Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Establishment

GREGG MANSKE
T12N R8E SEC 9 QTR NE
22201 N 148 ST-GREENWOOD

Permittee

GREGG MANSKE
22201 N 148 ST
GREENWOOD NE 68366

Permit # 01380229101

Issued 03/20/01
Expires 09/20/01
Revenue Code 3157

FEES: $200.00

TOTAL: $200.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

014565

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

A

Permit Number: 013802291

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 22201 N 148 (no rural route) City Greenwood NE, Zip 68366

Legal Description NE 9 12N 8E — Subdivision — Addition — Block — Lot HILL

1/4 1/4 Section Township Range

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name Gregg Manske Signature X Gregg Manske

Address 22201 Greenwood Ne City/State/Zip 68366

☐ Check if owner designed system Home Phone 944-2261 Work Phone _____

C. Contractor

Name Doug LoFtus Company Name LoFtus Septic Pumping & Const

Address 410 Co Rd C City/State/Zip Ashland Nebr 68003

☒ Check if contractor designed system Work Phone 402-944-7636 Pager: 402-896-7373

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 3/20/01 Date frwd 3/20/01 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 3/20/01 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature MW
3. **City or County Engineer** Date rec'd 3/20/01 Date frwd 3/20/01 ACTION ☒ Approved ☐ Disapproved Signature _____

3-22-01 rm

Installation Final Written Approval

By Ron Maynard

Date 3-22-01

Business Office Use Only

Date Rec'd 03/20/01

Amt Paid 200.00

Rec'd By LO Cash/Check No. 4376

FORM 23-100 9-00 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: 01380291

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 22201 N 148 City Greenwood NE, Zip 68366
(no rural route)

Owner Gregg Manske Addresss 22201 N 148

Soil Type (SCS): Clay SHARPSBURG SILTY CLAY LOAM Percolation Rate: 48 min./inch

Date of Tests 3-7 to 3-9 Weather: Precipitation 0 Temperature 30's

Percolation Test Data Table

A.	B.	C. D. Pre-Saturation Period		E. F.		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	24	3-7	ALL DAY	3-8		3-9	1:00	12 iN	3-9	1:30	30 MIN	2.0	15
2	24	3-7	ALL DAY	3	/ ALL	3-9	1:05	12 iN	3-9	1:35		2.0	15
3	24	3-7	ALL DAY			3-9	1:10	12 iN	3-9	1:40		2.0	15
4	30	3-7	ALL DAY		DAY	3-9	1:15	12 iN	3-9	1:45		2.0	15
5	28	3-7	ALL DAY			3-9	1:20	12 iN	3-9	1:50		1.5	20
												AVG	80

Sum of Percolation Rates: 80
Average of Rates: 16 x 3 BedRooms
Rate Used for Calculation: ~~80~~ 16

Person Conducting Percolation Tests

Name: Doug LoFtus
Phone: 402-944-7636
Address 410 CO RD C
Ashland Nebr 68003
Doug Lofts

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

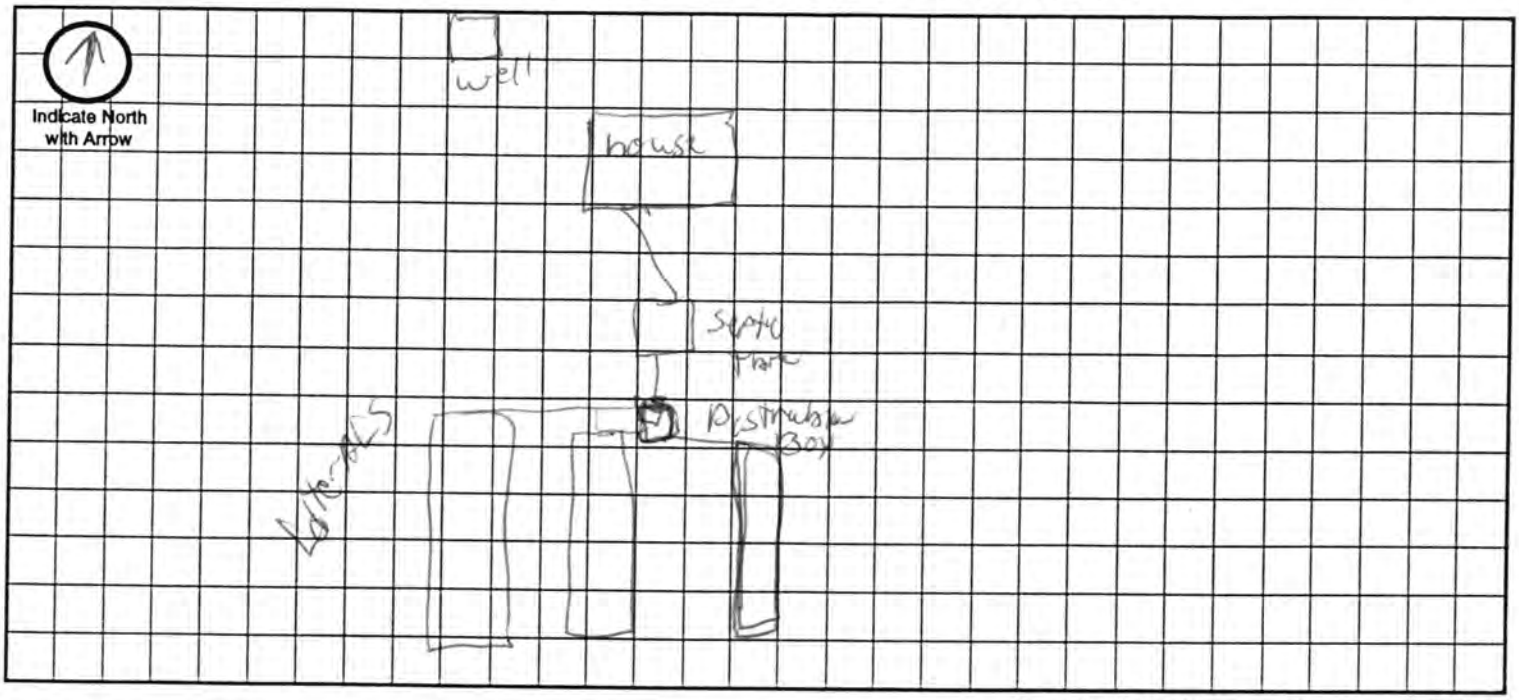
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 013802291

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) 22201 N 148 City Greenwood NE, Zip 68366

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 16 (min. per inch) Soil Type: SHARPSBURG SILTY CLAY LOAM Land Slope: FLAT %

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

Total Square Feet of Field Required: 690 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 458 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

X Home Building Contractor Home Owner Gregg Manske Date _____

Installer Douglas Foster Date 3-19-01

FORM 23-102 10-96

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 [redacted] 3-19-01

System Location (Indicate correct number and street)

Address 22201 (no rural route) City Greenwood NE, Zip 68366

A. Building Sewer

1. Material: _____
   Diameter: _____ in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: 70 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line Over 100 ft.
   stream NONE ft.
   pressure line NONE ft.
   property line 40 ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 30 in.
   Over outlet, diameter 30 in.
   Riser: ☒ above ☐ below grade NA in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 14 in.
8. Distances to: Well or suction line Over 100 ft.
   Stream NONE ft.
   Pressure line NONE ft.
   Property line 40 ft.

C. Distribution Box

1. Material: Concrete
   Number available outlets: 6 Holes
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 4 FT ft.

D. Absorption Field

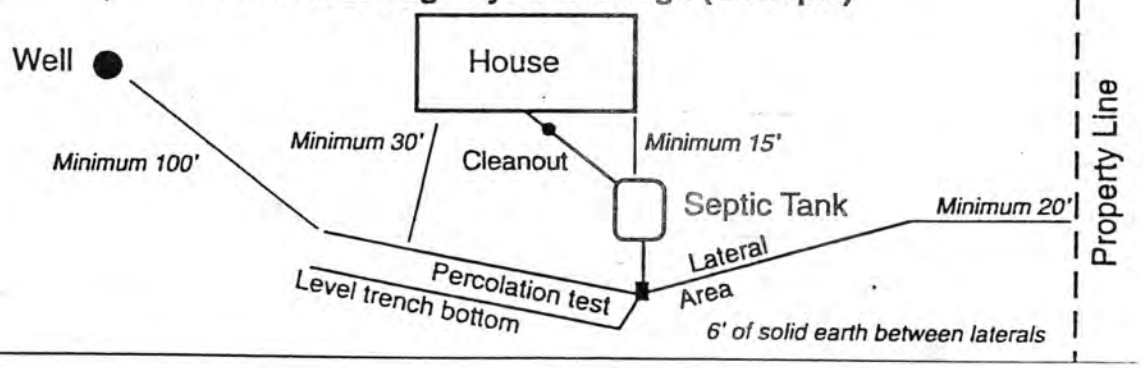
(Provide as-built drawings on back of this form)

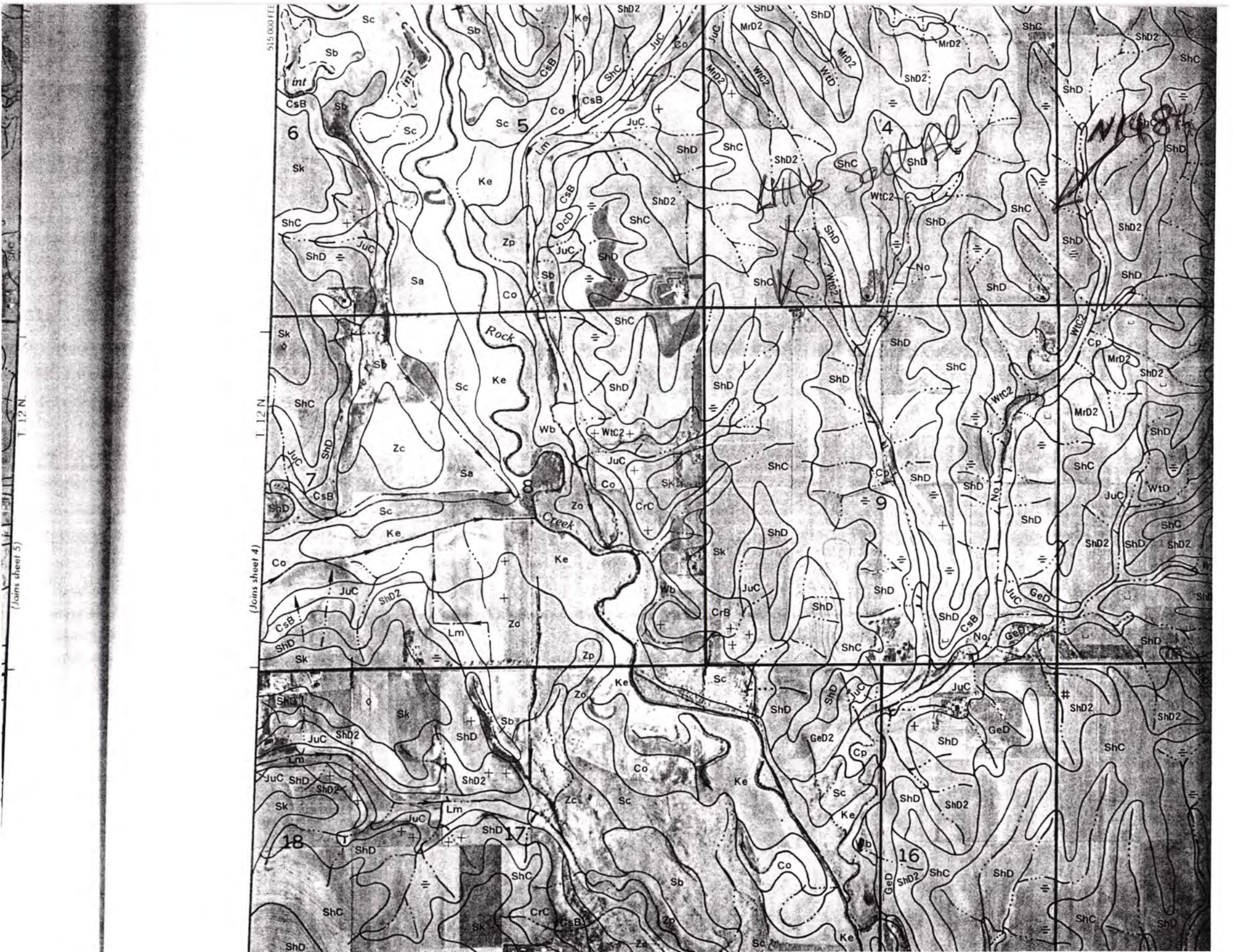
1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other INFILTRATORS
2. Lateral lines: Number _____
   Length of each line: 80 ft. 80 ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width 4 FT ft.
   Slope _____ in/100 ft.
   Average depth 30 in
4. Filter material: GRAVEL
   Depth of material 12 in.
5. Distances to: Well or suction line Over 100 ft.
   Stream NONE ft.
   Pressure line NONE ft.
   Property line 40 – ft.

Indicate North with Arrow

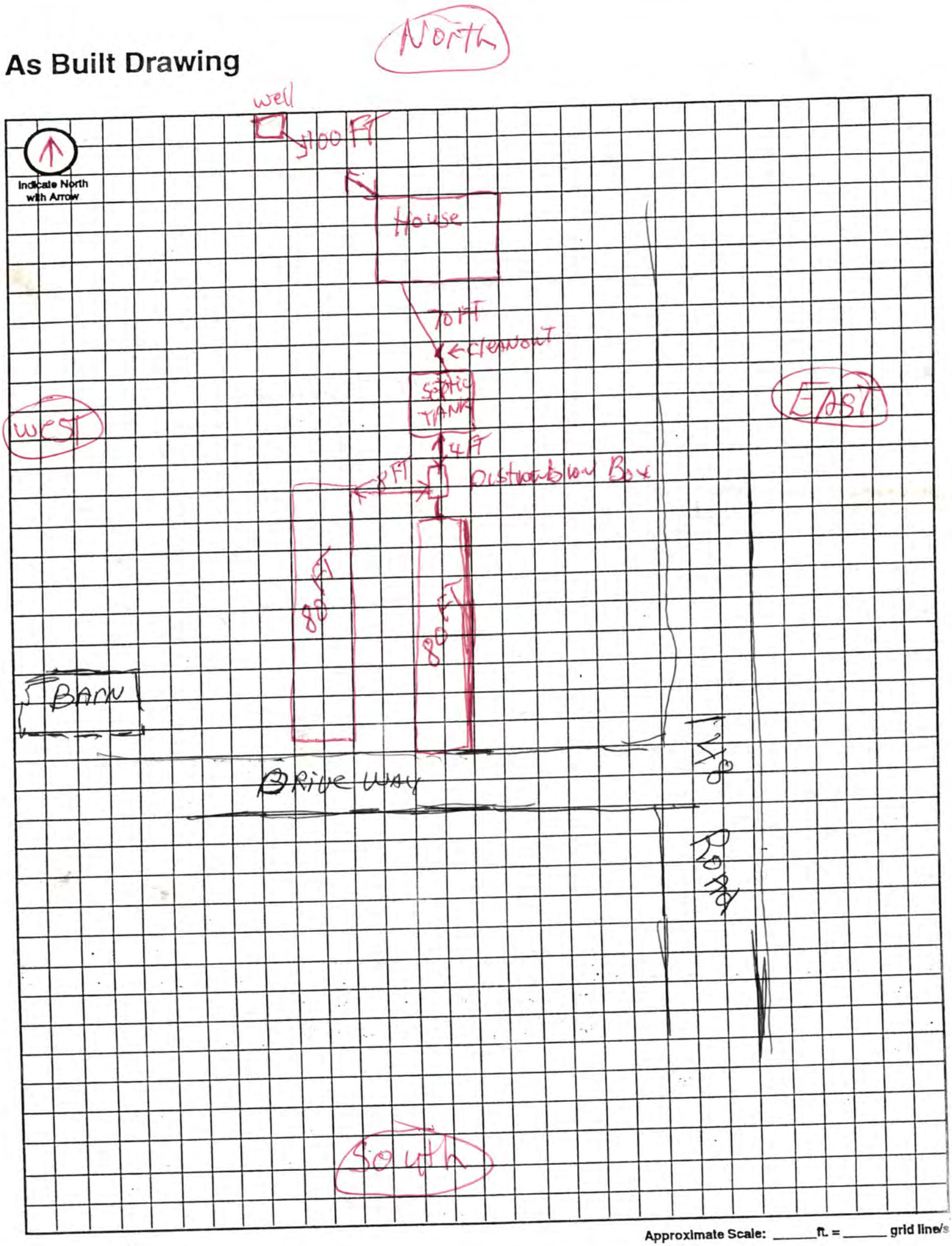
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)




T. 12 N.
(Joins sheet 5)
T 12 N.
(Joins sheet 4)
Rock
Creek
Sc
Sb
Sk
Ke
Co
Sa
Zc
Zo
Zp
Wb
Lm
CrC
CsB
DcD
JuC
ShC
ShD
ShD2
WtC2
MrD2
GeD
GeD2
CrB
Cp
No
WtD
int
5
6
7
8
9
4
16
17
18

As Built Drawing



Approximate Scale: _____ ft. = _____ grid lines