Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Permit # 00380216101

Issued 03/30/00
Expires 09/30/00
Revenue Code 3157

Establishment

GENTLE SHEPHERD BAPTIST CHURCH
T9N R6E SEC 4
DOROTHY'S GARDEN BLK 5E LOT 2
1601 W BURNHAM ST

FEES: $150.00

Permitee

GENTLE SHEPHERD BAPTIST CHURCH
6131 NW 11 ST
LINCOLN NE 68521-3717

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

012005

LESS THAN 1000gpd, NO DEQ PERMIT REQUIRED. JM

A

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

Permit Number: 00380216 I

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 1601 W Burnham (no rural route) City Lincoln NE, Zip 68521

Legal Description SE 4 9N 6E Dorthy Garden 2
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 Gentle Shepherd Baptist Church Signature _____

Address 6131 NW 11 #2 City/State/Zip Lincoln Ne 68521

☐ Check if owner designed system Home Phone 436-8954 Work Phone 560 7002

C. Contractor

Name Harold Casement Company Name Capitol City Trenching

Address 2141 Plum City/State/Zip Lincoln, Ne 68522

☐ Check if contractor designed system Work Phone 476-6313 / 432-2494

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

Designer Name Ken Yoder Ross Engineering Firm → Work Phone 474-7611

E. This System Will Serve a

☐ Residential Dwelling Number of Bedrooms ____ Is there a Whirlpool Bathtub YES (NO)

☒ Commercial Establishment/Other Facility Specify church

Design flow in gallons per day 100 Galls. 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 2/29/00 Date frwd 3/29/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/29/00 Date frwd 3/29/00 ACTION ☒ Approved ☐ Disapproved Signature _____
   FLOOD PLAIN
3. **City or County Engineer** Date rec'd 3-29-00 Date frwd 329-00 ACTION ☒ Approved ☐ Disapproved Signature _____

10/9/00 Lagoon Inspected — needs fence drawing O.K.

Installation Final Written Approval

By Doug Smith

Date 11/1/00

Business Office Use Only

Date Rec'd 2/29/00

Amt Paid 150.00

Rec'd By CW Cash/Check No. —

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: 003802161

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): Silty clay loam 0"-36" ± Clay below 36" Percolation Rate: 20 min./inch

Date of Tests 2/21/00 to 2/22/00 Weather: Precipitation none Temperature 70°

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	38	2/21	1:00	2/22	1:00	2/22	3:30	40 1/2	2/22	4:00	30	1 3/4	17
2	39	2/21	1:00	2/22	1:00	2/22	3:30	36 3/4	2/22	4:00	30	1 1/2	20
3	36	2/21	1:00	2/22	1:00	2/22	3:30	41 1/2	2/22	4:00	30	2	15
4	40	2/21	1:00	2/22	1:00	2/22	3:30	37 1/2	2/22	4:00	30	1 3/4	17
5	38	2/21	1:00	2/22	1:00	2/22	3:30	36 1/4	2/22	4:00	30	2 1/4	13
6	39	2/21	1:00	2/22	1:00	2/22	3:30	38 1/2	2/22	4:00	30	1 3/4	17

Sum of Percolation Rates: 99
Average of Rates: 16.5
Rate Used for Calculation: 20

Person Conducting Percolation Tests

Name: Claude Oie PE-3939
Phone: 423-0614
Address 5910 S. 52 St. Ct.
Lincoln Ne. 68516

Because of high Permability Recommend ~~fabric~~ waterproof fabric liner be used on Pond As well as bentonite Applied to soil.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-95

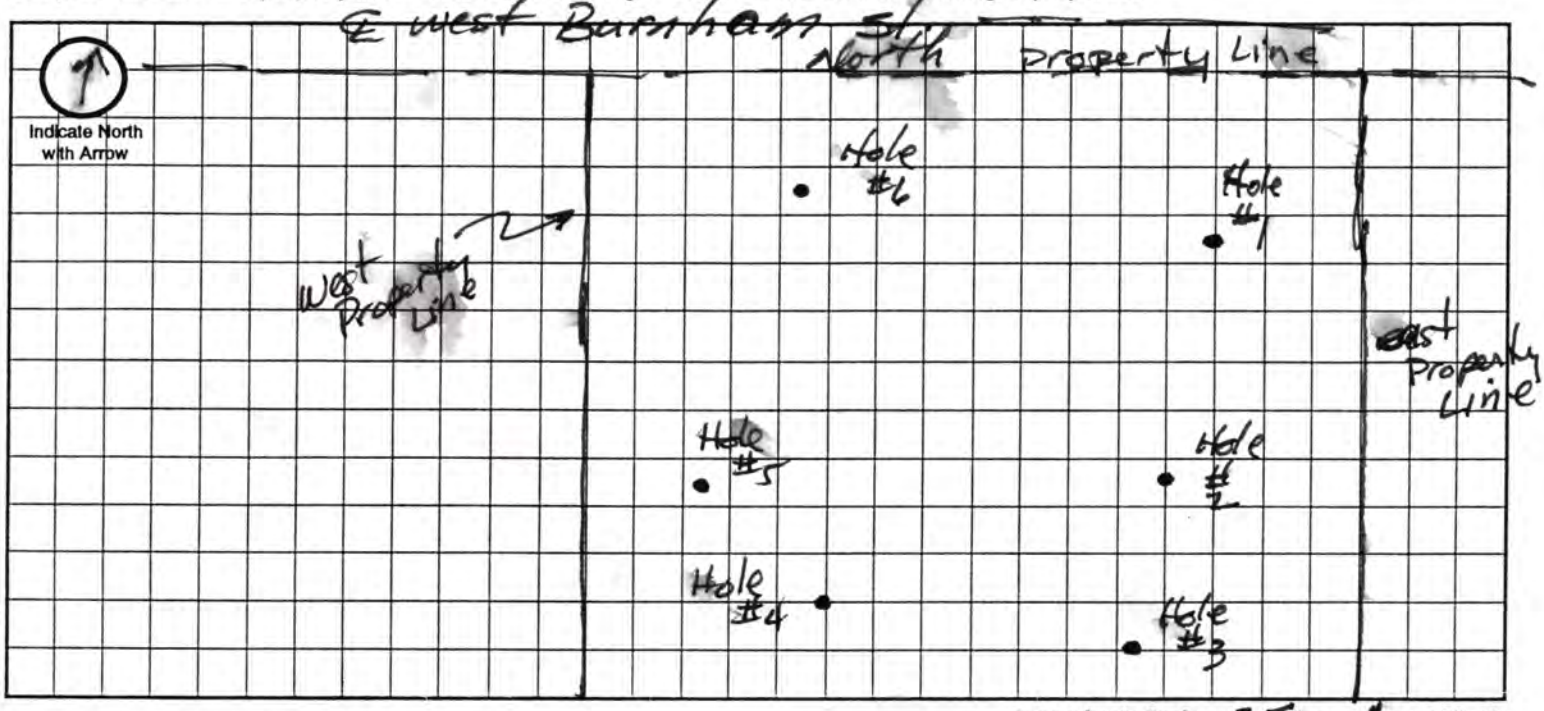
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380216 1

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: 2.5 ft. = 1 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 20 (min. per inch) Soil Type: KENNEBEC SILT LOAM Land Slope: 0.0 %

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 D & M Excavating Richard Pagan Date 2-29-00

Installer Capital City Trenching Michael A Cornett Date 2-29-00

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 10-5-00

System Location (Indicate correct number and street)

Address 1601 West Burnham (no rural route) City Lincoln NE, Zip 68522

A. Building Sewer

1. Material: PVC
   Diameter: 6 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 36 in.
3. Distance between dwelling and septic tank: _____ ft.
4. Number of clean-outs: 4
5. Distances to: well or suction line _____ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: _____
   Number of compartments: _____
2. Capacity: _____ 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: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

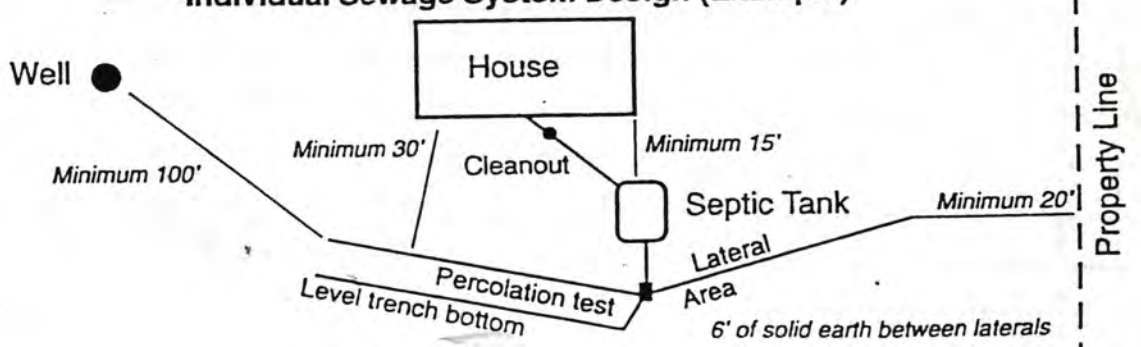
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

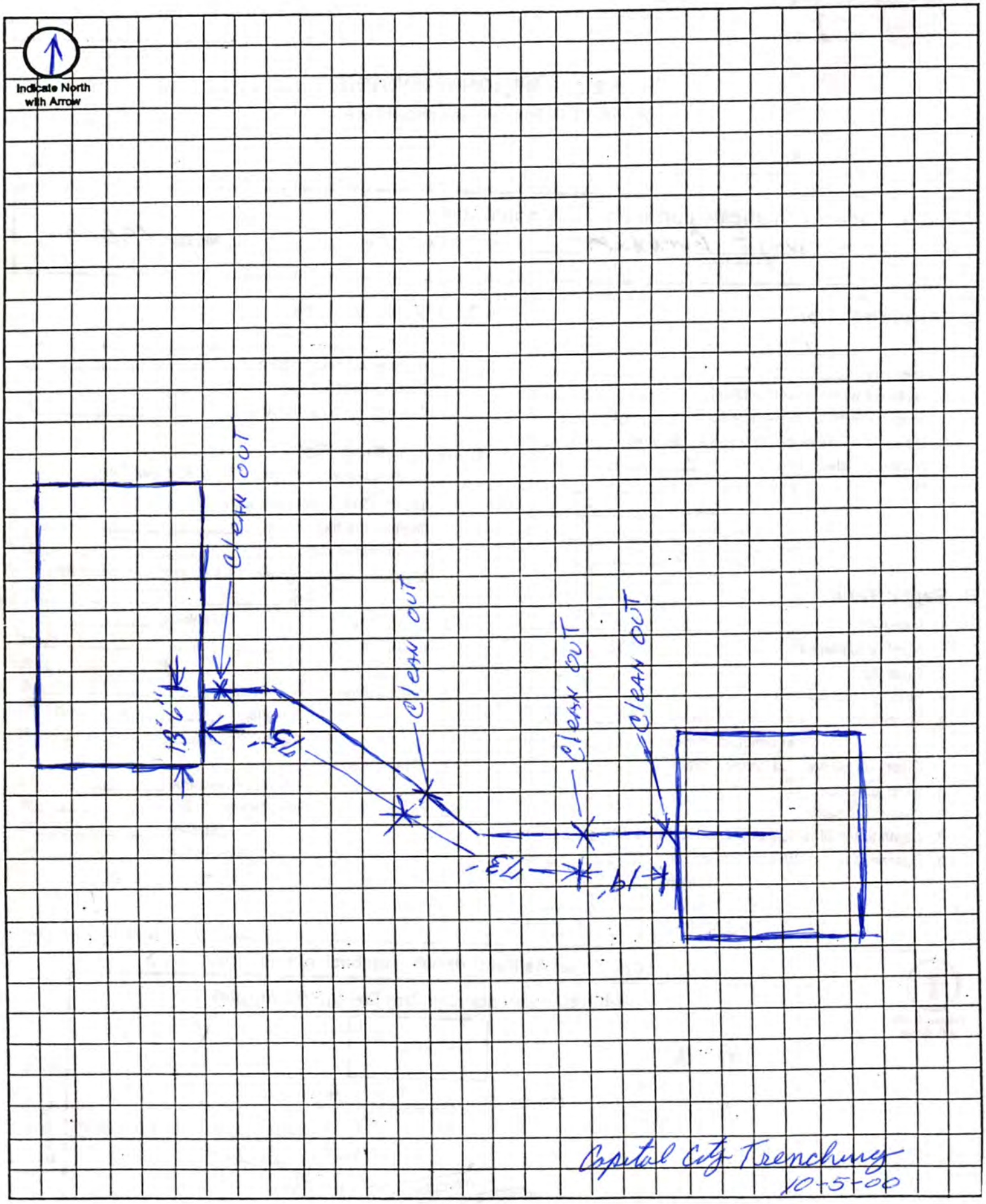
Complete "As Built" drawing on back of this form.

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing



Approximate Scale: _____ ft. = _____ grid lines