LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit No. 96380150301

SEWAGE INSTALLATION
OTHER -- LAGOON

Issued 10/17/96
Expires 04/17/97
Revenue Code 18754

Establishment

MANZITTO INC
T9N R7E SEC 32
SILVER SPRINGS ADD. BLK 3 LOT 5
5100 BENTLEY

FEES: $150.00

Permittee

MANZITTO INC
3341 PIONEERS BLVD
LINCOLN NE 68506

TOTAL $150.00

Issued By M. Jane Ford
Health Director

2742

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

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

A

FILING FEE: $ 150.00

FILE NO. 9638801503

DATE: 10/17

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 7E ; Section 32 ; 3175
   Block 3 : Lot 5 : Addition Silver Springs ADDITION
   Street Address 5100 Bentley
2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 5 . Describe
3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☑
4. Distance to public sewer: _____ ft. further Perc test ing in progress, Lagoon @ this point.

MANZITTO, INC. — 9762

Signature of Applicant (Owner or Lessee)

3341 Pioneers BLVD.

Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/17/96. Date Frwd. 10/17/96. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Neef
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____
3. City or County Engineer : Date Rec'd. _____. Date Frwd. _____. ACTION: Approved ☐ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Piping hookup yet + drawing

Site Visits:
Date: 6/3/97 by: J.C.H.
Date: 6/4/97 by: J.C.H.
Date: 6-6-97 by: P.D

INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-4-97 By: Paul Dykeman

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 20103

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

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address _____ City _____ NE, Zip _____
(no rural route)

Owner Manzitto Custom Homes Addresss _____

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

Date of Tests 4-17 to 4-18 Weather: Precipitation 0 Temperature 40-50

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	36	4/17	6:00	4/18	5:00	4/18	7:30	20	4/18	8:00	30	5/8	48
2			PM		PM		PM	19 1/2		PM		1/2	60
3								25 1/2				1/2	60
4								26				5/8	48
5								26 3/4				1/2	60
6								19 3/4				5/8	48

Sum of Percolation Rates: 324
Average of Rates: 54/in
Rate Used for Calculation: 60 min/in

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 475-2462
Address 17201 So 72
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

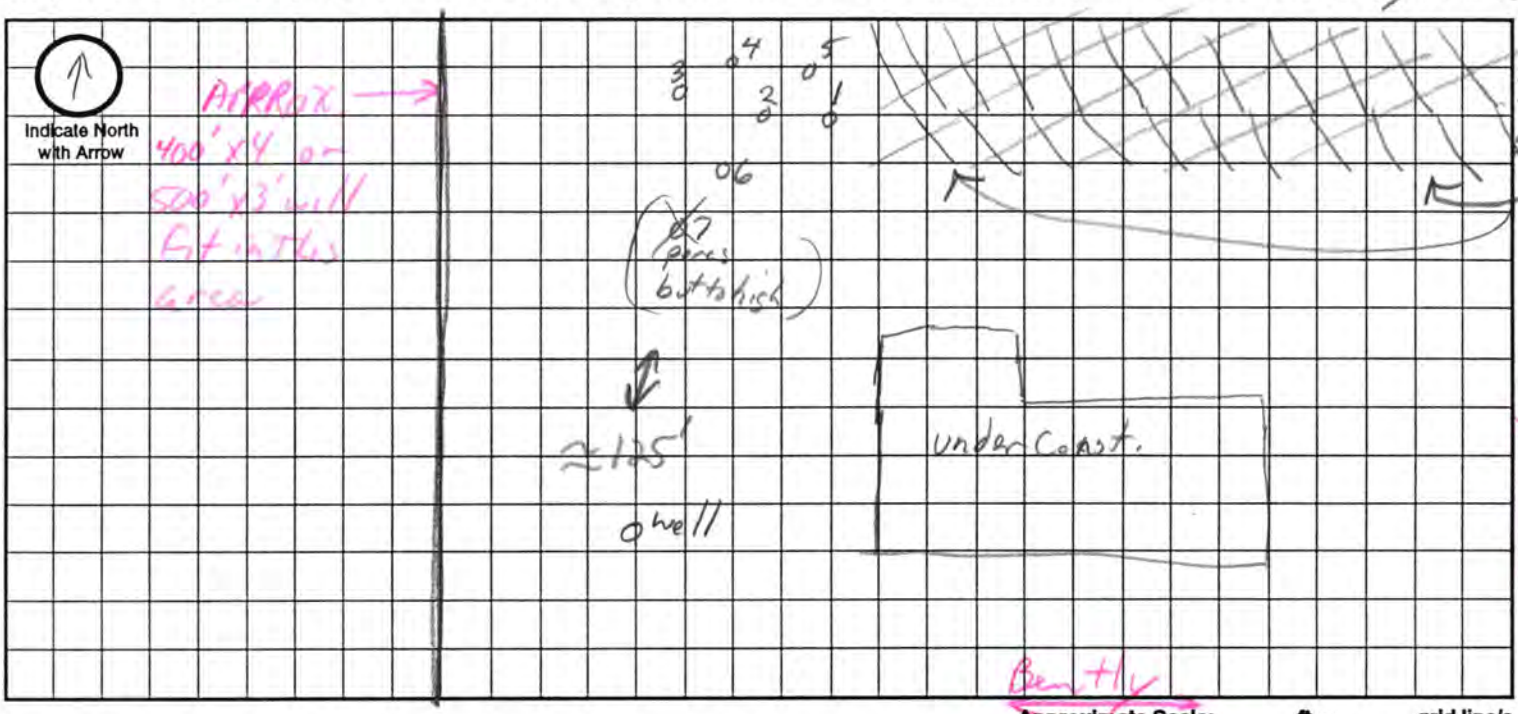
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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. Area Previously Perc Tested at less Than 1" / 60 min



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

A. System Location (Indicate correct number and street)

Address (no rural route) _____ 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 60 (min. per inch) Soil Type: WTC2 Land Slope: 1-2 %

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 _____

Installer _____ Date _____

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 6-1-97

System Location (Indicate correct number and street)

Address 5100 Ben Hy (no rural route) City Lincoln, NE, Zip 68516

A. Building Sewer

1. Material: PVC Sch 40
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 13 in.
3. Distance between dwelling and septic tank: ≈ 100 ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line > 50 ft.
   stream NA ft.
   pressure line NA ft.
   property line > 5 ft.

B. Septic Tank

1. Material: C-Crete
   Number of compartments: 1
2. Capacity: 1250 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 9 in.
   Over outlet, diameter 15 in.
   Riser: ☐ above ☐ below grade ____ in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 19 in.
8. Distances to: Well or suction line > 50 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line > 5 ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 19 ft.

D. Absorption Field

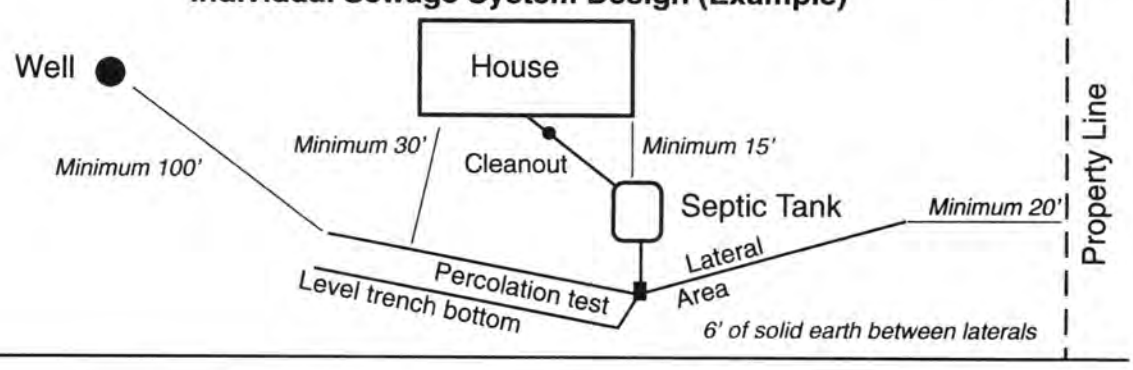
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 12 Inch Hanson
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 5
   Length of each line: 96 ft. 88 ft.
   88 ft. 88 ft., 80 ft.
3. Trench dimensions: Width 4 ft.
   Slope 4 in/100 ft.
   Average depth 38 in
4. Filter material: Road Gravel
   Depth of material 15 in.
5. Distances to: Well or suction line > 100 ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line > 20' ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



FORM 23-103 10-96

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 5100 Bentley

Parcel ID 16-32-203-005-000 (i.e. 99-99-999-999-999)

Twp 9N Range 7E Section 32 1/4 1/4 Block 3 Lot 5 Addition Silver Springs Addn

Directions to Property So. of 56 and Pinelake Rd. W. side

Location of Well _____ Tap Location: Inside ☐ Outside ☒

Location of Sewage System _____ Year Installed _____

Site Hazards (dogs, etc.) _____

	NAME	ADDRESS	PHONE
Present Owner:	Aaron Wilkemann	5100 Bentley	450-6605
Tenant/Buyer:			
Return to:	Donna Semin	7211 So. 27	730-3208 436-3249 (Fax)

Signature of Applicant Donna Semin Address 7211 So. 27 Date 7/18/03

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 07/21/03 Amount 200.00 Check No. 7913 Initials ds

DATA ENTRY Date ____/____/____ Case No. _____ Initials _____

PRELIMINARY STATUS--By Ron Marquart **DATE:** 7/21/03

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☒ 0 /ml	☐ ____ /ml
Nitrate	☒ 0.2 ppm	☐ ____ ppm

SEWAGE SYSTEM	
Approved	☒
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ____/____/____ by ____

Date ____/____/____ by ____

Date ____/____/____ by ____

Comments: ~~Tank was not located~~ Recommend checking to see if septic tank needs pumping and if septic tank is water tight.

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Ron Marquart, RS Date 7/23/03

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

7-21-03

P23041-25

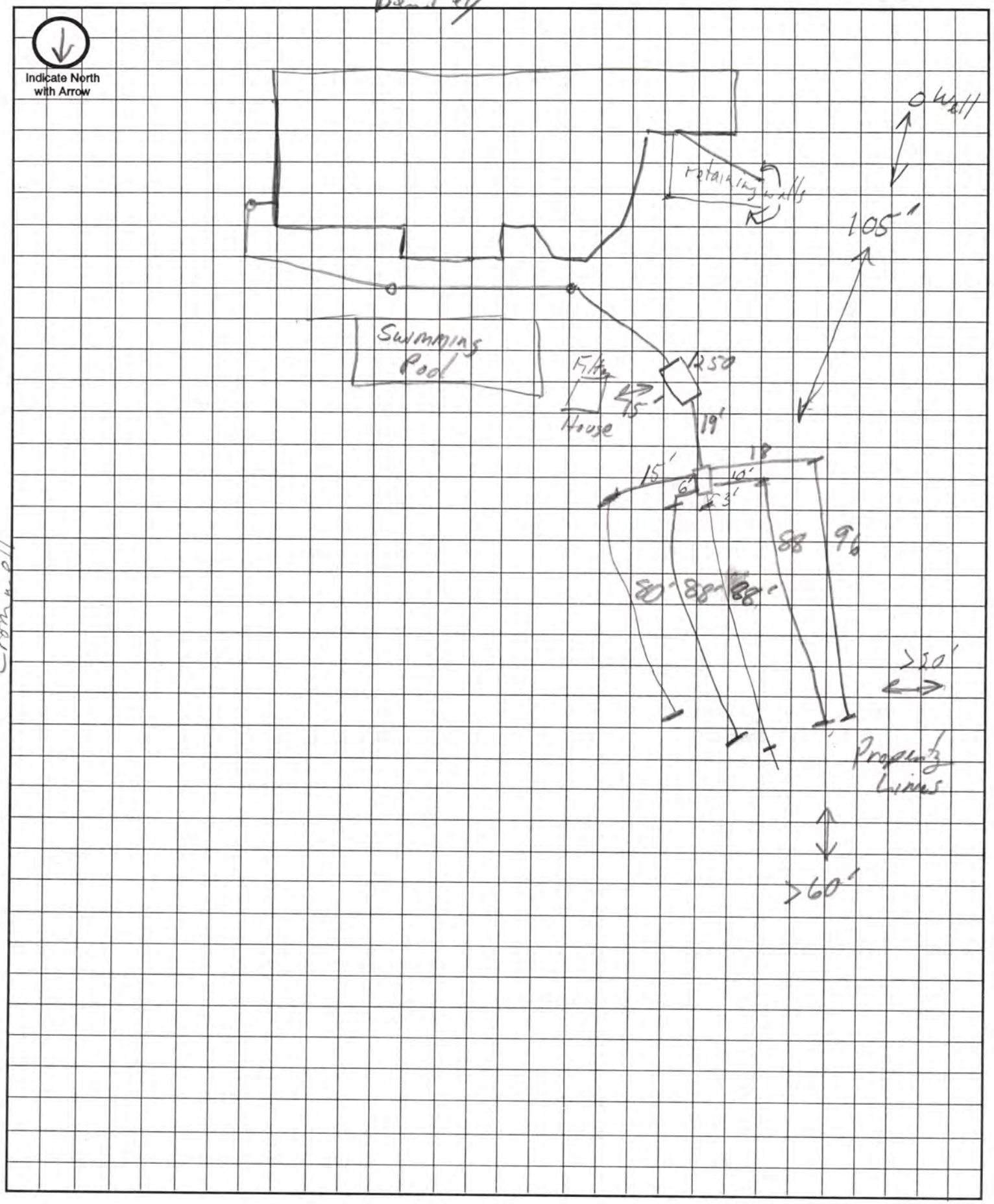
White - Applicant after approval Yellow - Environmental Health

Revised/Reprint: 9-00

As Built Drawing

Paul

Bentley



Approximate Scale: _____ft. = _____ grid line/s