Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

MANZITTO BROTHERS
T8N R6E SEC 9
BNTZINGER PLSNT ACRE BLK 2 LOT 5
14400 SW 15 CIR

Permittee

MANZITTO BROTHERS
3341 PIONEERS BLVD
LINCOLN NE 68506

Permit # 02380257401

Issued 12/11/02
Expires 06/11/03
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

003132

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

A

Permit Number: 02380257401

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 14440 SW 15th (no rural route) City Lincoln NE, Zip

Legal Description 9 (1/4) 8N (1/4) 6E (Section, Township, Range) Bentzingers Pleasant Acres (Subdivision) 2 (Addition) 5 (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 Tony + Cindy Ojeda Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name Sam Manzitto, Sr. Company Name Manzitto Bros

Address 3341 Pioneers Blvd City/State/Zip Lincoln NE

☒ Check if contractor designed system Work Phone 402 483 2302

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 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 12/11/02 Date frwd 12/11/02 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/11 Date frwd 12/11 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 12-11-02 Date frwd 12-11-02 ACTION ☒ Approved ☐ Disapproved Signature Jim Ploog

6/19 Line + Lagoon – fence needed – see drawing

Installation Final Written Approval

By

Date 8/27/03

Business Office Use Only

Date Rec'd 12/11/02
Amt Paid 200.00
Rec'd By ~~Cash~~/Check No. 029279

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

C

Permit Number: 02380257 4

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) 14440 SW 15 City LINCOLN NE, Zip 68523

B. Proposed Septic Tank/s Lagoon

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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

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 _____ Date 12/9/02

Installer Brad Smith Date 12/10/02

FORM 23-102 10-96

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

B

Permit Number: 023802574

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 14440 S 91 S (no rural route) City LINCOLN NE, Zip 68523

Owner _____ Addresss _____

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

Sewage Lagoon

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)

Person Conducting Percolation Tests

Name: _____

Phone: _____

Address _____

_____

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

_____

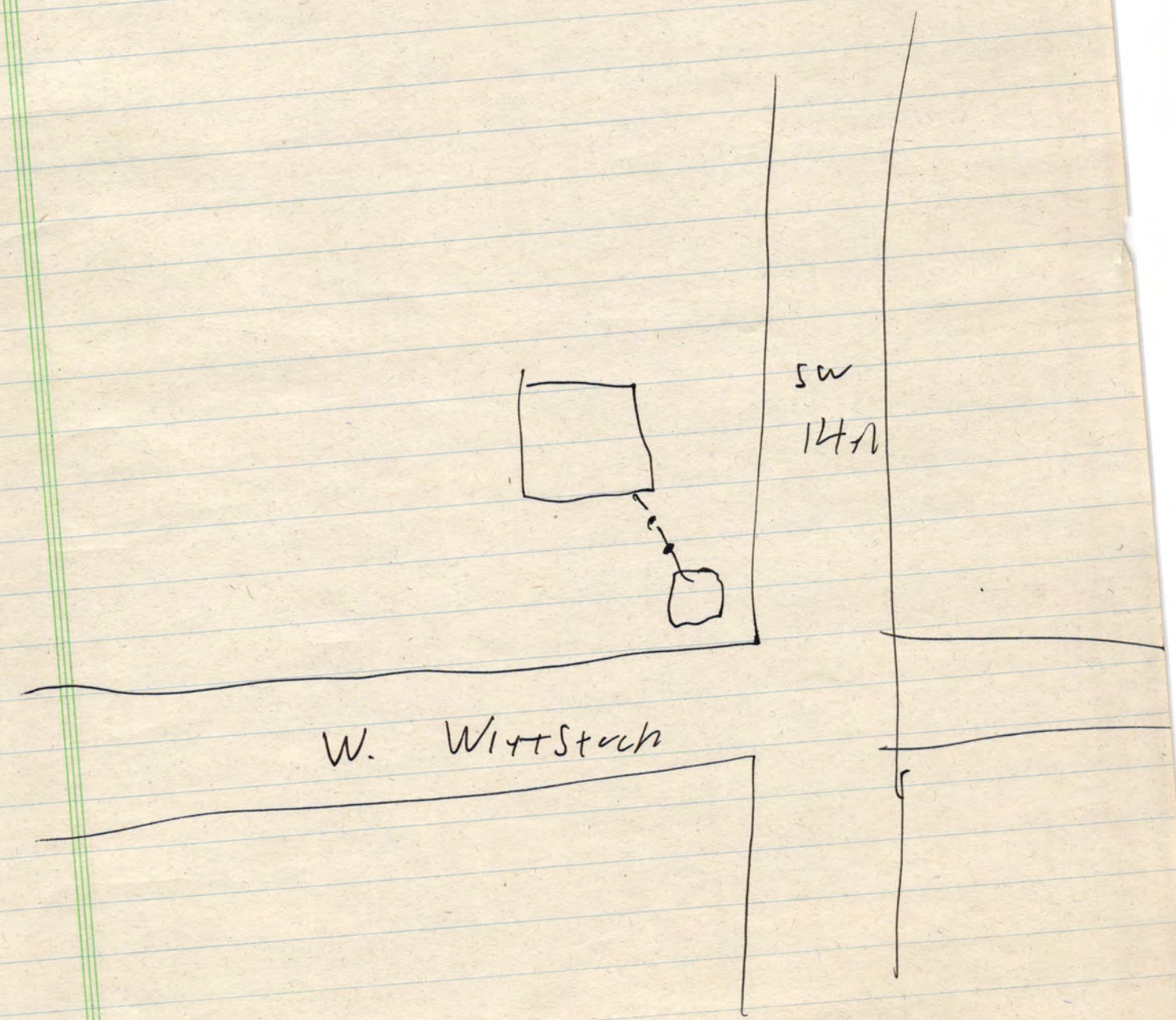
_____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

Field Notes

14400 SW 15 Ct



Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
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Establishment

MANZITTO INC
T8N R6E SEC 9
BNTZINGER PLSNT ACRE BLK 2 LOT 5
14400 SW 15 CIR

Permittee

MANZITTO INC
3341 PIONEERS BLVD
LINCOLN NE 68506

Permit # 02380248501

Issued 06/05/02
Expires 12/05/02
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

002435

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

A

Permit Number: 023802485

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)

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PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 1440 S.W. 15th Circle City _____ NE, Zip _____
(no rural route)

Legal Description 9 8N 6E Bentzinger's Pleasant Acres 2 5
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 Manzitto INC Signature _____

Address 3341 Pioneers BLVD City/State/Zip Lincoln NE 68506

☐ Check if owner designed system Home Phone _____ Work Phone 4165577

C. Contractor

Name Sam Manzitto Company Name Manzitto Bros.

Address 3341 Pioneers Blvd City/State/Zip Lincoln NE 68506

☐ Check if contractor designed system Work Phone 416-5577

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

Designer Name Sam Manzitto Firm _____ Work Phone 416 5577

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 _____ 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 6/5/02 Date frwd 6/6/02	ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 6-6-02 Date frwd 6-6-02	ACTION ☒ Approved ☐ Disapproved Signature _____	
3. **City or County Engineer**	Date rec'd 6/6/02 Date frwd 6/6/02	ACTION ☒ Approved ☐ Disapproved Signature _____	

[redacted]

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 06/05/02
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 028949

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

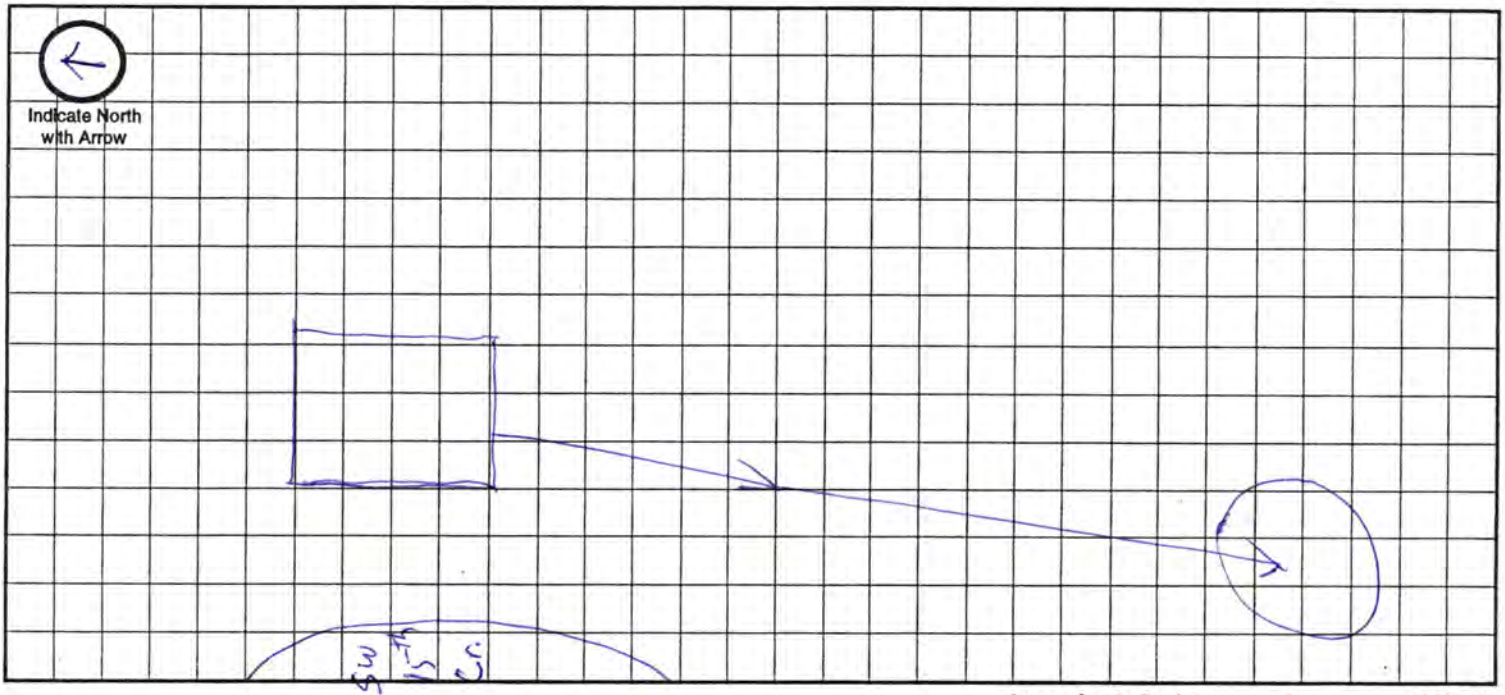
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 023802485

Sewage Disposal System
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Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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

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Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

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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 Gary Mayo Date 6-3-02

Installer Brad Southard Date 6-3-02

FORM 23-102 10-96