LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
NON TRANSFERABLE

ENVIRONMENTAL HEALTH DIVISION
Lincoln, NE 68510-1514

(402) 441-8000

PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC OR LAGOON

No. 98380178701

Issued 06/25/98
Expires 12/25/98
Revenue Code 3157

FEES: $150.00

PAID

Establishment

MANZITTO BROS. CUSTOM HOMES
T9N R7E SEC 28 QTR SE
COUNTRYLANE ESTS-1ST BLK 2 LOT 2
6411 VANDERSLICE LANE

TOTAL $150.00

Permittee

MANZITTO BROS. CUSTOM HOMES
3341 PIONEERS BLVD
APT 1
LINCOLN NE 68506-4850

Issued By Health Director
Lincoln-Lancaster County Health Department

007680

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

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

A

Permit Number: 98801787

Sewage Disposal System

Request for Site Clearance and Permit

SEE "C" SHEET

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System OR ☒ 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 6411 VANDERSLICE LN (no rural route) City LINCOLN NE, Zip 68516

Legal Description 5 E 28 T9N R7E COUNTRY LANE ESTATES 1ST 2 2
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 BROS CUSTOM HOMES Signature X _____

Address 3341 PIONEERS BLVD, SUITE 1 City/State/Zip LINCOLN / NE / 68506

☐ Check if owner designed system Home Phone (402) 483-2302 Work Phone (402) 483-2302

C. Contractor

Name MANZITTO BROS. CUSTOM HOMES Company Name MANZITTO BROS CUSTOM HOMES

Address 3341 PIONEERS BLVD, SUITE 1 City/State/Zip LINCOLN / NE / 68506

☒ Check if contractor designed system Work Phone (402) 483-2302

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

Designer Name STEVE NICKEL Firm NECKEL ENGINEERING Work Phone (402) 423-0559

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 6/15/98 Date frwd _____	ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood	
2. Supt. Bldg. Insp. or Village Clerk	Date rec'd 6.17.98 Date frwd 6.17.98	ACTION ☒ Approved ☐ Disapproved Signature _____	
3. City or County Engineer	Date rec'd 6/17/98 Date frwd 6/17/98	ACTION ☒ Approved ☐ Disapproved Signature _____	

Installation Final Written Approval

By John Reis

Date 2/16/99

Business Office Use Only

Date Rec'd 06/15/98

Amt Paid 150.00

Rec'd By _____ Cash/Check No. 024391

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

Also wells

Need NDEQ Approval

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

B

Permit Number: 983801787

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6411 VANDERSLICE LN (no rural route) City LINCOLN NE, Zip 68516

Owner MANZITTO BROS. CUSTOM HOMES Addresss 3341 PIONEERS BLVD., SUITE 1, LINCOLN, NE

Soil Type (SCS): PAWNEE AND BURCHARD Percolation Rate: 60 min./inch

Date of Tests 10/17/96 to 10/18/96 Weather: Precipitation 0 Temperature 45°

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	54	10/17	2:00 P	10/17	6:00 P	10/18	1:48 P	39.72	2:18 P	41.04	30	1.32	22.7
2	54	10/17	2:04 P	10/17	6:04 P	10/18	1:50 P	38.4	2:20 P	39.72	30	1.32	22.7
3	54	10/17	2:06 P	10/17	6:06 P	10/18	1:52 P	32.58	2:22 P	33.36	30	0.78	38.5
4	54	10/17	2:09 P	10/17	6:09 P	10/18	1:53 P	28.62	2:23 P	29.22	30	0.6	50.0
5	54	10/17	2:10 P	10/17	6:10 P	10/18	1:54 P	28.38	2:24 P	28.92	30	0.54	55.6
6	54	10/17	2:12 P	10/17	6:12 P	10/18	1:55 P	34.92	2:25 P	36.12	30	1.2	25.0

Person Conducting Percolation Tests

Name: STEVE NICKEL
Phone: (402) 423-0559
Address 7941 PORTSCHE LN
LINCOLN, NE

Sum of Percolation Rates: 214.5
Average of Rates: 35.75
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks WILL GO WILL EITHER SEPTIC OR LAGOON WHICHEVER RETEST INDICATES.

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

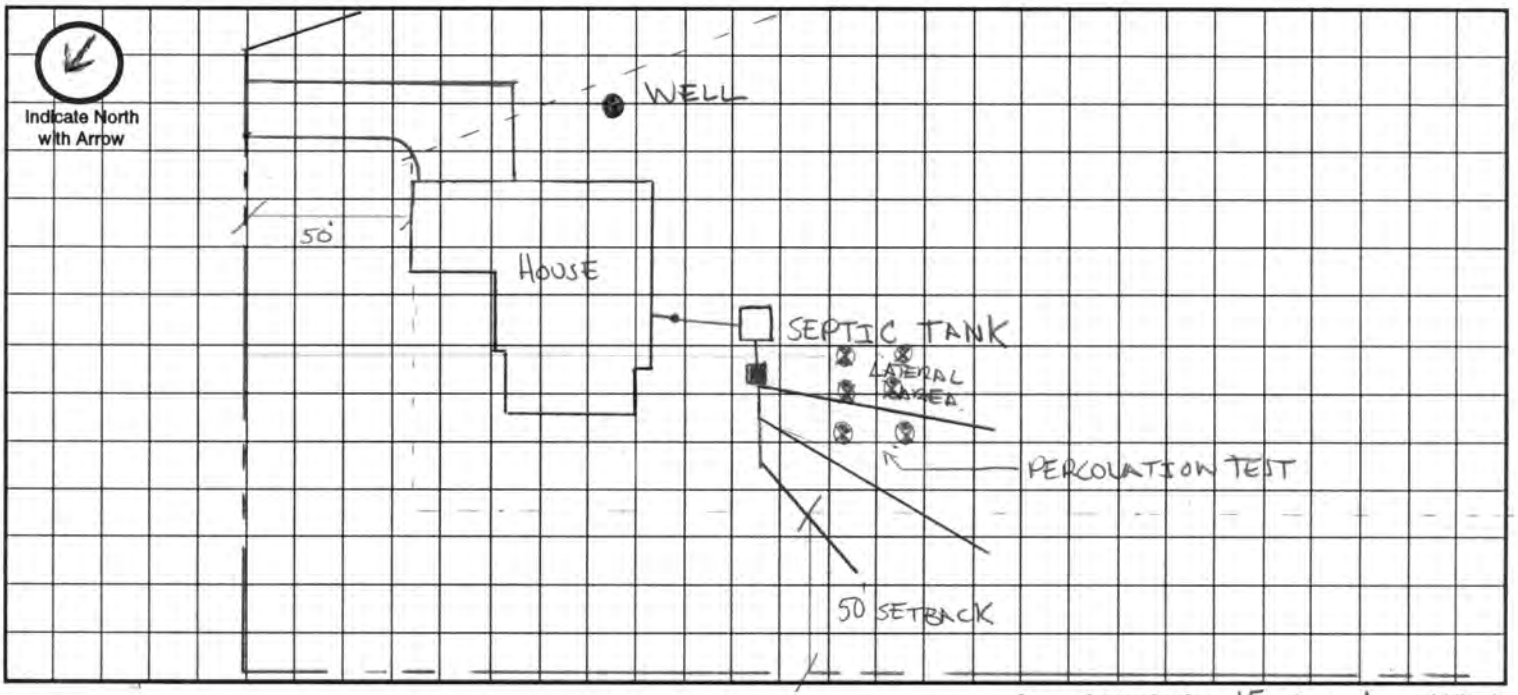
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 9838 01787

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: 15 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 6411 VANDERSLICE LN City LINCOLN NE, Zip 68516

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: PAWNEE AND BURCHARD Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☒ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: PVC Infiltration Equalizer

Capacity of Septic Tank 4000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 300 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	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 6-10-98

Installer Brad Southwick Date 6-10-98

FORM 23-102 10-96

EVAPOTRANSPIRATION/ABSORPTION SYSTEM

OWNER	Kerri & Terri Phillippi
ADDRESS	6411 Vanderslice Lane
LEGAL	Lot 2 Block 2, Country Lane 1st Addition SE 1/4 Section 28 T 9 N , R 7 E
SIZE OF HOUSE	3 Bedrooms
DESIGN FLOW	3 BR x 150 gal/day/BR = 1050 gal/day
PERCOLATION RATE	60 minutes/inch
EVAPORATION LOSS	8" per year = 0 0135 gal/sq ft day
ABSORPTION RATE	Allowable Absorption based on Formula Q = 5/T T = Percolation Rate For T = 60 min/in, Q = 0 645 gal/day
TOTAL LOSSES	0 013 + 0 645 = 0 658 gal/sq ft/day
REQUIRED AREA	1050 gal/day ÷ 0 658 = 1596 sq ft 1596 sq ft x 25% = 399 sq ft Standard Infiltrator Base Area 399 sq ft ÷ 10 41 sq ft per chamber = 38 3 chambers
	Use 4 trenches with 11 Equalizer 24 Infiltrator Chambers per trench
	Each Trench to be 5' wide x 100' long
	44 Equalizer 24 Chambers @ 33 3 gal = 1465 gal 2 04 gal/cu ft of Wicking Sand x 3804 cu ft = 7760 gal Total Storage Volume = 9225 gal

DEPARTMENT OF ENVIRONMENTAL QUALITY

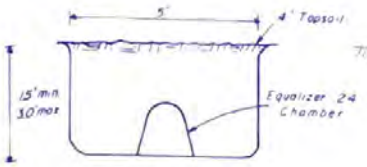
JAN 20 1999

RECEIVED

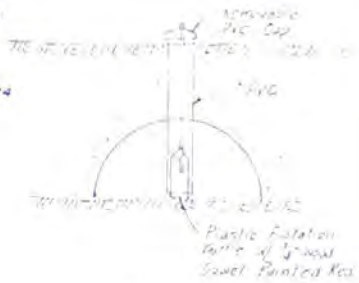
NOTE: The Contractor shall excavate an inspection pit to confirm that a 4' separation can be maintained from any seasonal water table (perched or otherwise) or impermeable clay or rock layer.

It is recommended that a water meter be installed on the water supply so that the Owner can monitor their water use and ensure that not more than 1050 gallons per day are being used.

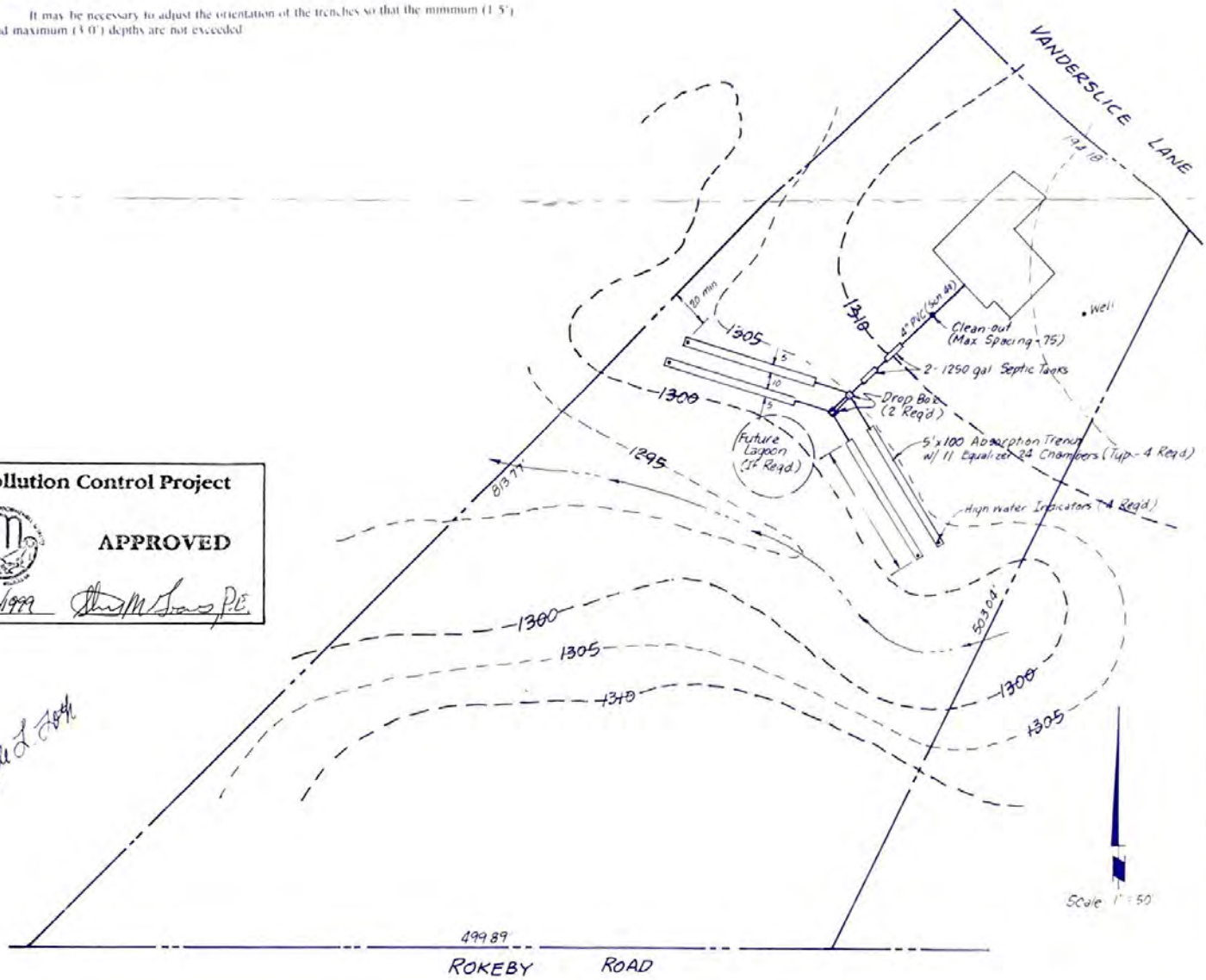
It may be necessary to adjust the orientation of the trenches so that the minimum (1.5') and maximum (3.0') depths are not exceeded.



SECTION A-A



HIGH WATER INDICATOR (4 Req'd)



Pollution Control Project

APPROVED

01/20/1999 Thomas M Evans P.E.

Kyle L. Roth

Kerri & Terri Phillippi 6411 Vanderslice Lane	EVAPORATION/TRANSPIRATION/ABSORPTION SYSTEM	**Garber & Work, Inc.** Lincoln, Nebraska ENGINEERING • ARCHITECTURE Scale 1" = 50' Date December, 1998	Drwg No 9585

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET
Lincoln, NE 68510-1514
(402) 441-8000

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

Permit No. 98400075601

WATER WELL
NEW WATER WELL CONSTRUCTION

Issued 06/25/98
Expires 12/25/98
Revenue Code 3162

FEES: $75.00

PAID

Establishment

MANZITTO BROS. CUSTOM HOMES
T9N R7E SEC 28 QTR SE
COUNTRYLANE ESTS-1ST BLK 2 LOT 2
6411 VANDERSLICE LANE

TOTAL $75.00

Permittee

MANZITTO BROS. CUSTOM HOMES
3341 PIONEERS BLVD
APT 1
LINCOLN NE 68506-4850

Issued By Health Director
Lincoln-Lancaster County Health Department

007679

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

AUG 2 4 1998

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO._____

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 28 T. 9 R. 7 Block ____ Lot ____ Addition 6411 VANDERSLICE LANE COUNTRY VIEW ESTATES

Owner MANZITTO BROS., CUSTOM HOMES Address SUITE 1 - 3341 PIONEERS BLVD. LINCOLN, NE 68506

LOG OF WELL	
Depth ft. --to--	Description
0- 5	DRK BRN CLAY
5- 10	RED/BRN CLAY
10- 25	BRN CLAY
25- 30	CLAY & SAND THAT CAVED OFF
	OVER NIGHT FROM TEST HOLE
30- 50	MED YEL SANDSTONE
50- 65	RED & YEL SHALE
65-120	BLUE SHALE
120-155	WHITE & YEL SHALE
155-170	FINE YEL SANDSTONE
170-214	MED SANDSTONE
214-220	YEL SANDSTONE
220-240	MED FINE SANDSTONE
240-260+	MED YEL SANDSTONE

WELL COMPLETION RECORD

Drilling Method: ROTO/WATER

Depth (from ground level), Ft. 257'
Date Completed 7/15/98

Casing: Length, Ft. 237'; Dia.In. 4"
Wall Thickness, Inc. .214 ; type PVC

Screen: Length, Ft. 20' Dia.In. 4"
Type PVC SLOTTED , slot Size .025

Drop Pipe: Length, Ft. 160' Dia.In. 1 1/4"

Water Level, Surface to top of water, Ft.:
Static 131' M , Pumping 135' EST

Yield: 100 ggm, Measured ☒ , Est. ☐
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller _____ (Signed)

P. O. BOX 308
Address Hickman, Nebraska 68372-0308

REMARKS NITRATE NITROGEN 2.0 P.P.M. BACTERIOLOGICAL O.K.

Date 21 AUGUST 1998

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-A

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

Permit No. _____

Request for Site Clearance and Permit for Individual Water Well

The undersigned hereby requests:

- ☒ Site Clearance and Permit to construct a new individual water well - $75.00
- ☐ Annual Permit for an existing well - $50.00
- ☐ Permit to repair or alter existing well involving opening of well - $25.00

1. Well Site Address 6411 VANDERSLICE LANE City LINCOLN, NE Zip _____
(No Rural Route Please)

Legal description of property:
Twp 9N; Range R7E; Section SE¼ 28; Block 2; Lot 2; Addition 1ST COUNTRYLANE

2. Well use: ☒ Residential; ☐ Commercial; ☐ Other; Describe: _____

3. Distance to Public Water Supply N/A feet.

Signature of Owner _____

Print Name MANZITTO BROS CUSTOM HOMES
Current Address 3341 PIONEERS BLVD, SUITE 1
LINCOLN, NE 68506
Current Home Phone (402)-483-2302
Work Phone (402) - 483-2302

Signature of Contractor _____

Print Name MANZITTO BROS CUSTOM HOMES
Address 3341 PIONEERS BLVD., SUITE 1
LINCOLN, NE 68506
Home Phone (402)483-2302
Work Phone (402) 483-2302
Cellular Phone (402) 450-3877

Sewage Permit Applied for: ☒ Yes ☐ No ☐ Not applicable

Please Submit Permit Fee with This Request
Please Do Not Write Below This Line

Approval Process: Lincoln Municipal Code 8.44

1. Health Department — Date received 6/15/98; Date forwarded ___/___/___ — ACTION ☒ Approved ☐ Disapproved — Signature: Jerrold E. Hood
2. Building & Safety — Date received 6/17/98; Date forwarded 6/17/98 — ACTION ☒ Approved ☐ Disapproved — Signature: _____
3. City Engineer — Date received 6/17/98; Date forwarded 6/17/98 — ACTION ☒ Approved ☐ Disapproved — Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits:
Date: 5/23/00 By Jerrold Hood
Date: ___/___/___ By _____
Date: ___/___/___ By _____

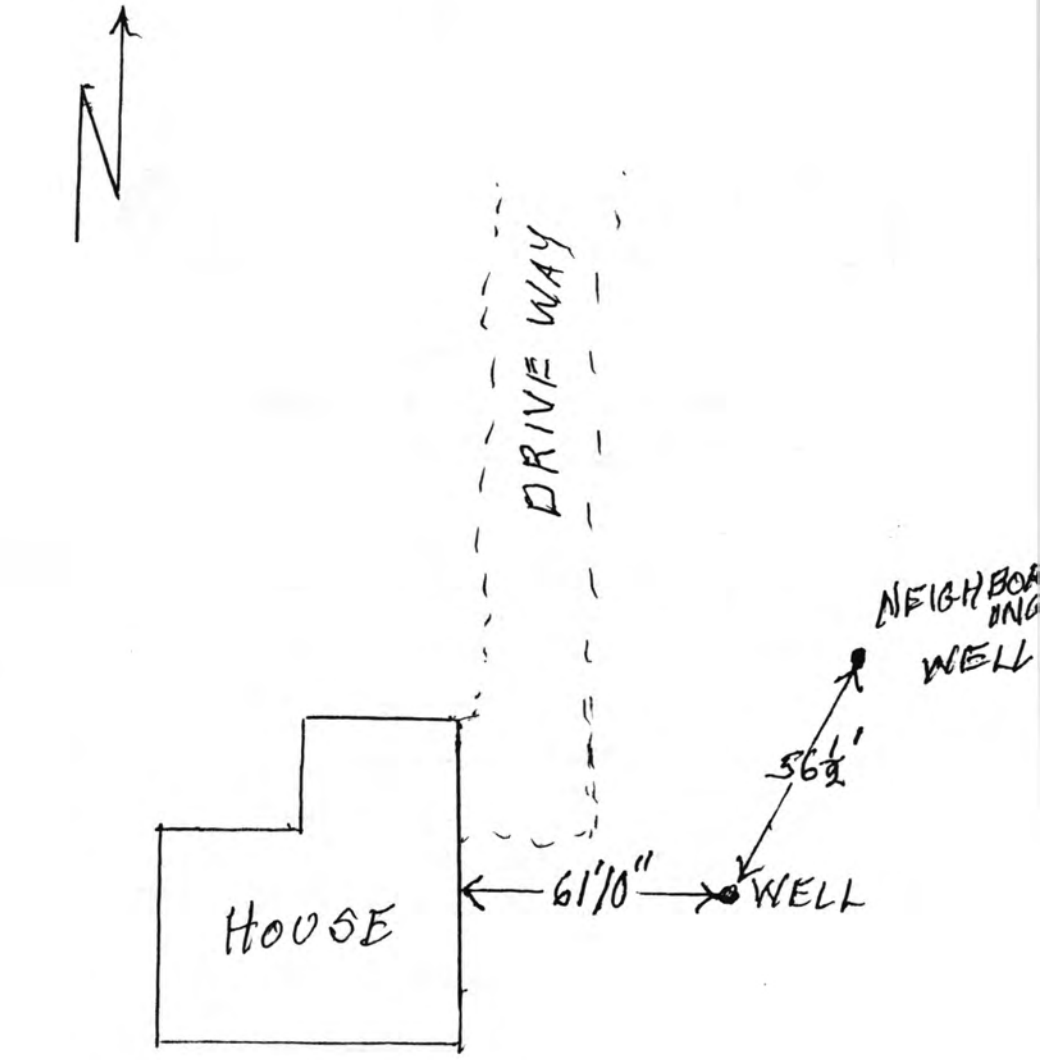
Installation Final Written Approval
By: Jerrold E. Hood
Date: 5/26/00

Nitrate Level 2.0 mg/L
Chloride Level _____ mg/L
Bacteriological Analysis Satisfactory
Yes X No ____
Other _____

Business Office Use Only
Date Rec'd: 06/15/98
Amt Paid: $ 75.00
Rec'd By ___ ~~Cash~~/Check No. 624391

Distribution:
White - Health Dept. Lt. Green - Engineer Lt. Blue - Bldg Inspector

Also Sewage



AREA OF
SEPTIC SYSTEM