Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008544

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM
VARIANCE-ENGINEER DESIGNED SYSTEM

Permit # 05380313601

Issued 12/14/05
Expires 12/14/06
Revenue Code 3157

Establishment

LINCOLN SPANISH SDA CHURCH
T9N R6E SEC 16
SILVER BELL ESTS-1ST LOT 1&2
5701 SW 12 ST

FEES: $275.00
$125.00

Permittee

LINCOLN SPANISH SDA CHURCH
BOX 6458
LINCOLN NE 68506

TOTAL: $400.00

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: 05380313601

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 5701 SW 12TH STREET City LINCOLN NE, Zip 68523
(no rural route)

Legal Description NE¼ of NW¼ 16 9N 6E SILVER BROOK ESTATES, 1ST ADD LOTS 1 & 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 LINCOLN SEVENTH SDA CHURCH Signature _____, AGENT

Address PO BOX 6458 / LINCOLN, NE 68506 City/State/Zip LINCOLN, NE 68506

☐ Check if owner designed system Home Phone 421 3062 Work Phone 489 6900

C. Contractor

Name DBG GENERAL CONTRACTORS INC Company Name SEPTIC SYSTEM INSTALLER BRAD SOUTHWICK 17201 SOU 72ND, HICKMAN, NE 68372 430-7606

Address 4745 PRESCOTT AVE City/State/Zip LINCOLN, NE 68516

☐ Check if contractor designed system Work Phone 489-6900

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

Designer Name KEN LONG Firm LONG & ASSOCIATES Work Phone 402 489 - [redacted] 3861

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 400 Type of Wastewater: ☒ Domestic ☐ Non-Domestic.
10AM AVERAGE MAX

DO NOT WRITE BELOW THIS LINE

Approval Process ☒ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 11/4/05 Date frwd 12/14/05 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Wood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/14/05 Date frwd 12/14/05 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 12-14-05 Date frwd 12-14-05 ACTION ☒ Approved ☐ Disapproved Signature _____

5/25/06 Need Drawing J.C.H

Installation Final Written Approval

By Doug Rowell

Date 12/21/06

Business Office Use Only

Date Rec'd 12/14/05

Amt Paid 125.00 + 275 = 400 CK 6576 6606

Rec'd By LS Cash/Check No. 6606

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: 05380313C

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5701 SW 12TH STREET (no rural route) City LINCOLN NE, Zip 68523

Owner LINCOLN SANITARY SOA Address P.O. BOX 6458, LINCOLN, NE 68506

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

Date of Tests 4/3/05 to 4/4/05 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)
1	34	4/3	12:30	4/4	4:00	4/4	5:15	12 5/8	4/4	5:45	30	1/2	60
2			P		P		P	16 1/2				5/8	48
3								13 1/4				3/8	80
4								13 5/8				5/8	48
5								13 5/8				1/4	120
6								10 3/8				1/8	~~240~~
7								9 7/8				1/8	240
8								13 3/4				3/8	~~240~~ 80
9								11				3/8	80
10								11 1/2				3/8	80

IN AREA OF NEW SEPTIC SYSTEM

X X X

Person Conducting Percolation Tests

Name: BRAD SOUTHWICK #0024 LANCASTER COUNTY

Phone: 475-2462 / 430-7606

Address 17201 SOUTH 72ND
HICKMAN, NE 68372

Sum of Percolation Rates: 1076

Average of Rates: 108

Rate Used for Calculation: 80

P1178 STATE OF NEBRASKA PERMIT

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: 05380336

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) 5701 SW 12TH STREET City LINCOLN NE, Zip 68523

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

SEE ATTACHED PLAN #CALCS

Percolation Rate 80 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 714 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 3 Number of Distribution Laterals per Bed 1

Total Length of Laterals 180 ft. Number of Trenches 3 Trench Width 46"

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

Distance From	Private Well	Public Well NA	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 11/4/05

Installer BLAD SOUTHWICK Date 11/4/05

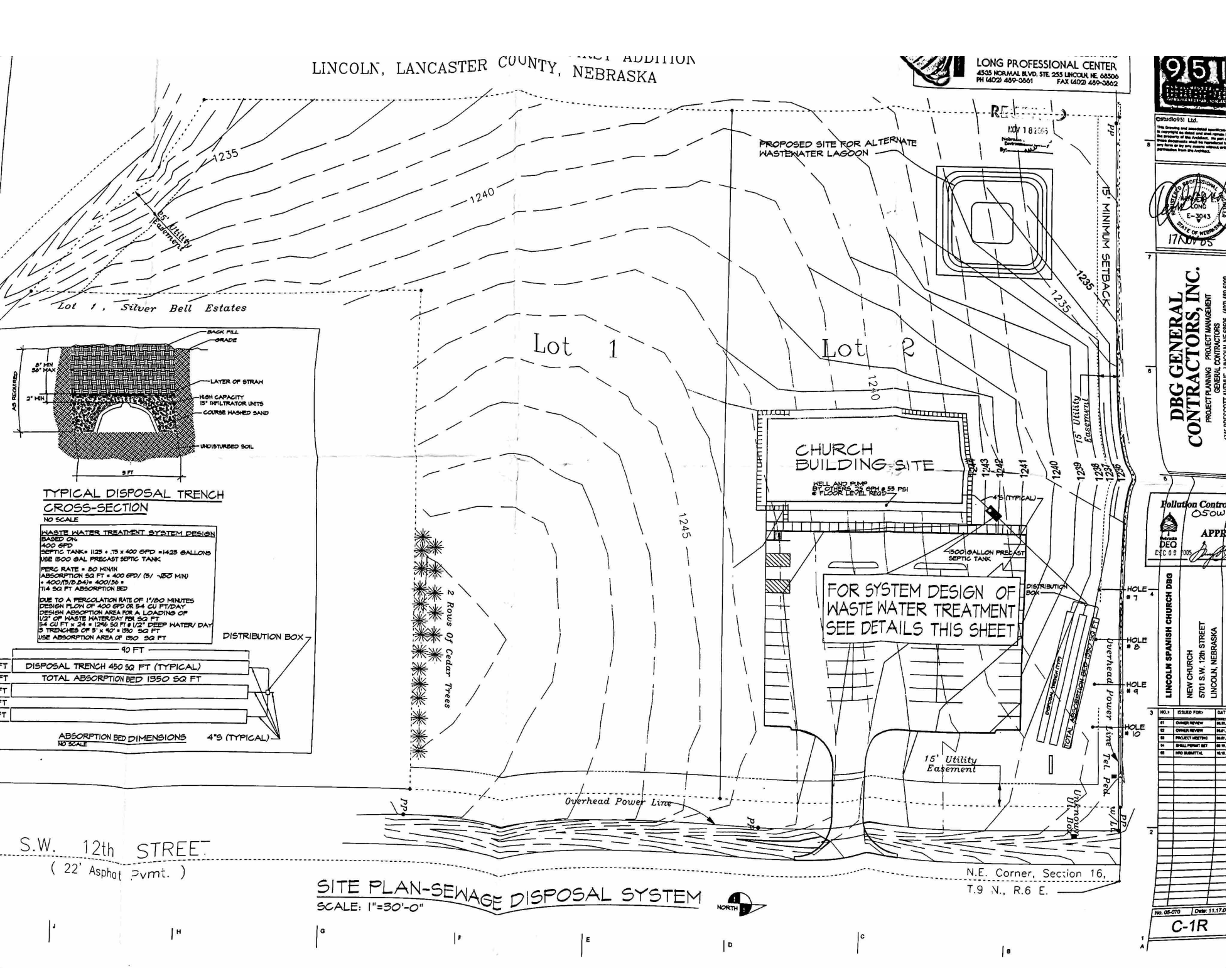
FORM 23-102 10-96

LINCOLN, LANCASTER COUNTY, NEBRASKA

LONG PROFESSIONAL CENTER
4535 NORMAL BLVD. STE. 255 LINCOLN, NE. 68506
PH (402) 489-3861 FAX (402) 489-3862

951

Ostudio951 Ltd.



TYPICAL DISPOSAL TRENCH CROSS-SECTION
NO SCALE

WASTE WATER TREATMENT SYSTEM DESIGN
BASED ON:
400 GPD
SEPTIC TANK= 1125 + .75 x 400 GPD =1425 GALLONS
USE 1500 GAL PRECAST SEPTIC TANK

PERC RATE = 30 MIN/IN
ABSORPTION SQ FT = 400 GPD/ (5/ √30 MIN)
= 400/(5/5.84)= 400/.86 =
714 SQ FT ABSORPTION BED

DUE TO A PERCOLATION RATE OF 1"/30 MINUTES
DESIGN FLOW OF 400 GPD OR 54 CU FT/DAY
DESIGN ABSORPTION AREA FOR A LOADING OF
1.2" OF WASTE WATER/DAY PER SQ FT
54 CU FT ÷ .04 = 1246 SQ FT @ 1 1/2" DEEP WATER/ DAY
3 TRENCHES OF 5' x 50' = 750 SQ FT
USE ABSORPTION AREA OF 1350 SQ FT

ABSORPTION BED DIMENSIONS
NO SCALE

SITE PLAN-SEWAGE DISPOSAL SYSTEM
SCALE: 1"=30'-0"

RECEIVED
NOV 18 2005
Nebraska Department of Environmental Quality
By:

STATE OF NEBRASKA
PROFESSIONAL ENGINEER
WILLIAM C. LONG
E-3043
17 NOV 05

DBG GENERAL CONTRACTORS, INC.
PROJECT PLANNING PROJECT MANAGEMENT
GENERAL CONTRACTORS

Pollution Control
OSOW
APPR
DEQ
DEC 09 2005

LINCOLN SPANISH CHURCH DBG
NEW CHURCH
5701 S.W. 12th STREET
LINCOLN, NEBRASKA

NO.	ISSUED FOR	DATE
01	OWNER REVIEW	08.31
02	OWNER REVIEW	09.01
03	PROJECT MEETING	09.07
04	SHELL PERMIT SET	09.30
05	HPO SUBMITTAL	10.18

No. 05-070 Date: 11.17.05

C-1R

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