Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

004951

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit #: 04380282201

Issued: 04/27/04
Expires: 10/27/04
Revenue Code: 3157

Establishment:
MARANATHA CAMP FOUNDATION
T7N R7E SEC 23
IRON HORSE LOT 4
25960 IRONHORSE CT-FIRTH

FEES: $200.00

Permittee:
MARANATHA CAMP FOUNDATION
3421 S 7 ST
APT B
LINCOLN NE 68582

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

RECEIVED
APR 26 2004

A

Permit Number: 04380282201

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 25960 Iron Horse (no rural route) City Firth NE, Zip 68358

Legal Description 23 7N 7E Iron Horse Heights 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 Maranatha Camp foundation Signature _____

Address 3421 S 7th Suite B City/State/Zip Lincoln Ne 68582

☐ Check if owner designed system Home Phone 791-2267 Work Phone 416-9949

C. Contractor

Name Mike Knorr Company Name _____

Address Same City/State/Zip Douglas NE

☑ Check if contractor designed system Work Phone 417 8703

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

Designer Name Mike Knorr Firm _____ Work Phone 417-8309

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 6 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 4/27/04 Date frwd 4/29/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Head
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/29/04 Date frwd 4/29/04 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 04/29/04 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____

9/29/04 Need drawing. J. C.H.

Installation Final Written Approval

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

Date FEBRUARY 14, 2005

Business Office Use Only

Date Rec'd 4-27-04
Amt Paid 200.00
Rec'd By TW Cash/Check No. 1078

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: 043802822

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

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

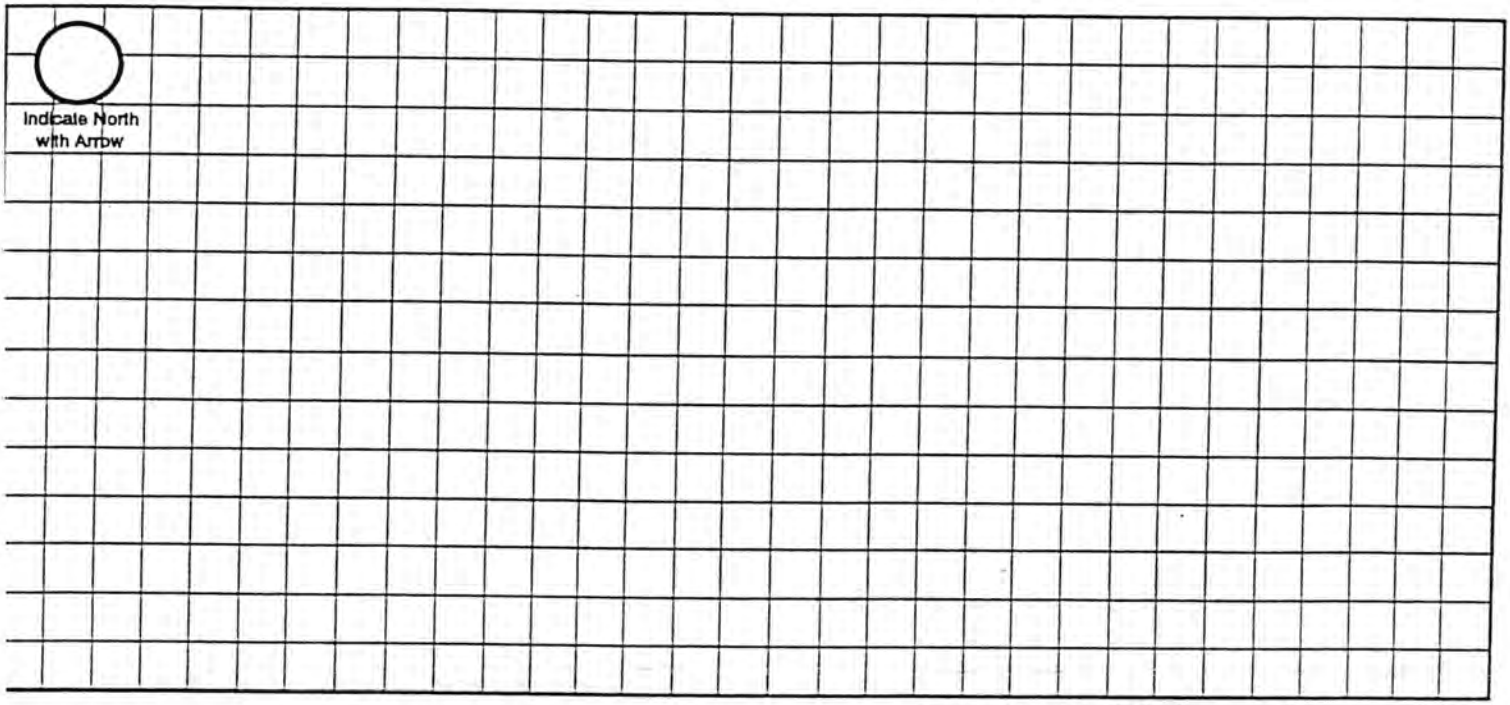
C

Permit Number: 043802822

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 25960 Iron horse City Firth NE, Zip 68358

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 _____ Date 4/29/14

Installer _____ Date _____

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

NEBRASKA DIRT WORKS
T7N R7E SEC 23
IRON HORSE LOT 4
25960 IRONHORSE CT-FIRTH

Permittee

NEBRASKA DIRT WORKS
26701 S 110 ST
FIRTH NE 68358

Permit # 02380255301

Issued 10/15/02
Expires 04/15/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003003

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

A

Permit Number: 02380255301

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 ~~IRON HORSE Lot 4~~ 25960 Iron Horse Ct (no rural route) City Firth NE, Zip 68

Legal Description: 1/4 23 1/4 Section 7N Township 7E Range IRON HORSE Subdivision Addition 4 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 NEBRASKA DIST WORKS Signature Kirk Adams

Address _____ City/State/Zip Firth NE

☐ Check if owner designed system Home Phone 402 791-5595 Work Phone 402-450-0100

C. Contractor

Name EDWARD HARPER Company Name Harper Well & Pump Inc

Address _____ City/State/Zip PO Box 15 Adams NE 68301

☐ Check if contractor designed system Work Phone 402-432-2204

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 4 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 10/15/02 Date frwd 10/15/02	**ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 10/15/02 Date frwd _____	**ACTION** ☐ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 10/15/02 Date frwd 10/15/02	**ACTION** ☒ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 10/15/02
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 2652

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector (2)

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

B

Permit Number: 023802553

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Iron Horse & Lot 4 (no rural route) City Firth NE, Zip _____

Owner Nebraska Diel Works Addresss _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)
		Bentonite In Bottom of Hole											

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

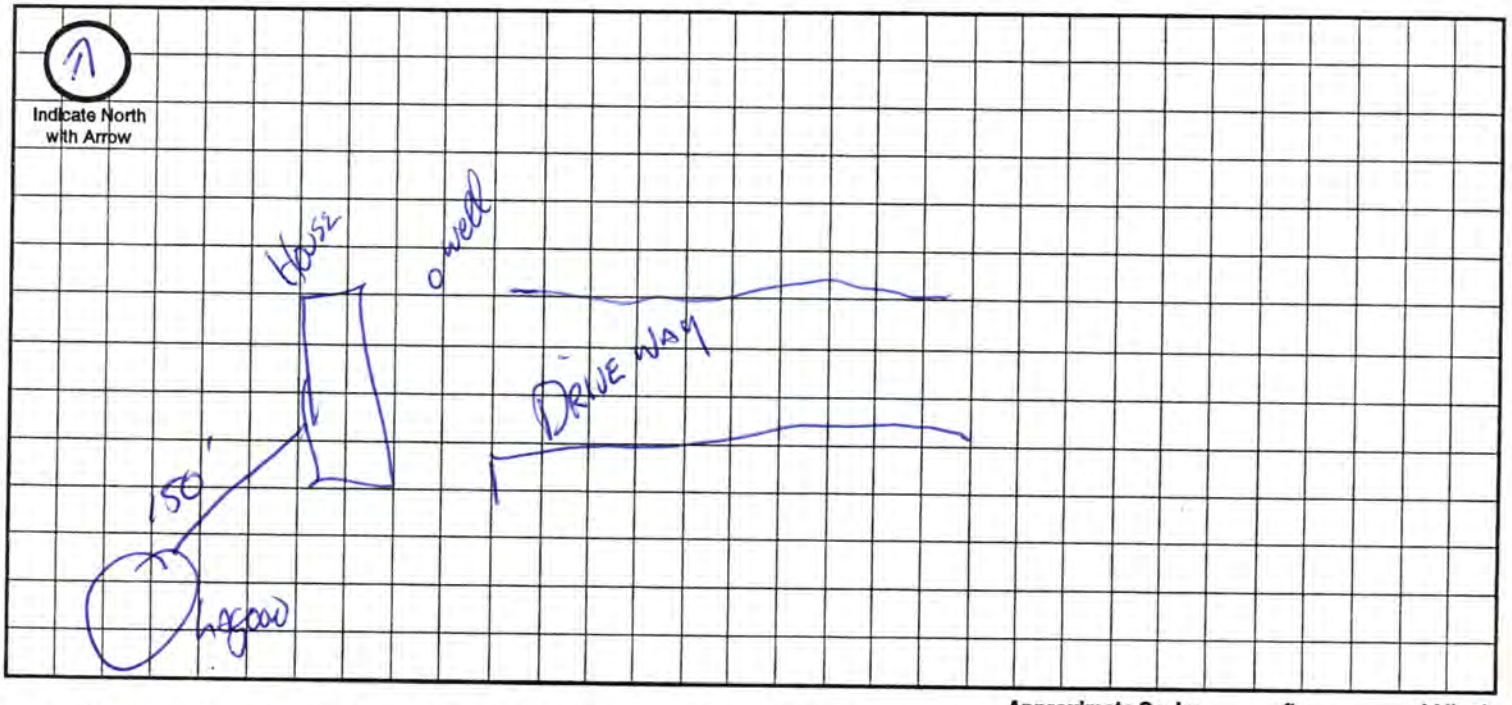
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 02 3802553

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: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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: _____

Capacity of Septic Tank _____ gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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 _____ Date 10/15/02

Installer Hagen Drill & Plumbing Inc Date 10/15/02

FORM 23-102 10-96

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

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

Permit
SEWAGE INSTALLATION
LAGOON

Permit # 02380255301

Issued 10/15/02
Expires 04/15/03
Revenue Code 3157

Establishment
NEBRASKA DIRT WORKS
T7N R7E SEC 23
IRON HORSE LOT 4
25960 IRONHORSE CT-FIRTH

FEES: $200.00

Permittee
NEBRASKA DIRT WORKS
26701 S 110 ST
FIRTH NE 68358

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003003

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

004951

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

ermit
SEWAGE INSTALLATION
LAGOON

Permit # 04380282201

Issued 04/27/04
Expires 10/27/04
Revenue Code 3157

stablishment
MARANATHA CAMP FOUNDATION
T7N R7E SEC 23
IRON HORSE LOT 4
25960 IRONHORSE CT-FIRTH

LINCOLN
LANCASTER COUNTY
HEALTH
DEPARTMENT

FEES: $200.00

ermittee
MARANATHA CAMP FOUNDATION
3421 S 7 ST
APT B
LINCOLN NE 68582

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY