Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 99380200601

Issued 06/09/99
Expires 12/09/99
Revenue Code 3157

FEES: $150.00

Establishment

WALTER AUDE
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 5 LOT 8
2300 SW 35 CT

TOTAL: $150.00

Permitee

WALTER AUDE
5337 LINDEN ST
LINCOLN NE 68516

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010547

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 2300 S.W. 35TH CT (no rural route) City LINCOLN NE, Zip 68522

Legal Description 32 (1/4) 10 (1/4) 6 (Section) HIGH RIDGE EST. (Township) (Range) (Subdivision) 5 (Addition) 8 (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 Walter Aude Signature Walter Aude

Address 5337 Linden City/State/Zip Lincoln NE 68516

☐ Check if owner designed system Home Phone 486 1490 Work Phone 472 7602

C. Contractor ROB CHAMPOUX

Name PRAIRIE HOME BUILDERS Company Name PRAIRIE HOME BUILDERS INC

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

☒ Check if contractor designed system Work Phone 476-6699 or 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 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 6/9/99 Date frwd 6/9/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 6/9/99 Date frwd 6/9/99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 6-9-99 Date frwd 6-9-99 **ACTION** ☒ Approved ☐ Disapproved Signature _____

8/26/99 + 8/27/99 Need Drawing J.C.H.

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date September 3, 1999

Business Office Use Only

Date Rec'd 06/09/99
Amt Paid 150 ⁰⁰
Rec'd By LS ~~Cash~~/Check No. 9116

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 2300 SW 35th Circle (no rural route) City Lincoln NE, Zip NE 68522

Owner Prairie Homes Addresss P.O. BOX 84891 LINCOLN NE 68501

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

Date of Tests 6-4-99 to 6-5-99 Weather: Precipitation 1/4" Temperature 70-80°F

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"	6-4	4:pm	6-4	8:pm	6-5	4 pm	6"	8pm	8pm	30"	3/4	40
2	36"	6-4	4pm	6-4	8pm	6-5	4 pm	6"	8pm	8pm	30"	7/8	34.28
3	36"	6-4	4 pm	6-4	8pm	6-5	4 pm	6"	8pm	8pm	30"	7/8	34.28
4	36"	6-4	4 pm	6-4	8pm	6-5	4 pm	6"	8pm	8pm	30"	3/4	40
5	36"	6-4	4pm	6-4	8pm	6-5	4 pm	6"	8pm	8pm	30"	3/4	40
6	36"	6-4	4 pm	6-4	8pm	6-5	4 pm	6"	8pm	8pm	30"	3/4	40

Sum of Percolation Rates: 228.56

Average of Rates: ~~37.62~~ 38.09

Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Phillip Nolley

Phone: 438-3349

Address Rt 6 Lincoln NE 68522

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Jerrold C. Hood R.E.H.S. Date JUNE 9, 1999

FORM 23-101 10-96

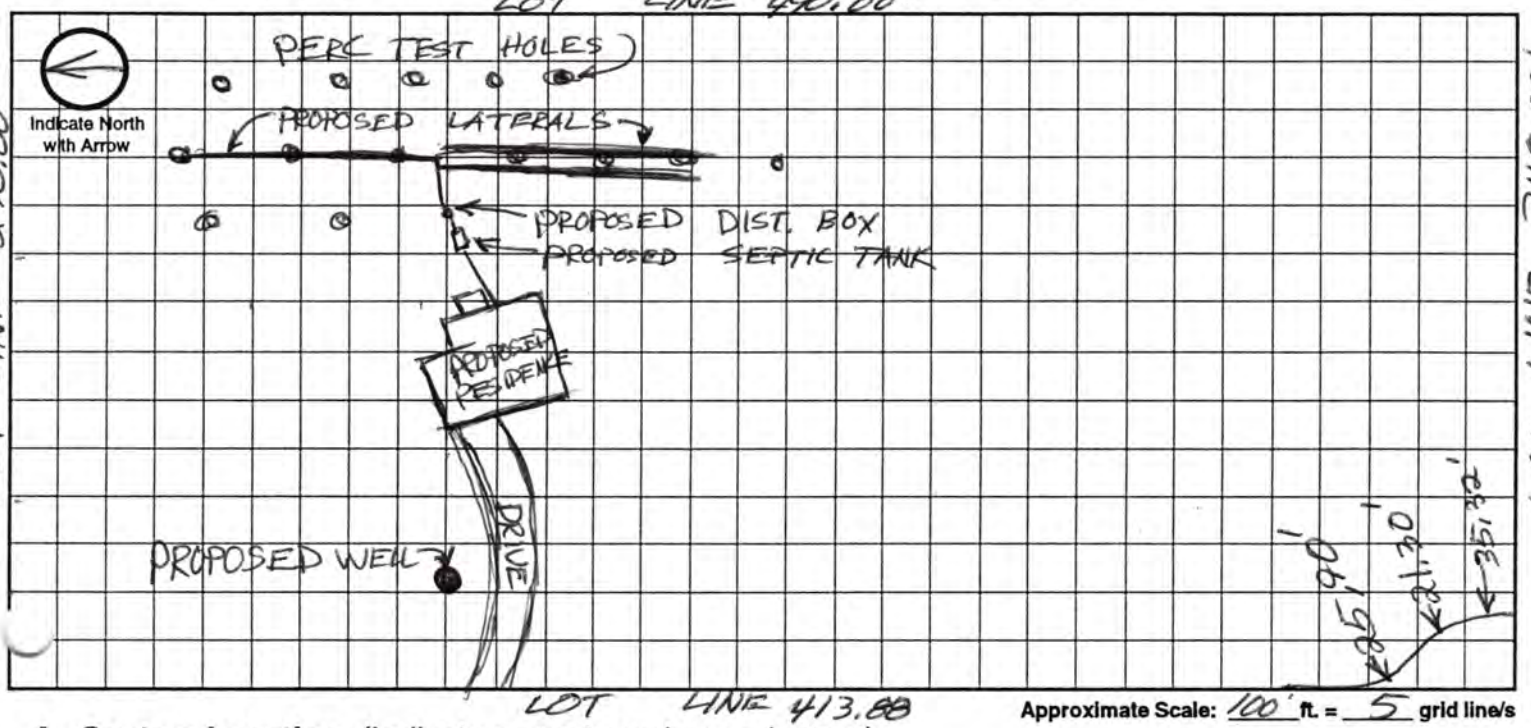
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 2300 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 40 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: 2% %

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 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 Rob Champ Date 6-7-99

Installer Larry Schwarck Date 6-1-99

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 8-27-99

System Location (Indicate correct number and street)

Address 2300 SW 35th Ct. (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: 75 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: 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: 2" in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

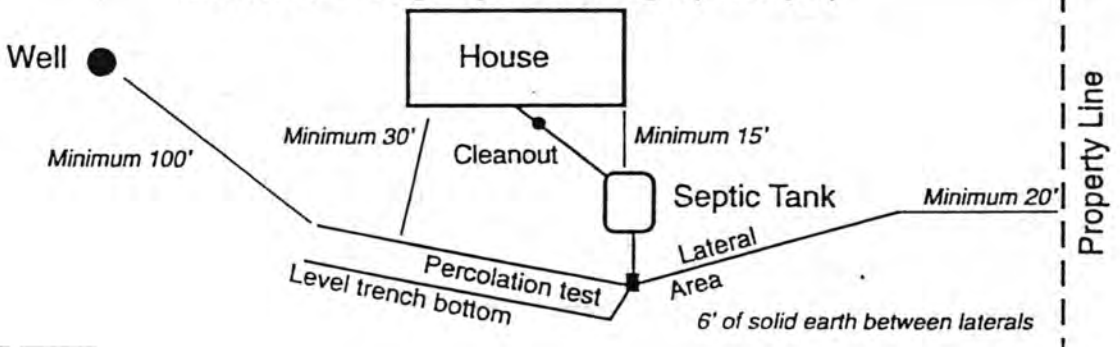
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 102 ft. 69 ft.
   Total 124' 56 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 30 - 38 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.

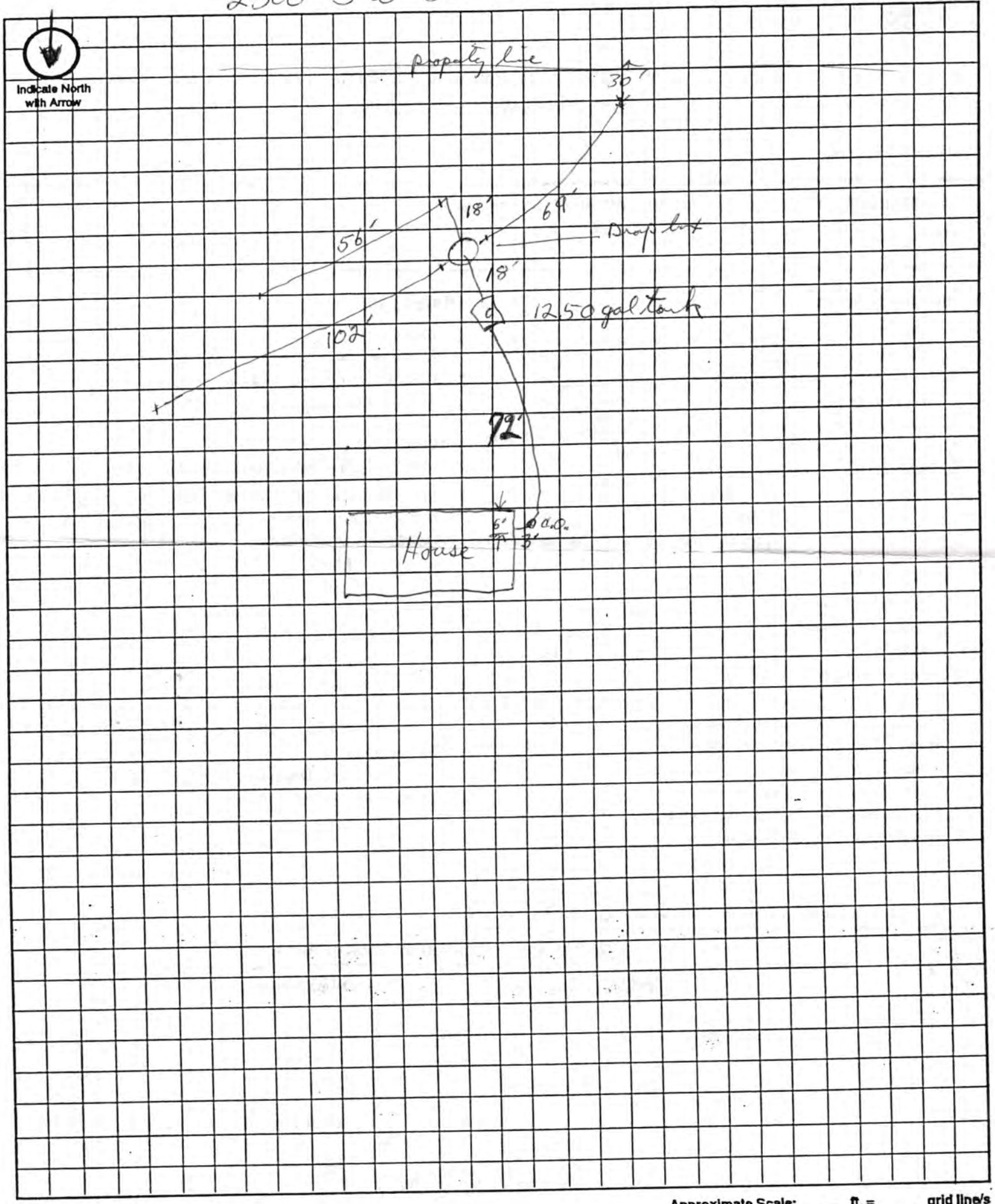
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schewareck for Prairie Home Bldg,
2300 S CR 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

Permit

WATER WELL
NEW WATER WELL CONSTRUCTION

Permit # 99400083201

Issued 06/09/99
Expires 12/09/99
Revenue Code 3162

FEES: $75.00

Establishment

WALTER AUDE
T10N R6E SEC 32
HIGH RIDGE ESTATES BLK 5 LOT 8
2300 SW 35 CT

TOTAL: $75.00

Permitee

WALTER AUDE
5337 LINDEN ST
LINCOLN NE 68516

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

010546

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

Permit No. 9940008 32

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 2300 S.W. 35TH CT City LINCOLN, NE Zip 68522
   (No Rural Route Please)
   Legal description of property:
   Twp 10N Range 6E; Section 32; Block 5; Lot 8; Addition HIGH RIDGE ESTATES
2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____
3. Distance to Public Water Supply _____ feet.

Signature of Owner Walter Aude

Print Name Walter Aude
Current Address 5337 Linden
Lincoln NE 68516
Current Home Phone 486-1490
Work Phone 472-7602

Signature of Contractor Rob Champoux

Print Name ROB CHAMPOUX
Address 4200 S.W. 12TH
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 6/9/99 Date forwarded 6/9/99	ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Nood		
2. Building & Safety	Date received 6/9/99 Date forwarded 6/9/99	ACTION ☒ Approved ☐ Disapproved Signature:		
3. City Engineer	Date received 6/9/99 Date forwarded 6/9/99	ACTION ☐ Approved ☐ Disapproved Signature:		

REMARKS OR REASONS FOR DISAPPROVAL: Will need backflow preventer if connected to City water.

Site Visits:
Date: 1/27/00 By sm
Date: ___/___/___ By ___
Date: ___/___/___ By ___

Installation Final Written Approval
By: Jerrold C. Nood R.E.H.S.
Date: 2/7/00

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

Nitrate Level 2.3 mg
Chloride Level ___ mg
Bacteriological Analysis Satisfactory
Yes ✓ No ___
Other ___

P12403-56

Business Office Use Only
Date Rec'd: 06/09/99
Amt Paid: $ 75.00
Rec'd By ___ ~~Cash~~/Check No. 9116

Also Sewage

DEC 8 1999

entered 2/7/00

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. 9940000832

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 5 Lot 8 Addition 2300 S.W. 35TH-HIGH RIDGE ESTATES

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

LOG OF WELL	
Depth Ft to:	Description
0- 55	YEL & BRN CLAY
55- 65	BLUE CLAY
65- 70	BLUE & BLACK CLAY
70- 75	SILTY BLUE CLAY
75-100	SILTY BRN CLAY & SAND
100-115	LIGHT GRAY SHALE
115-170	RED SHALE
170-179	BLUE SHALE
179-185	MED CRS GRAY SS
185-195	VERY FINE SS, LITTLE SHALE
195-200	GRAY SHALE, LITTLE SS
200-225	GRAY SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 195'

Date Completed 9/1/99

Casing: Length, Ft. 180' :Dia. In. 4"

Wall Thickness, Inc. .214" :Type PVC

Screen: Length, Ft. 15' Dia. In. 4"

Type PVC WOP & SLOTTED Size .025 & .018"

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

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

Static 91' 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 [signature]
(Signed)

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

Date: 7 DECEMBER 1999

Remarks NITRATE NITROGEN 2.3PPM, BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LIN

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

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