# Lincoln-Lancaster County Health Department
## ENVIRONMENTAL PUBLIC HEALTH DIVISION

011023

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 07380335001

Issued 06/14/07
Expires 06/14/08
Revenue Code 3157

Establishment

TODD REINHARDT
T9N R5E SEC 30 QTR SE
LOT 6IT
9251 SW 126 ST-DENTON

FEES: $290.00

Permittee

TODD REINHARDT
9251 SW 126 ST
DENTON NE 68339

TOTAL: $290.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

**A**

Permit Number 07380335001

**Include Form B and C. Submit correct fee with this Application**

# Onsite Wastewater Treatment System
# Request for Site Clearance and Permit

3 acres or more required for: ☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

**PLEASE PRINT OR TYPE**

## A. Onsite System Location

Address 9251 SW 126th (no rural route) City Denton, NE Zip 68339

Legal Description LCR 5383 | 30 | 9 | 5 | | | 6

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

Geographical Location (if known): Longitude: Latitude:

☐ Check if system mail address is not the same as the owner's address Total Acres: 4.77

## B. Owner

Name Todd Reinhardt Signature

Address 9251 SW 126th City/State/Zip Denton NE 68339

☐ Check if owner designed system Home Phone Work Phone 525-8879

## C. Contractor

System Replacement

Name: Harper Well Company Name Hooker Well

Address P.O Box 15 Adt City/State/Zip Adams NE 68301

☐ Check if contractor designed system Work Phone 432-2204

## 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 Well Permit Applied for ☐ Yes ☐ No ☑ Not Applicable

***DO NOT WRITE BELOW THIS LINE***

**Approval Process** ☐ Municipal Code 24.38 ☑ County Resolution No. 02-30

**1. Health Department**
Site visits
Date rec'd 6/13/07 Date frwd 6/13/07
**ACTION** ☑ Approved ☐ Disapproved Signature

**2. Supt. Bldg. Insp. or Village Clerk**
Comments
Date rec'd Date frwd
**ACTION** ☐ Approved ☐ Disapproved Signature

**3. City or County Engineer**
Comments
Date rec'd Date frwd
**ACTION** ☐ Approved ☐ Disapproved Signature

**Installation Final Written Approval**
By Doug Amack
Date 11/7/07

Line + tank – 11/6/07

***Business Office Use Only***
Date Received 6/14/07 Amount Paid 290.00
Received By CW Cash/Check No. 4614

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 5-07

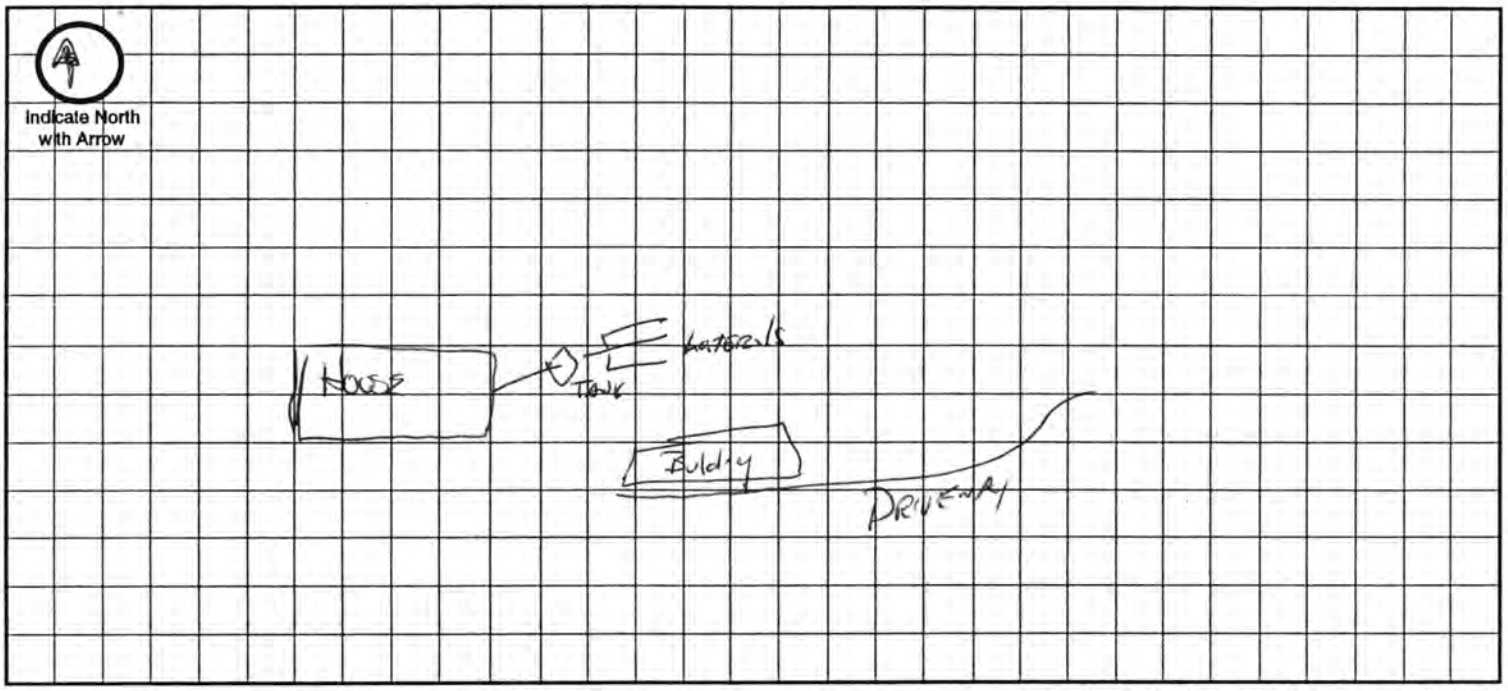
**Lincoln-Lancaster County Health Department**
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

**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.




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

## A. System Location (Indicate correct number and street)

Address (no rural route) 9251 SW 126th 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 _____

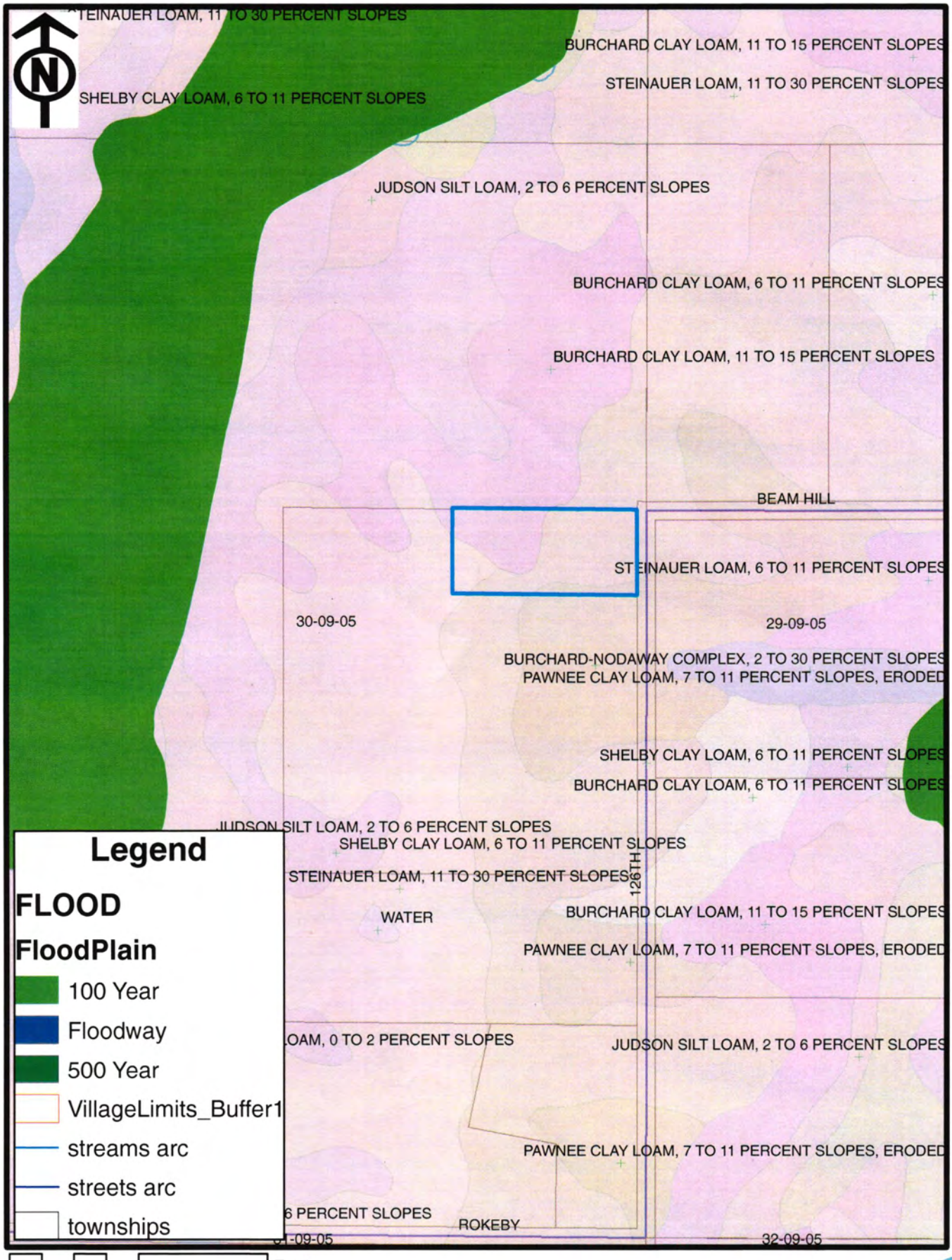
## D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

| 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 _____ Date _____


STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
BURCHARD CLAY LOAM, 11 TO 15 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
BURCHARD CLAY LOAM, 11 TO 15 PERCENT SLOPES
BEAM HILL
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
30-09-05
29-09-05
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
126TH
WATER
BURCHARD CLAY LOAM, 11 TO 15 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
OAM, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
6 PERCENT SLOPES
ROKEBY
32-09-05
Legend
FLOOD
FloodPlain
100 Year
Floodway
500 Year
VillageLimits_Buffer1
streams arc
streets arc
townships
Feet
0
235
470
940