Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005373

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 04380286301

Issued 07/21/04
Expires 01/21/05
Revenue Code 3157

Establishment:
MICHAEL & LAURA PLAUTZ
T7N R7E SEC 23
IRONHORSE ACRES ADDN LOT 11
26101 IRONHORSE CT-FIRTH

FEES: $200.00

Permittee:
MICHAEL & LAURA PLAUTZ
2401 TIERRA DR
APT 101
LINCOLN NE 68516

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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A

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

Permit Number: 04380286301

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 26101 Ironhorse Ct. (no rural route) City Firth NE NE, Zip 68358

Legal Description 23 Firth 7N 7E Ironhorse Acres 11
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 Michael + Laura Plautz Signature _____

Address 2801 Tierra Dr. Apt 101 City/State/Zip Lincoln NE 68516

☑ Check if owner designed system Home Phone 580-0466 Work Phone 580-0466

C. Contractor

Name UBUILD IT Company Name Randy Fisbeck

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone 423-7777

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

Designer Name Williamson #0049 Firm Roberts ex Work Phone 610-2588

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 7/21/04 Date frwd 7/21/04 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 7/21/04 Date frwd 7/21/04 ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 7/21/04 Date frwd 7/21/04 ACTION ☒ Approved ☐ Disapproved Signature _____

8/27/04 TOO MUCH SLOPE NORTH + EAST, J.C.H.

Installation Final Written Approval

By _____

Date 12/7/06

Business Office Use Only
Date Rec'd 07/21/04
Amt Paid 200.00
Rec'd By _____ ~~Cash/Check~~ No. CASH

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

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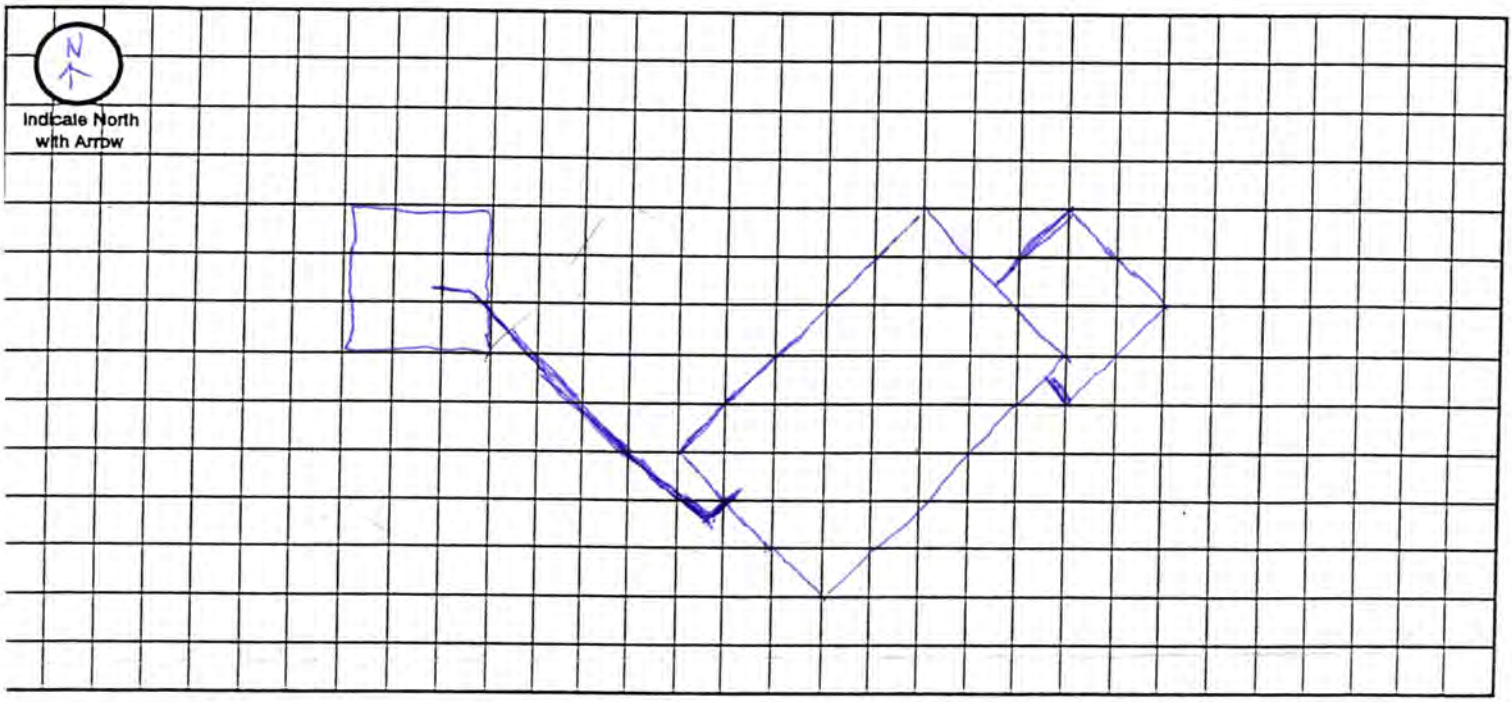
C

Permit Number: 043802863

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) 2661 Iron Horse City Firth 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 _____

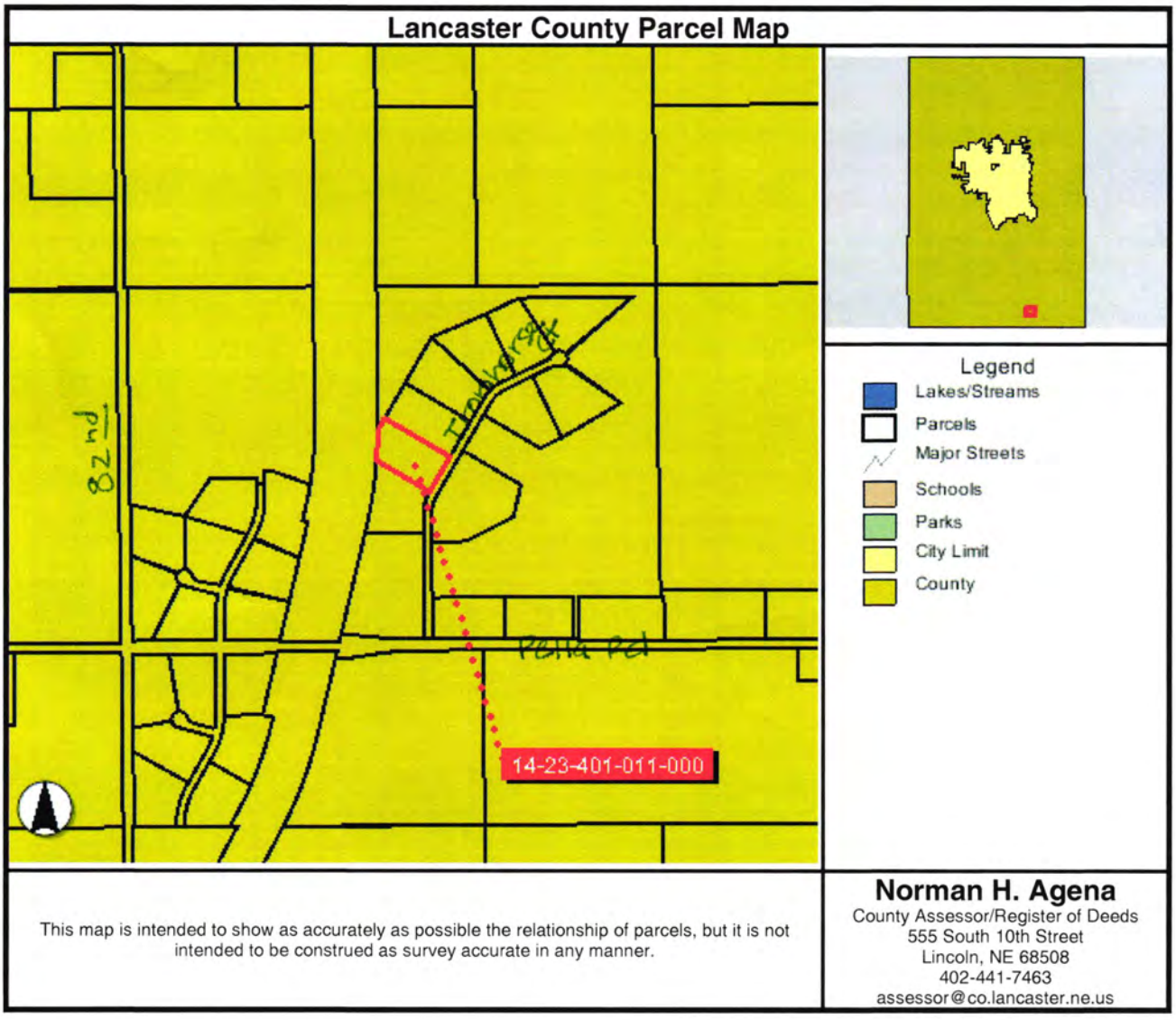
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Michael Mark Date 7-20-04

Installer William J Smith #C049 Date 7/26/04



Ironhorse Acres

26101 Ironhorse Ct

T 7 R 7 Sec 23