Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005714

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 04380289701

Issued 09/16/04
Expires 03/16/05
Revenue Code 3157

Establishment

HOPE COMMUNITY CHURCH
T9N R6E SEC 10 QTR NE
NW1/4 OF NE1/4
4700 S FOLSOM ST

FEES: $200.00

Permittee

HOPE COMMUNITY CHURCH
2001 PINE LAKE RD
APT 350
LINCOLN NE 68512

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

A

Permit Number: 04380289701

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 4700 S. Folsom (no rural route) City Lincoln NE, Zip NE, 68523

Legal Description NW NE 10 9N 6E
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 Hope Community Church Signature Tony Maassen

Address 7001 Pine Lake Rd #C-350 City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone _____ Work Phone 423 8855

C. Contractor

Name Integrity Builders Inc (Paul Andringa) Company Name _____

Address 8001 SW 12th St. City/State/Zip Lincoln, NE 68523

☐ Check if contractor designed system Work Phone 421 3433

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

Designer Name Jeremy Williams, PE Firm Design Associates of Lincoln Work Phone 402-474-3000

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 _____ 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 9/16/04 Date frwd 9/16/04 ACTION ☒ Approved ☐ Disapproved Signature Gerald C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 9/16/04 Date frwd 9/16/04 ACTION ☒ Approved ☐ Disapproved Signature Chase Baker

Installation Final Written Approval

By Doug Ingel

Date 3/18/05

Business Office Use Only
Date Rec'd 9-16-04
Amt Paid 200.00
Rec'd By TW Cash/Check No. 2045

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

B

Permit Number: 043802897

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address Lot 48, NE¼ Sec 10 T9N R6E (no rural route) City Lincoln, NE Zip 68523

Owner Hope Reformed Church Addresss 2001 Pine Lake Road Lincoln, NE 68512-3631

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

Date of Tests 5/17/04 to 5/19/04 Weather: Precipitation 1.5 in Temperature 75

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	5/17	10:30	5/19	8:00	5/19	8:00	6	5/19	12:00	30	1/4	120
2	36	5/17	10:30	5/19	8:00	5/19	8:00	6	5/19	12:00	30	1/2	60
3	36	5/17	10:30	5/19	8:00	5/19	8:00	6	5/19	12:00	30	1/4	120
4	36	5/17	10:30	5/19	8:00	5/19	8:00	6	5/19	12:00	30	1/4	120
5	36	5/17	10:30	5/19	8:00	5/19	8:00	6	5/19	12:00	30	1/2	60
6	36	5/17	10:30	5/19	8:00	5/19	8:00	6	5/19	12:00	30	1/4	120

Person Conducting Percolation Tests

Name: TomBuck - Design Associates of Lincoln

Phone: 474-3000

Address 1609 'N' Street

Lincoln, NE 68508

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 120

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: 043802897

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) 4700 S Folsom 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 120 (min. per inch) Soil Type: Wymore Land Slope: _____ %

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

Total Square Feet of Field Required: 2,554 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: _____

Capacity of Septic Tank 2000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 517 ft. Number of Trenches 5 Trench Width 5'

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

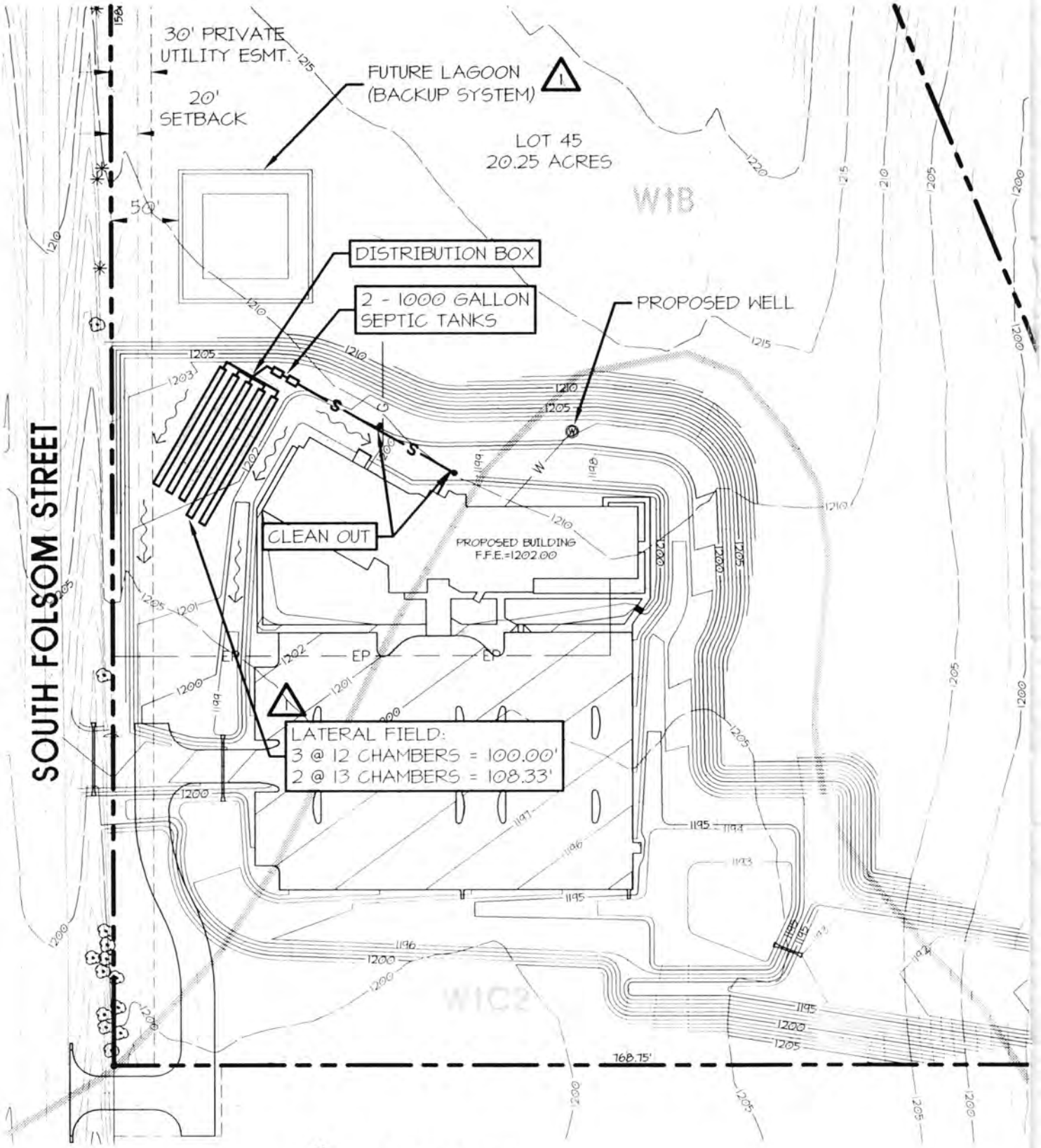
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☐	50 ☐	NA ☐	25 ☐	20 ☒	15 ☒	25 ☐	☐
Field (ft)	100 ☒	500 ☐	50 ☐	4 ☐	30 ☐	20 ☒	30 ☒	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor Integrity Builders Inc Date 9/15/04

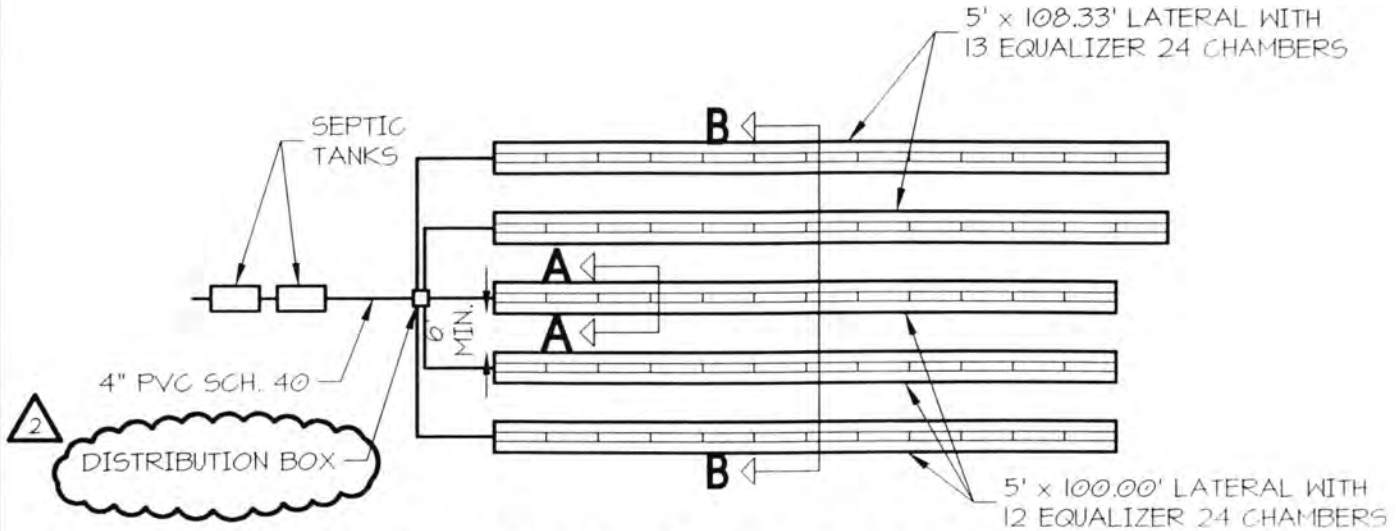
Installer Jay Boawers (Boawers Plumbing Co Inc) Date 9-15-04

FORM 23-102 10-96



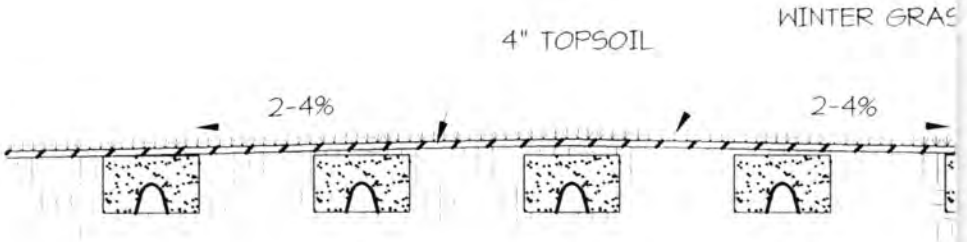
SITE PLAN

SCALE: 1" = 100'



1 ABSORPTION TRENCH PLAN

NO SCALE



1 SECTION B-B

NO SCALE