CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1695

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION
TYPE OF LICENSE OR PERMIT

March 11, 1981
THIS LICENSE OR PERMIT EXPIRES

First Evangelical Free Church (by Michael R. Shriner) 3200 "O" St., Suite 5
LICENSEE OR PERMITTEE — ADDRESS

T9N; R7E; Section 2
NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NONTRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 60.00	$	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE	
018754	110.16	148.14	6-2	

SERIAL NO.	DATE	AMOUNT
55824 SP11		60.00

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

HEALTH APPLICATION

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

A

FILING FEE: $ 60.00

FILE NO. 1695

DATE: 9-10-80

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 7E ; Section 2 ; S1000' OF E 653.4' OF W 703.4' OF NW¼
   Block _____ : Lot _____ : Addition _____
   Street Address _____

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☒
   No. of Bedrooms _____. Describe RELIGIOUS

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

FIRST EVANGELICAL FREE CHURCH
BY Michael R Shriner
Signature of Applicant (Owner or Lessee)
MICHAEL R SHRINER
3200 "O" SUITE 5
LINCOLN NEBR
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/10/80. Date Frwd. 9/11/80. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/6/80. Date Frwd. _____. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

3. City ~~or County~~ Engineer: Date Rec'd. 9-11-80. Date Frwd. 9-11-80. ACTION: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11-12-81 by: sm sewer line
Date: 11-13-81 by: sm tanks
Date: 11-14-81 by: sm laterals

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-16-81 By: Lon Marquardt

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

Test for church on 84th Street

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township _____; Range _____
Section & ¼ Sect. _____
Property Dimensions: ____ft. x ____ ft.
Area: _____acres. (Attach sketch of property showing hole location).

Owner: _____
Address _____

Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☐; Sandy Clay ☐

Dates of Tests: _____ to _____. Weather: Precip. _____ Temp. ___°F

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	30"	8/23	9:00	8/24	9:00	8/24	9:AM	6"		5"		1	
2	"							6"		2"		3	
3	"							"		4"		2	
4	"							"		4"		2	
5	"							"		5"		1	
6	"							"		4"		2	17
7	"							"		5½"		½	
8	"							"		5¾		¼	
9	"							"		5½		½	
10	"							"		5¾		¼	
11	"							"		5½		½	80

Sum of Percolation Rates _____
Average of Rates: _____
Mean of Rates: _____

Signature of Person Conducting Test

Address John Strahmyer
Phone: _____

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. 28 min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

Signature of Reviewing Official

(over)

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

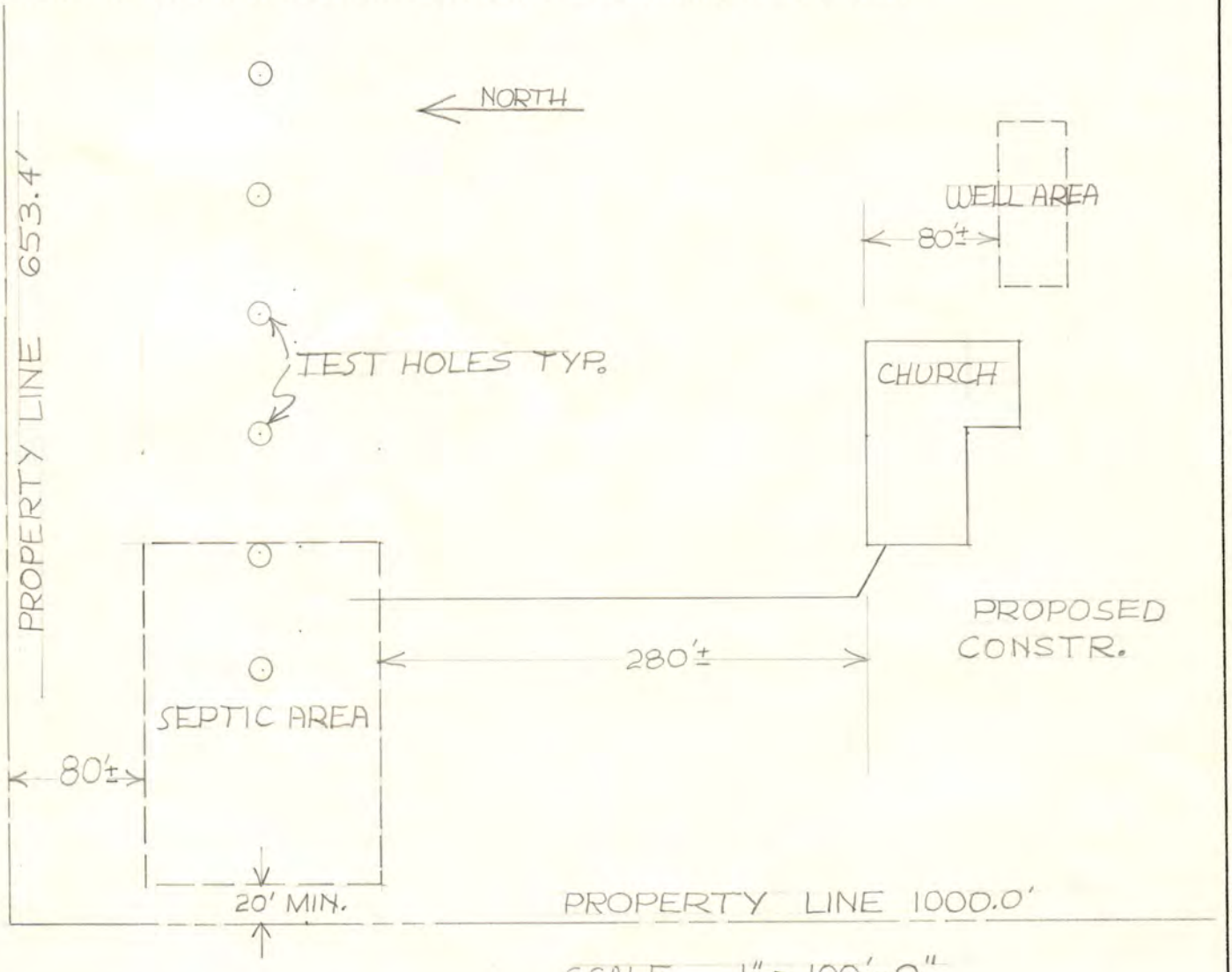
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 1695

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks: _____

Date: September 10, 1980

Minimum Design Requirement
1. Capacity of Septic Tank 3100 gals.
2. Total Length of Laterals 519 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 2076 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: 11-15-81

FILE NO. _____

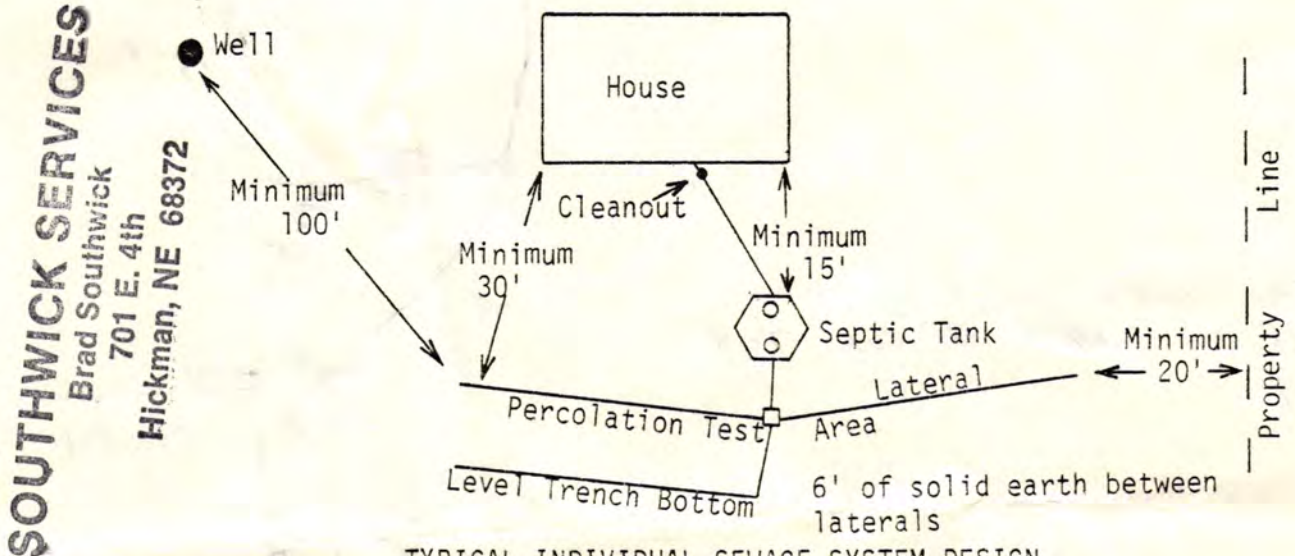
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank _____ ft.
4. Number of clean-outs _____.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK: (5)
1. Material CONCRETE; No. of compartments 3 Seperate TANKS.
2. Capacity 3500 gals.;
3. Factory Built: Yes ☒ No ☐
(Company PRECAST STEP)
4. Manholes: Over Inlet; diam. 15 in.
Over Outlet; diam. 15 in.
Riser Above ☐ Below ☒ Grade 6 in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tanks below finished grade 30"-36" in.
8. Distances to:
Well or Suction Line 800 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 80 ft.

C. DISTRIBUTION BOX:
1. Material PLASTIC; Number - available outlets 7.
2. Factory Built: Yes ☒ No ☐
(Company _____)
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 12" or Perforated Pipe _____.
Material: fiberglass ☒ ; plastic ☐ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 6 ; Length of each line 104, 104, 104, 104, 104, 100 ft.;
Total length of laterals 620 ft.;
Distance between lateral lines 6 ft.
3. Trench dimensions: Width 4 ft.;
Slope 5 in/100 ft.; Average Depth 47 in.
4. Filter Material: ROAD GRAVEL
Depth of Material 20 in.
5. Distances to:
Well or Suction Line OVER 800 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 70 ft.

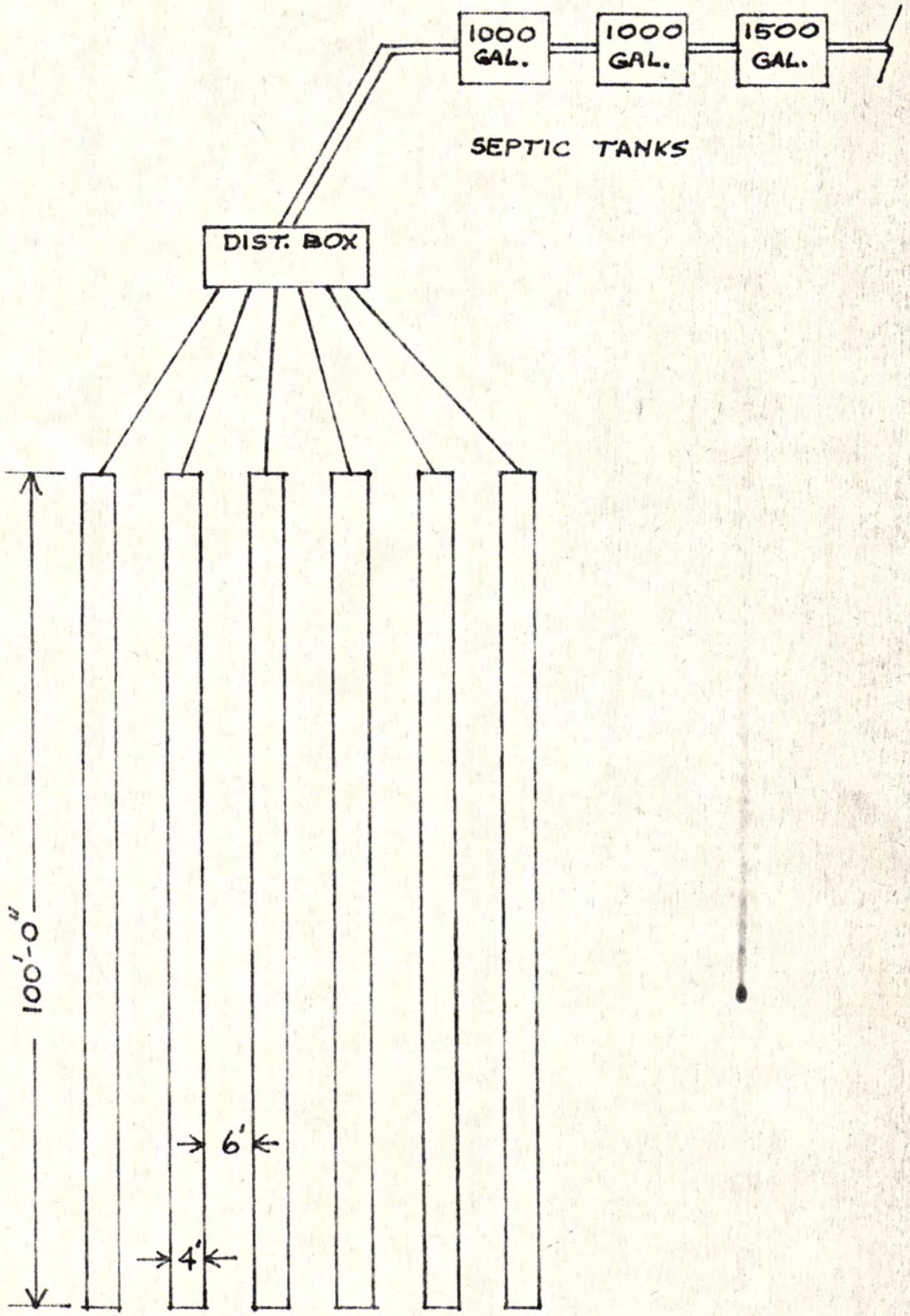


SOUTHWICK SERVICES
Brad Southwick
701 E. 4th
Hickman, NE 68372

TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

ATTACHMENT A

File No. 1695

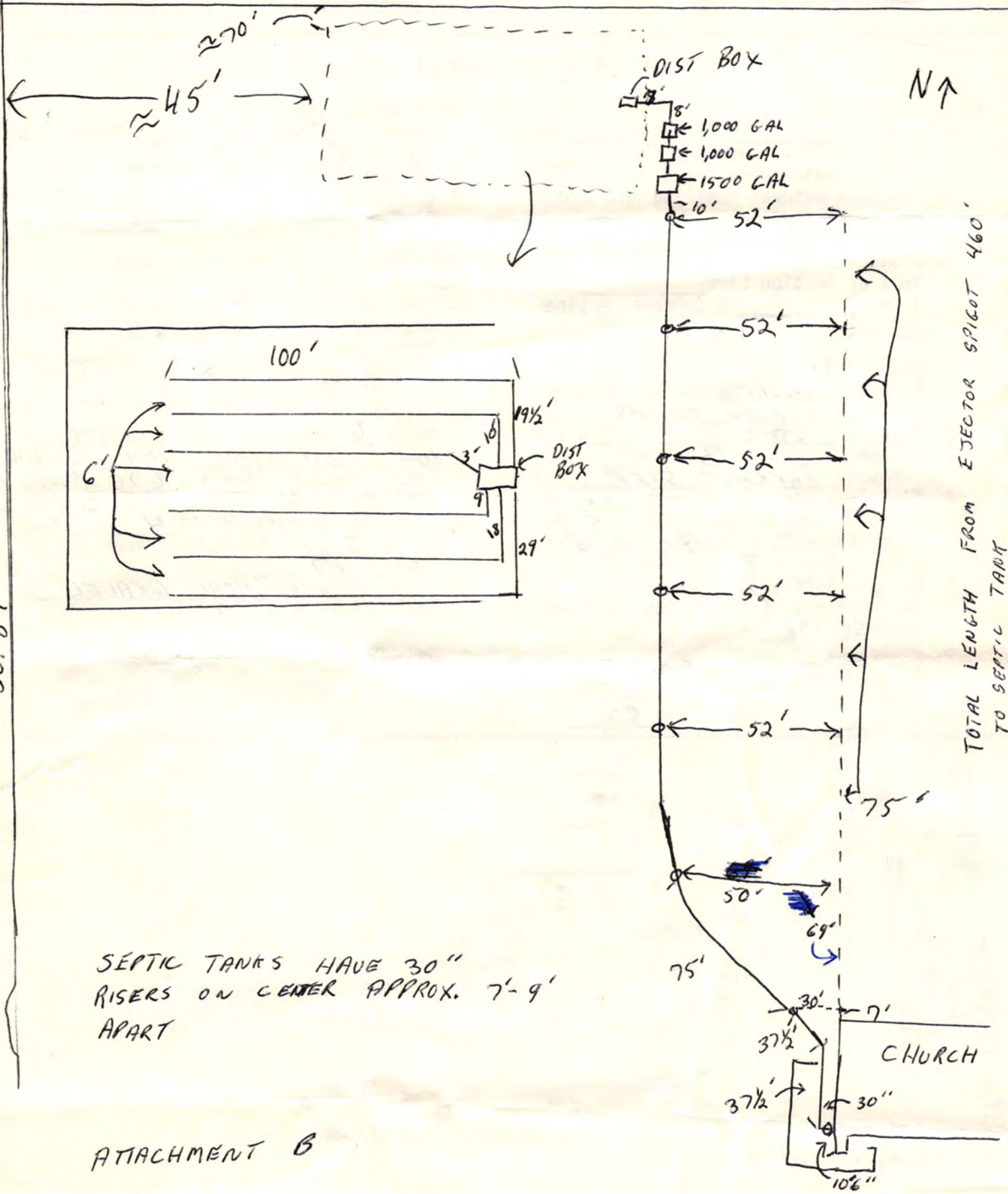


sheet no.	project title: SEPTIC FIELD project no.: FIRST EVANGELICAL FREE CHURCH drawn by: LINCOLN NEBR. date:	sampson · shriner · associates architecture construction management 3200 "O" street suite 5 Lincoln, Nebraska 68510 (402) 475-4209

AS BUILT DRAWING OF SYSTEM

DATE _____ INSTALLER _____

SOUTHWICK SERVICES
Brad Southwick
701 E. 4th
Hickman, NE 68372



SEPTIC TANKS HAVE 30" RISERS ON CENTER APPROX. 7'-9' APART

ATTACHMENT B