LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit No. 97380161001

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 07/07/97
Expires 01/07/98
Revenue Code 18754

Establishment

STEVEN CHAMPOUX
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 5 LOT 5
2301 SW 35 STREET

FEES: $150.00

Permittee

STEVEN CHAMPOUX
BOX84891
BOX 84891
LINCOLN NE 68501

TOTAL $150.00

Issued By M. Jane Ford
Health Director

4983

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 2301 S W 35 (no rural route) City _____ NE, Zip _____

Legal Description 32 10N 6E High Ridge Estates Lot 5 Block 5
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 Homes Signature [signature]

Address Box 84891 City/State/Zip 68501

☐ Check if owner designed system Home Phone _____ Work Phone 476599

C. Contractor

Name " Company Name "

Address " City/State/Zip "

☐ Check if contractor designed system Work Phone _____

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 7/7/97 Date frwd 7/7/97 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7-7-97 Date frwd 7-7-97 **ACTION** ☒ Approved ☐ Disapproved Signature [signature]
3. **City or County Engineer** Date rec'd 7-7-97 Date frwd 7-7-97 **ACTION** ☒ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By Jerrold C. Hood

Date AUGUST 19 1997

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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 2301 SW 35 (no rural route) City Lin: NE, Zip

Owner Prairie Homes Addresss Box 84891 68501

Soil Type (SCS): Clay loam Sharpsburg Silty - Pawnee Close Percolation Rate: 23.66 min./inch

Date of Tests 6-5 to 6-6-97 Weather: Precipitation 0 Temperature 85

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	3	6-5	8:00	6-6	5:30	6-6	5:00	6"	5:30	4 3/4	30	1 1/4	24
2	"	"	"	"	"	"	"	"	5:30	4 1/2	"	1 1/2	20
3	"	"	"	"	"	"	5:10	"	5:40	4 3/4	"	1 1/4	24
4	"	"	"	"	"	"	5:10	"	5:40	4 3/4	"	1 1/4	24
5	"	"	"	"	"	"	"	"	"	5	"	1"	30
6	"	"	"	"	"	"	"	"	"	4 1/2	"	1 1/2	20

Person Conducting Percolation Tests

Name: Phil D Nalley
Phone: 438-3349
Address Rt 6 Box 52 Lincoln

Sum of Percolation Rates: 142
Average of Rates: 23.66
Rate Used for Calculation: 23.66

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

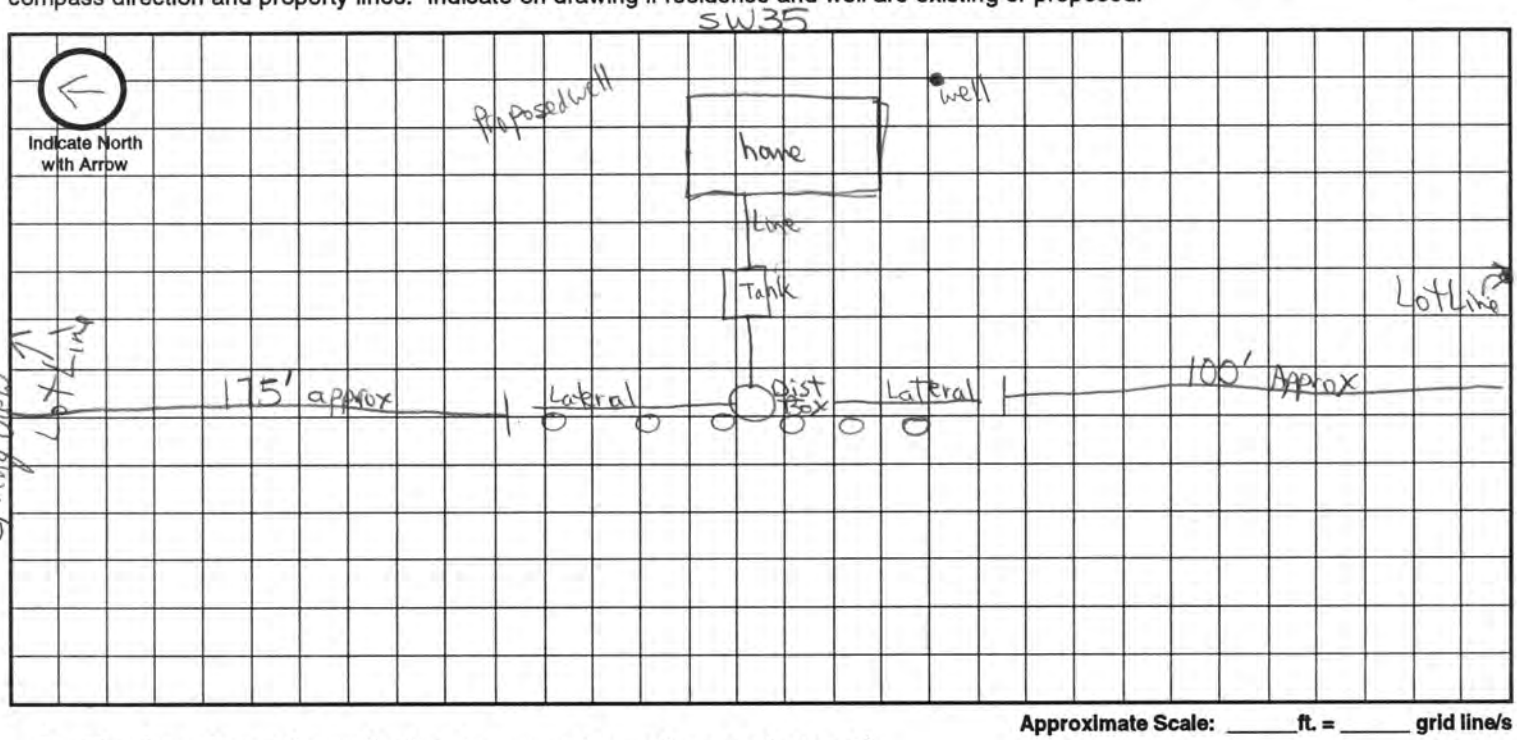
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2301 SW35 City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate [redacted]23.16 (min. per inch) Soil Type: Clay loam Land Slope: 10 %

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 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 [signature] Date 6-17-97

Installer _____ Date _____

FORM 23-102 10-96 Rec'd 6/20/97 #6508 $150 ck

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 8 - 1 - 97

System Location (Indicate correct number and street)

Address 2301 S W 35th (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: 36 in.
3. Distance between dwelling and septic tank: 52 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: 8 ft.

D. Absorption Field

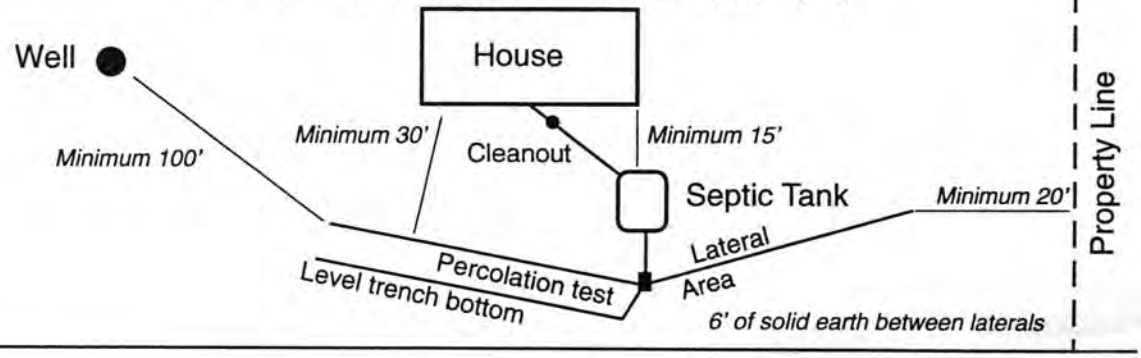
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 16 wide 12" tall
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 2
   Length of each line: 100 ft. 69 ft.
   ____ 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 OK ft.
   Pressure line OK ft.
   Property line OK ft.

Indicate North with Arrow

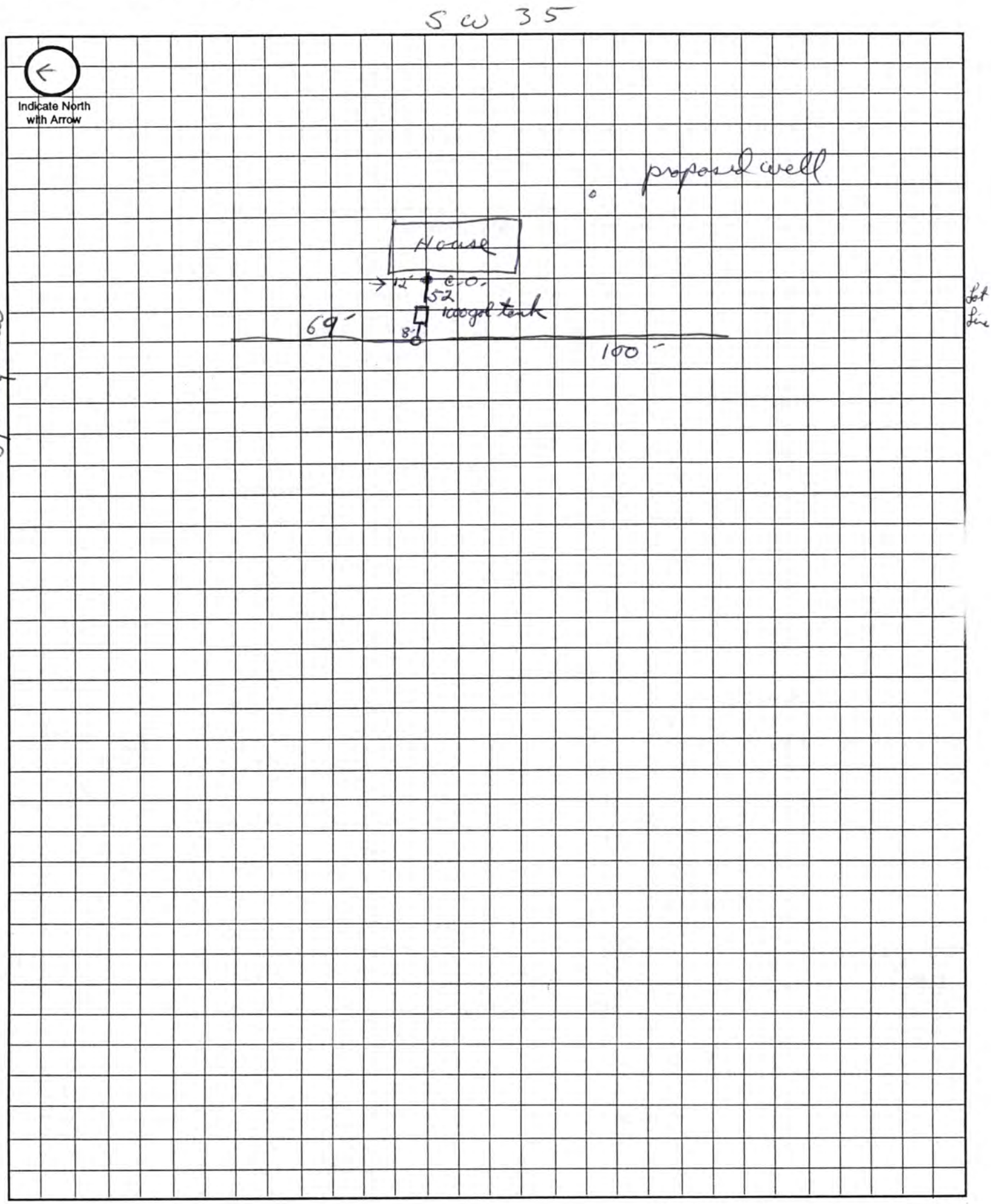
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514
PERMIT

(402) 441-8000

Permit

WATER WELL

No. 97400063901

Issued 06/30/97
Expires 12/30/97
Revenue Code 19851

Establishment

STEVE CHAMPOUX
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 5 LOT 5
2301 SW 35 STREET

FEES: $75.00

Permittee

STEVE CHAMPOUX
BOX84891
BOX 84891
LINCOLN NE 68501

4934

TOTAL $75.00

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

Permit No. 9740 00639

Well Reg. # G-097919

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 2301 S.W 35 (No Rural Route Please) City _____, NE Zip 68522

   Legal description of property:
   Twp 10N; Range 6E; Section 32; Block 5; Lot 5; Addition High Ridge Estates

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner Steve Champoux

Print Name Steve Champoux
Current Address Box 84891 Lincoln 68501

Current Home Phone _____
Work Phone 476-6599

Signature of Contractor _____

Print Name _____
Address _____

Home Phone _____
Work Phone _____
Cellular Phone _____

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 6/23/97 Date forwarded 6/23/97	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Wood	
2.	Building & Safety	Date received 6/23/97 Date forwarded 6/23/97	ACTION ☒ Approved ☐ Disapproved Signature: _____	
3.	City Engineer	Date received 6/23/97 Date forwarded 6/23/97	ACTION ☒ Approved ☐ Disapproved Signature: _____	

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 12/16/97 By J. C. Wood ~~Depression, water motor~~
Date: 12/16/97 By J. C. Wood
Date: ___/___/___ By _____

Nitrate Level 40.1 mg/L
Chloride Level 36 mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Installation Final Written Approval
By: Jerrold C. Wood R.E.H.S.
Date: 12/18/97

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

Business Office Use Only
Date Rec'd: 06/20/97
Amt Paid: $ 75.00
Rec'd By ____ Cash/Check No. 6508

NOV 5 1997

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 97U0C0639

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 2301 S.W. 35TH STREET

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

LOG OF WELL	
Depth ft. --to--	Description
0- 5	YEL CLAY
5- 10	DARK BRN CLAY
10- 50	YEL CLAY
50- 83	BLUE CLAY
83- 90	SAND & YEL SANDSTONE
90-105	SHALE & YEL SHALE
105-140	RED & YEL SHALE
140-173	BLUE SHALE
173-190	MOSTLY VERY FINE WHITE SS
	W/LAYERS OF SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 188'
Date Completed 8/28/97

Casing: Length, Ft. 178'; Dia.In. 4"
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 10' Dia.In. 4"
Type PVC SLOTTED , slot Size .025

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

Water Level, Surface to top of water, Ft.:
Static 73' , Pumping 75' EST

Yield: 25 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

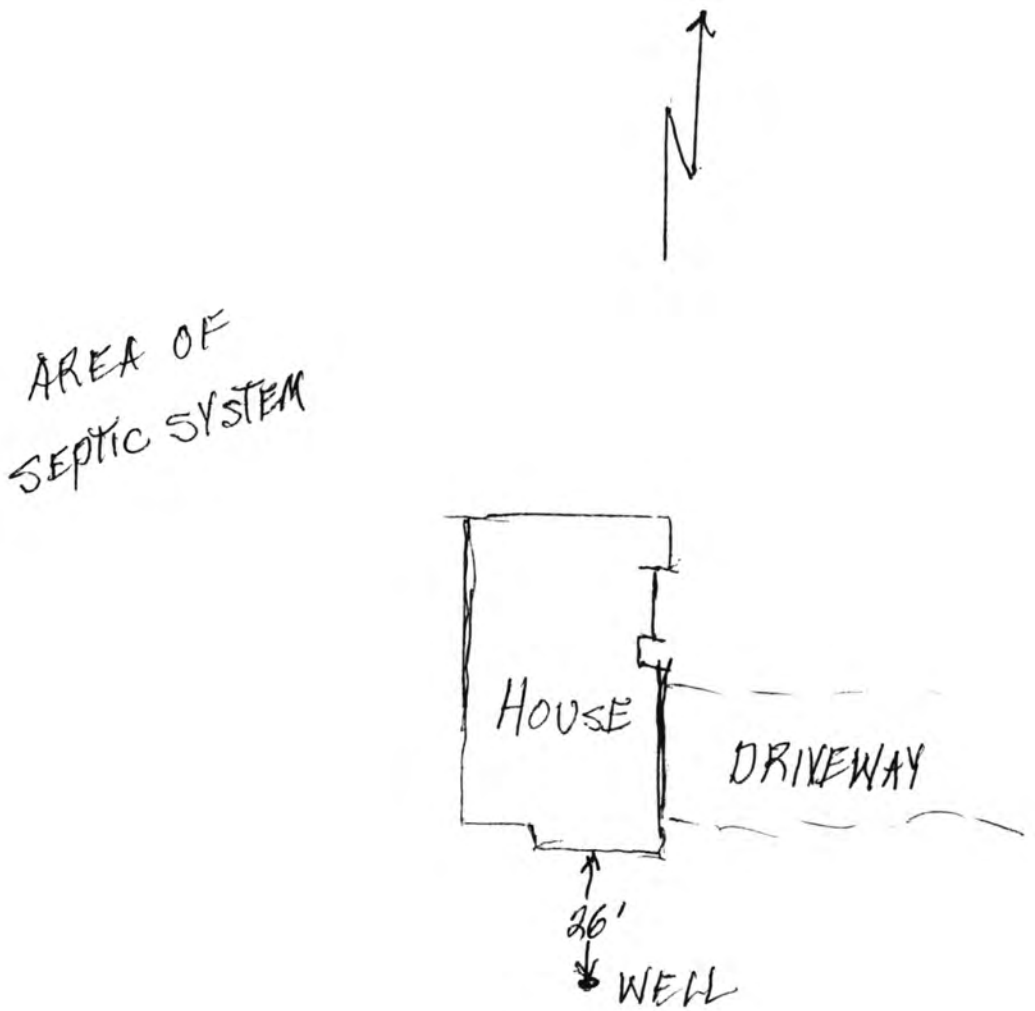
REMARKS NITRATE NITROGEN <0.1 ppm
BACTERIOLOGICAL O.K.
CHLORIDE 36 p.p.m.

Date 4 NOVEMBER 1997

DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 33-A


N
AREA OF
SEPTIC SYSTEM
HOUSE
DRIVEWAY
26'
WELL

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

LLCHD -- Well Data Entry

Permit Number: 974000639 ID Number: Date Abandoned:

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

Township: 10N Range: 6E Section: 32 Quarter: Quarter/Quarter:

Blk: 5 Lot: 5 Addition: High Ridge Estates

House No: 2301 Dir: SW St. Name: 35th St. Type: St Suf:

Well Use: Res Applicant: Steve Lampert

Owner: Prairie Home Builders Drlr: Bill Moser

Drl Method: Roto Date Cmpltd: 08/28/97 Well Depth: 188' Cs Lngth: 178' Cs Dia: 4"

Cs. Type: Pvc Screen Length: 10' Static Lvl: 73' Pumping Lvl: 75' Yield: 25 gpm