LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

No. 98380175401

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 05/07/98
Expires 11/07/98
Revenue Code 3157

Establishment
RANDY & CINDY CLARKE
T1ON R6E SEC 32
HIGH RIDGE ESTS BLK 5 LOT 6
2401 SW 35 CT

FEES: $150.00

PAID

TOTAL $150.00

Permittee
RANDY & CINDY CLARKE
2401 SW 35 ST CT
LINCOLN NE 68522

Issued By Health Director
Lincoln-Lancaster County Health Department

007325

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 2401 S.W. 35TH CT (no rural route) City LINCOLN NE, Zip 68522

Legal Description 32 (1/4) 10 (1/4) 6 (Section, Township, Range) HIGH RIDGE ESTATES (Subdivision) 5 (Addition) 6 (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 RANDY & CINDY CLARKE Signature _____

Address 2401 SW. 35TH CT City/State/Zip LINCOLN, NE 68522

☐ Check if owner designed system Home Phone 438-4055 Work Phone 434-1945

C. Contractor

Name ROB CHAMPOUX Company Name PRAIRIE HOME BUILDERS INC

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 5/6/98 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold E. Hoag
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5-7-98 Date frwd 5-7-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-7-98 Date frwd 5-7-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

6/19/98 PARTIAL 6/22/98 by CH Need drawing

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 05/06/98
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 7618

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

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 2401 S.W. 35th CT (no rural route) City Lincoln NE, zip 6

Owner Prairie Homes Address 2401 S.W 35 CT,

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 40 min./inch

Date of Tests Apr 1 19 to 20 Weather: Precipitation Cloudy / Lite Rain 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"	4/19	9:00	4/20	9:30A	4/20	9:30	6"	4/20	1:30P	4hrs/30m	1"	30
2	36"	4/19	9:00	4/20	9:30A	4/20	9:30	6"	4/20	1:30P		3/4	40
3	36"	4/19	9:00	4/20	9:30A	4/20	9:30	6"	4/20	1:30P	4hrs/30m	3/4	40
4	36"	4/19	9:00	4/20	9:30A	4/20	9:30	6"	4/20	1:30P		3/4	40
5	36"	4/19	9:00	4/20	9:30A	4/20	9:30	6"	4/20	1:30P		1"	30
6	36"	4/19	9:00	4/20	9:30A	4/20	9:30	6"	4/20	1:30P		1 1/4"	24

Sum of Percolation Rates: 204
Average of Rates: 34
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Phil Nalley
Phone: 730-0666 or 438-3349
Address RT. 6 BOX 52

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date

FORM 23-101 10-96

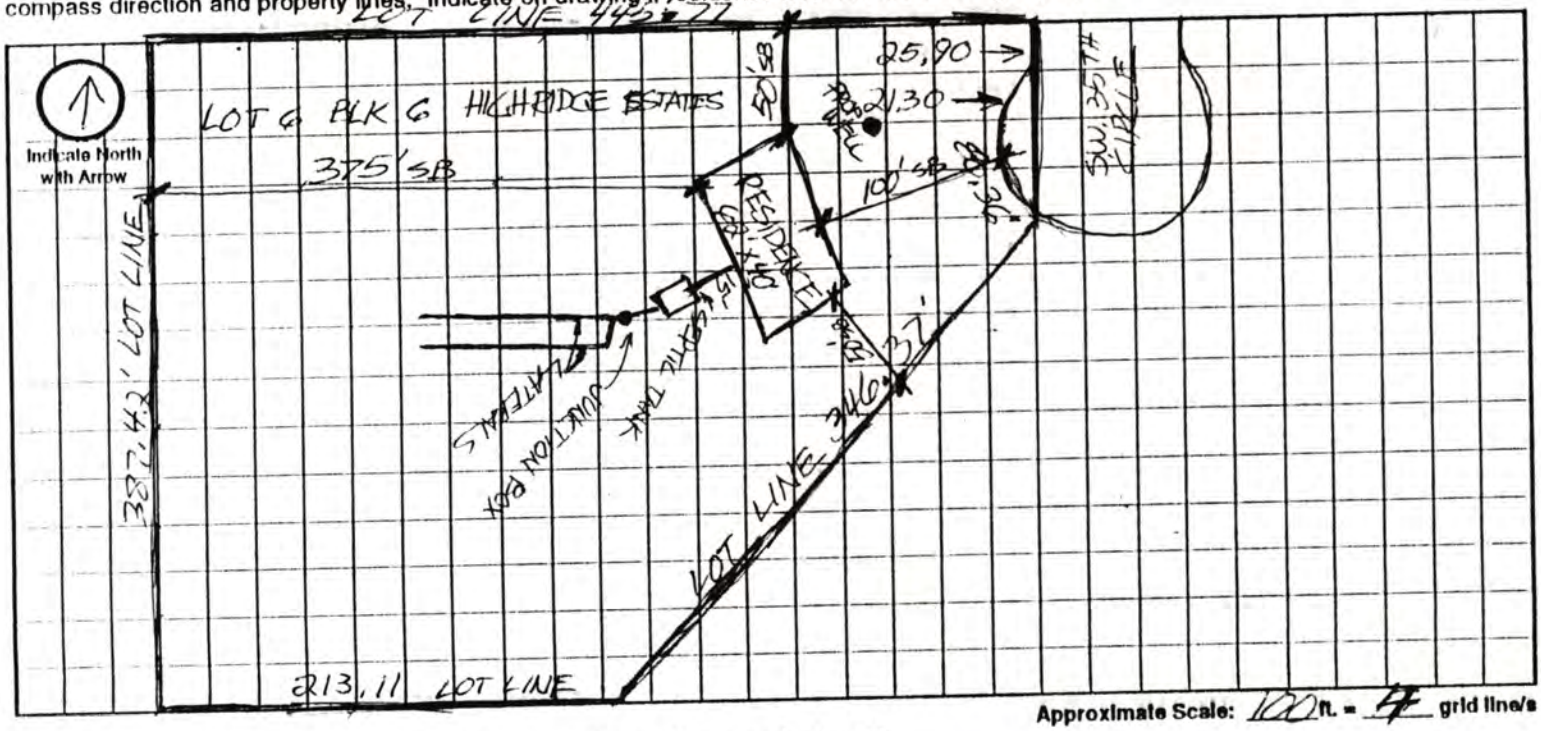
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 100 ft. = 4 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2401 SW. 35TH CIR 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 40 (min. per Inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: 30 %

Type of Absorption System: ☐ Trench ☒ Bed ☐ Other

Total Square Feet of Field Required: 862 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 215 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. Champ Date 5-5-98

Installer Larry Schwarck Trenching Date

FORM 23-102 10-96

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

D JUN 24 1998

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 6-22-98

System Location (Indicate correct number and street)

Address 2401 S W 35th Cr. (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: _____ in.
3. Distance between dwelling and septic tank: 64 ft.
4. Number of clean-outs: — in House
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: 8 ft.

D. Absorption Field

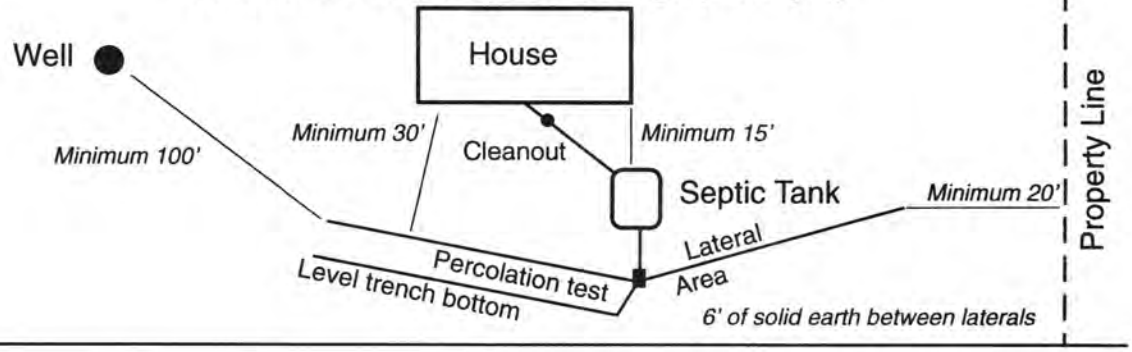
(Provide as-built drawings on back of this form)

1. Type: ☑ Half rounds ☐ Perforated pipe
   Diameter of half round: 16
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: total 215' Number 3
   Length of each line: 87' ft. 76' ft.
   53' ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 4 in/100 ft.
   Average depth 38 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.

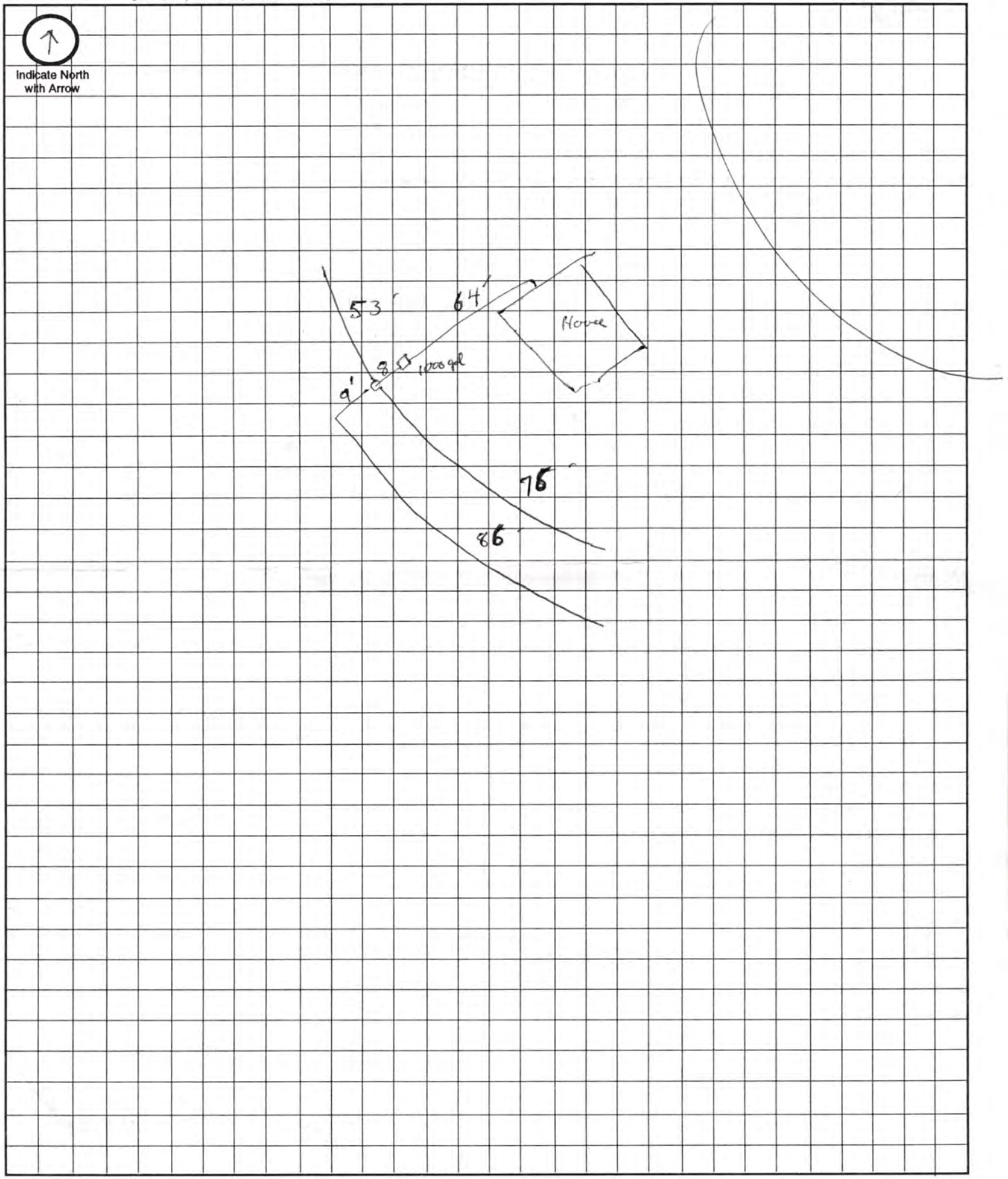
Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schwarck

2401 SW 35th Ct.



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. 98400074201

Permit
WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 05/07/98
Expires 11/07/98
Revenue Code 3162

Establishment
RANDY & CINDY CLARKE
T1ON R6E SEC 32
HIGH RIDGE ESTS BLK 5 LOT 6
2401 SW 35 CT

FEES: $75.00

PAID

TOTAL $75.00

Permittee
RANDY & CINDY CLARKE
2401 SW 35 ST CT
LINCOLN NE 68522

Issued By Health Director
Lincoln-Lancaster County Health Department

007324

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. 9840000742

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 2401 S.W. 35TH CTR City LINCOLN, NE Zip 68522
(No Rural Route Please)
Legal description of property:
Twp 10N Range 6E; Section 32; Block 5; Lot 6; Addition HIGH RIDGE ESTATES

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

3. Distance to Public Water Supply ? feet. UNKNOWN

Signature of Owner _____

Print Name RANDY & CINDY CLARKE
Current Address 2401 S.W. 35TH CT.
LINCOLN, NE 68522
Current Home Phone 438-4055
Work Phone 434-1945
p-479-0311

Signature of Contractor Robert D. Champoux

Print Name ROBERT D. CHAMPOUX
Address 4500 SW 12TH
LINCOLN, NE 68522
Home Phone 421-6580
Work Phone 476-6699
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 5/6/98, Date forwarded 5/7/98 — ACTION ☒ Approved ☐ Disapproved — Signature: Jerold C. Wood
2. Building & Safety — Date received 5/7/98, Date forwarded 5/7/98 — ACTION ☒ Approved ☐ Disapproved — Signature: _____
3. City Engineer — Date received 5/7/98, Date forwarded 5/7/98 — ACTION ☒ Approved ☐ Disapproved — Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 9/14/98 By J. C. Wood
Date: 9-22-98 By _____ sanitary seal around well casing
Date: ___/___/___ By _____

Installation Final Written Approval
By: Jerold C. Wood
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 ~~X~~
Other _____

Business Office Use Only
Date Rec'd: 05/06/98
Amt Paid: $ 75.00
Rec'd By _____ ~~Cash~~/Check No. 7618

Also Sewage

SEP 14 1998

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 9840000742

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

entered 8/7/98

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 32 T. 10 R. 6 Block 5 Lot 6 Addition 2401 S.W. 35TH - HIGH RIDGE EST

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

LOG OF WELL	
Depth ft. --to--	Description
0- 5	BRN/GRAY CLAY
5- 10	DRK BRN CLAY
10- 15	BRN/YEL CLAY
15- 50	TAN/BRN CLAY
50- 75	BLUE CLAY
75- 80	BRN CLAY
80- 95	YEL SHALE & SS
95-110	GRAY SHALE
110-140	RED & WHITE SHALE
140-170	LIGHT GRAY SHALE SOME SS
170-175	BLACK & GRAY SHALE
175-202	VERY FINE SS & GRAY SHALE
202-210	VERY FINE SS

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 206'
Date Completed 7/31/98

Casing: Length, Ft. 191'; Dia.In. 4"
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 15' Dia.In. 4"
Type PVC MONOFLEX , slot Size .018

Drop Pipe: Length, Ft. 120' Dia.In. 1 1/4"

Water Level, Surface to top of water, Ft.:
Static 86' , Pumping 90' 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

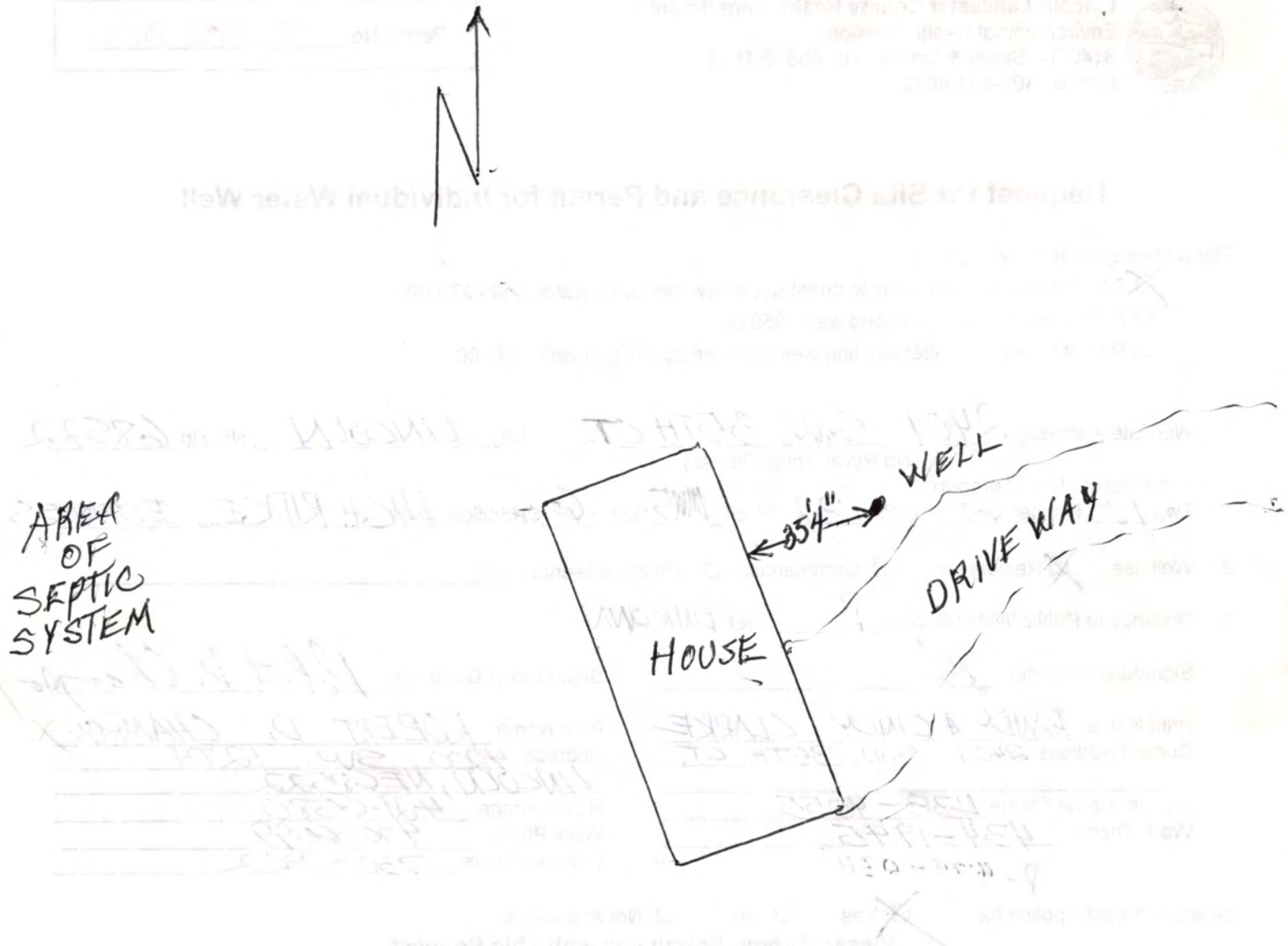
Date 11 SEPTEMBER 1998

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-A


N
AREA OF SEPTIC SYSTEM
HOUSE
35'4"
WELL
DRIVE WAY