LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 98380183101

SEWAGE INSTALLATION
SEPTIC SYSTEM

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

Establishment
PRAIRIE HOME BUILDERS
T10N R6E SEC 32
HIGHRIDGE ESTS-1ST BLK 3 LOT 4
3707 W 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

007994

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 ROBERT D. CHAMPOUX

A. System Location (Indicate correct number and street)

Address 3707 WEST SPRINGVIEW RD City LINCOLN NE, Zip 68522
(no rural route)

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

Address P.O. Box 84891 City/State/Zip LINCOLN NE 68522

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

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 476-6599 or CEL 730-7302

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

Designer Name LARRY SCHWARCK Firm _____ Work Phone 420-6113

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 _____

10/19/98 L. C.H. Need drawing

Installation Final Written Approval

By Jerrold C. Hood

Date OCTOBER 27, 1998

Business Office Use Only

Date Rec'd 8/21/98

Amt Paid 150.00

Rec'd By CW Cash/Check No. 7994

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

middle

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~~ 3707 West Spring View (no rural route) City Lincoln NE, Zip 68522

Owner Provic Homes. Addresss P.O. BOX 84891

Soil Type (SCS): SHARPSBURG SILTY CLAY LOAM Percolation Rate: 36.12 min./inch

Date of Tests 8/8/98 to 8/9/98 Weather: Precipitation 0 Temperature 80°-85° 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	3pm	8/8	7pm	8/9	9:00	6"	8/9	1:00pm	30m	3/4	~~.025~~ 40
2	36"	8/8	3pm	8/8	7pm	8/9	9:00	6"	8/9	1:00pm	30m	1/8	~~.03~~ 34.28
3	36"	8/8	3pm	8/8	7pm	8/9	9:00	6"	8/9	1:00pm	30m	3/4	~~.025~~ 40
4	36"	8/8	3pm	8/8	7pm	8/9	9:05	6"	8/9	1:05pm	30m	1	~~.033~~ 30
5	36"	8/8	3pm	8/8	7pm	8/9	9:05	6"	8/9	1:05pm	30m	3/4	~~.025~~ 40
6	36"	8/8	3pm	8/8	7pm	8/9	9:05	6"	8/9	1:05p.	30m	3/4	~~.025~~ 40
7	36"	8/8	3pm	8/8	7pm	8/9	9:10	6"	8/9	1:10	30m	1/8	~~.03~~ 34.28
8	36"	8/8	3pm	8/8	7pm	8/9	9:10	6"	8/9	1:10p.	30m	1/8	~~.03~~ 34.28
													252.84

Person Conducting Percolation Tests

Name: Phil Nalley

Phone: 438-3349

Address 6005 West A.

Sum of Percolation Rates: 252.84

Average of Rates: ~~.84~~ ~~.125~~ ~~.033~~ 36.12

Rate Used for Calculation: 36.12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

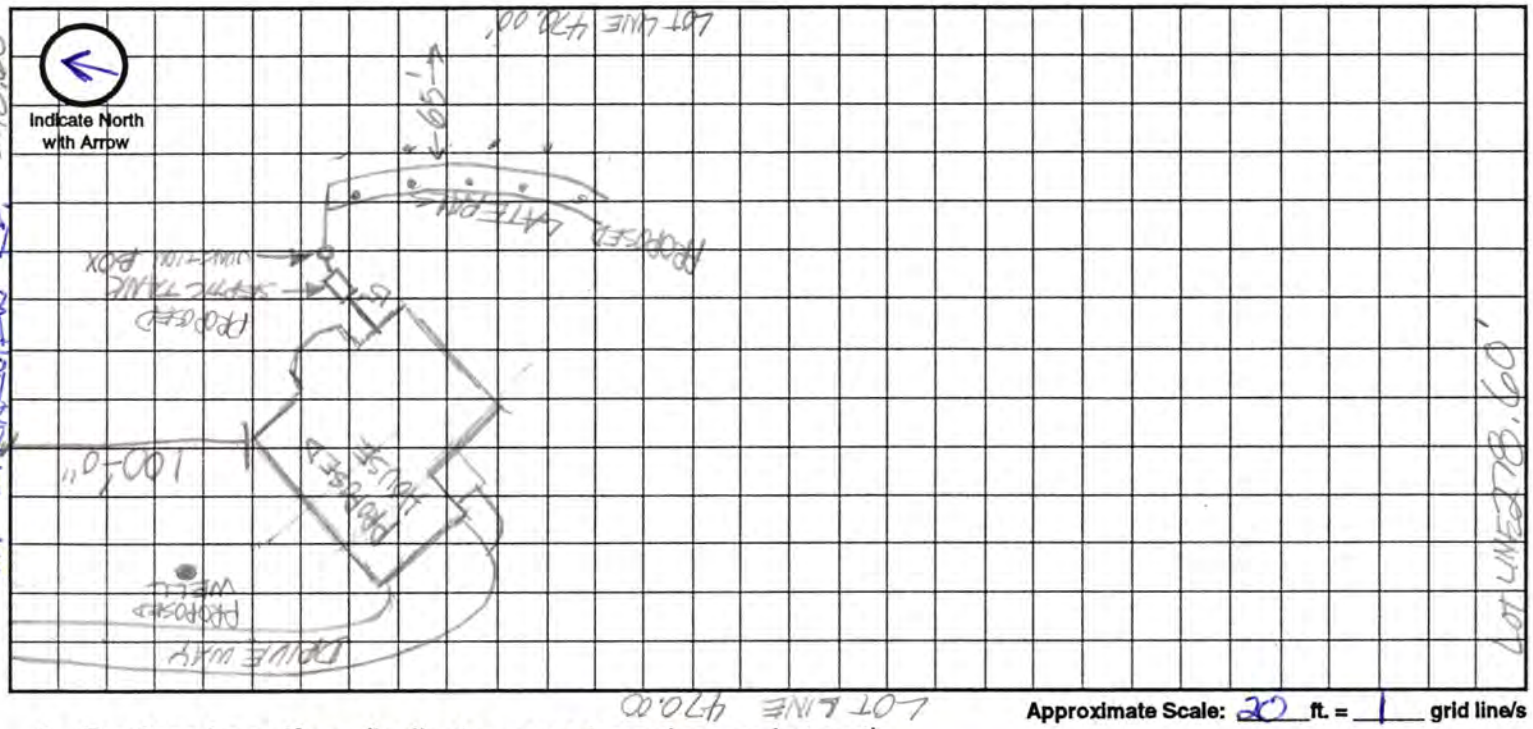
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 3707 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 36.12 (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: 821 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 205 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 Robert P. Chapp for Prairie Homes Date 8-19-98

Installer Larry Schwarek Date 8-21-98

OCT 2 2 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 10-20-98

System Location (Indicate correct number and street)

Address 3707 W Springview (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 150
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and septic tank: 83 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: 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: 15 ft.

D. Absorption Field

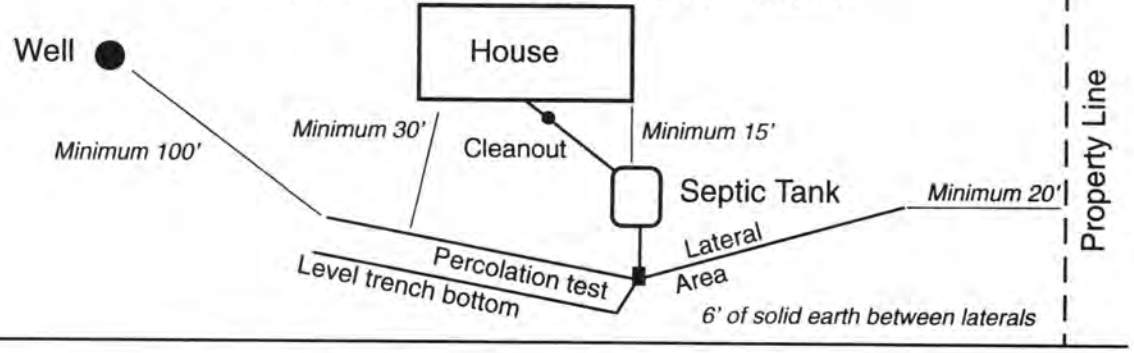
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 15"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 94 ft. 58 ft.
   58 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4' ft.
   Slope — in/100 ft.
   Average depth 38 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

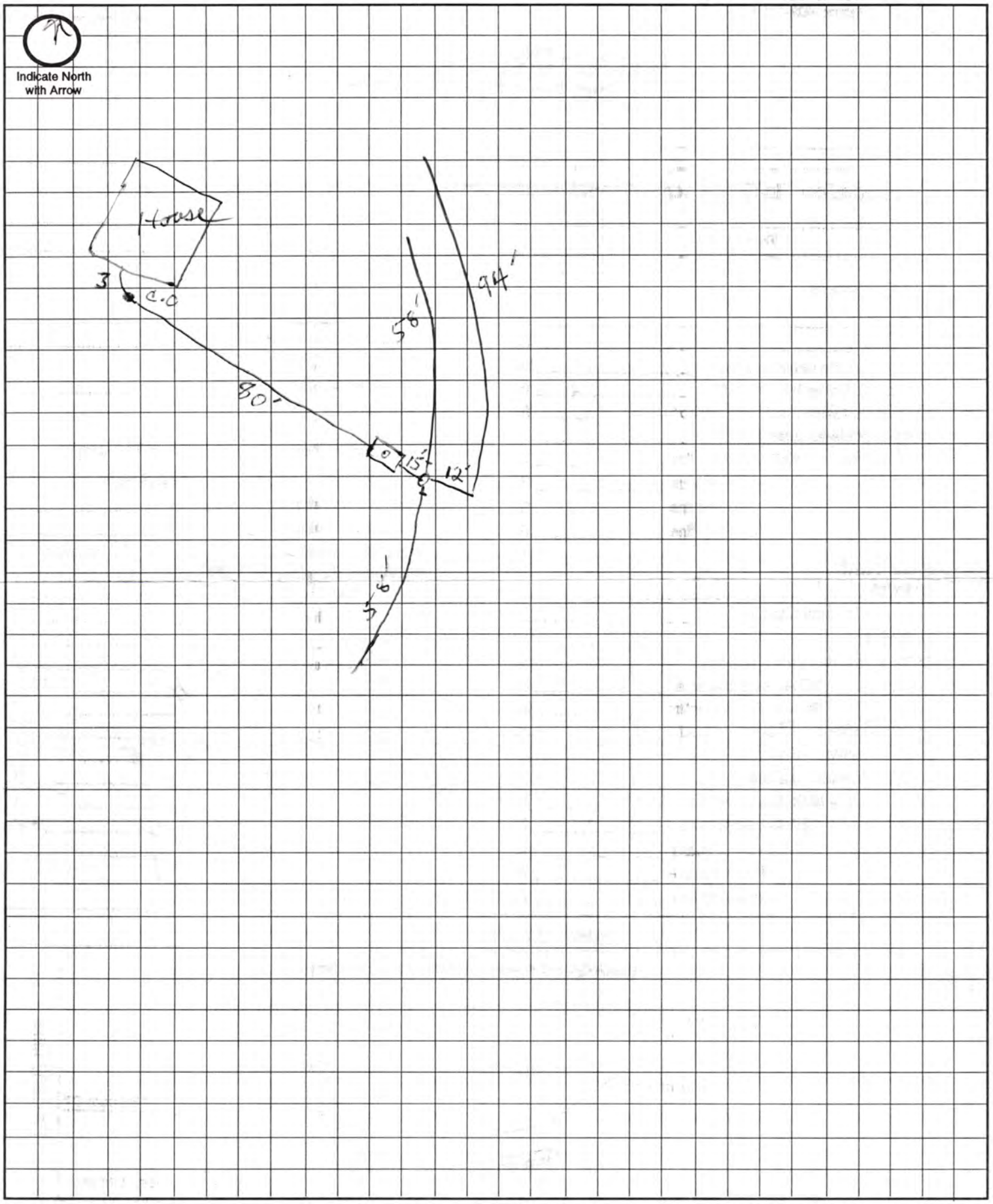
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing by Larry Schevorek



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. 98400078001

WATER WELL
NEW WATER WELL CONSTRUCTION

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

PAID

FEES: $75.00

TOTAL $75.00

Establishment

ROBERT CHAMPOUX
T10N R6E SEC 32
HIGHRIDGE ESTS-1ST BLK 3 LOT 4
3707 W SPRINGVIEW RD

Permittee

ROBERT CHAMPOUX
4200 SW 12 ST
LINCOLN NE 68501

Issued By Health Director
Lincoln-Lancaster County Health Department

007986

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

SW 40th w. of "A" Area.

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 3703 W. SPRINKLEVIEW RD City LINCOLN, NE Zip 68522
(No Rural Route Please)

Legal description of property:
Twp 10N, Range 6E, Section 32; Block 3; Lot 4; Addition HIGHRIDGE ESTATES

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

3. Distance to Public Water Supply UNKNOWN feet.

Signature of Owner _____

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

Signature of Contractor Robert D. Champoux

Print Name ROBERT D. CHAMPOUX
Address P.O. BOX 84591
LINCOLN NE 68501
Home Phone (402) 421-6580
Work Phone (402) 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 8/20/98, Date forwarded 8/21/98 — ACTION ☒ Approved ☐ Disapproved — Signature: Jerrold C. Vood
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, backflow prevention Assembly will be required.

Site Visits:
Date: 7/22/99 By Jerrold Vood Excavation Edging dug around well
Date: 1/27/00 By rm defic. corrected
Date: ___/___/___ By _____

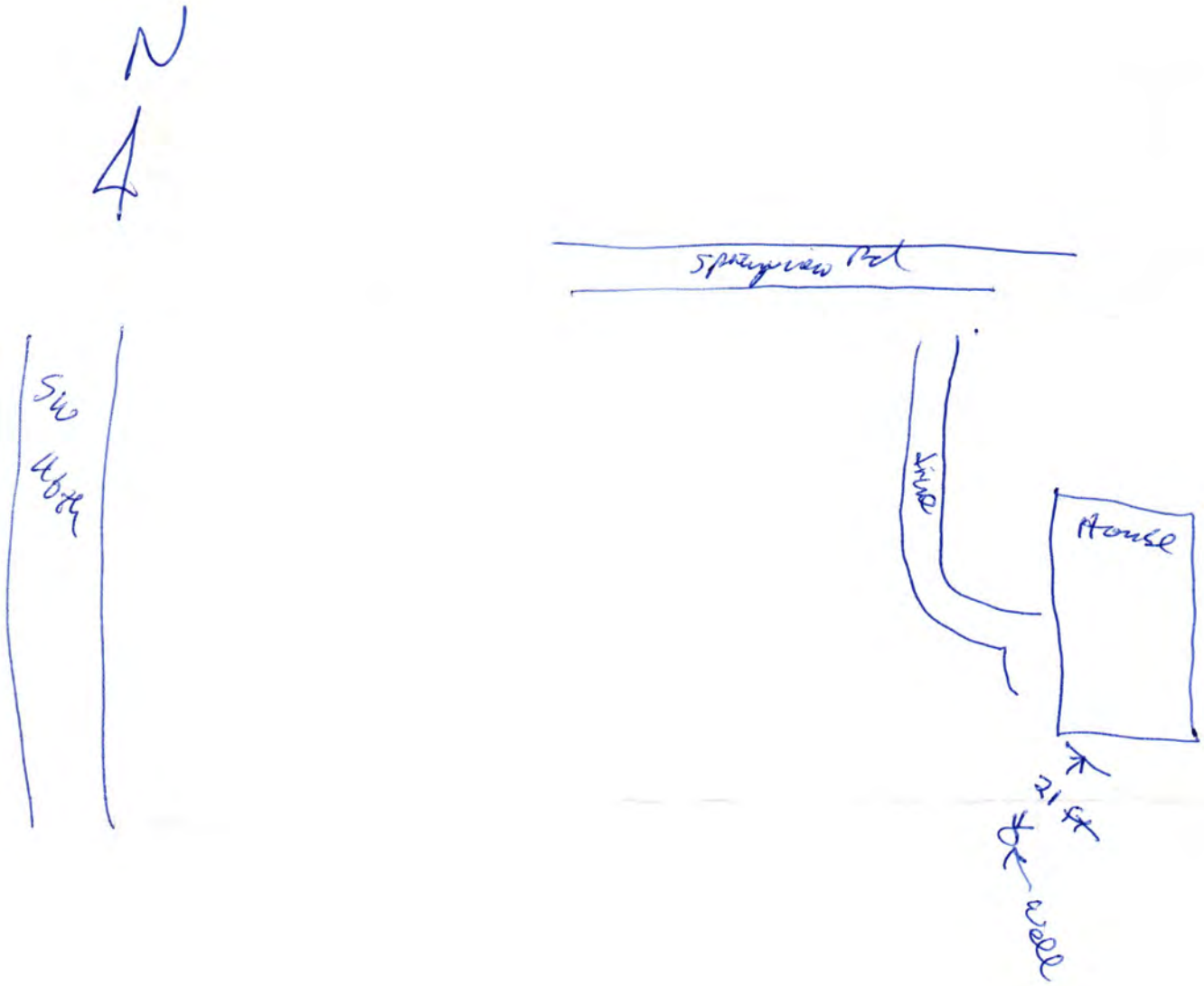
Nitrate Level 0 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes ✓ No ____
Other _____

Installation Final Written Approval
By: _____
Date: ___/___/___

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 ____ Cash/Check No. 7996

P13716-35


N
4
Springview Rd
Sw
Hobb
Drive
House
21 ft
well