# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

## PERMIT

No. 98380174601

Permit
SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 05/01/98
Expires 11/01/98
Revenue Code 3157

Establishment
PRAIRIE HOME BUILDERS
T1ON R6E SEC 32
HIGHRIDGE ESTS 1ST BLK 1 LOT 4
3700 WEST SPRINGVIEW RD

FEES: $150.00

PAID

TOTAL $150.00

Permittee
PRAIRIE HOME BUILDERS
BOX84891
BOX 84891
LINCOLN NE 68501

Issued By Health Director
Lincoln-Lancaster County Health Department

007308

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 3700 WEST SPRINGVIEW Dr. City LINCOLN NE, Zip NE 68522
(no rural route)

Legal Description 32 10N 6E HIGHRIDGE ESTATES 1ST 1 4
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 BUILDERS Signature Robert D. Champoux

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

☐ Check if owner designed system Home Phone 421-6580 Work Phone 730-7302

### C. Contractor

Name PRAIRIE HOMES BUILDERS Company Name PRAIRIE HOME BUILDERS

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 4/30/98 Date frwd 4/30/98 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/1/98 Date frwd 5/1/98 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 5-1-98 Date frwd 5-1-98 **ACTION** ☒ Approved ☐ Disapproved Signature _____

6/19/98 PARTIAL J.C.H. need drawing

### Installation Final Written Approval

By Jerrold C. Hood

Date JUNE 24, 1998

***Business Office Use Only***

Date Rec'd 04/30/98
Amt Paid 150.00
Rec'd By _____ ~~Cash~~/Check No. 7598

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

Also well x2

B-

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

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 3700 West Spring View (No Rural Route) City Lincoln NE Zip NE

Owner Prairie Home Addresss P.O. BOX 84904 LINCOLN NE 68501

Soil Type (SCS): ~~SANDY LOAM~~ SHARPSBURG SILTY CLAY LOAM Percolation Rate: ~~60~~ min./inch

Date of Tests 4-22-98 to 4-23 Weather: Precipitation 0 Temperature 51°

## Percolation Test Data Table

| A. | B. | C. | D. | E. | F. | G. | H. | I. | J. | K. | L. | M. | N. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pre-Saturation Period | | | | Percolation Reading | | | | | Results | | |
| | | Start | | End | | Start | | | End | | | | |
| Hole No. | Hole Depth (ft) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Date (Mo/Da) | Time (Hr/Min) | Water Level (in.) | Date (Mo/Da) | Time (Hr/Min) | Elapsed Time (Min) | Water Level Drop (in) | Percolation Rates (Min/in) |
| 1 | 3' | 2/6/98 | 8:30 | 2/7 | 9:00 | 2/7 | 9:00 | 6" | 2/7 | 9:30 | 30 min | 1" | 30 |
| 2 | 3' | 2/6 | " | 2/7 | " | 2/7 | 9:00 | 6" | 2/7 | 9:30 | 30 min | 1 1/4" | 24 |
| 3 | 3' | 2/6 | " | " | " | " | 9:00 | 6" | 2/7 | 9:30 | " | 1" | 30 |
| | | | " | " | " | " | | | | | " | | |
| 5 | 3' | 2/6 | " | " | " | " | 9:00 | 6" | 2/7 | 9:35 | " | 1 1/4" | 24 |
| 6 | | | " | " | " | " | | | | | " | | |
| 7 | 3' | 2/6 | " | " | " | " | 9:10 | 6" | 2/7 | 9:40 | " | 1" | 30 |
| 8 | 3' | 2/6 | " | " | " | " | 9:10 | 6" | 2/7 | 9:40 | " | 1 1/2" | 20 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Sum of Percolation Rates: 158
Average of Rates: 26.33
Rate Used for Calculation:

**Person Conducting Percolation Tests**

Name: Phil Nalley
Phone: 438-3349
Address: Rt 6 Box 52
Lincoln, NE 68532

DO NOT WRITE BELOW THIS LINE

**Reviewing Action**

Remarks

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

FORM 23-101 10-96

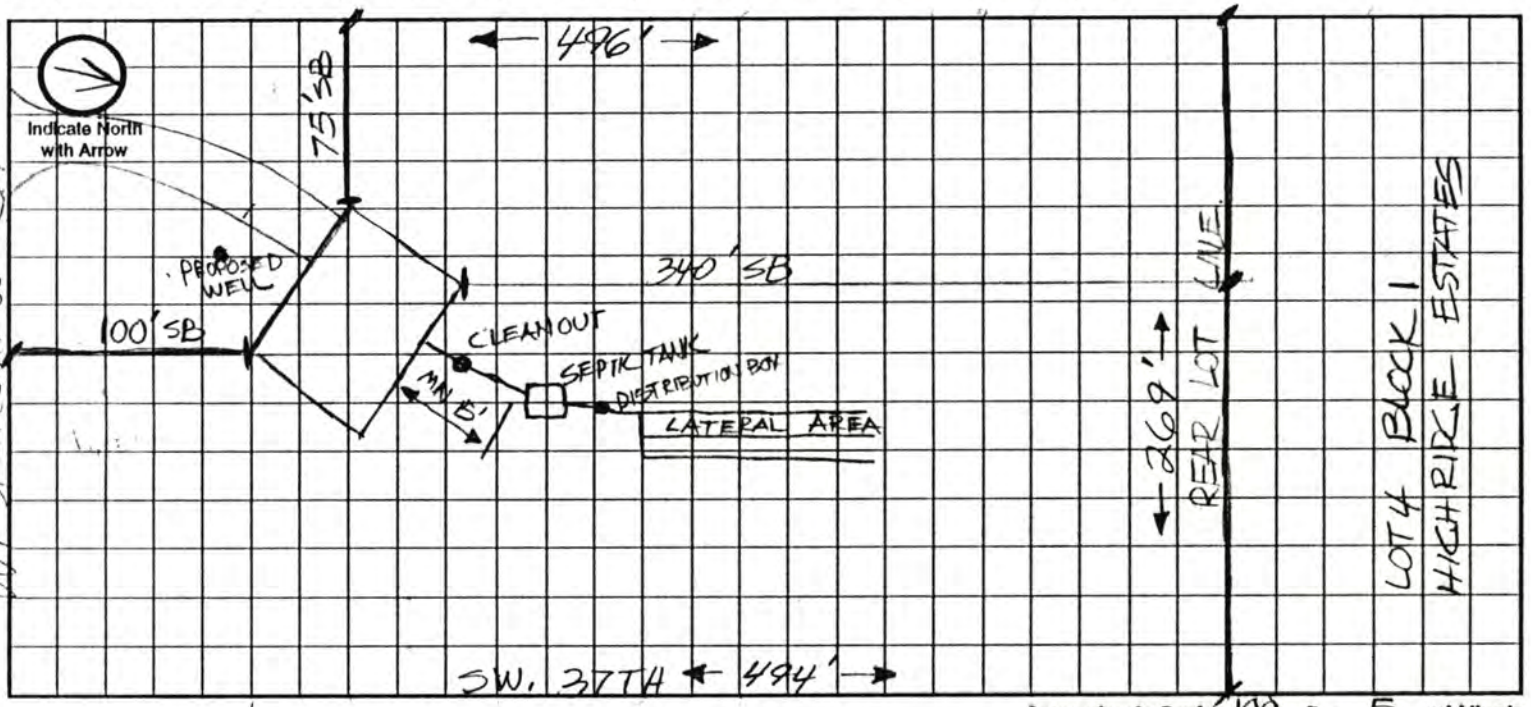
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**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. = 5 grid line/s

## A. System Location (Indicate correct number and street)

Address (no rural route) 3700 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 30 (min. per inch) Soil Type: ~~SANDY LOAM~~ SHARPSBURG SILTY CLAY LOAM Land Slope: 5 %

Type of Absorption System: ☐ Trench ☒ Bed ☐ Other

Total Square Feet of Field Required: 701 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 175 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 PRAIRIE HOME BUILDERS Date 4-30-98

Installer Larry Schwarck Trenching Date

FORM 23-102 10-96

JUN 24 1998

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 6-22-98

**System Location (Indicate correct number and street)**

Address 3700 W Springview (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: 78 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: 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: 12' ft.

## D. Absorption Field

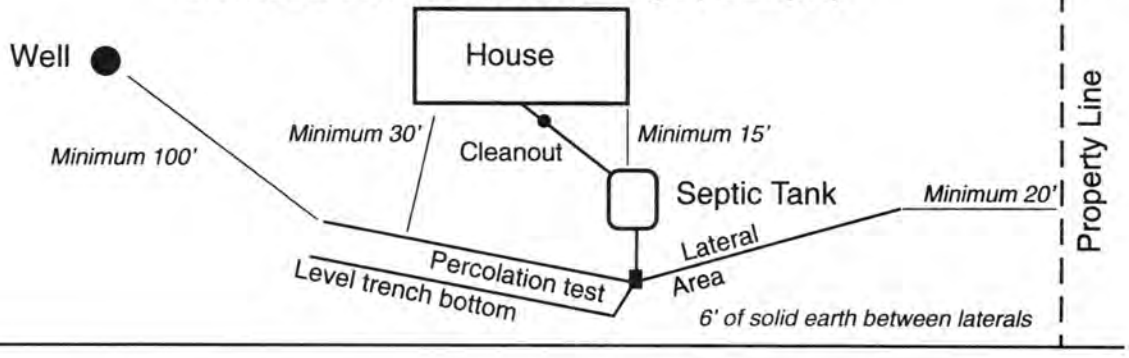
*(Provide as-built drawings on back of this form)*

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: 102 ft. 75 ft.
   ____ ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 4 in/100 ft.
   Average depth 32 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.**

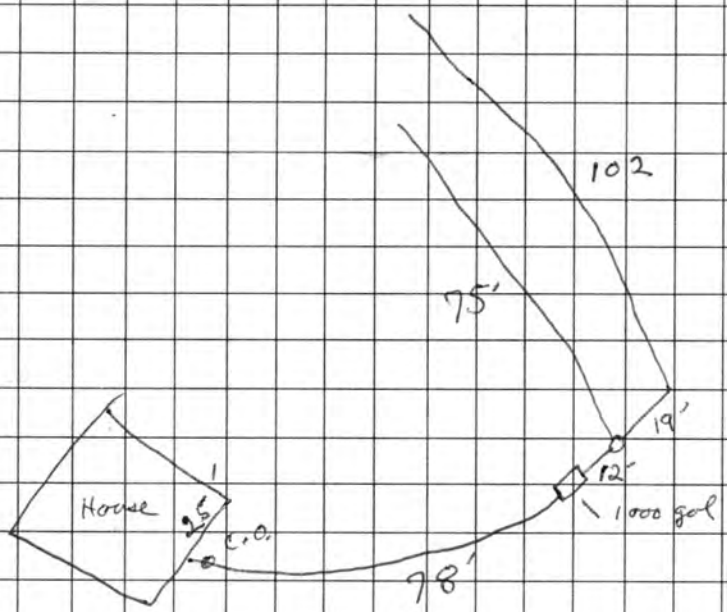
**Individual Sewage System Design (Example)**



# As Built Drawing by Larry Schwarck

3700 W Springview

Indicate North with Arrow




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. 98400073801

Permit
WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 05/01/98
Expires 11/01/98
Revenue Code 3162

PAID

FEES: $75.00

Establishment
PRAIRIE HOME BUILDERS
T10N R6E SEC 32
HIGHRIDGE ESTS 1ST BLK 1 LOT 4
3700 WEST SPRINGVIEW RD

TOTAL $75.00

Permittee
PRAIRIE HOME BUILDERS
BOX84891
BOX 84891
LINCOLN NE 68501

Issued By Health Director
Lincoln-Lancaster County Health Department

007307

**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. _____

# 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 3700 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 4; Addition 1ST

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

3. Distance to Public Water Supply _____ feet.

Signature of Owner Robert D. Champoux PRAIRIE HOMES
Print Name ROBERT D. CHAMPOUX
Current Address P.O. BOX 84891
LINCOLN, NE 68501
Current Home Phone 421-6580
Work Phone 730-7302

Signature of Contractor Robert D. Champoux
Print Name ROBERT D. CHAMPOUX
Address P.O. BOX 84891
LINCOLN NE 68501
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**

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Approval Process: Lincoln Municipal Code 8.44

1. Health Department — Date received 4/30/98, Date forwarded 4/30/98
   ACTION ☒ Approved ☐ Disapproved Signature: Jerrold C. Hood
2. Building & Safety — Date received 5/1/98, Date forwarded 5/1/98
   ACTION ☒ Approved ☐ Disapproved Signature: [signature]
3. City Engineer — Date received 5/1/98, Date forwarded 5/1/98
   ACTION ☒ Approved ☐ Disapproved Signature: [signature]

**REMARKS OR REASONS FOR DISAPPROVAL:** _____

**Site Visits:**
Date: 1/5/98 By Jerrold C. Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

**Installation Final Written Approval**
By: Jerrold C. Hood
Date: 1/6/98

**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 ____
Other _____

***Business Office Use Only***
Date Rec'd: 04/30/98
Amt Paid: $ 75.00
Rec'd By lo ~~Cash~~/Check No. 7598

Also Sewage x 2

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
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 WELLS

Legal Description: Sec. 32 T. 10 R. 6 Block 1 Lot 4 Addition 3700 WEST SPRING VIEW ROAD

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

| LOG OF WELL | |
|---|---|
| Depth ft. --to-- | Description |
| 0- 20 | BRN CLAYS |
| 20- 50 | YEL & BRN CLAY |
| 50- 70 | BLUE CLAY |
| 70- 85 | LIGHT BLUE SANDY CLAY |
| 85-105 | MED GRAY SAND AND CLAY |
| 105-170 | RED AND BLUE SHALE |
| 170-185 | VERY FINE SANDSTONE, SOME SHALE |
| 185-205 | MED FINE YEL SANDSTONE |
| | |
| | |
| | |
| | |
| | |
| | |

WELL COMPLETION RECORD

Drilling Method: Roto/Water

Depth (from ground level), Ft. 201'
Date Completed 8/4/98

Casing: Length, Ft. 186' ; 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. 120' Dia. In. 1 1/4"

Water Level, Surface to top of water, Ft.:
Static 79', Pumping 85' EST

Yield: 130 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

Date 22 September 1998

REMARKS NITRATE NITROGEN <0.1 P.P.M., BACTERIOLOGICAL O.K.

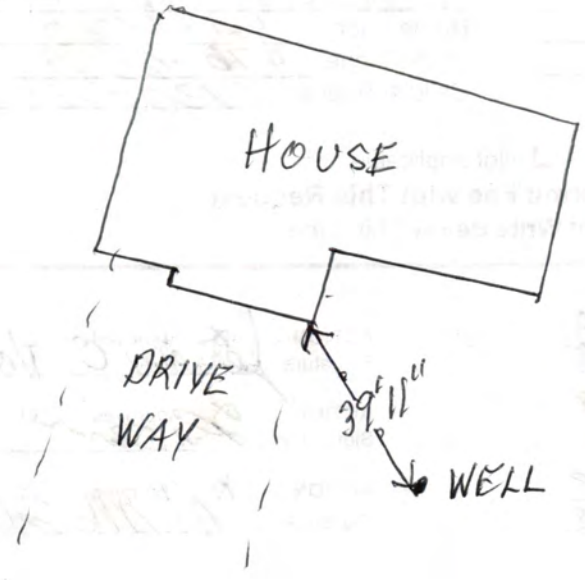
DO NOT WRITE BELOW THIS DOUBLE LINE

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

FORM 23-A




AREA
OF
SEPTIC SYSTEM



1-25-99

## LLCHD -- Well Data Entry

Permit Number: 984000738 ID Number: Date Abandoned:

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

Township: 10 Range: 4 Section: 32 Quarter: Quarter/Quarter:

Blk: Lot: 4 Addition: Irst

House No: 3700 Dir: W. St. Name: Spring View St. Type RD. Suf:

Well Use: R Applicant: Prairie Home & Builders

Owner: Robert D. Champoux Drlr: Bill Moser

Drl Method: Rty Date Cmpltd: 08/04/98 Well Depth: 201 Cs Lngth: 186 Cs Dia: 4

Cs. Type: PVC Screen Length: 15 Static Lvl: 79 Pumping Lvl: 85 Yield: 130