"

Wall Thickness, Inc. 214"; type PVC

Screen: Length, Ft. 10' Dia.In. 4"

Type PVC MONOFLEX, slot Size .018

Drop Pipe: Length, Ft 100' Dia.In. 1 1/4"

Water Level, Surface to top of water, Ft.:

Static 73', Pumping 80' 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)

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

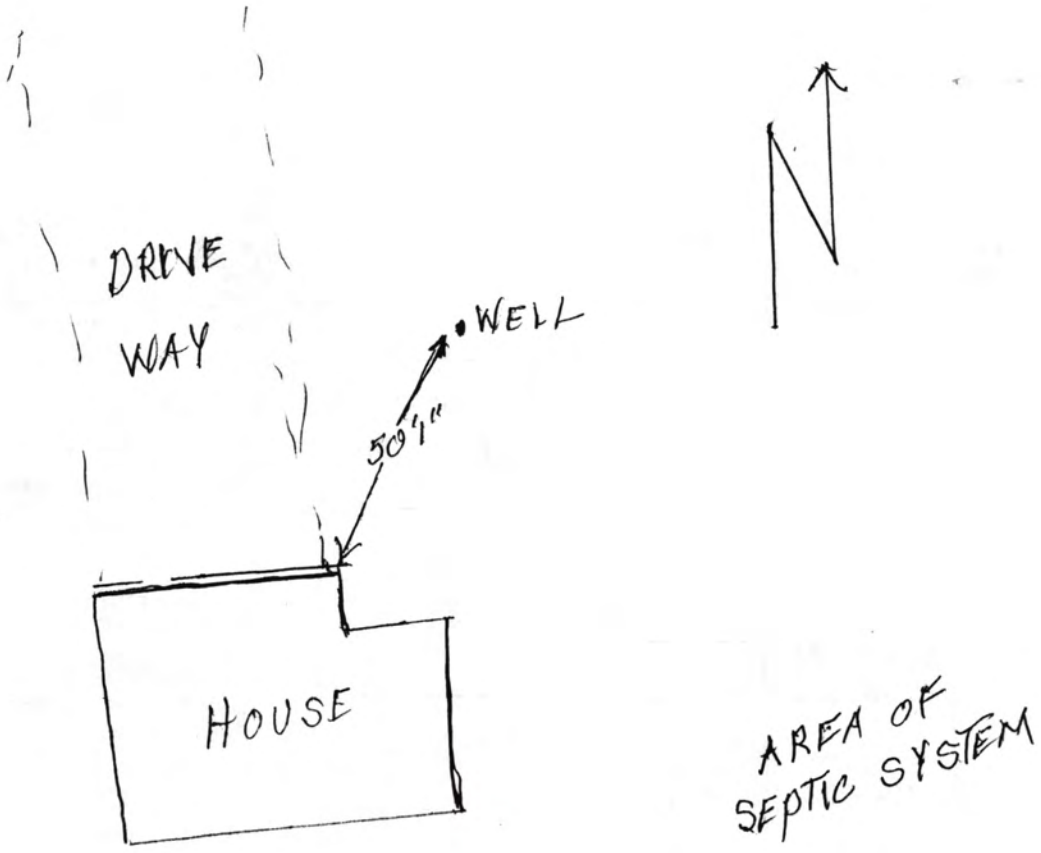
Date 18 NOVEMBER 1998

REMARKS NITRATE NITROGEN < 0.1 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 ☒

FORM 23-4


DRIVE
WAY
WELL
50'1"
HOUSE
N
AREA OF
SEPTIC SYSTEM