FILE # 2720

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

6 MONTHS — THIS LICENSE OR PERMIT EXPIRES

DAVID HARPER — LICENSEE OR PERMITTEE

3424 SOMERSET AVE. LINCOLN, NE 68504 — ADDRESS

T10N, R7E, Sec 14, Lot 45 I.T.; 8800 Holdrege St. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE

NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2720

DATE: 8/9/88

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. 10N ; Range 7E ; Section 14 ;
   Block _____ : Lot 45 I.T. ; Addition _____
   Street Address 8800 Holdrege Street

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

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

4. Distance to public sewer: _____ ft.

David Harper
Signature of Applicant (Owner or Lessee)
Capital City Truewell Baptist Church
8800 Holdrege St Lincoln NE 68505
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 8/10/88. Date Frwd. 8/23/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 8/23/88. Date Frwd. 8/23/88. ACTION: Approved ☐ Disapproved ☐ Signature: Val J. Lint

3. City or County Engineer: Date Rec'd. 8-23-88. Date Frwd. 8-23-88. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-23-88 by: JM (partial) sewerline
Date: 8-28-85 by: JM 2nd septic system
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

FORM 20105-0477
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. 471-7800

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 8-20-88 to 8-21-88. Weather: Precip. 0 Temp. 85°.

OWNER: Free Will Baptist Church

Address: 8800 Holdrege 464-9220

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	8-20	6:30 Pm	8-21	7:30 Am	8-21	7:30 Am	6"	11:30 Am	5½"	30m	½"	
2	36"	8-20	6:30 Pm	8-21	7:30 Am	8-21	7:30 Am	6"	11:30 Am	5½"	"	½"	
3	36	8-20	6:30 Pm	8-21	7:30 Am	8-21	7:30 Am	6"	11:30 Am	5"	"	1"	
4	36"	8-20	6:30 Pm	8-21	7:30 Am	8-21	7:30 Am	6"	11:30 Am	5⅛"	"	⅞"	
5	36"	8-20	6:30 Pm	8-21	7:30 Am	8-21	7:30 Am	6"	11:30 Am	5¼"	"	¾"	
6	36"	8-20	6:30 Pm	8-21	7:30 Am	8-21	7:30 Am	6"	11:30 Am	5⅜"	"	⅝"	

Mike Hoagland
Signature of Person Conducting Test

Address 2700 Dan Ave Phone 464-0638

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

(Do not write below this line) Pre-Cast Step Co.

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Sharpsburg Silty Clay Loam

Date: August 22, 1988

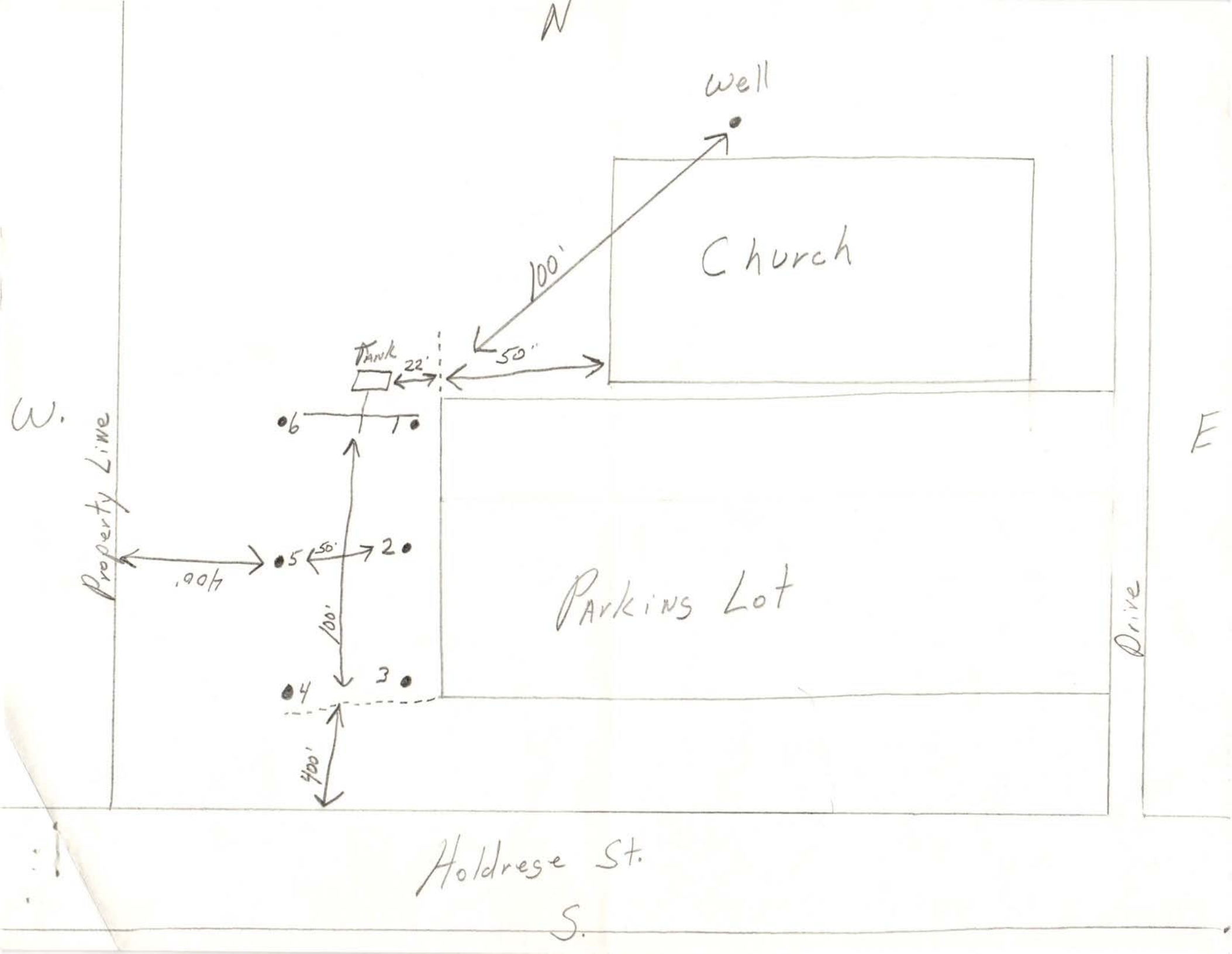
Approved Percolation Rate (a)
A. 44 min./inch
B. _____ min./inch
C. _____ min./inch

"Perk" Test, Taken Oct. 30 & 31

Weather; Heavy overcast, light misting rain.

8 holes 36" deep, filled with water 24 hours.
Started test 12:05 P.M. 31 st.

12:05	12:35	1:05	1:35	2:05	2:35	3:05	3:35	4:05	
1	9"	7-3/4"	6-1/2"	5-3/4"	5-1/8"	4-1/2"	4-1/2"	5-1/4"	3/4
2	5-3/4"	5-5/8"	4-5/8"	4-3/8"	5"	4"	3-1/2"	4"	1/2
3	3-3/8"	3-3/8"	2-1/2"	2-1/2"	2-5/8"	2-1/2"	2-3/8"	2-1/2"	1/8
4	5-3/8"	5-1/2"	4-3/4"	5"	4-1/2"	4"	4-1/2"	4-7/8"	3/8
5	5"	4-7/8"	4-1/8"	4"	3-1/2"	3-7/8"	3-1/4"	3-3/4"	1/2
6	3-1/2"	3-7/8"	3-5/8"	3-1/2"	3-1/2"	2-7/8"	2-1/2"	2-5/8"	1/8
7	2-1/4"	1-3/4"	2"	1-5/8"	2-3/8"	1-7/8"	1-5/8"	1-1/2"	
8	2-1/8"	2-1/8"	2-1/2"	2-1/4"	2-1/2"	2-3/4"	1-3/4"	1-1/2"	


N
Well
Church
100'
Tank
22'
50'
W.
E
Property Line
6
1
5
50'
2
.90'
100'
Parking Lot
Drive
4
3
400'
Holdrege St.
S.

FORM 20105-0477
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: 471-7800

B

Test taken South side of Building

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒ .
Dates of Tests: 8-13-88 to 8-14-88. Weather: Precip. 0 Temp. 80°.

Holes 1-3-5-6 had water in from Pre-test

OWNER: Free Will Baptist Church
Address: 8800 Holdrege
466-9220 - 464-3742

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	8-13	12:30 pm	8-14	8:00 Am	8-14	8:00 Am	6"	9:30 Am	5 7/8"	30m	1/8"	
2	36"	8-13	12:30 pm	8-14	8:00 Am	8-14	8:00 Am	6"	9:30 Am	5 1/2"	30m	1/2"	
3	36"	8-13	12:30 pm	8-14	8:00 Am	8-14	8:00 Am	6"	9:30 Am	5 7/8"	30m	1/8"	
4	36"	8-13	12:30 pm	8-14	8:00 Am	8-14	8:00 Am	6"	9:30 Am	5 3/8"	30m	5/8"	
5	36"	8-13	12:30 pm	8-14	8:00 Am	8-14	8:00 Am	6"	9:30 Am	5 7/8"	30m	1/8"	
6	36"	8-13	12:30 pm	8-14	8:00 Am	8-14	8:00 Am	6"	9:30 Am	6"	30m	0"	

Mike Hoogland
Signature of Person Conducting Test

Address 2700 DAN Ave Phone 464-0638 Pre-Cast Step CO.

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

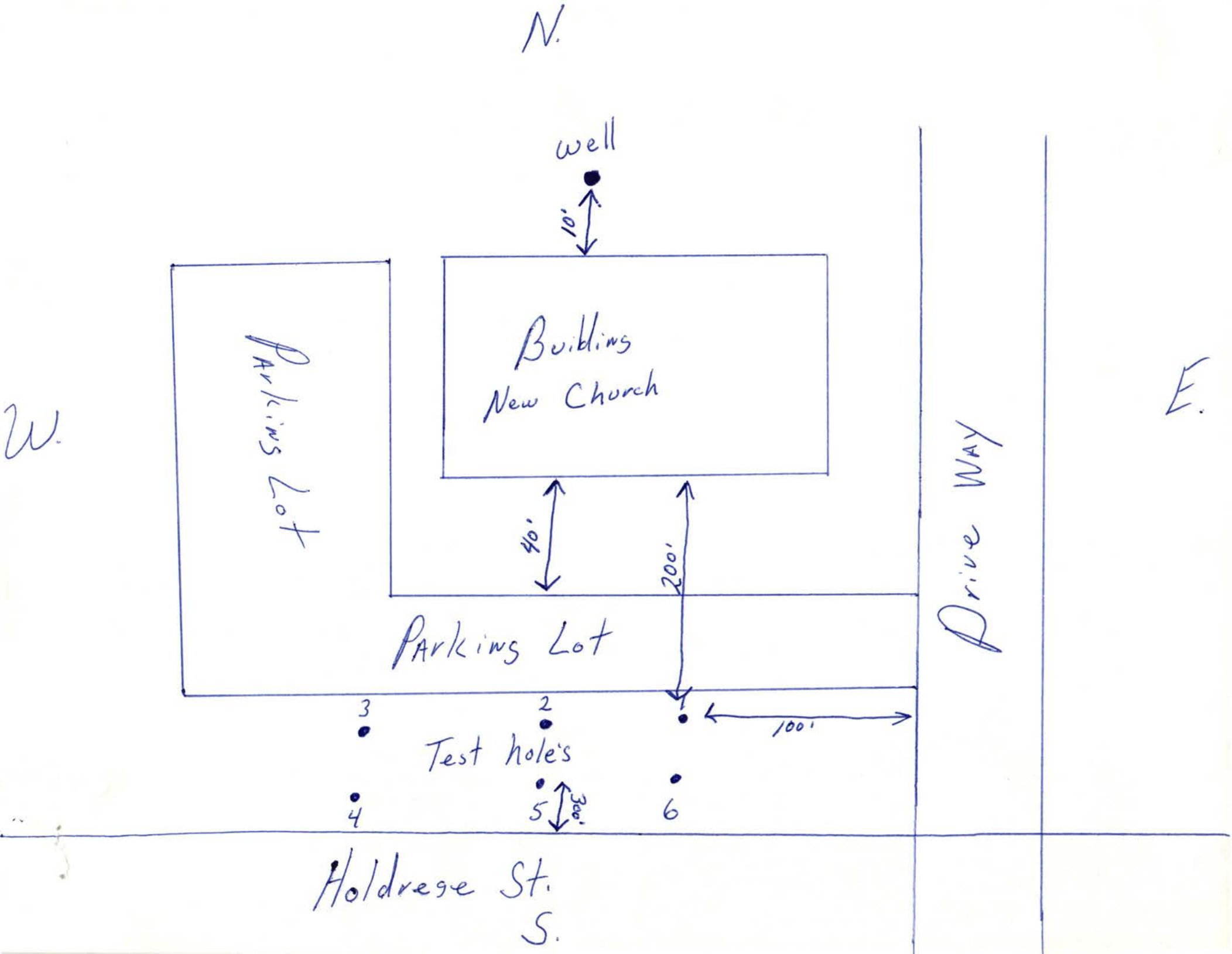
(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 120 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official


N.
well
10'
Building
New Church
Parking Lot
W.
E.
40'
200'
Drive Way
Parking Lot
3
2
1
100'
Test hole's
4
5
6
300'
Holdrege St.
S.

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: 471-7800

C

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

FILE NO._____

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

REVIEWING ACTION

Remarks :_____

_____

Date:_____

1,250 / 3,750

4 | 3,750 — 937 4th mile — 36 — 12 — 30

3 | 3750 — 1250 — 3 — 6

Minimum Design Requirement
1. Capacity of Septic Tank 3375 gals.
2. Total Length of Laterals_____ft.
3. With a Trench Width of_____in.
4. Total Area of Lateral needed 3750 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 Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 8-28-95

FILE NO: _____

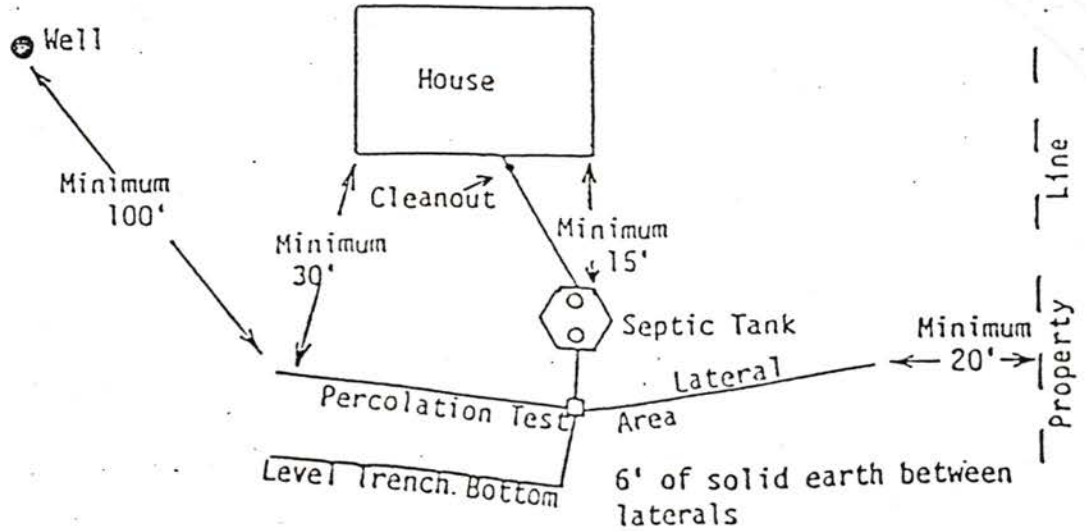
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor 2 in.
3. Distance between dwelling and septic tank 110 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments _____.
2. Capacity 1000 gals.;
3. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☑ Below ☐ ~~Grade~~ ____ in.
5. Inlet: Baffle ☑ ; or Tee ☐
6. Outlet: Baffle ☑ ; or Tee ☐
7. Depth of top of tank below finished grade 24 in.
8. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

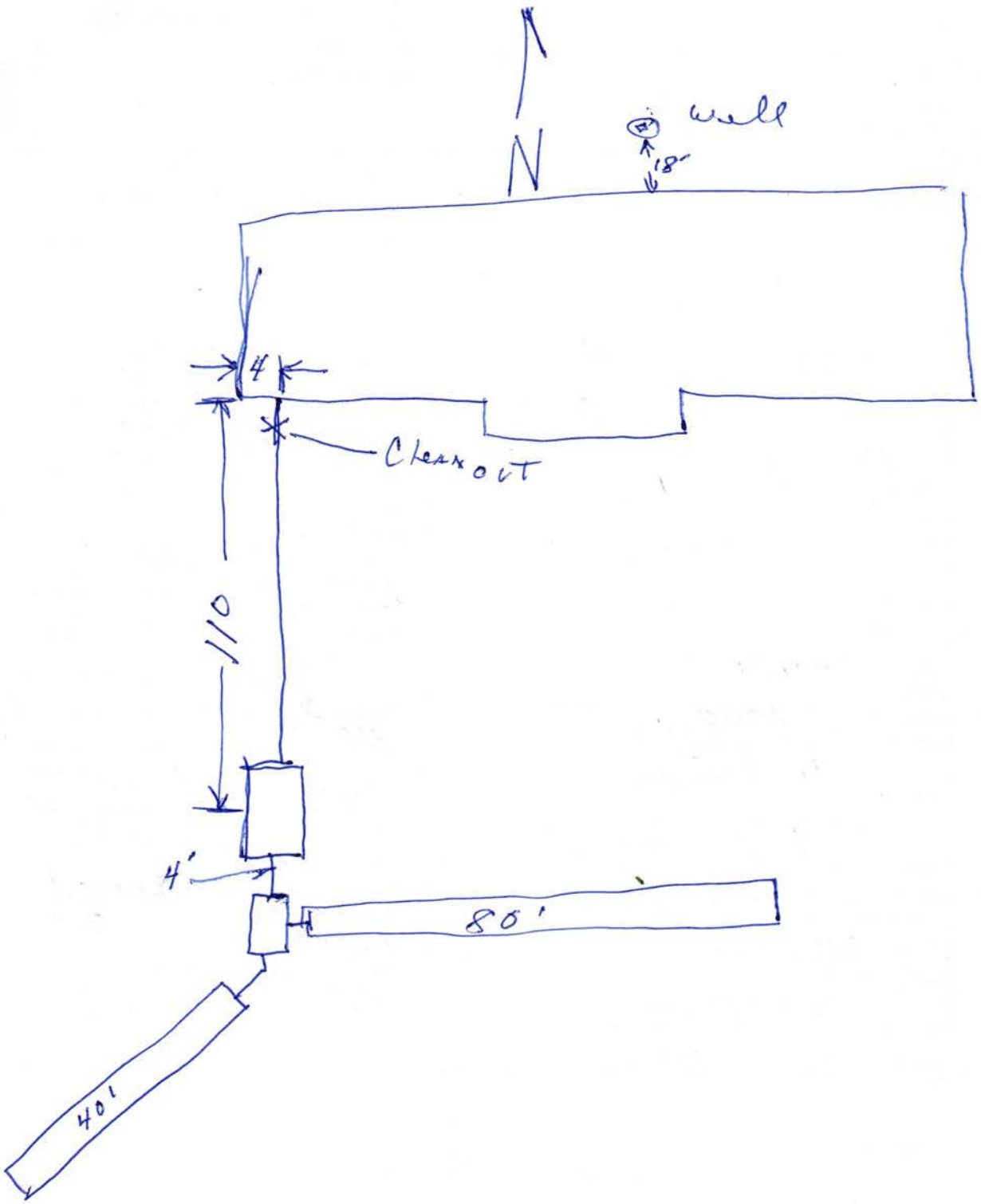
C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets 5 .
2. Factory Built: Yes ☑ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 5 ft.

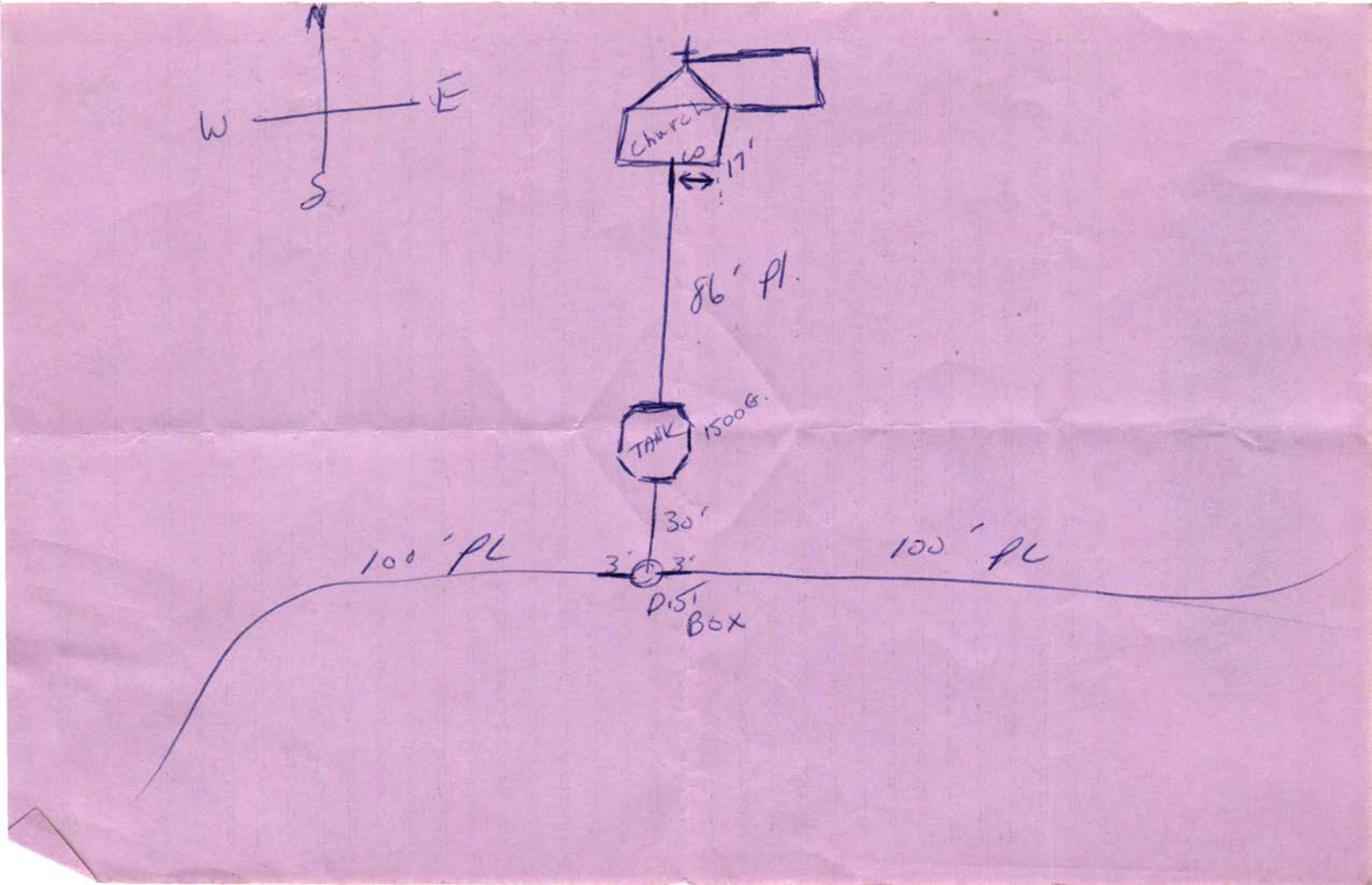
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☑ Perforated Pipe ☐
Diameter of Half Round 1 or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☑ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 2 ; Length of each line 80 , 40 , _____ , _____ , _____ ft.;
Total length of laterals _____ ft.;
Distance between lateral lines _____ ft.
3. Trench dimensions: Width 4 ft.;
Slope _____ in/100 ft.; Average Depth 42 in.
4. Filter Material: Gravel
Depth of Material 24 in.
5. Distances to:
Well or Suction Line _____ ft.;
Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

Harold Casement




N
W
E
S
Church
40
17'
86' PL.
TANK
1500 G.
30'
100' PL
3'
3'
100' PL
DIST
BOX

009

Lincoln-Lancaster County Health Department

2200 St. Mary's Avenue, Lincoln, Nebraska 68502 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: Lincoln-Lancaster County Health Department or LLCHD

☑ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the Sewage Disposal System

Legal Description of Property: Street Address 8800 Holdrege Lincoln, Ne

Twp 10N Range 7E Section 14 1/4 ___ 1/4 ___ Block ___ Lot ___ Addition ___

Directions to Property ___

Location of Well North side of church/back Tap Location: Inside ☐ Outside ☒

Location of Sewage System SE corner of parking lot - at the edge Year Installed 1988(yr.chrch blt)

(I'm trying to get a copy of the print which supposedly shows the locations - if I get it I will fax it to you)

	NAME	ADDRESS	PHONE
Present Owner:	?Capital City Free Will Baptist Church	8800 Holdrege,Lincoln,Ne.	
Tenant/Buyer:	St. David's Episcopal Church	3232 N. 63rd Lincoln, Ne. 68507	464-3702
Return to:	Crowne Closing Company	6940 "O" St., Ste. 312 Lincoln, Ne. 68510	464-1200

Signature of Applicant Lindi Rutten (for Buyer) Address 6940 "O" St.,Ste. 312 Lincoln, Ne. 68510 Date 12 / 10 / 93

HEALTH DEPARTMENT USE ONLY

Date Received 12 / 13 / 93 es Received $150.00 Check ☒ Cash ☐ #3814

PRELIMINARY STATUS--By R Marquart **DATE:** 12 / 14 / 93

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☑	☐	Approved ☐	Date 12 / 16 / 93 by nm
Bacteria	☑ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___ / ___ / ___ by ___
Nitrate	☑ 10.1 ppm	☐ ___ ppm	Disapproved ☒	Date ___ / ___ / ___ by ___

Comments: The permit for this septic system has not been approved because only 200 Ft of the originally required 1,250 ft of subsurface laterals have been installed. A provisional approval can be given provided additional laterals are installed as the congregation population grows. See Attached Letter ☐

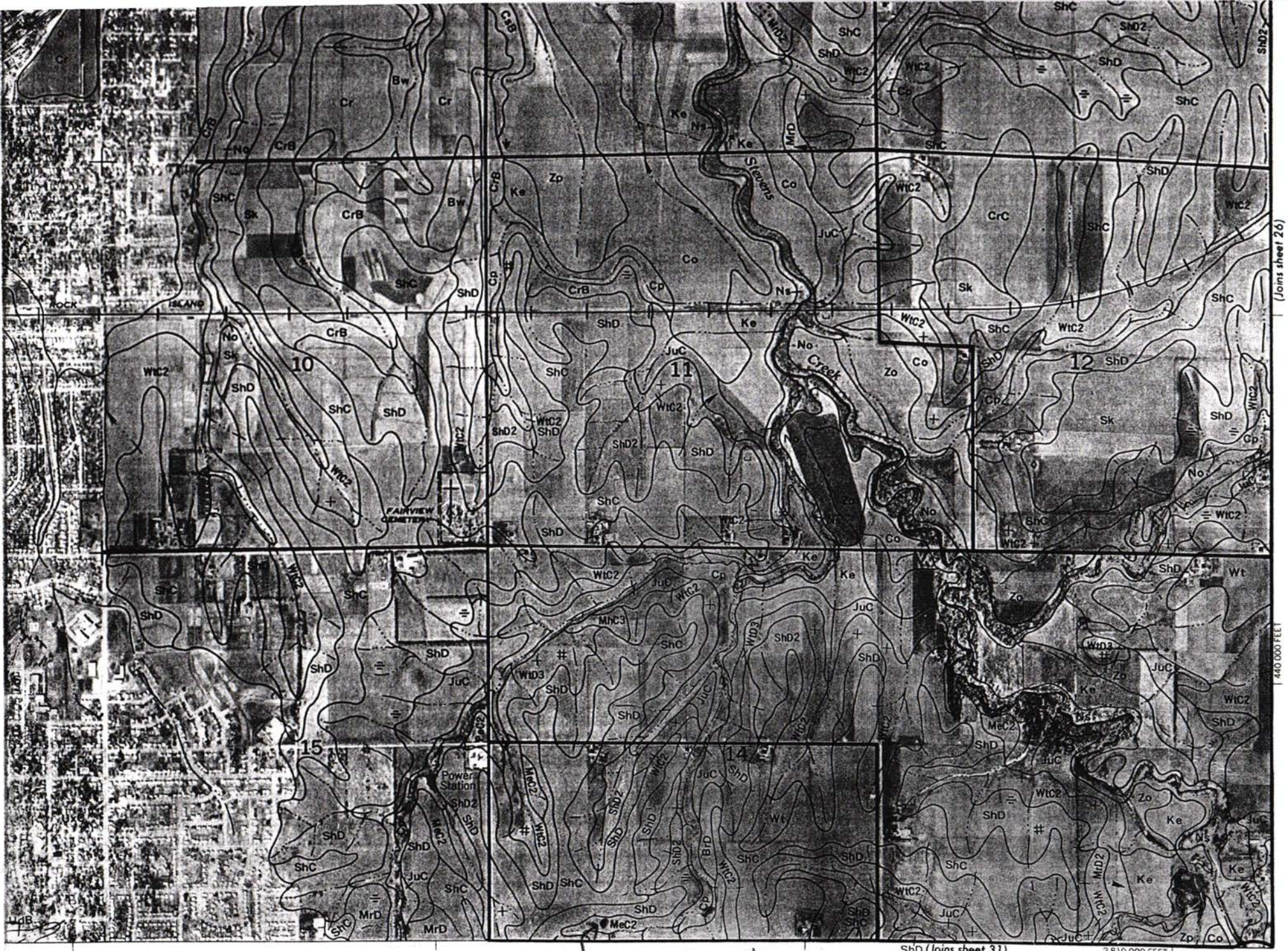
FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☐ Provisional Approval: ☒

Approved by Ron Marquart, RS Date 1 / 5 / 94

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

217


Stevens Creek
FAIRVIEW CEMETERY
Power Station
10
11
12
14
15
(Joins sheet 26)
ShD (Joins sheet 31)
440 000 FEET
2 810 000 FEET
Septic system