Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

006055

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380294301

Issued 12/17/04
Expires 06/17/05
Revenue Code 3157

Establishment:
MANZITTO BROTHERS
T8N R7E SEC 16
PRESERVE@ CROSS CRK BLK 1 LOT 2
6550 WILDFLOWER LN-ROCA

FEES: $200.00

Permittee:
MANZITTO BROTHERS
3341 PIONEERS BLVD
LINCOLN NE 68506

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

A

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

Permit Number: 04380294301

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 6500 6550 Wild Flower LN City ROCA NE, Zip
(no rural route)

Legal Description 1/4 1/4 16 Section 8N Township 7E Range The Preserve at Cross Creek Subdivision Addition 31 Block 2 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name San Manzitto Signature

Address 3341 Proneers Blvd City/State/Zip

☐ Check if owner designed system Home Phone 483-2302 Work Phone 4832802

C. Contractor

Name San Manzitto Company Name Manzitto Bros

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

☐ Check if contractor designed system Work Phone 4832302

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

Designer Name Lloyd Jakoubek Firm Raymond Contracting, Inc Work Phone 402-783-2663 402-890-6009

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 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 12/17/04 Date frwd 12/17/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 12/20/04 Date frwd 12/20/04 ACTION ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 12-17-04 Date frwd 12-17-04 ACTION ☐ Approved ☐ Disapproved Signature

~~5/6/05 Need drawing J.C.H~~

Installation Final Written Approval

By Jerrold C. Hood P.E. & L.S.

Date MAY 12, 2005

Business Office Use Only

Date Rec'd 12/17/04
Amt Paid 200.00
Rec'd By _____ Cash/Check No. 030193

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:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

The Preserve at Cross Creek
Sam Marzitto

Block 1 Lot 2

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6550 Wildflower Ln (no rural route) City Roca NE, Zip 68430

Owner Michael Wurdy + Jeanne Boller Addresss 3701 Faulkner Dr. Lincoln NE 68516

Soil Type (SCS): Wymore Percolation Rate: 60 min./inch

Date of Tests 12-28-04 to 12-29-04 Weather: Precipitation 0 Temperature 50°

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	38	12/28	12:30	12/29	4:30	12/29	11:20	6	12/29	3:20	30	1/2	30/0.50 = 60
2	37	"	"	"	"	"	"	"	"	"	"	2 1/4	30/2.25 = 13
3	40	"	"	"	"	"	"	"	"	"	"	1 3/4	30/1.75 = 17
4	37	"	"	"	"	"	"	"	"	"	"	1 5/8	30/1.63 = 18
5	35	"	"	"	"	"	"	"	"	"	"	1 3/8	30/1.38 = 22
6	35	"	"	"	"	"	"	"	"	"	"	1	30/1.00 = 30

Person Conducting Percolation Tests

Name: Terri L. Jakoubek, Raymond Contracting Inc

Phone: 402-783-2663 or 402-890-3870

Address 13800 NW 70th St Raymond, NE 68428
#10198

Sum of Percolation Rates: 160

Average of Rates: 27

Rate Used for Calculation: 60 (20 mpi variance)

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

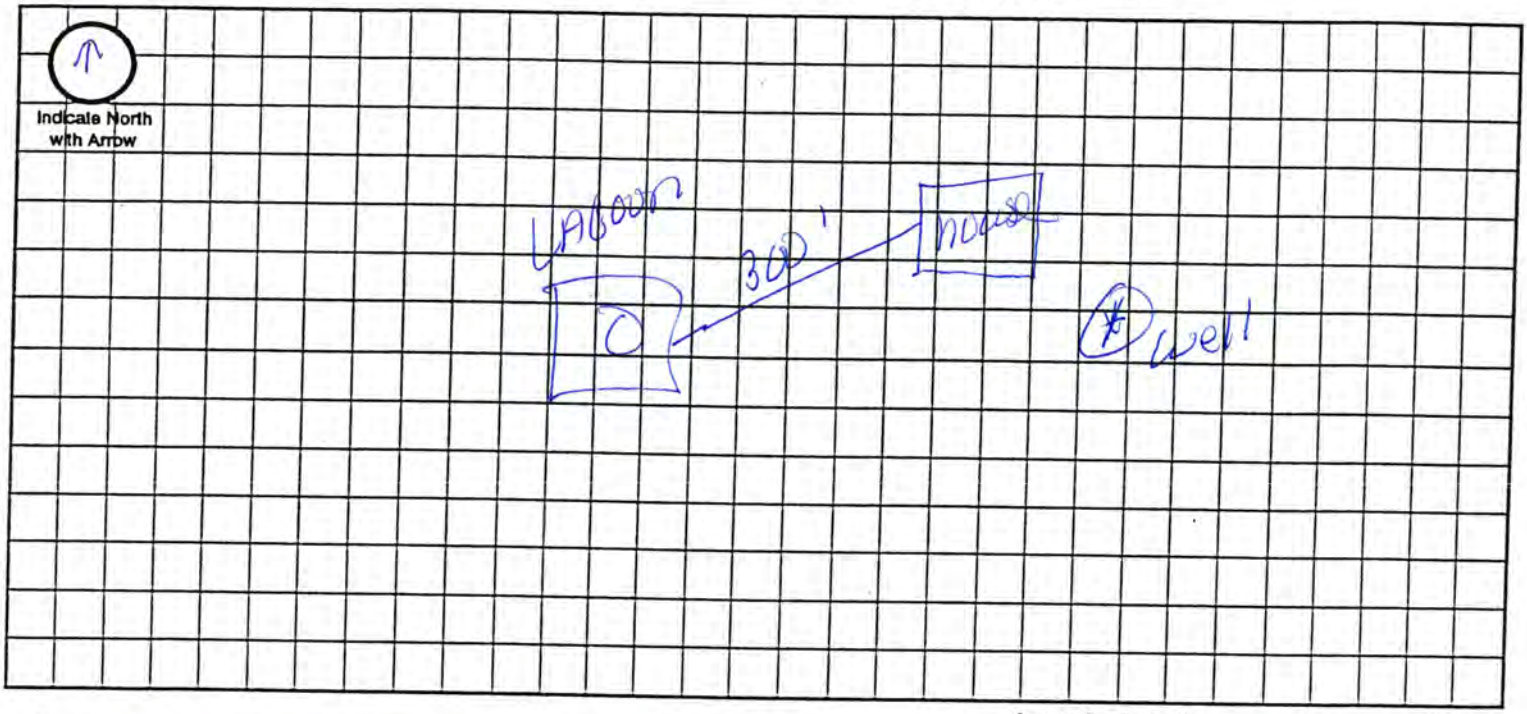
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 043802943

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) 6550 Wildflower Ln City _____ NE, Zip _____

B. Proposed Septic Tank/s

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 12-16-04

Installer Kim M. Johnson Date 12-16-04

FORM 23-102 10-96

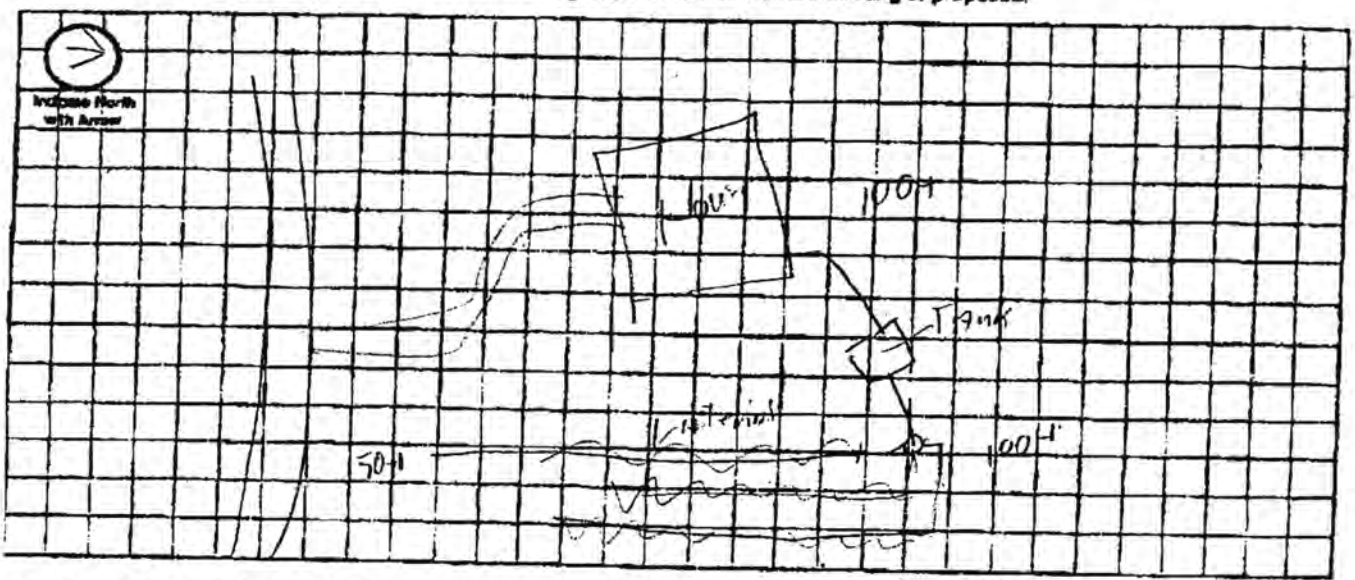
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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) 6550 Wildflower LN City Roca NE Zip 68430

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 60 (min. per inch) Soil Type: Wymore Land Slope: ____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 1,400 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: Infiltrator H-10

Capacity of Septic Tank: 1,500 gals Number of Absorption Beds: ____ Number of Distribution Laterals per Bed ____

Total Length of Laterals 350 ft. Number of Trenches 3 Trench Width 4'

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

Distance From	Private Well	Public Well	Surface Water	Ground 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 X Signature Date 4-28-05

Installer Ron Jakoubek Date 5-3-05

Apr 27 05 08:35a Terri Jakoubek (402) 783-2341 p.2

Lincoln-Lancaster County Health Department
Environmental Health Division
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Phone: 402-441-8022

MAY 11 2005 **D**

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 4/6/05 Wardy/Boiler

System Location (Indicate correct number and street)

Address 6550 Wild Flower Ln. (no rural route) City ROCA NE, Zip 68430

A. Building Sewer

1. Material: class 160
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 51 ft.
4. Number of clean-outs: one
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 100+ ft.

B. Septic Tank

1. Material: concrete
   Number of compartments: one
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☐ above ☐ below grade AT Grade in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 40 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 100+ ft.

C. Distribution Box

1. Material: PlACTic
   Number available outlets: 3
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 25' ft.

D. Absorption Field

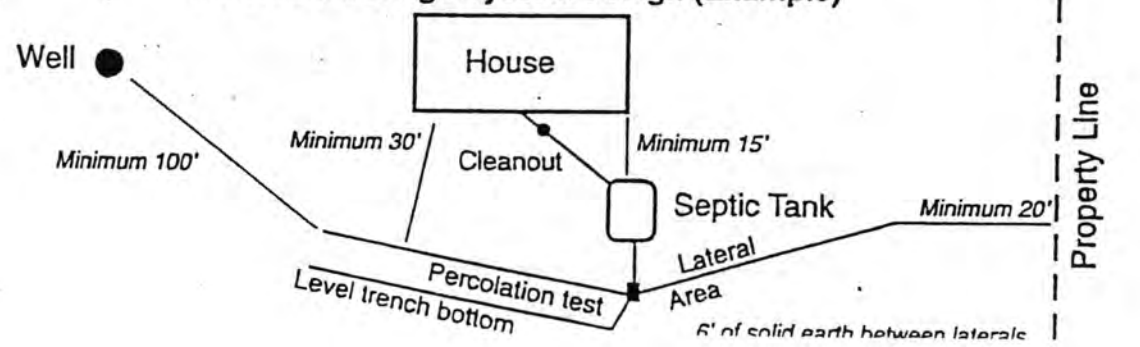
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 34" wide 12" TALL
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 112.50 ft. 112.50 ft.
   125 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope FLAT in/100 ft.
   Average depth 29-30" in
4. Filter material: DiRT
   Depth of material 29-30 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 25+ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

