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

A

Permit Number: 993802083

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 SOUTH WEST 1220 WEST PANAMA ROAD City CRETE NE, Zip 68333
(no rural route)

Legal Description E ½ SW¼ SEC 5 TW 7 NORTH OF RANGE 5, EAST OF 6 P.M.
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 MARK & LEANNE MANNING Signature Mark F. Manning

Address 740 FRANKLIN DR City/State/Zip CRETE, NE 68333

☒ Check if owner designed system Home Phone 402-826-2052 Work Phone 402-826-2528

C. Contractor

Name FRANCIS SIEDHOFF Company Name SIEDHOFF CONSTRUCTION, INC

Address 1810 VALLEY VIEW DR City/State/Zip CRETE, NE 68333

☐ Check if contractor designed system Work Phone 402-826-2385

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

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub YES (NO)

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day 400 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 9/17/99 Date frwd 9/17/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Pool
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 9-17-99 Date frwd 9-17-99 **ACTION** ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 09/17/99 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature _____

9/17/99 Pipe comes in too high Need drawing etc. J.C.H.

Installation Final Written Approval

By Doug Ward

Date 11/30/00

Business Office Use Only
Date Rec'd 9/16/99
Amt Paid $150.00
Rec'd By CW Cash/Check No. 4442

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

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B

Permit Number: 9938 02083

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address SOUTH WEST 1220 WEST PANAMA ROAD (no rural route) City CRETE NE, Zip 68333

Owner MARK & LEANNE MANNING Addresss 740 FRANKLIN DR, CRETE, NE 68333

Soil Type (SCS): PaD2 (Pawnee Clay Loam 7-10% slope) Percolation Rate: 120 min./inch

Date of Tests 8-28-99 to 8-29-99 Weather: Precipitation -0- Temperature 90° F

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	8/28/99	1:30 PM	8/29/99	2:00 PM	8/29/99	5:30 PM	6 1/2	8/29/99	6:00 P.M	30	1/4	120
2	36	8/28/99	1:35 PM	8/29/99	2:05 PM	8/29/99	5:35 PM	6	8/29/99	6:05 P.M	30	1/8	240
3	36	8/28/99	1:40 PM	8/29/99	2:10 PM	8/29/99	5:45 PM	6 1/8	8/29/99	6:10 P.M	30	1/4	120

Sum of Percolation Rates:

Average of Rates:

Rate Used for Calculation:

Person Conducting Percolation Tests

Name: MARK MANNING

Phone: 402-826-2528

Address 740 FRANKLIN DR
CRETE, NE 68333

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

Lincoln-Lancaster County Health Department
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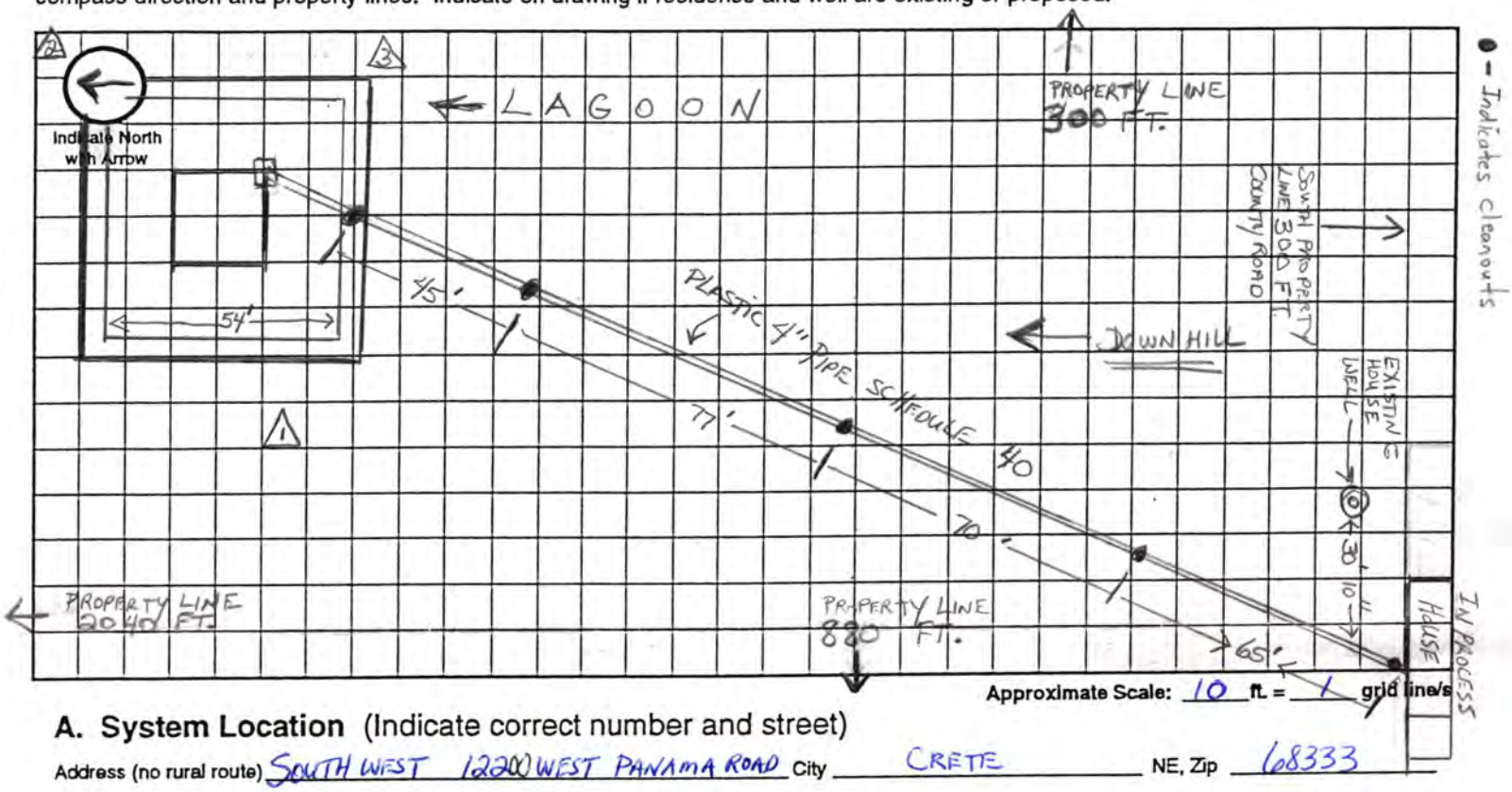
C

Permit Number: 9938020B3

Sewage Disposal System

△ - Indicates percolation testhole locations **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.



● - Indicates cleanouts

Approximate Scale: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) SOUTH WEST 12200 WEST PANAMA ROAD City CRETE NE, Zip 68333

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: PaD2 (Pawnee Clay Loam) Land Slope: 7-10 %

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 Travis M Scott Scott Const Date 9-9-99

Installer Mark F Manz Date 9/6/99

FORM 23-102 10-96

SEP 2 0 1999

D

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Environmental Health Division
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Permit Number: 9938020 83

Sewage Disposal System

As Built Plans & Specifications

Date 9-17-99

MARK & LEANNE MANNING

System Location (Indicate correct number and street)

Address SOUTH WEST 12200 WEST PANAMA ROAD (no rural route) City CRETE NE, Zip 68333

A. Building Sewer

1. Material: Plastic Schedule 40
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 18 in.
3. Distance between dwelling and ~~septic tank~~ lagoon: 260 ft.
4. Number of clean-outs: 5
5. Distances to: well or suction line 30 ~~115~~ ft.
   stream _____ ft.
   pressure line _____ ft.
   property line 300 ft.

B. ~~Septic Tank~~ LAGOON

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 250 ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line 300 ft.

C. Distribution Box

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

D. Absorption Field

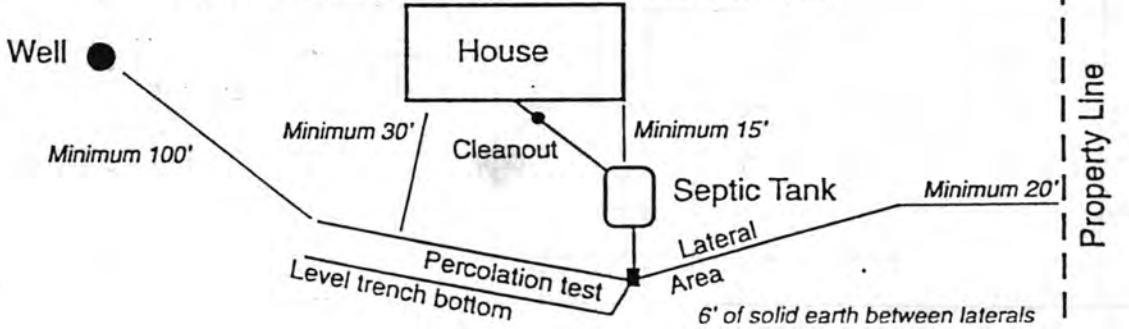
(Provide as-built drawings on back of this form)

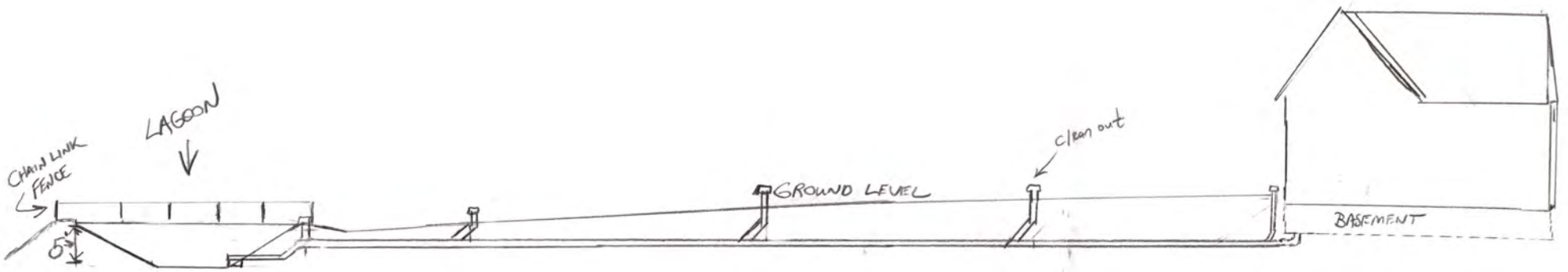
1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ 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)




LAGOON
CHAIN LINK FENCE
5'
GROUND LEVEL
clean out
BASEMENT

As Built Drawing

