LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 98380183001

Issued 08/21/98
Expires 02/21/99
Revenue Code 3157

FEES: $150.00

PAID

Establishment

PRAIRIE HOME BUILDERS
T10N R6E SEC 32
HIGHRIDGE ESTS-1ST BLK 3 LOT 3
3747 W SPRINGVIEW RD

Permittee

PRAIRIE HOME BUILDERS
BOX84891
BOX 84891
LINCOLN NE 68501

TOTAL $150.00

Issued By Health Director
Lincoln-Lancaster County Health Department

007993

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 3747 W. SPRINGVIEW RD. (no rural route) City LINCOLN NE, Zip 68522

Legal Description 32 10N 6E HIGHRIDGE ESTATES 1ST 3 3
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 HOME BUILDERS Signature Rob Champoux

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

☐ Check if owner designed system Home Phone 421-6580 Work Phone 476-6599 CEL 730-7302

C. Contractor ROB CHAMPOUX

Name PRAIRIE HOME BUILDERS Company Name PRAIRIE HOME BUILDERS

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 LARRY SCHWARCK Firm _____ Work Phone 430-6113

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 8/20/98 Date frwd 8/21/98	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 8-21-98 Date frwd 8-21-98	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 8-21-98 Date frwd 8-21-98	**ACTION** ☒ Approved ☐ Disapproved Signature	

Installation Final Written Approval

By Jerrold C. Hood

Date DECEMBER 3, 1998

Business Office Use Only

Date Rec'd 8/21/98

Amt Paid 150.00

Rec'd By CW Cash/Check No. 7996

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

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 3747 W. SPRINGVIEW RD. (no rural route) City LINCOLN NE, Zip 68522

Owner PRAIRIE HOMES Addresss P.O. Box 84891

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 38.09 min./inch

Date of Tests 8-8-98 to 8-9-98 Weather: Precipitation 0 Temperature 83° 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"	8/8	3:30	8/8	7:30	8/9	9:30	6"	1:30	6"	30	3/4"	40
2	36"	8/8	3:30	8/8	7:30	8/9	9:30	6"	1:30	6"	30	7/8	34.28
3	36"	8/8	3:30	8/8	7:30	8/9	9:30	6"	1:30	6"	30	3/4	40
4	36"	8/8	3:30	8/8	7:30	8/9	9:35	6"	1:35	6"	30	3/4	40
5	36"	8/8	3:30	8/8	7:30	8/9	9:35	6"	1:35	6"	30	3/4	40
6	36"	8/8	3:30	8/8	7:30	8/9	9:35	6"	1:35	6"	30	7/8	34.28
7	36"	8/8	3:30	8/8	7:30	8/9	9:40	6"	1:40	6"	30	3/4	
8	36"	8/8	3:30	8/8	7:30	8/9	9:40	6"	1:40	6"	30	3/4	
	36"												

Sum of Percolation Rates: 228.56
Average of Rates: 38.09
Rate Used for Calculation: 38.09

Person Conducting Percolation Tests

Name: Phil Nalley
Phone: 438-3349
Address 6005 West H

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

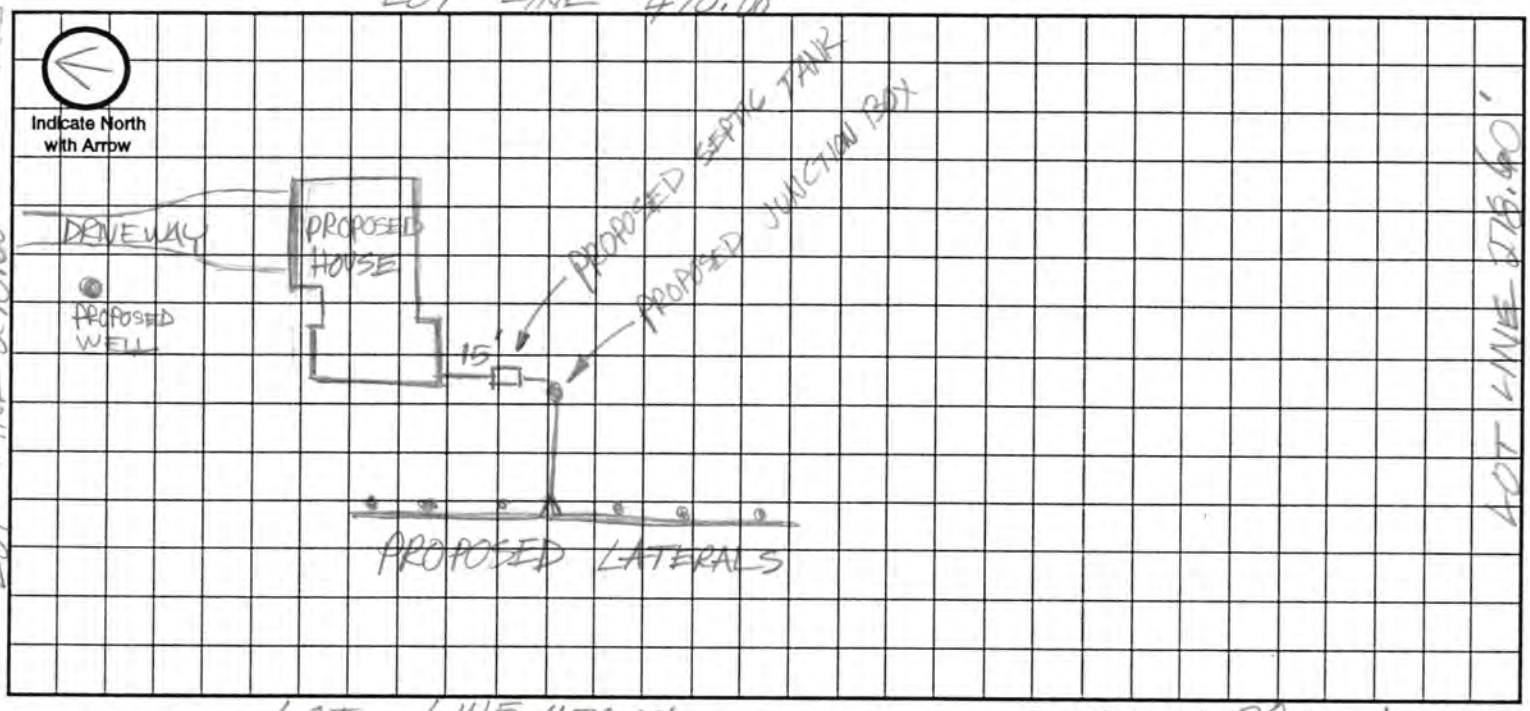
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 3747 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 38.09 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: 20% %

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

Total Square Feet of Field Required: 842 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 211 ft. Number of Trenches ~~2~~ 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 8-19-98

Installer Larry Schwarz Date 8-21-98

FORM 23-102 10-96

DEC 3 1998

D

Permit Number:

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

Sewage Disposal System

As Built Plans & Specifications

Date 12-1-98

System Location (Indicate correct number and street)

Address 3747 W. SPRINGVIEW RD. (no rural route) City LINCOLN NE, Zip 68522

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: 30' 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: 8" 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

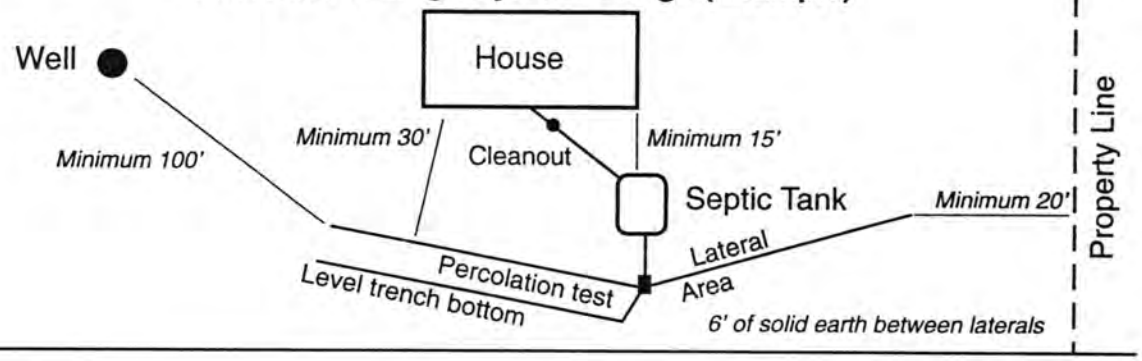
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15 Infiltrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 95' ft. 95' ft.
   25' ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 36" 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.

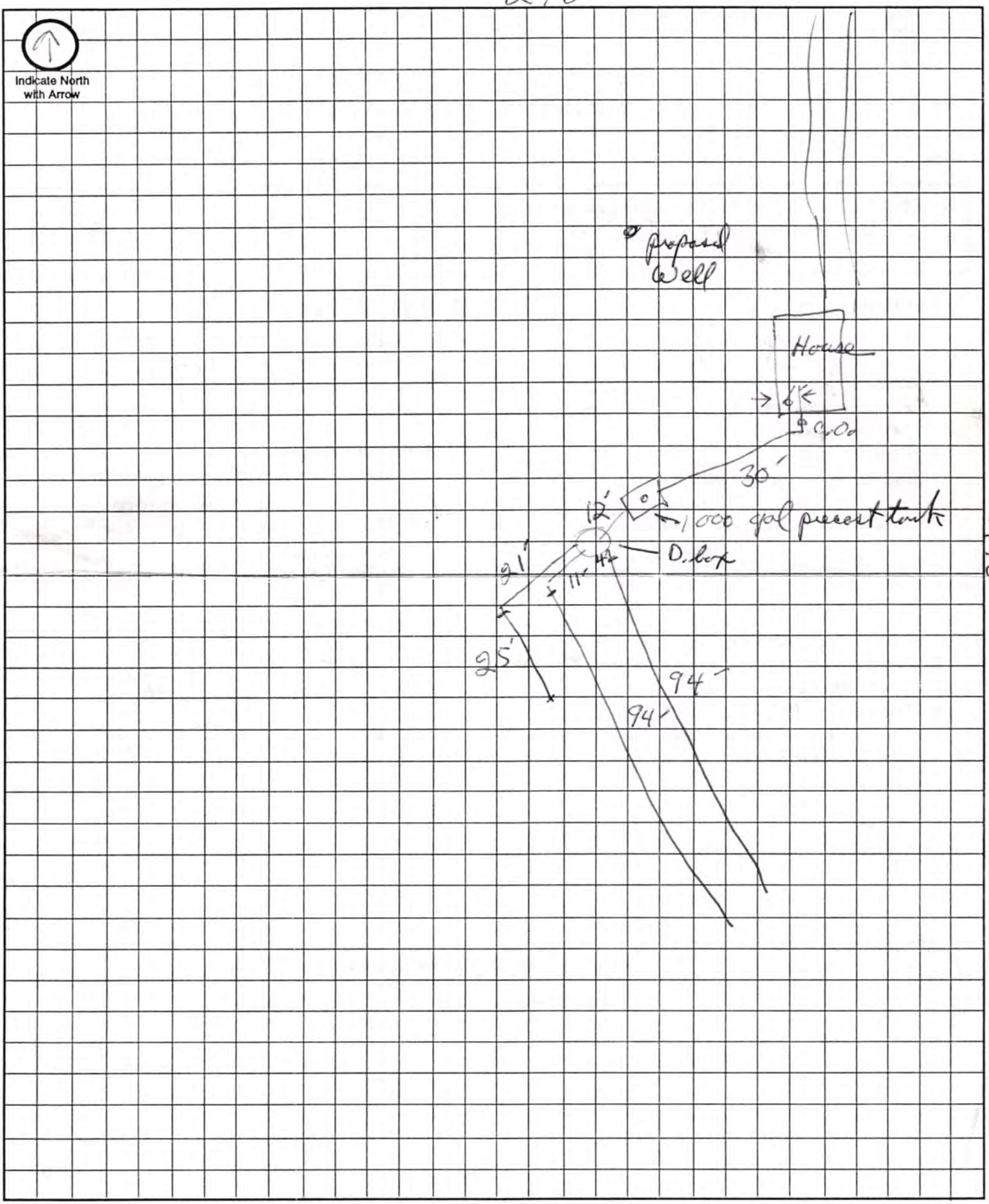
Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schwark Dec. 1-98



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

Permit No. 98400077901

WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 08/21/98
Expires 02/21/99
Revenue Code 3162

PAID

FEES: $75.00

Establishment

ROBERT CHAMPOUX
T10N R6E SEC 32
HIGHRIDGE ESTS-1ST BLK 3 LOT 3
3747 W SPRINGVIEW RD

TOTAL $75.00

Permittee

ROBERT CHAMPOUX
4200 SW 12 ST
LINCOLN NE 68501

Issued By Health Director
Lincoln-Lancaster County Health Department

007985

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 3747 W. SPRINGVIEW RD City LINCOLN, NE Zip 68522
(No Rural Route Please)

Legal description of property:
Twp 10N; Range 6E; Section 32; Block 3; Lot 3; Addition HIGHRIDGE ESTATES

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

3. Distance to Public Water Supply UNKNOWN feet.

Signature of Owner Rob Champoux

Print Name ROB CHAMPOUX
Current Address 4200 SW 12TH
LINCOLN NE 68522
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

Approval Process: Lincoln Municipal Code 8.44

1. Health Department — Date received 8/20/98; Date forwarded 8/21/98 — ACTION ☒ Approved ☐ Disapproved — Signature: Jerrold C. Hoop
2. Building & Safety — Date received 8/21/98; Date forwarded 8/21/98 — ACTION ☒ Approved ☐ Disapproved — Signature: [signature]
3. City Engineer — Date received 8/20/98; Date forwarded 8/20/98 — ACTION ☒ Approved ☐ Disapproved — Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL: If & When hookup to City water, Back flow prevention Assemblies will be required.

Site Visits:
Date: 1/27/00 By nm (depression + hole by well casing need repaired)
Date: ___/___/___ By _____
Date: ___/___/___ By _____

Nitrate Level 0.5 mg/L
Chloride Level — mg/L
Bacteriological Analysis Satisfactory
Yes X No ___
Other _____

Installation Final Written Approval
By: Doug Frank
Date: 4/13/04

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

Business Office Use Only
Date Rec'd: 8/21/98
Amt Paid: $ 75.00
Rec'd By CW Cash/Check No. 7996

JUN 4 1999

JUN 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 3747 W. SPRINGVIEW RD

Legal Description: Sec. 32 T. 10 R. 6 Block ____ Lot ____ Addition HIGH RIDGE ESTATES

Owner PRAIRIE HOME BUILDERS Address P. O. BOX 81849, LINCOLN, NE 68501

LOG OF WELL	
Depth Ft to:	Description
0- 5	RED/BRN CLAY
5- 55	BRN CLAY
55- 70	BLUE CLAY
70- 75	BLACK & BLUE CLAY
75- 85	SILTY GRAY CLAY
85- 95	FINE SAND TRNG CRS SAND
95-110	YEL & RED SHALE
110-147	BLUE SHALE
147-152	MED CRS SANDSTONE
152-164	BLUE SHALE
164-168	MED CRS SANDSTONE
168-215	MOSTLY BLUE SHALE W/VERY FINE WHITE SANDSTONE
215-224	VERY FINE WHITE SANDSTONE
224-240+	MED FINE TO MED LIGHT BRN SS

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level). Ft. 235'

Date Completed 4/19/99

Casing: Length, Ft. 225' :Dia. In. 4"

Wall Thickness, Inc. .214" :Type PVC

Screen: Length, Ft. 10' Dia. In. 4"

Type PVC WOP , Slot Size .025

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

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

Static 78' , Pumping 85' EST

Yield: 10 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)

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

Remarks _____

Date: 3 JUNE 1999

DO NOT WRITE BELOW THIS DOUBLE LIN

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

N

