Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 99380199301

Issued 05/25/99
Expires 11/25/99
Revenue Code 3157

Establishment

VICKY J ROBERTS
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 5 LOT 7
2400 SW 35 CT

FEES: $150.00

Permitee

VICKY J ROBERTS
231 PARKSIDE LN
LINCOLN NE 68521

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010350

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 2400 S.W. 35TH CT (no rural route) City LINCOLN NE, Zip 68522

Legal Description 32 10N 6E HIGH RIDGE EST. 5 7
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 Vicky J. Roberts Signature Vicky J. Roberts

Address 231 Parkside Ln City/State/Zip Lincoln, NE 68521

☐ Check if owner designed system Home Phone (402) 441-1320 Work Phone (402) 441-2438

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 476-6599 CEL 730-7302

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 4 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 5/25/99 Date frwd 5/26/99	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 5/26/99 Date frwd 5/26/99	**ACTION** ☒ Approved ☐ Disapproved Signature [signature]	
3. **City or County Engineer**	Date rec'd 5-26-99 Date frwd 5-26-99	**ACTION** ☒ Approved ☐ Disapproved Signature [signature]	

Installation Final Written Approval

By Jerrold C. Hood R.E. & L.S.

Date September 3, 1999

Business Office Use Only

Date Rec'd 05/25/99

Amt Paid 150 ck

Rec'd By LS Cash/Check No. 9077

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:

Blk 5 Lot 7
High Ridge Estates

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 2400 Sw 34th Ct (no rural route) City Lincoln NE, Zip

Owner Chenoweth Addresss

Soil Type (SCS): Sharpsburg Percolation Rate: 60 min./inch

Date of Tests 8-26 to 8-27-99 Weather: Precipitation — Temperature 82°

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	50"	8-26	3:00	8-27	7:15	8-27	10:45	15	8-27	11:15	30	1/2	
2								12 1/2				3/4	
3								15 1/2				1/2	
4								14 1/2				3/4	
5								17 1/4				1 3/4	
6								20				3/4	
7								20 1/2				1/2	
8								17 1/4				1/2	
9								17 1/4				1/2	
10													

Person Conducting Percolation Tests

Name: Larry Schenoweth
Phone: 8200 old Cheney Rd
Address 484-7294

Sum of Percolation Rates:
Average of Rates:
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

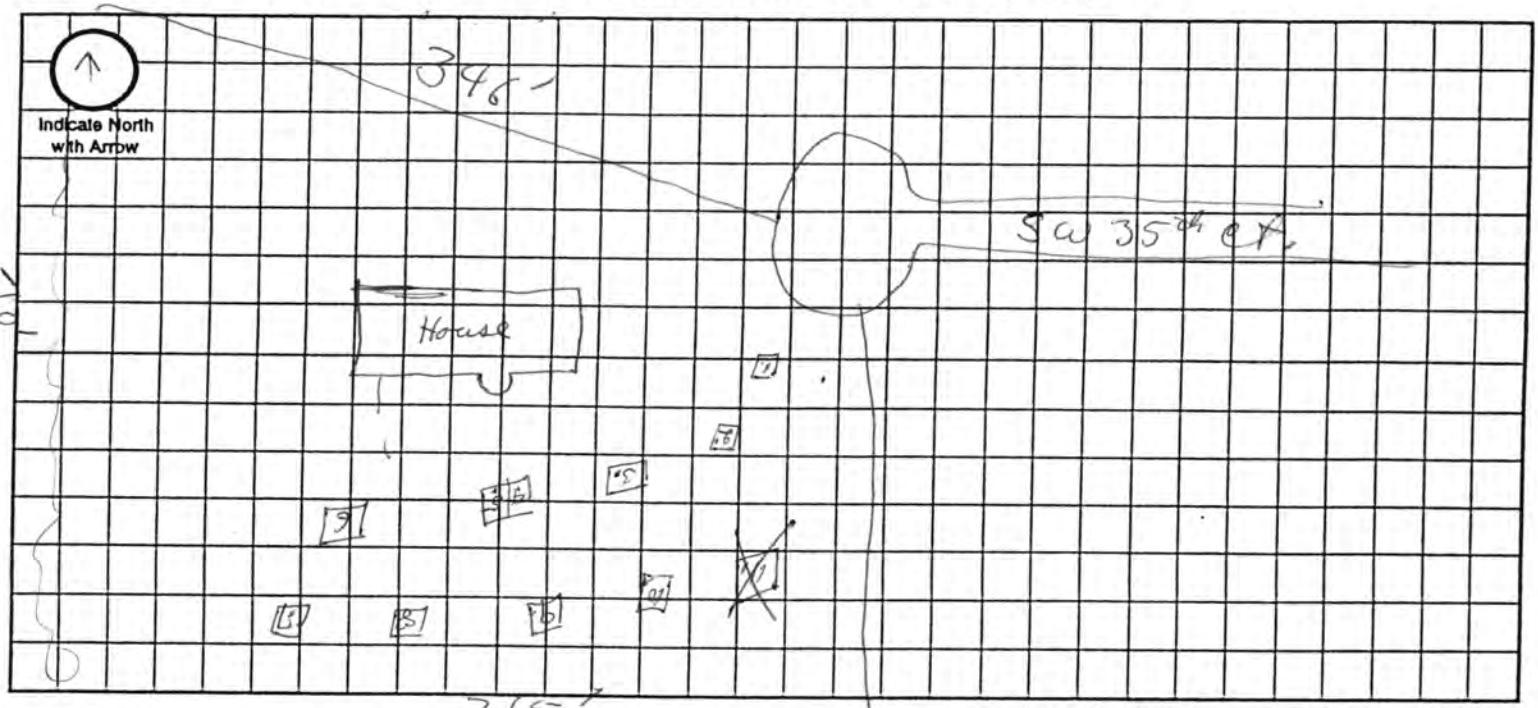
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 2400 SW 34th St. City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Shorpsburg Land Slope: ½ %

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 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 440 ft. Number of Trenches 5 Trench Width 4

4 Bed Rock

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 _____

Installer Larry Schewark Date 8-27-99

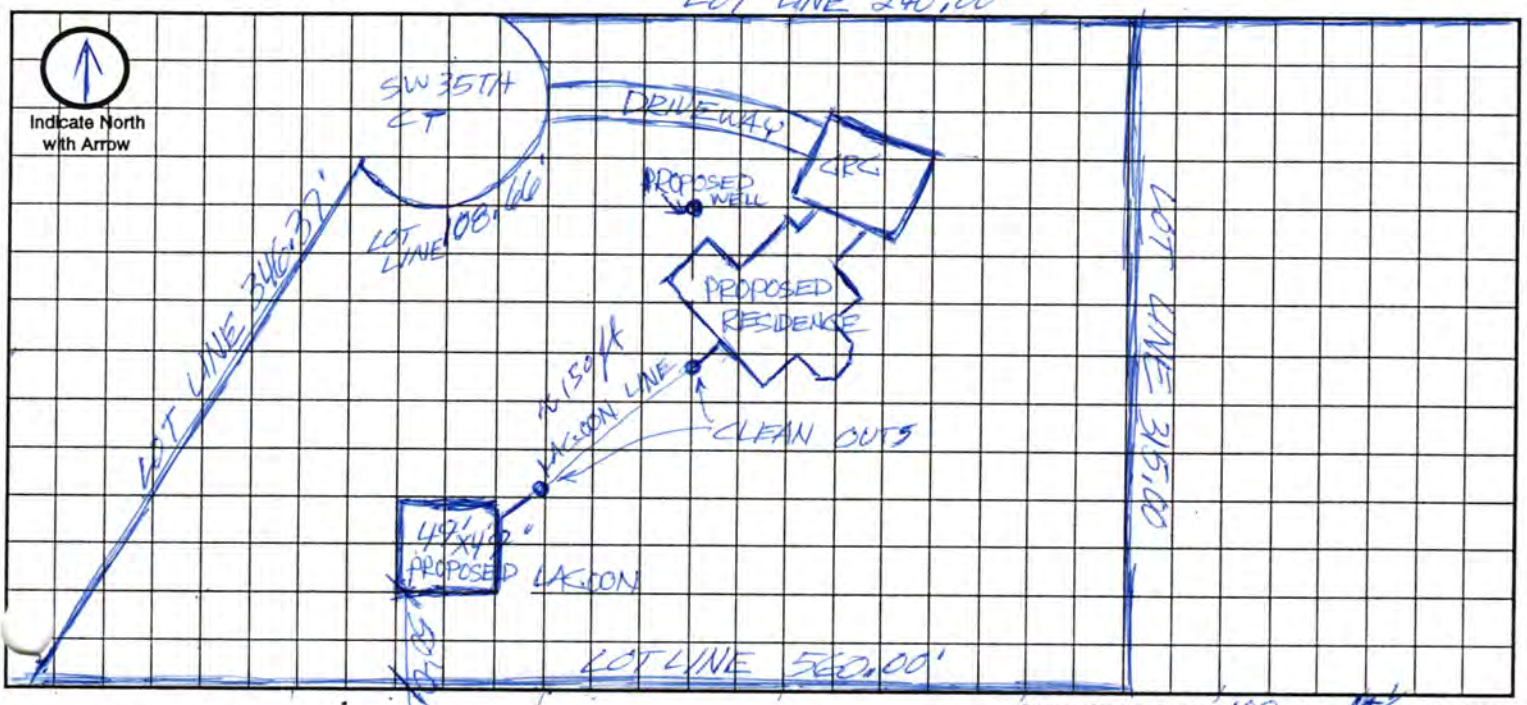
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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. = 1/2 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2400 S.W. 35TH CT 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 480 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: 2 %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other O LAGOON

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

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

Capacity of Septic Tank NA gals Number of Absorption Beds: NA Number of Distribution Laterals per Bed NA

Total Length of Laterals NA ft. Number of Trenches NA Trench Width NA

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 _____

Installer Larry Schwarck Date _____

FORM 23-102 10-96

SEP 2 1999

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 8-31-99

System Location (Indicate correct number and street)

Address 2400 SW 35th Ct. (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: 24" in.
3. Distance between dwelling and septic tank: 24' ft.
4. Number of clean-outs: ____
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 2" in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 6" in.
8. Distances to: Well or suction line ____ ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

9' Lift Station

C. Distribution Box

1. Material: Precast
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 13 ft.

D. Absorption Field

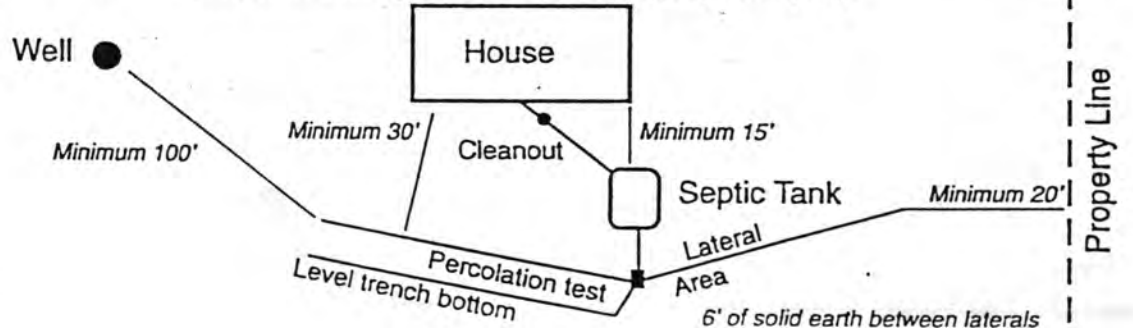
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 100
   Length of each line: 96 ft. 96 ft.
   443' 47 ft. 48 ft., 50 ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 3' to 5' in
4. Filter material: Road Gravel
   Depth of material 15 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.

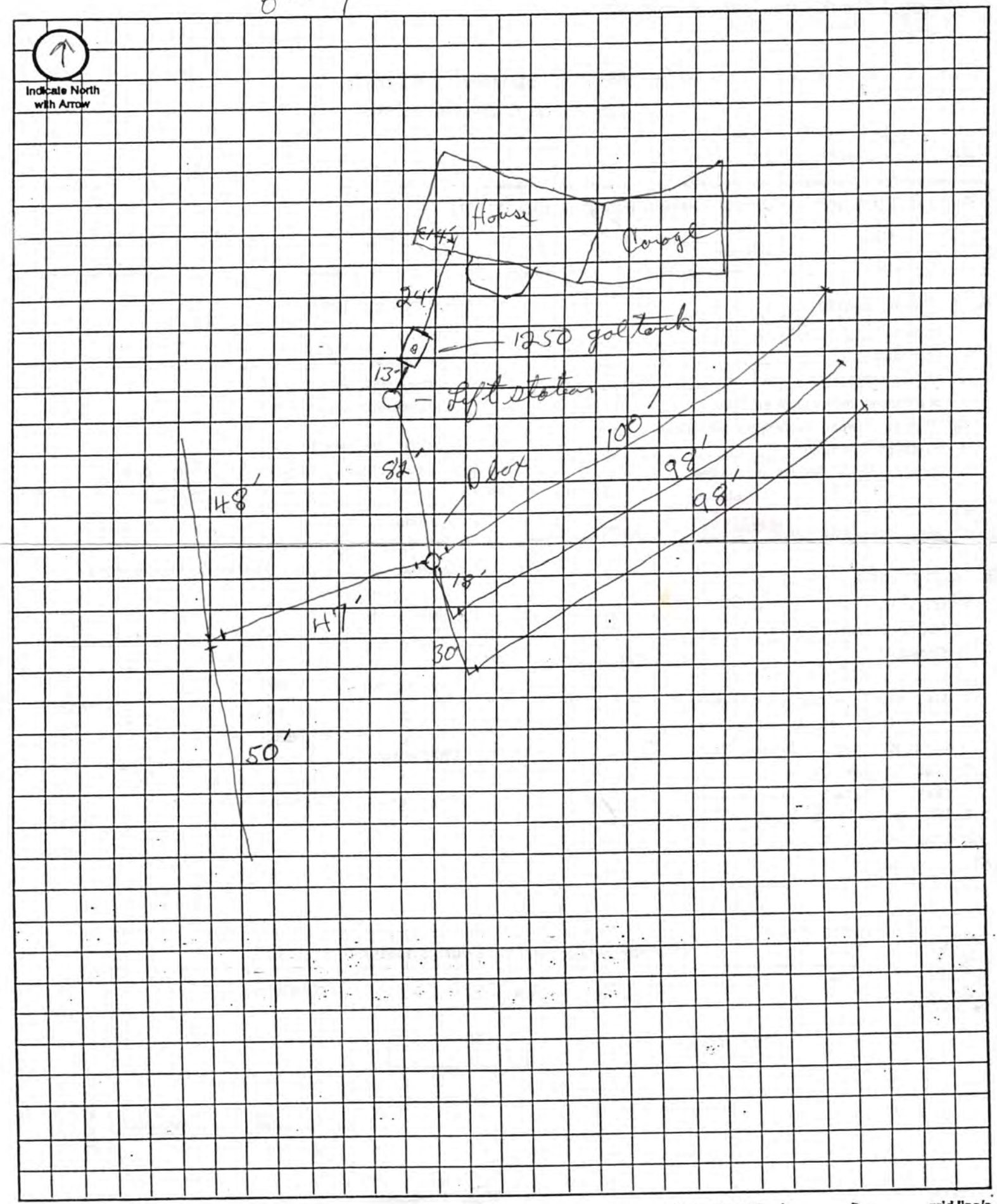
Indicate North with Arrow

Individual Sewage System Design (Example)



2400 SW 35th Ct.

As Built Drawing by Larry Sahsuvaroglu for Prairie Home Bldg.



Approximate Scale: ft. = grid line's

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

WATER WELL
NEW CONSTRUCTION WATER WELL

Permit # 99400083101

Issued 05/25/99
Expires 11/25/99
Revenue Code 3162

Establishment

VICKY J ROBERTS
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 5 LOT 7
2400 SW 35 CT

FEES: $75.00

Permitee

VICKY J ROBERTS
231 PARKSIDE LN
LINCOLN NE 68521

TOTAL: $75.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010349

PID# 10-32-306-007-000

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

Permit No. 9740000831

✓ entered 3-20-00

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 2400 SW 35TH CT City LINCOLN, NE Zip 68522
(No Rural Route Please)
Legal description of property:
Twp 10N, Range 6E; Section 32; Block 5; Lot 7; Addition HIGHRIDGE ESTATES

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

3. Distance to Public Water Supply UNKNOWN feet.

X Signature of Owner Vicky J. Roberts

Print Name Vicky J. Roberts
Current Address 231 Parkside Ln
Lincoln, NE 68521
Current Home Phone (402) 441-1320
Work Phone (402) 441-2438

Signature of Contractor Robert Champoux

Print Name ROBERT CHAMPOUX
Address 4200 SW 12TH ST.
LINCOLN NE 68522
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 5/25/99, Date forwarded 5/26/99 — ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood
2. Building & Safety — Date received 5/26/99, Date forwarded 5/26/99 — ACTION ☒ Approved ☐ Disapproved Signature: [signature]
3. City Engineer — Date received 5/26/99, Date forwarded ___/___/___ — ACTION ☒ Approved ☐ Disapproved Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 3/9/00 By Jerrold C. Hood Bac
Date: 3/14/00 By Jerrold C. Hood pc 0.0
Date: 3/16/00 By Jerrold C. Hood

Installation Final Written Approval
By: Jerrold C. Hood R.E.H.S.
Date: 3/17/00

Nitrate Level 2.0 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 05/25/99
Amt Paid: $ 75.00
Rec'd By LS Cash/Check No. 9077

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

Also Sewage

DEC 9 1999

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

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

DATA SHEET FOR WATER WELL

Legal Description: Sec. 32 T. 10 R. 6 Block ____ Lot ____ Addition High Ridge 2400 S.W. 35TH Street Circle

Owner Prairie Home Builders Address P. O. Box 84891, Lincoln, Ne 68501

LOG OF WELL	
Depth Ft to:	Description
0- 15	BRN CLAY
15- 25	YEL CLAY
25- 65	YEL & BLUE CLAY MIX
65-210	YEL, RED AND BLUE SHALE
210-240	FINE WHITE SANDSTONE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 235'

Date Completed 9/3/99

Casing: Length, Ft. 220' :Dia. In. 4"

Wall Thickness, Inc. .214" :Type PVC

Screen: Length, Ft. 15' Dia. In. 54"

Type PVC WOP & SLOTTTED Slot Size .020 & .018

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

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

Static 88' M , Pumping 95' EST

Yield: 15 gpm, Measured XX . Est. ____

Chlorination Completed Yes XX No ____

The above informatioin including "Log of Well" is a true record of the job performed by me.

Driller _____ (Signed)

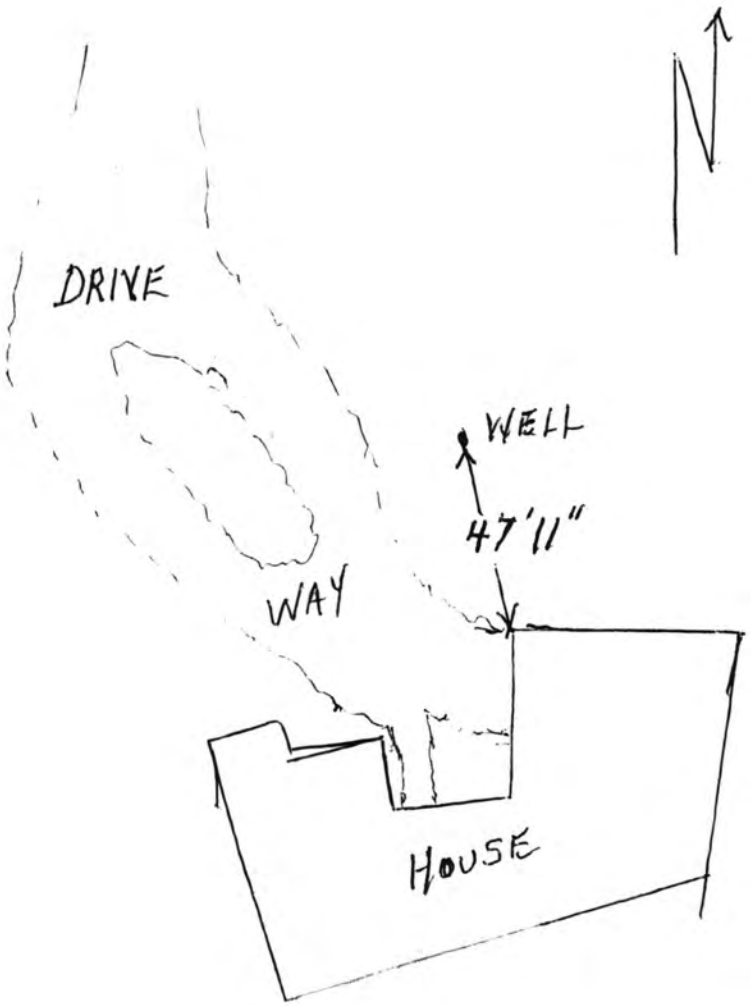
P. O. BOX 308
Address: HICKMAN, NE 68372-0308

Remarks NITRATE NITROGEN 2.0 p.p.m
BACTERIOLOGICAL O.K.

Date: 8 DECEMBER 1999

DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record X



AREA OF
SEPTIC SYSTEM