Lincoln-Lancaster County Health Department

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

Permit

SEWAGE INSTALLATION
LAGOON

Establishment

MIKE MANZITTO
T10N R7E SEC 36
LOT 10
1800 S 98 ST

Permitee

MIKE MANZITTO
700 LAKEWOOD DR
LINCOLN NE 68510

Permit # 00380213101

Issued 01/04/00
Expires 07/04/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

011576

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

A

Permit Number: 003802131

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 1800 So. 98th (no rural route) City Lincoln NE, Zip 68520

Legal Description Lot 10 Section 36-10-7
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 Mike Manzitto

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

☐ Check if owner designed system Home Phone 489-6031 Work Phone 450-4525

C. Contractor

Name Michael Builders Company Name Michael Builders Corp

Address 700 Lakewood Drive City/State/Zip 700 Lakewood Drive

☐ Check if contractor designed system Work Phone 489-6161

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

Designer Name Swartz 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 1/4/00 Date frwd 1/4/00 ACTION ☒ Approved ☐ Disapproved Signature Jerrold E. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 1-4-00 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1/4/00 Date frwd 1/4/00 ACTION ☒ Approved ☐ Disapproved Signature Chad Baker

4/13/00 Need drawing. D.D.

Installation Final Written Approval

By Doug Amor

Date 4/17/00

Business Office Use Only
Date Rec'd 01/04/00
Amt Paid 150.00
Rec'd By _____ Cash/Check No. 2868

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

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

B

Permit Number: 00380213 1

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1600 So. 98th (no rural route) City Lincoln NE, Zip 68520

Owner Mike Mantho Addresss 700 Lakewood Drive 68510

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)
			Will Build			Soaked Overnight							
			Will	Build		to what Perk test							

Person Conducting Percolation Tests

Name: Matt Mantho

Phone: 402 601-4756

Address 8200 Old Cheney Rd

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

Michael B Colgs 45[illegible]

APR 3 2000

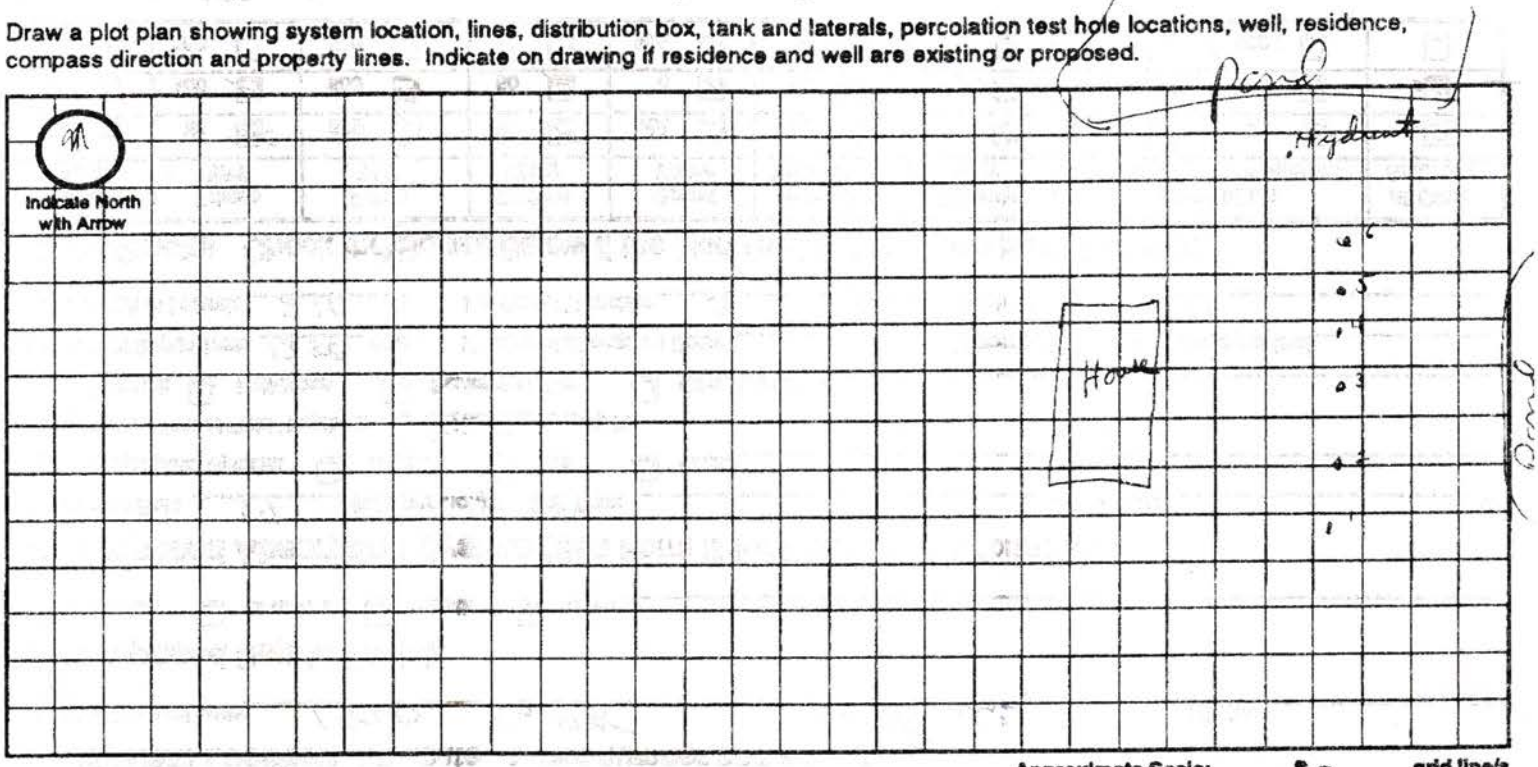
C

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

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.



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

A. System Location (Indicate correct number and street)

Address (no rural route) 1800 So. 98 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 37 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

250 gal + W.P. Total Square Feet of Field Required: 825 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 210 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 _____ Date _____

Installer Larry Schwank Date 3-28-00

FORM 23-102 10-96

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

APR 3 2000

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 1800 So 98th (no rural route) City _____ NE, Zip _____

Owner _____ Addresss _____

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 3-27 to 3-28 00 Weather: Precipitation — Temperature 55°

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	30	3-27	12:00	3-28	8:50	3-28	10:50	22 1/8	3 28	11:20	30	3/4	
2	32							19				3/4	
3	32							18				1	
4	32							21 1/2				7/8	
5	32							19 1/4				3/4	
6	32							14 3/4				3/4	

Sum of Percolation Rates: _____

Average of Rates: .37

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: Kevin Sokolosek

Phone: 489/2294

Address 8200 old Cheney Rd.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

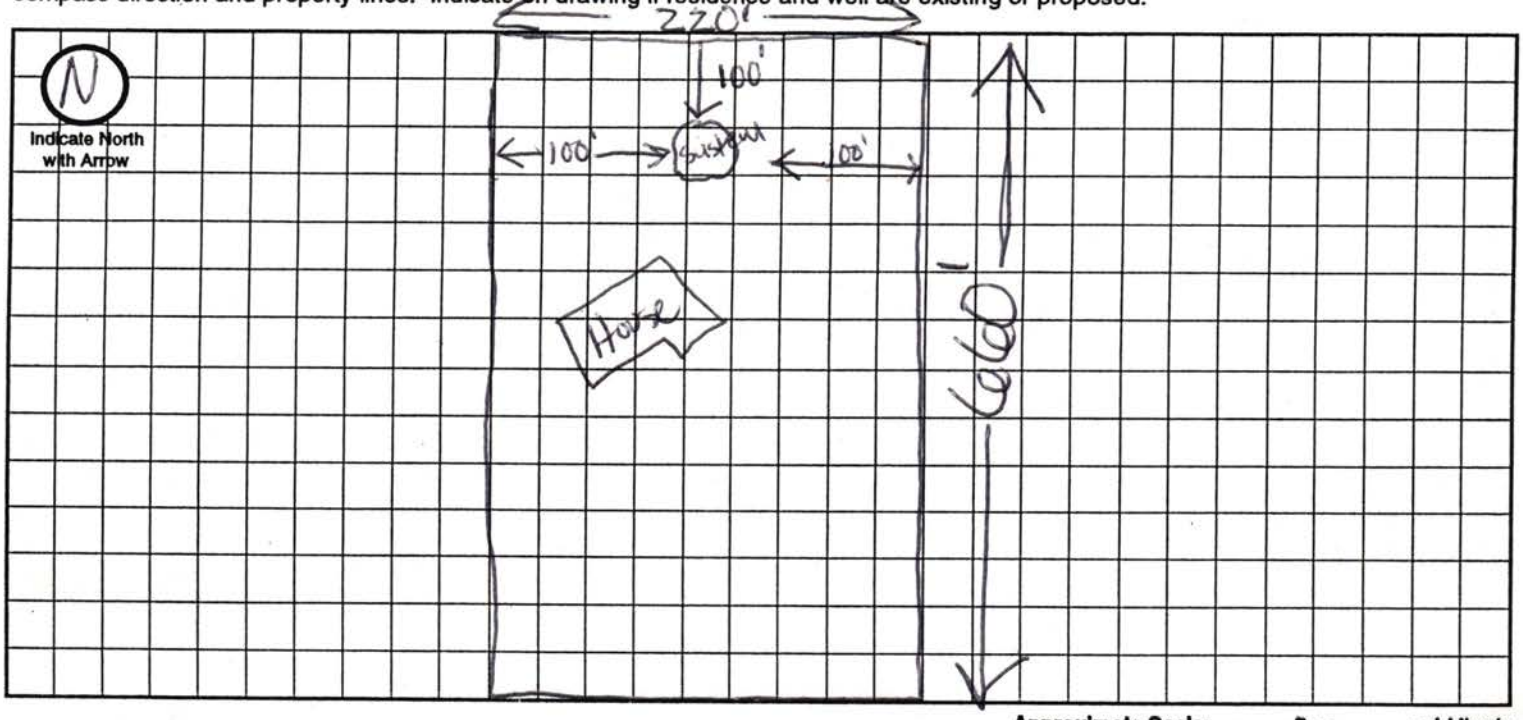
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 00380213 1

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) 1800 So. 94th City Lincoln NE, Zip 68520

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate _____ (min. per inch) Soil Type: _____ Land Slope: _____ %

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 Mike Murphy Date 01/04/00

Installer Matt Mudrock Date _____

FORM 23-102 10-96

APR 17 2000

D

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

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 4-12-00

System Location (Indicate correct number and street)

Address 1800 S 98th (no rural route) City Lincoln NE, Zip

A. Building Sewer

1. Material: Class 160
   Diameter: 4 in.
2. Distance above basement floor: 6" in.
   or distance below basement floor: ____ in.
3. Distance between dwelling and septic tank: 75' ft.
4. Number of clean-outs: —
5. Distances to: well or suction line ____ ft.
   stream ____ ft.
   pressure line ____ ft.
   property line ____ ft.

B. Septic Tank

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

C. Distribution Box

1. Material: plastic Drop box
   Number available outlets: ____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 16 ft.

D. Absorption Field

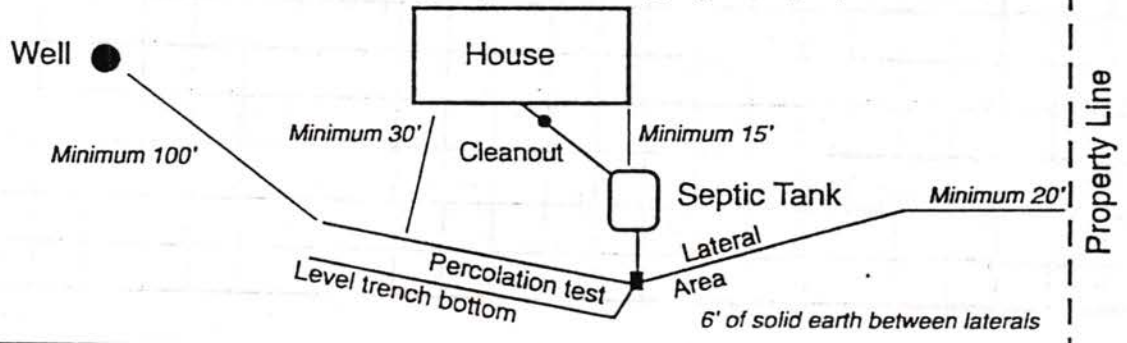
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: Infiltrator 16"
   or perforated pipe: ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Lateral lines: Number 3
   Length of each line: 100 ft. 100 ft.
   16 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 32 in
4. Filter material: Road Gravel
   Depth of material 16 in.
5. Distances to: Well or suction line 130 ft.
   Stream ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.

Indicate North with Arrow

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

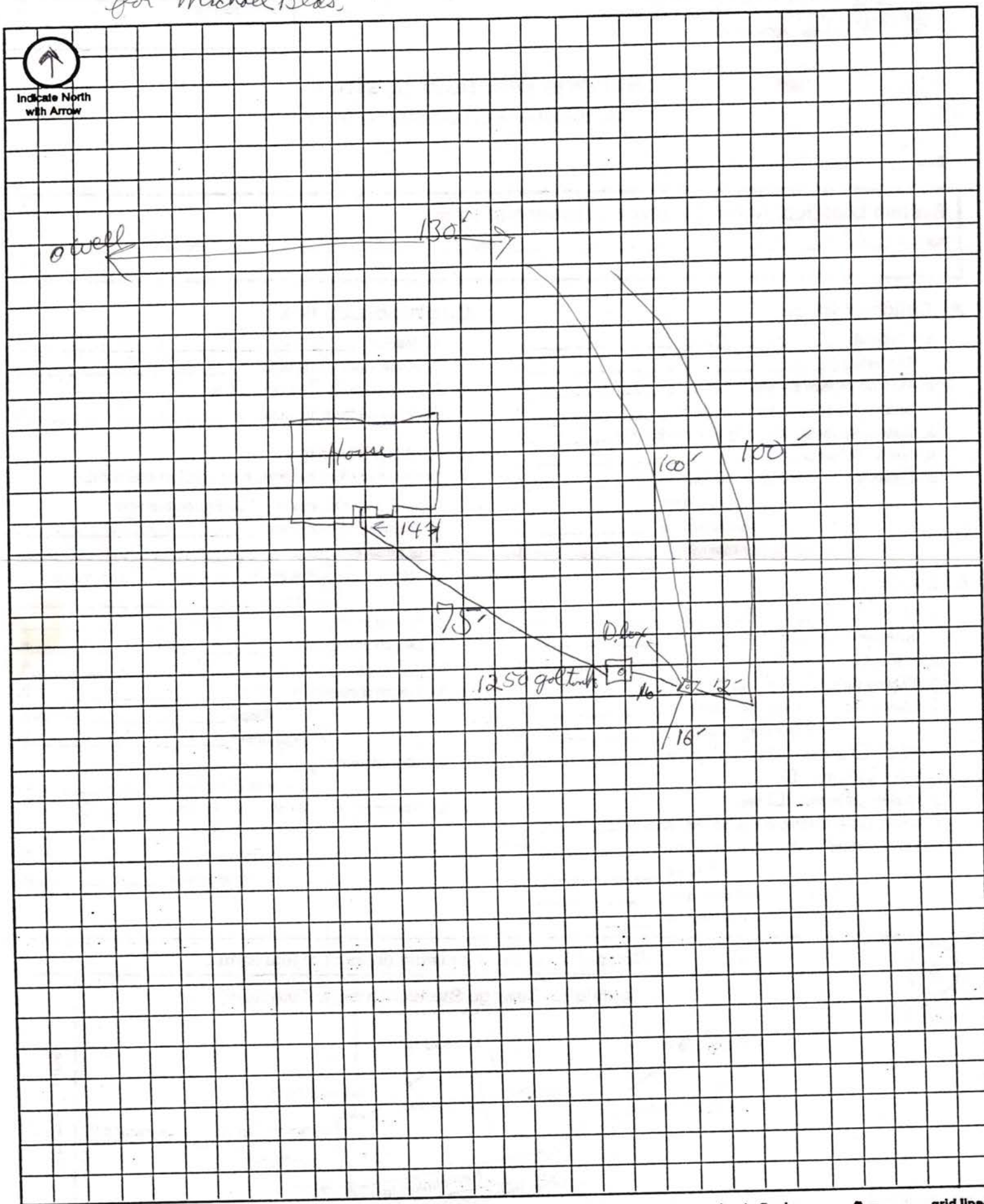
Individual Sewage System Design (Example)



FORM 23-103 10-96

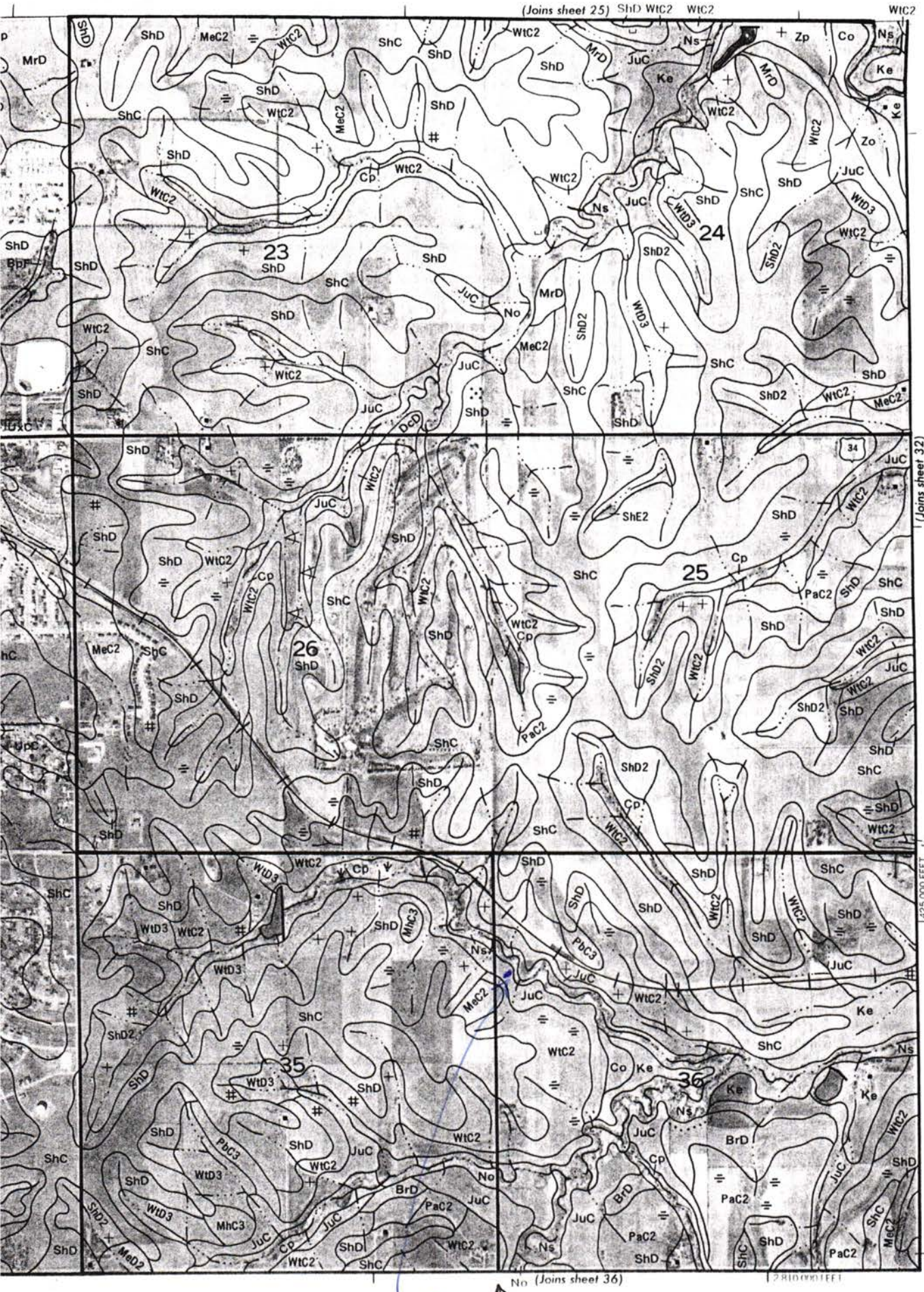
As Built Drawing by Larry Schwarck 4-12-00

for Michael Bldrs.



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

— SHEET NUMBER 31



well

98th

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

Permit No. 0040000870

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 1400 So. 98th City Lincoln, NE Zip 68520
(No Rural Route Please)
Legal description of property: Lot 10 Section 36-10-7
Twp 10N; Range 7E; Section 36; Block ____; Lot 10 F.T.; Addition ____

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

3. Distance to Public Water Supply ____ feet.

Signature of Owner [signature] Signature of Contractor [signature]

Print Name Mike Manzullo Print Name ____
Current Address 700 Lakewood Dr. 68510 Address ____
Current Home Phone 489-6031 Home Phone ____
Work Phone 450-4525 Work Phone ____
Cellular Phone ____

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 1/4/00 Date forwarded 1/4/00	ACTION ☒ Approved ☐ Disapproved Signature: Jerold C. Wood
2. Building & Safety	Date received 1/4/00 Date forwarded ___/___/___	ACTION ☒ Approved ☐ Disapproved Signature: [signature]
3. City Engineer	Date received 1/4/00 Date forwarded 1/4/00	ACTION ☒ Approved ☐ Disapproved Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL: ____

Site Visits:
Date: 9/27/00 By [signature]
Date: ___/___/___ By ____
Date: ___/___/___ By ____

Installation Final Written Approval
By: [signature]
Date: 10/3/2000

See 9-27-00 Grid = — E-W = —

P16707-2

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

Nitrate Level 2.6 mg/L
Chloride Level ____ mg/L
Bacteriological Analysis Satisfactory
Yes ☒ No ☐
Other ____

Business Office Use Only
Date Rec'd: 01/04/00
Amt Paid: $ 75
Rec'd By ____ ~~Cash~~/Check No. 2868

Also Survey

Entered 10-20-00

APR 21 2000

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PREMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13558
FILE NO. #400000870

LINCOLN-LANCASTER COUNTY
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

PID # 17-36-100-003-000

DATA SHEET FOR WATER WELL

Legal Description: Sec. 36 T. 10 R. 7 Block ____ Lot ____ Addition 1800 S. 98TH

Owner MICHAEL BUILDERS, INC. Address 700 LAKEWOOD DR., LINCOLN, NE 68512

LOG OF WELL	
Depth Ft to:	Description
0- 28	BRN CLAYS
28- 40	SANDY BRN CLAY & SAND
40- 60	TAN, GRAY & BLUE CLAY
60- 95	LIGHT YEL SS & SHALE
95-127	MED LIGHT YEL SS
127-134	SS & SHALE
134-151	CRS ORANGE SS
151-160	YEL SHALE TRNG GRAY

WELL COMPLETION RECORD

Drilling Method: ROTO-WATER

Depth (from ground level). Ft. 152'

Date Completed 3/29/00

Casing: Length, Ft. 132' :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. 80' Dia. In. 1 1/4"

Water Level, Surface to top of water, Ft.:

Static 57' M, Pumping 60' EST

Yield: 20 gpm, Measured XX. Est. ____

Chlorination Completed Yes XX No ____

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

Driller [signature] (Signed)

P.O. BOX 308

Address: HICKMAN, NE 68372-0308

Date: 20 APRIL 00

Remarks NO_3^- = 2.6 ppm
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LIN

Health Department forwarded copy of record to Nebraska Conservatioin and Survey Department for Scientific Record X