LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION

No. 96380148901

Issued 09/20/96
Expires 03/20/97
Revenue Code 18754

Establishment

MANZITTO INC
T9N R8E SEC 19
MAGEE ADDITION BLK 3 LOT 2
11901 MIDDLE FORK ROAD

FEES: $150.00

Permittee

MANZITTO INC
3341 PIONEERS BLVD
LINCOLN NE 68506

TOTAL $150.00

Issued By M. Jane Ford
Health Director

2591

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

FILE NO. _____

DATE: 9-12-96

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 8E ; Section 19 ;
   Block 3 : Lot 2 : Addition MAGEE ADDITION
   Street Address 11901 Middle Fork Rd. Magee Sub
2. Property Use: Residential ☑ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 4 . Describe _____
3. Type of Individual Sewage Disposal System: Septic Tank ☑ ; Other ☐
4. Distance to public sewer: _____ ft.

Manzitto Inc. Signature of Applicant (Owner or Lessee)

3341 Pioneer Blvd. 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/12/96. Date Frwd. 9/12/96. ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Wood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 9-12-96 Date Frwd. 9-12-96. ACTION: Approved ☒ Disapproved ☐ Signature:
3. City or County Engineer: Date Rec'd. 9/12/96. Date Frwd. 9/12/96. ACTION: Approved ☒ Disapproved ☐ Signature:

REMARKS ~~OR REASONS FOR DISAPPROVAL~~ Seal supply line to lift station to prevent entry of ground water. Landscape to prevent erosion + exposure of sewer line.

Site Visits:
Date: 10-1-96 by: P.D.
Date: 10/4/96 by: J.C.H.
Date: 10/4/96 by: J.C.H.

White: Health Dept. Copy 10/25/96 JM
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-25-96 By:

FORM 23-43

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 8 ; Section & ¼ Section 19 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 10-15 to 10-16 . Weather: Precip. 0 Temp. 70 .

OWNER: Manzitto Bros.

11901 Middle Fork Rd

Address: _____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	30	10/15	10:00	10/16	4:00	10/16	6:25	18	6:55	18 3/4	30	3/4	40
2			AM		PM		P	18 3/4	P	19 7/8		5/8	48
3								17 3/4		18 5/8		7/8	34
4								17 1/2		18 1/8		5/8	48
5								18 3/8		19 3/4		7/8	34

Brad Southwick
Signature of Person Conducting Test

Address 17201 S. 72 Hickman Phone 792-2462/430-7606

Sum of Percolation Rates: 204
Average of Rates: 41
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: OK
Soil Type (SCS): WtC2
Date: 10-25-96

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

John E Thomas
Signature of Reviewing Official

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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

B

FILE NO. _____

Manutte Bros. 118

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).

Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☒.

Dates of Tests: 7-17-96 to 7-18-96. Weather: Precip. 0 Temp. 98.

OWNER: _____

Address: 11800 YanKy Hill Rd.

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	7-17	9:30P	7-18	8:00P	7-18	8:00P	6"	8:30P	5½"	30min	½"	60MIN/IN
2	36"	7-17	9:30P	7-18	8:00P	7-18	8:00P	6"	8:30P	5¼"	30min	¾"	40MIN/IN
3	36"	7-17	9:30P	7-18	8:00P	7-18	8:00P	6"	8:30P	5½"	30min	½"	60MIN/IN
4	36"	7-17	9:30P	7-18	8:00P	7-18	8:00P	6"	8:30P	5"	30min	1"	30MIN/IN
5	36"	7-17	9:30P	7-18	8:00P	7-18	8:00P	6"	8:30P	5¼"	30min	¾"	40MIN/IN
6	36"	7-17	9:30P	7-18	8:00P	7-18	8:00P	6"	8:30P	5¼"	30min	¾	40MIN/IN

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Signature of Person Conducting Test

Address 2700 Dan Ave. Phone 464-0638

(Do not write below this line)

REVIEWING ACTION

Remarks: 10/25/96 PRELIMINARY SITE STRUCK GROUND WATER Jdg

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 60 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

T9N R8E Sec 19 Lot 2
11901 Middle Fork Rd

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

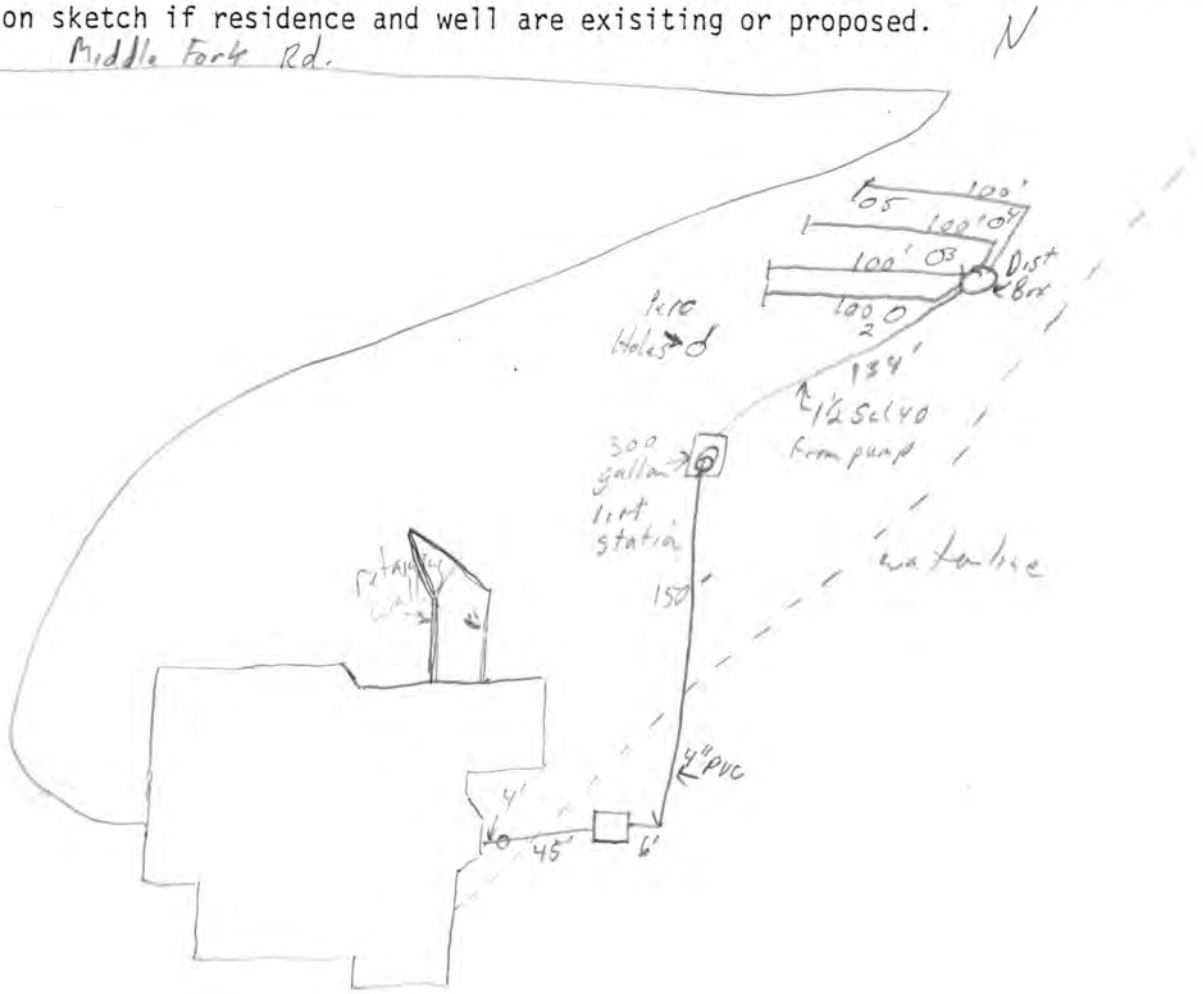
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.



REVIEWING ACTION

Remarks : _____

Date: 10-25-96

Minimum Design Requirement
1. Capacity of Septic Tank _____ gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed ____ sq.ft.

_____
Signature of Reviewing Official

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

Lincoln-Lancaster County Health Dept.
3140 "N" Street
Lincoln, NE 68510

D

DATE: 10-25-96
11901 Middle Lark Rd.

FILE NO: _____

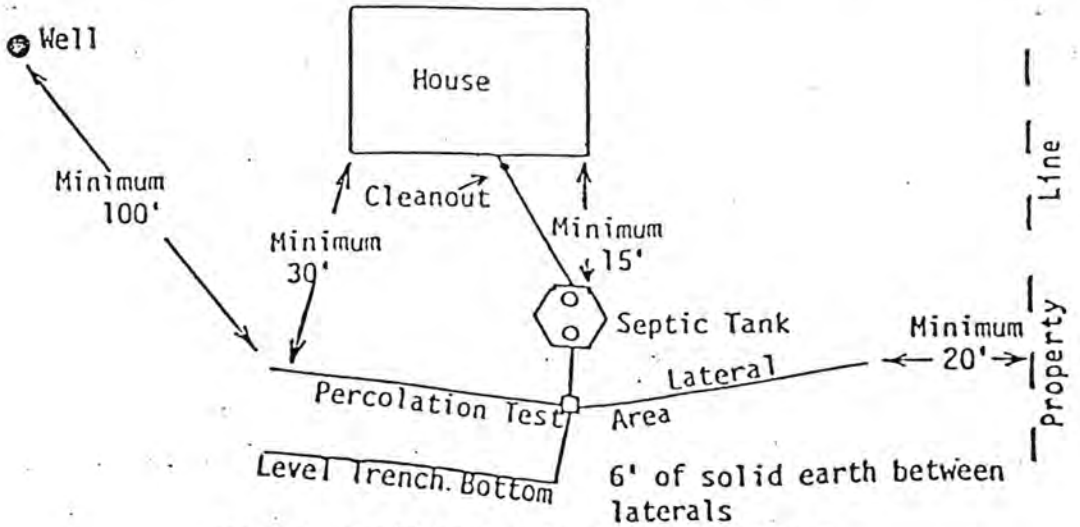
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material Sch 40 PVC; Diameter 4" in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 49 ft.
4. Number of clean-outs 1.
5. Distances to:
Well or Suction Line NA ft.; Stream NA ft.; Pressure Line 3' NW ft.; Property Line NA ft.

B. SEPTIC TANK:
1. Material ConCrete; No. of compartments 1.
2. Capacity 1250 gals.;
3. Factory Built: Yes ☐ No ☐
(Company ProCast Products)
4. Manholes: Over Inlet; diam. 4 in.
Over Outlet; diam. 12 in.
Riser Above ☐ Below ☐ Grade ___ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 7 in.
8. Distances to:
Well or Suction Line NA ft.; Stream NA ft.; Pressure Line 20 ft.; Property Line > 50 ft.

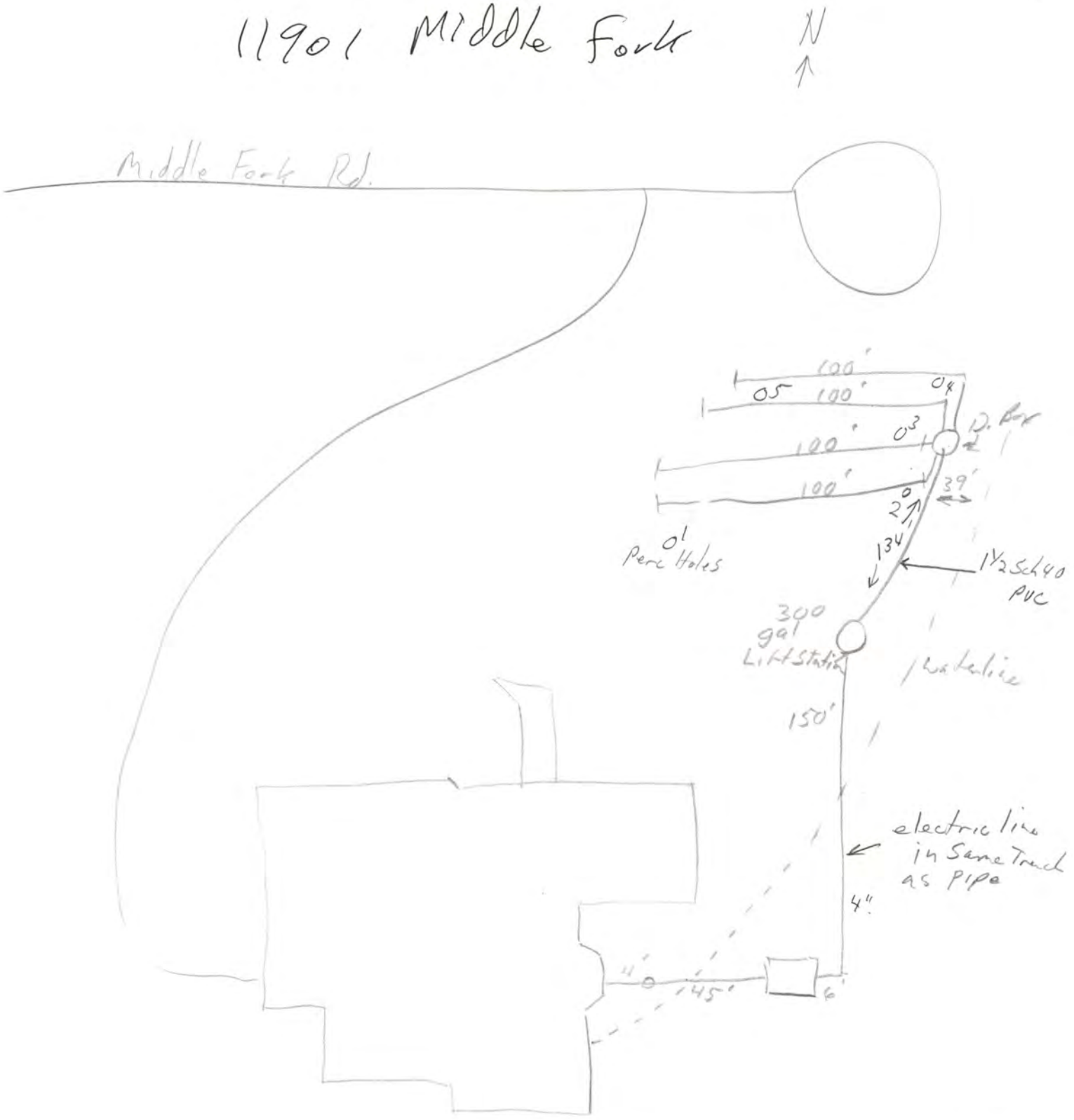
C. DISTRIBUTION BOX:
1. Material ConCrete; Number - available outlets 5.
2. Factory Built: Yes ☒ No ☐
(Company ProCast Stone)
3. Distance from Septic Tank 284 ft.

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 4".
Material: fiberglass ☐ ; plastic ☒ ; concrete ☐ ; other _____.
2. Lateral Lines:
Number 4 ; Length of each line 100, 100, 100, 100, _____ ft.;
Total length of laterals 400 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3 ft.;
Slope 4.5 in/100 ft.; Average Depth 36 in.
4. Filter Material: Road Gravel,
Depth of Material 12 in.
5. Distances to:
Well or Suction Line NA ft.; Stream NA ft.; Pressure Line 39 ft.; Property Line > 20 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

11901 Middle Fork



lowest lateral Trench > 6' above standing water Table

Brad Southwick
10-25-96