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

A

Permit Number: 07380332001 MF

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 25300 Sw 72nd City _____ NE, Zip _____

(no rural route) NW¼

Legal Description LCR 5949 S ½ NW ¼ of S24 T7N R5E of 6th PM

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 Troy Reistroffer Signature _____

Address 16640 Grove Ave City/State/Zip Crete NE 68333

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name Muff Const INC Company Name _____

Address 2112 West Olive Creek Rd City/State/Zip Martell Ne 68404

☐ Check if contractor designed system Work Phone 560-8165

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

Designer Name Southwick Firm _____ Work Phone _____

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 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 4-2-07 Date frwd 4-2-07 ACTION ☑ Approved ☐ Disapproved Signature _____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4-2-07 Date frwd 4-2-07 ACTION ☒ Approved ☐ Disapproved Signature _____

Line + lagoon - Need fence 8/13/07

Installation Final Written Approval

By Doug Muff

Date 10/16/07

Business Office Use Only

Date Rec'd 04/02/07
Amt Paid 290.00
Rec'd By _____ ~~Cash~~/Check No. 10341

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

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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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.

Indicate North with Arrow

This system will be a lagoon, see attached drawing.

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 _____ (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 ☒	☒

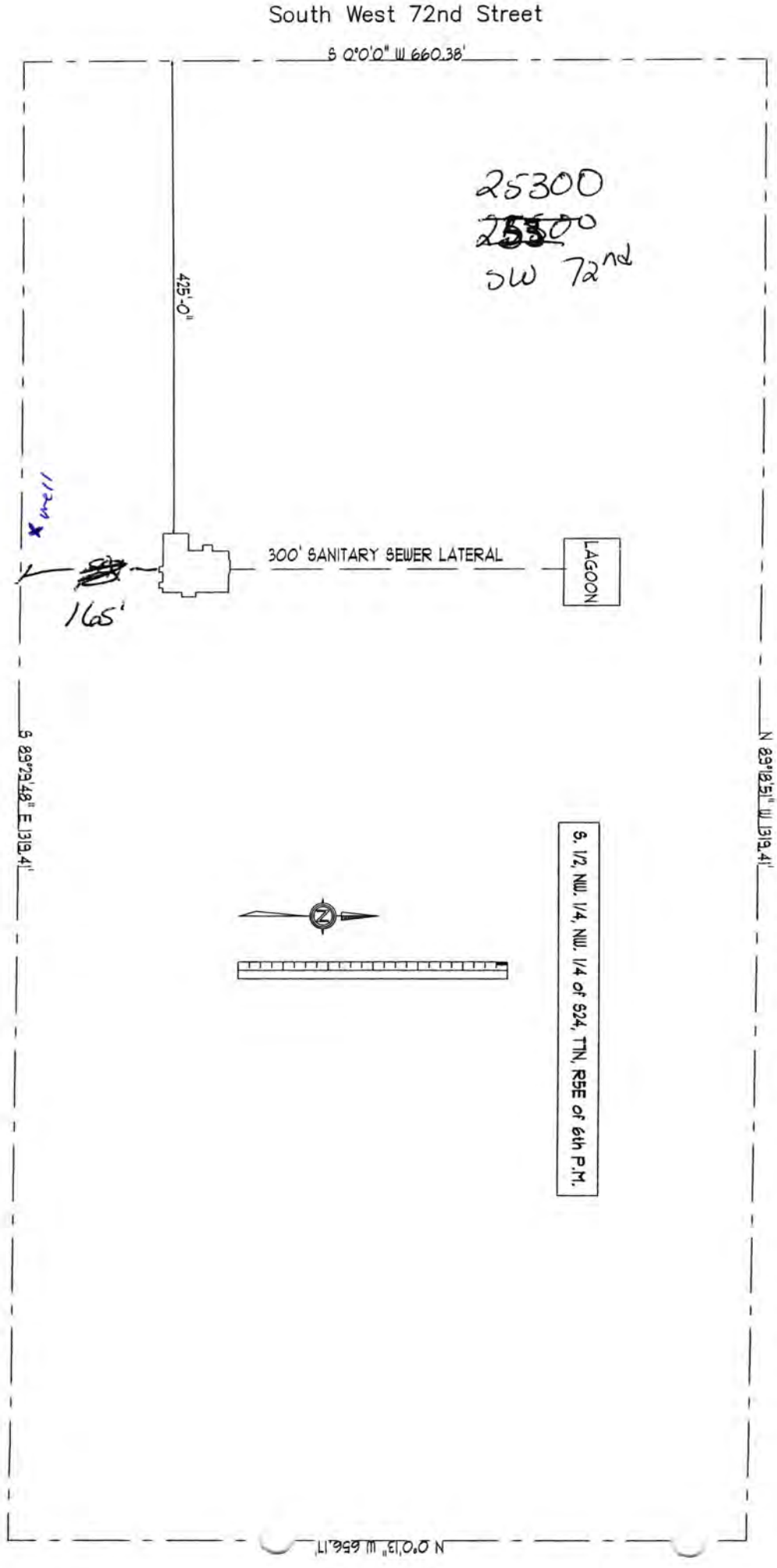
E. Required Signatures

Home Building Contractor _____ Date _____

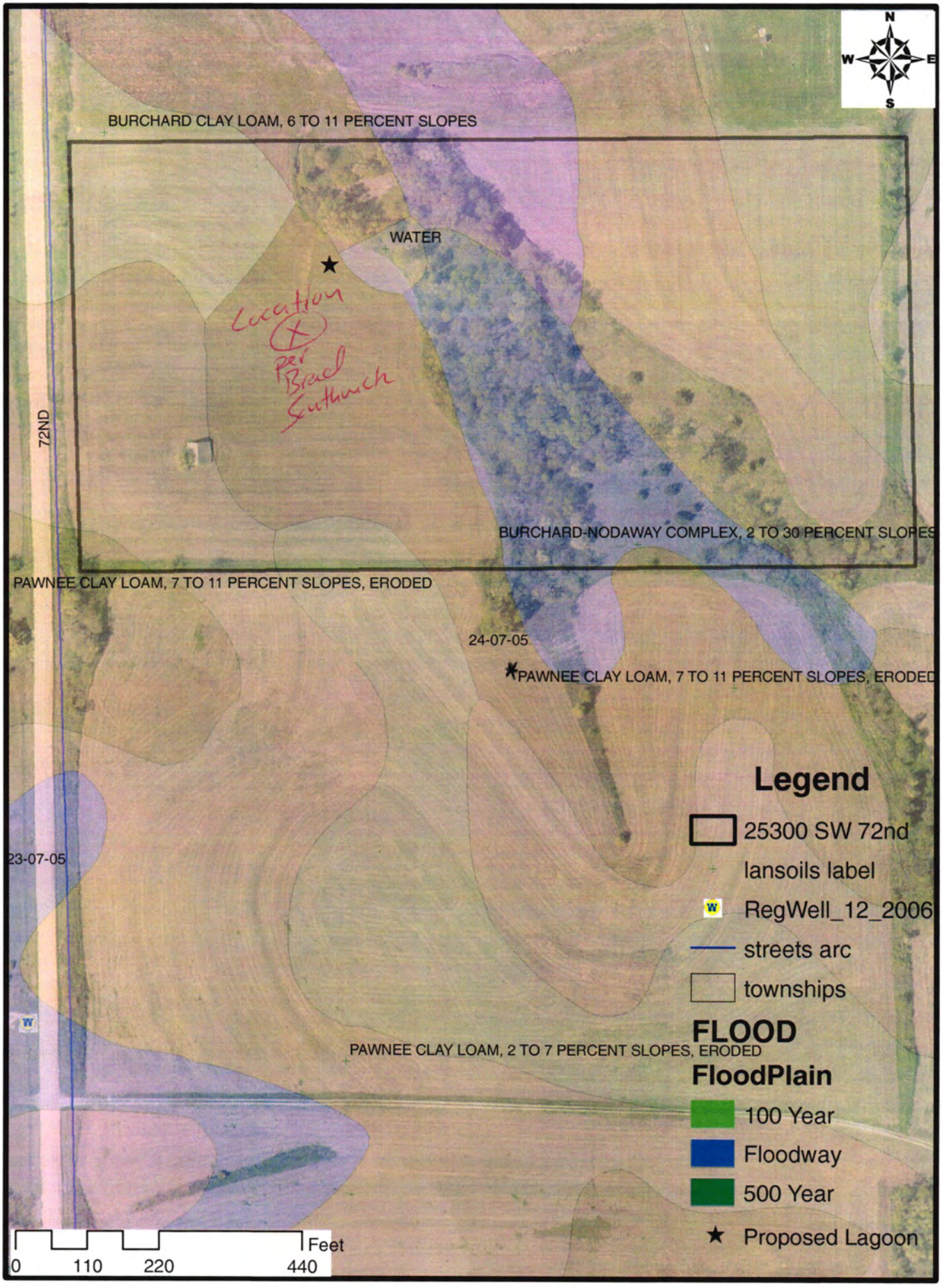
Installer Brad Smith Date 4/3/07

FORM 23-102 10-96

UUUU


South West 72nd Street
S 0°0'0" W 660.38'
25300
~~25300~~
SW 72nd
425'-0"
300' SANITARY SEWER LATERAL
LAGOON
165'
S 89°23'48" E 1319.41'
N 89°18'51" W 1319.41'
S. 1/2, NW. 1/4, NW. 1/4 of S24, T7N, R5E of 6th P.M.
N 0°0'13" W 656.17'

Sewage Disposal System Site Clearance Map



Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET, LINCOLN, NE 68510-1514

009912

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Establishment: TROY REISTROFFER
T7N R5E SEC 24 QTR NW
S 1/2 OF NW 1/4
25300 SW 72 ST

Permittee: TROY REISTROFFER
16400 GROVE AVE
CRETE NE 68333

Permit # 07380332001

Issued 04/02/07
Expires 04/02/08
Revenue Code 3157

FEES: $290.00

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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