# LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

## PERMIT

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

No. 99380196001

Issued 04/06/99
Expires 10/06/99
Revenue Code 3157

FEES: $150.00

PAID

TOTAL $150.00

Establishment

MIKE MANZITTO
T9N R7E SEC 32
SILVER SPRINGS BLK 2 LOT 7
5333 NEW CASTLE RD

Permittee

MIKE MANZITTO
700 LAKEWOOD DR
LINCOLN NE 68510

Issued By Health Director
Lincoln-Lancaster County Health Department

009058

**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:

# 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 5333 New Castle Road (no rural route) City Lincoln NE, Zip

Legal Description 32 9N 7E Silver Springs 2 7
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 Mike Manzitto Signature

Address 700 Lakewood Drive City/State/Zip Lincoln NE 68510

☐ Check if owner designed system Home Phone 489-6031 Work Phone 479-6161

### C. Contractor

Name SAME Company Name Michael Builders Corp

Address SAME City/State/Zip SAME

☐ Check if contractor designed system Work Phone

### 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 ~~4~~ 5 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 3/29/99 Date frwd 3/30/99 **ACTION** ☒ Approved ☐ Disapproved Signature Jerold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/30/99 Date frwd 3/30/99 **ACTION** ☒ Approved ☐ Disapproved Signature
3. **City or County Engineer** Date rec'd 3.30.99 Date frwd 3.30.99 **ACTION** ☒ Approved ☐ Disapproved Signature

8/13/99 Sewer, tank + 2 laterals, J.C.H.

### Installation Final Written Approval

By Joseph

Date 9-10-99

***Business Office Use Only***

Date Rec'd 03/29/99

Amt Paid $ 150 ~

Rec'd By LS ~~Cash~~/Check No. 2767

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

**Lincoln-Lancaster County Health Department**
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**B**

Permit Number:

# Sewage Disposal System

## Soil Absorption Test Data Report
## Annex to Application

PLEASE PRINT OR TYPE

Michael Bldgs
Lot 7 Blk 2
Silver Springs Add,

## System Location (Indicate correct number and street)

Address 5333 New Castle Road (no rural route) City Lincoln NE, Zip _____

Owner _____ Addresss _____

Soil Type (SCS): WYMORE SILTY CLAY LOAM Percolation Rate: 60 min./inch

Date of Tests 3-1 to 3-2-99 Weather: Precipitation Trace Temperature 40°

## 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 | 32 | 3-1 | 9:45 | 3-2 | 8:00 | 3-2 | 10:30 | 25 | 3-2 | 11:00 | 30 | 1/2 | |
| 2 | | | | | | | | 23 | | | | 1/2 | |
| 3 | | | | | | | | 22 1/2 | | | | 1/2 | |
| 4 | | | | | | | | 21 1/4 | | | | 3/4 | |
| 5 | | | | | | | | 20 3/4 | | | | 3/4 | |
| 6 | | | | | | | | 21 | | | | 3/4 | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

## Person Conducting Percolation Tests

Name: Larry Schwarck
Phone: 489 7294
Address 8200 old Cheney Rd.

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

## Reviewing Action

Remarks _____

Signature of Reviewing Official Jerrold C. Hood Date MARCH 29, 1999

FORM 23-101 10-96

Michael Bldgs.

**Lincoln-Lancaster County Health Department**
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Phone: 402-441-8022

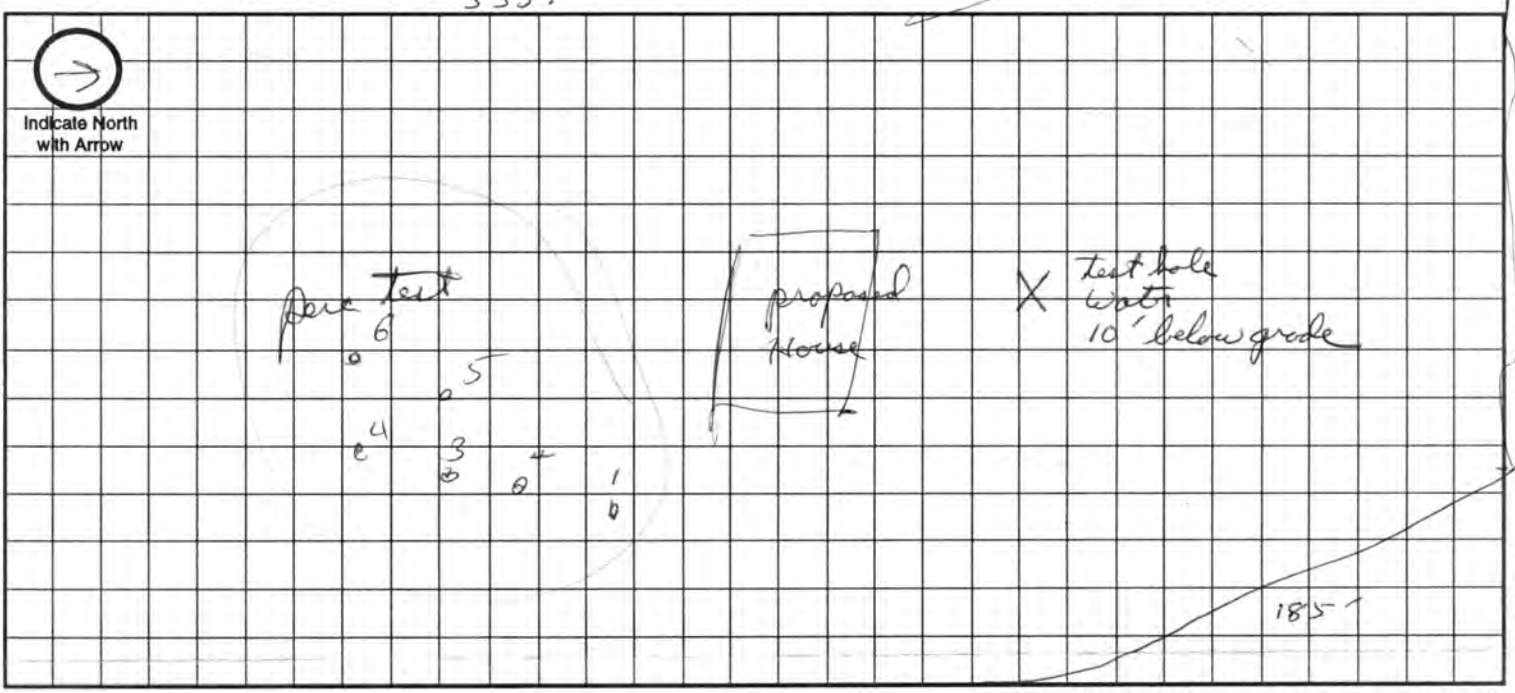
**C**

Permit Number:

Lot 7 Blk 2
Silver Springs Add

# 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.




## A. System Location (Indicate correct number and street)

Address (no rural route) 5333 New Castle Rd. City Lincoln NE, Zip _____

## 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 SILTY CLAY LOAM Land Slope: _____ %

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

Total Square Feet of Field Required: 1320 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 436 ft. Number of Trenches 5 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 Mike Murtaugh Date 3/29/99

Installer Larry Schwarck Date 3-30-99

FORM 23-102 10-96

# As Built Drawing by Tony Schwarck for Michael Bldgs.

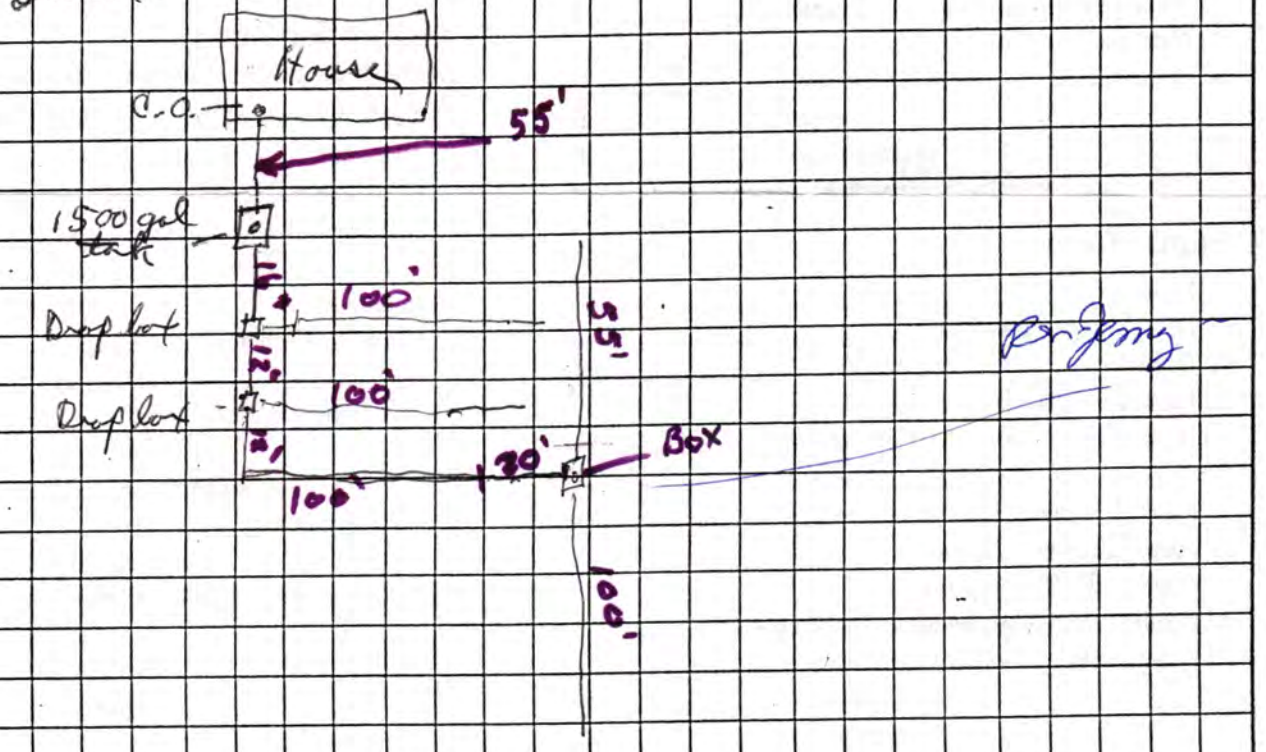
8-18-99

Indicate North with Arrow

5333 New Castle Rd.

Lot 7 Blk 2 Silver Springs

well




Approximate Scale: ____ ft. = ____ grid line/s