LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 97380164801

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 09/03/97
Expires 03/03/98
Revenue Code 18754

Establishment

ALAN COX
T10N R6E SEC 32
HIGHRIDGE ESTATES1ST BLK 1 LOT 1
3900 W SPRINGVIEW ROAD

FEES: $150.00

Permittee

ALAN COX
3930 N 21 ST
LINCOLN NE 68521

TOTAL $150.00

Richard A Nissen

Issued By ~~M. Jane Ford~~
Health Director

5202

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 3900 W. SPRINGVIEW RD (no rural route) City LINCOLN NE, Zip 68522

Legal Description 32-10-6 HIGHRIDGE ESTATES 1ST 1 1
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 BUYER

Name ALAN COX Signature _____

Address 3930 N 20 City/State/Zip LINCOLN, NE 68521

☐ Check if owner designed system Home Phone 435-3292 Work Phone 465-2888

C. Contractor ROB CHAMPOUX

Name ~~PRAIRIE HOMES~~ Company Name PRAIRIE HOMES BUILDERS

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

☒ Check if contractor designed system Work Phone 730-7302 or 476-6599

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

Designer Name ROBERT CHAMPOUX Firm PRAIRIE HOMES → INSTALLED BY SCHWARK CONSTRUCTION Work Phone 730-7301

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 8/14/97 Date frwd 8/21/97 ACTION ☒ Approved ☐ Disapproved Signature James E Bare /JEM
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 8/21/97 Date frwd 8/21/97 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 8-21-97 Date frwd 8-21-97 ACTION ☐ Approved ☐ Disapproved Signature _____

9/2/97 J.C.H. Need drawing

Installation Final Written Approval

By Jerrold C. Hood

Date SEPTEMBER 11, 1997

Business Office Use Only
Date Rec'd 8/14/97
Amt Paid 150 00
Rec'd By _____ Cash/Check No. _____

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

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO: _____

PROPERTY WHERE SOIL TESTED: 32-10-6

Location: Township ~~32~~ 6 ; Range 10 ; Section & ¼ Section 6.
Property Dimensions: 269 ft. x 498 ft. Area: 3 acres. (Attach Sheet C with sketch of property);
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ ;
Dates of Tests: 5-7-97 to 5-8-97 ; Weather: Precip. 1.2 Temp. 60 F.

OWNER: Prairie Homes

Address: 3900 West Spring View

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	5-7	9:00	5-8	9:30	5-8	9:30	6"	10:00	4½"	30m	1½"	20
2	36"	5-7	9:00	5-8		5-8	9:30	6"	10:00	4¾"	30m	1¼"	24
3	36"	5-7		5-8		5-8	9:30	6"	10:00	4½"	30m	1½"	20
4	36"	5-7		5-8		5-8	9:30	6"	10:00	4½"	30m	1½"	20
5	36"	5-7		5-8		5-8	9:35	6"	10:05	5"	30m	1"	30
6	36"	5-7		5-8		5-8	9:35	6"	10:05	4¾"	30m	1¼"	24
7	36"	5-7		5-8		5-8	9:35	6"	10:05	4¾"	30m	1¼"	24
8	36"	5-7		5-8		5-8	9:35	6"	10:05	5"	30m	1"	
9	36	5-7	9:00	5-8	9:30	5-8	9:35	6"	10:05	5"	30m	1"	

Sum of Percolation Rates: 162
Average of Rates: 23.14
Mean of Rates: _____

Signature of Person Conducting Test

Address Rt 6 Box 152 Lincoln Phone 438-3349

(Do not write below this line)

REVIEWING ACTION

Remarks: Fine Rate used = 24
Soil Type (SCS): Shrewsburg Silty Clay Loam
Date: August 21, 1997

Approved Percolation Rate (a)
A: _____ min./inch
B: _____ min./inch
C: _____ min./inch

James E Barry
Signature of Reviewing Official

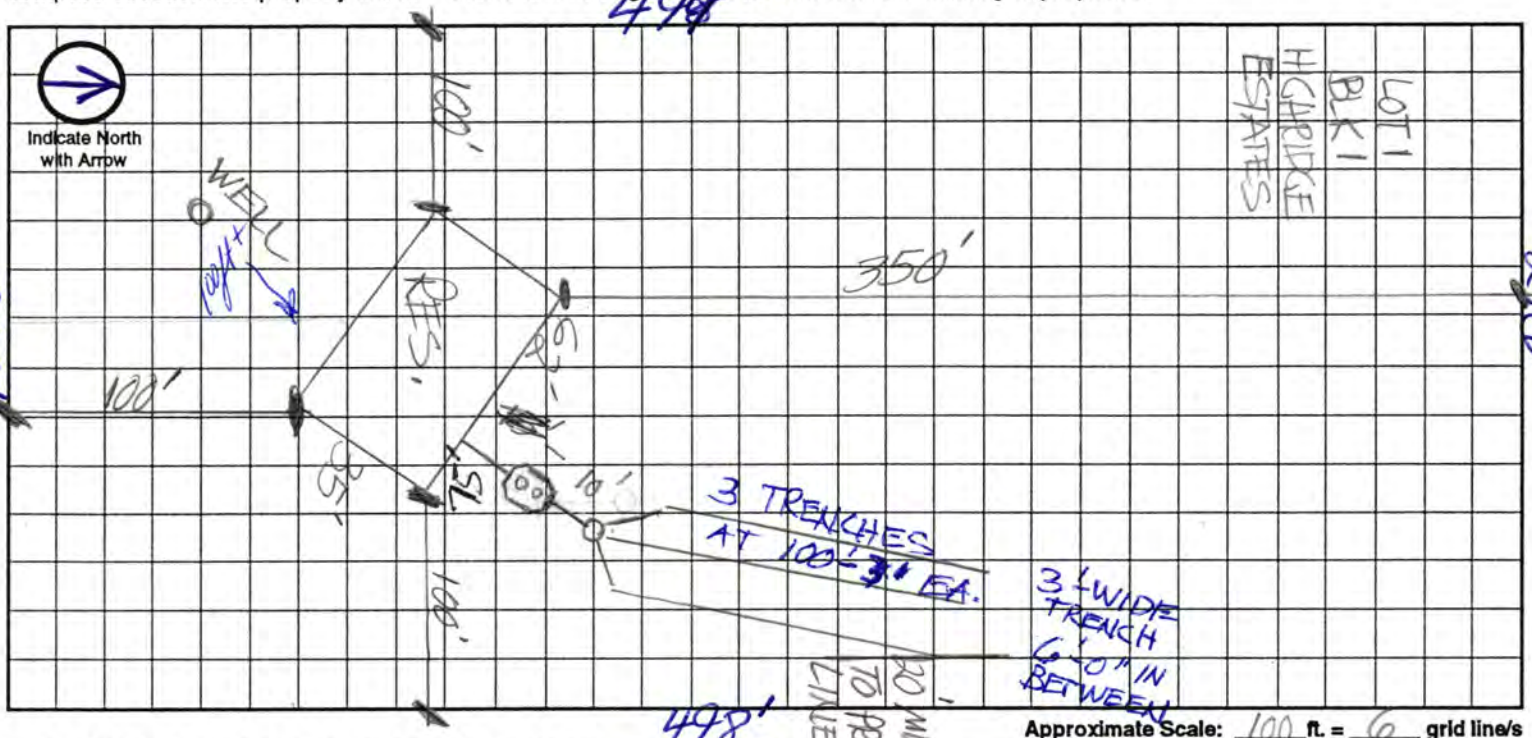
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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. = 6 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3900 W SPRINGVIEW RD 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 23.14 (min. per inch) Soil Type: CLAY LOAM SHARPSBURG SILTY Land Slope: 3 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 10000 sq. ft.

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

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

Total Length of Laterals 301 ft. Number of Trenches 3 Trench Width 3'

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 ☐ NA	500 ☐ NA	50 ☐ NA	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☐

E. Required Signatures

Home Building Contractor Robert Chappell Date 8-12-97

Installer Larry Schwarck 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

SEP 5 1997

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 9-3-97

System Location (Indicate correct number and street)

Address 3900 Spring View (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: 79' ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100'+ 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: 16 in.
8. Distances to: Well or suction line 100'+ 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

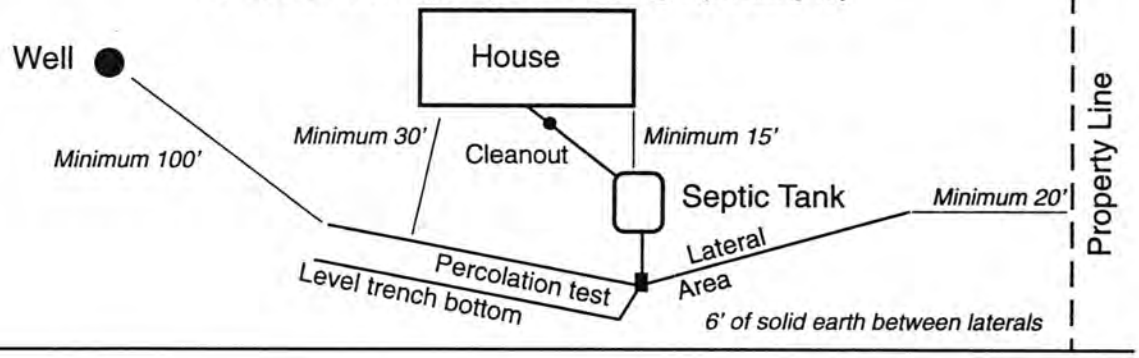
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 16
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 2
   Length of each line: 84 ft. 84 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 6 in/100 ft.
   Average depth 32 in
4. Filter material: Road Gravel
   Depth of material _____ 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.

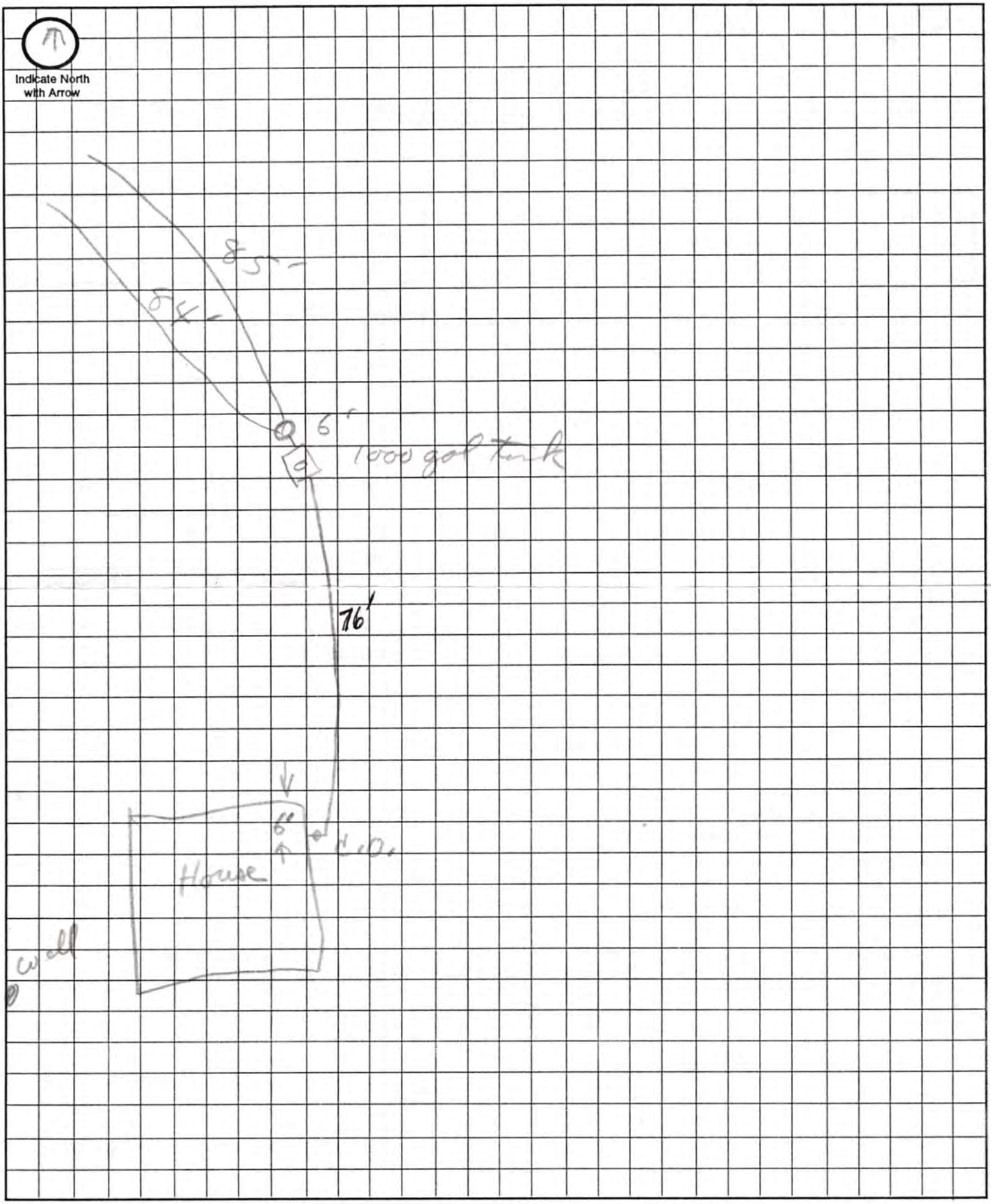
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing



Approximate Scale: _____ft. = _____ grid line/s

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

NON TRANSFERABLE

PERMIT

Permit No. 97400065501

WATER WELL

Issued 09/03/97
Expires 03/03/98
Revenue Code 19851

Establishment

ROBERT CHAMPOUX
T10N R6E SEC 32
HIGHRIDGE ESTATES1ST BLK 1 LOT 1
3900 W SPRINGVIEW ROAD

FEES: $75.00

TOTAL $75.00

Permittee

ROBERT CHAMPOUX
4200 SW 12 ST
LINCOLN NE 68501

Richard D Mossing

Issued By ~~M. Jane Ford~~
Health Director

5201

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. 9740000655

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 3900 W. SPRINGVIEW RD City LINCOLN, NE Zip 68522
(No Rural Route Please)

Legal description of property:
Twp 10N; Range 6E; Section 32; Block 1; Lot 1; Addition HIGHRIDGE ESTATES

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

3. Distance to Public Water Supply ? feet. NOT SURE

Signature of Owner _____

Print Name _____
Current Address _____
_____
Current Home Phone _____
Work Phone _____

Signature of Contractor Robert Champoux

Print Name ROBERT CHAMPOUX
Address 4200 SW 12TH
COMPANY MAIL P.O. BOX 84891 68501
Home Phone 421-6580
Work Phone 730-7302
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 8/14/97; Date forwarded 8/21/97 — ACTION ☒ Approved ☐ Disapproved; Signature: James E Bare / jem
2. Building & Safety — Date received 8/21/97; Date forwarded 8/21/97 — ACTION ☒ Approved ☐ Disapproved; Signature: _____
3. City Engineer — Date received 8/21/97; Date forwarded 8/21/97 — ACTION ☒ Approved ☐ Disapproved; Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 12/16/97 By Jerrold C. Hood ~~Depression water motor.~~
Date: 12/18/97 By Jerrold C. Hood
Date: ___/___/___ By _____

Nitrate Level <0.1 mg/L
Chloride Level 40 mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Installation Final Written Approval
By: Ron Mayfield
Date: 12/30/97

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

Business Office Use Only
Date Rec'd: 08/14/97
Amt Paid: $ 75 CK
Rec'd By LS Cash/Check No. LS

NOV 7 1997

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. 9740000655

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 3900 W. SPRINGVIEW

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

LOG OF WELL	
Depth ft. --to--	Description
0- 5	DRY BRN CLAY
5- 10	RED/BRN CLAY
10- 55	YEL CLAY
55- 85	BLUE CLAY
85- 90	SILTY LIGHT BLUE CLAY
90-100	FINE BRN SAND
100-110	RED SHALE
110-140	LIGHT BLUE & YEL SHALE
140-175	FINE TAN SANDSTONE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 175'
Date Completed 8/26/97

Casing: Length, Ft. 160'; Dia.In. 4"
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 15' 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 79' , Pumping 85 EST

Yield: 60 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 6 NOVEMBER 1997

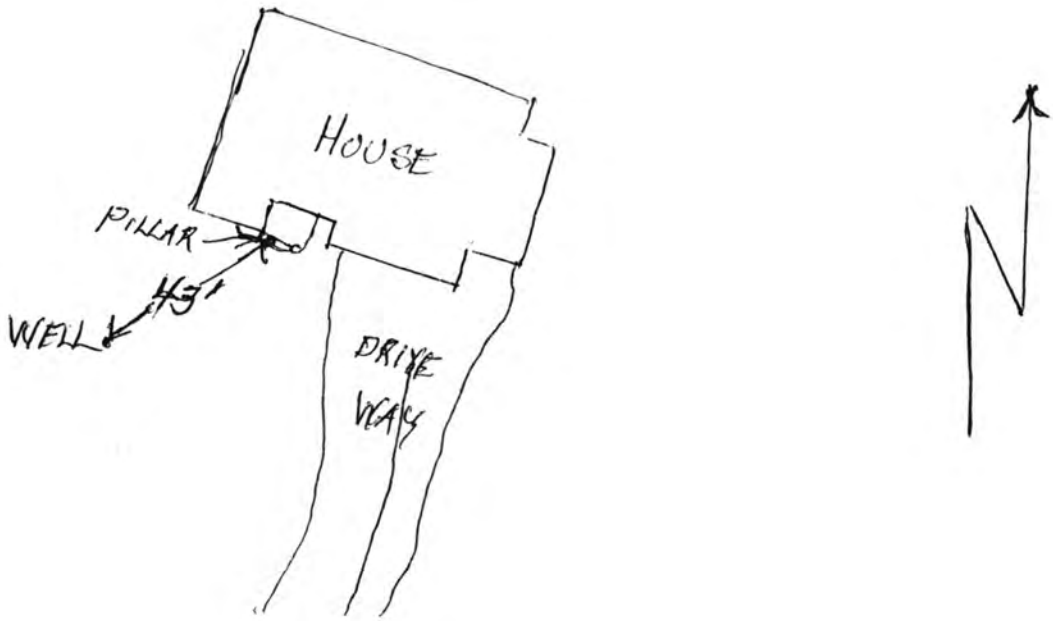
REMARKS NITRATE NITROGEN < 0.1 p.p.m.
BACTERIOLOGICAL O.K.
CHLORIDE 40 p.p.m.

DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 33-4

AREA OF
SEPTIC SYSTEM



~~9/14/98~~ 11-19-98

LLCHD -- Well Data Entry

Permit Number: 97400065 ID Number: Date Abandoned:

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

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

Blk: 1 Lot: 1 Addition: High Ridge Estates

House No: 3900 Dir: W. St. Name: Springview St. Type RD Suf:

Well Use: Res Applicant: Robert Champoux

Owner: Prairie Home Builders Drlr: Bill Moser

Drl Method: Roto Date Cmpltd: 08/26/97 Well Depth: 175' Cs Lngth: 160' Cs Dia: 4"

Cs. Type: PVC Screen Length: 15' Static Lvl: 79' Pumping Lvl: 85' Yield: ~~50~~ 60 gpm