Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000148

System Type:	STANDARD
Situs:	8909 N 148, Waverly
Legal Description:	T11N-R08E-S28-Lot 5
Owner:	ALTHOUSE, DARLENE 8909 N 148 ST WAVERLY NE 68462

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00
Issued:	08/11/2008
Expires:	08/11/2009

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Bruce D. Dart, PhD
Health Director

WAVERLY PLUMBING
WAVERLY, NE

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

AUG 06 2008

AUG 06 2008

A

Permit Number: HS000148

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System as per Suzette ■ 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 8909 No. 148th STREET (no rural route) City Waverly NE, Zip 68462

Legal Description NE (1/4) 28 (1/4) T 11 (Section) R 8 (Township) (Range) Subdivision Addition Block 5 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address except .02 acreas in NE for road

B. Owner Darleene

Name ~~Don~~ Althouse Signature _____

Address 8909 No. 148th ST City/State/Zip Waverly, NE 68462

☐ Check if owner designed system Home Phone (402) 786-5196 Work Phone _____

C. Contractor

Name Michael Dietze Company Name Waverly Plumbing + Well Co

Address PO Box 116 City/State/Zip Waverly NE 68462

☐ Check if contractor designed system Work Phone (402) 786-5620

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.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department**	Date rec'd 8/7/08	**ACTION**	☒ Approved	☐ Disapproved
	Date frwd _____	Signature Doug Ahlgren		
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd _____	**ACTION**	☐ Approved	☐ Disapproved
	Date frwd _____	Signature _____		
3. **City or County Engineer**	Date rec'd _____	**ACTION**	☐ Approved	☐ Disapproved
	Date frwd _____	Signature _____		

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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
Phone: 402-441-8022

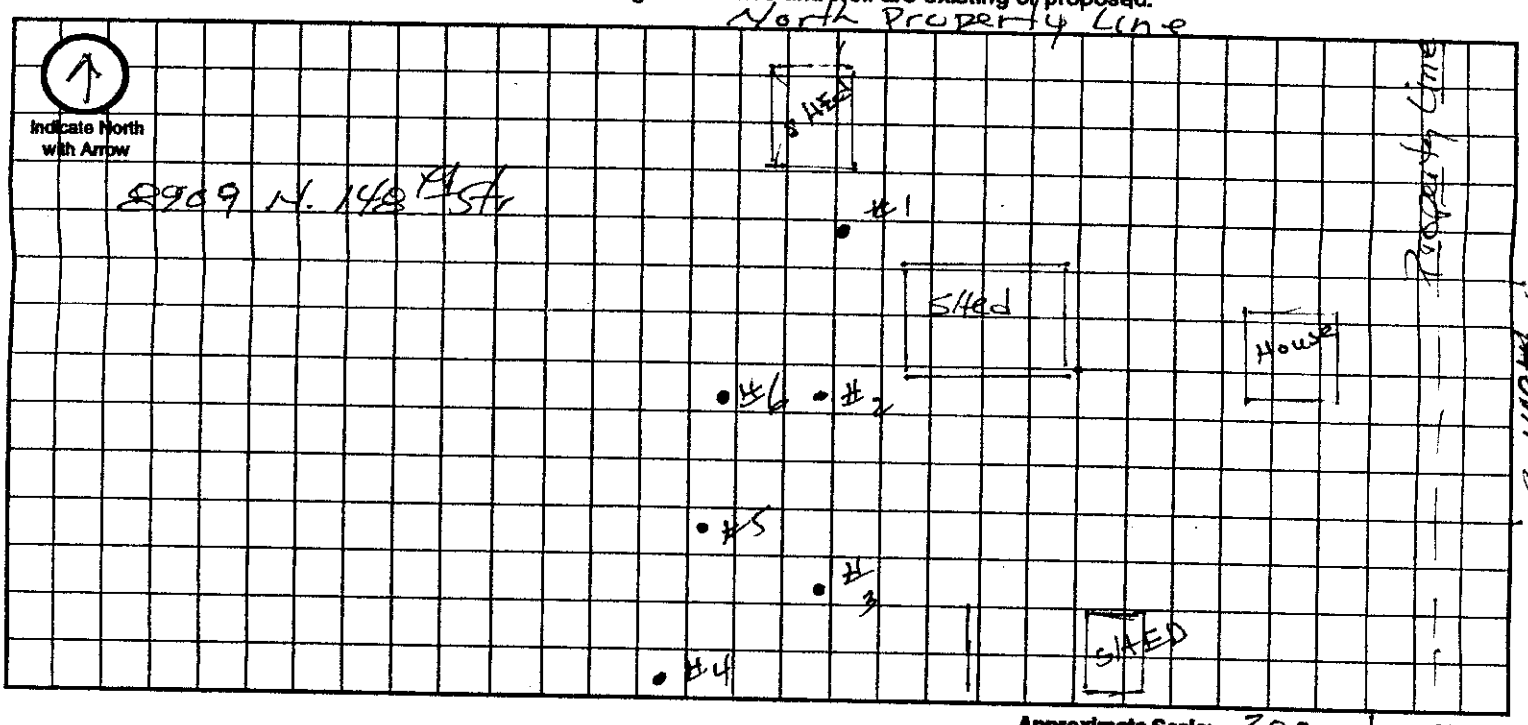
AUG 06 2008

C

Permit Number: HS000148

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: 20 ft. = 1 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 _____ Date _____

FORM 23-102 10-96

LLCHD HS000148

SCANNED

A

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

AUG 06 2008

Permit Number: HS000148

AUG 06 2008

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System as per Suzette ■ 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 8909 No. 148th STREET (no rural route) City Waverly NE, Zip 68462

Legal Description NE 1/4 1/4 28 Section T11 Township R8 Range ____ Subdivision ____ Addition ____ Block 5 Lot

Geographical Location (if known): Longitude ____ Latitude ____

☐ Check if system *mail* address is not the same as the owner's address except .02 acreas in NE for road

B. Owner Darleene

Name ~~Don~~ Althouse Signature ____

Address 8909 No. 148th ST City/State/Zip Waverly, NE 68462

☐ Check if owner designed system Home Phone (402) 786-5196 Work Phone ____

C. Contractor

Name Michael Dietze Company Name Waverly Plumbing + Well Co

Address PO Box 116 City/State/Zip Waverly NE 68462

☐ Check if contractor designed system Work Phone (402) 786-5620

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.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department**	Date rec'd ____ Date frwd ____	**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 ____ Date frwd ____	**ACTION**	☐ Approved	☐ Disapproved
		Signature ____		

Installation Final Written Approval

By ____

Date ____

Business Office Use Only
Date Rec'd 8/7/08
Amt Paid 305.00
Rec'd By ____ Cash/Check No. 25945

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

8-11-2008 16: 2:17

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

AUG 06 2008

B

Permit Number: H S000148

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8909 N. 148th Street (no rural route) City _____ NE, Zip _____

Owner Don Althouse Addresss 8909 N. 148 St.

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

Date of Tests 5/2 to 5/3 Weather: Precipitation trace Temperature 60-70

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	38	5/2	3:00	5/3	8:30	5/3	12:00	32 1/4	5/3	12:30	30	1/2	60
2	40	5/2	3:00	5/3	8:30	5/3	12:00	35 1/2	5/3	12:30	30	5/8	48
3	36	5/2	3:00	5/3	8:30	5/3	12:00	31	5/3	12:30	30	1/2	60
4	38	5/2	3:00	5/3	8:30	5/3	12:00	31 1/4	5/3	12:30	30	1/2	60
5	36	5/2	3:00	5/3	8:30	5/3	12:00	32 1/8	5/3	12:30	30	1/2	60
6	37	5/2	3:00	5/3	8:30	5/3	12:00	30 3/4	5/3	12:30	30	5/8	48

Person Conducting Percolation Tests

Name: Claude Oie PE-3939
Phone: 402-486-4444
Address 6645 S. 66th St.
Lincoln Ne. 68516

Sum of Percolation Rates: 336
Average of Rates: 56
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

AUG 06 2008

A

Permit Number: HS000148

AUG 06 2008

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

as per Suzette
☒ 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 8909 No. 148th STREET (no rural route) City Waverly NE, Zip 68462

Legal Description NE (1/4) 1/4 28 (Section) T11 (Township) R8 (Range) Subdivision Addition Block 5 Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address except .02 acreas in NE for road

B. Owner Darleene

Name ~~Don~~ Althouse Signature _____

Address 8909 No. 148th ST City/State/Zip Waverly, NE 68462

☐ Check if owner designed system Home Phone (402) 786-5196 Work Phone _____

C. Contractor

Name Michael Dietze Company Name Waverly Plumbing + Well Co

Address PO Box 116 City/State/Zip Waverly NE 68462

☐ Check if contractor designed system Work Phone (402) 786-5620

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.

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd _____ Date frwd _____ **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 _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By _____

Date _____

Business Office Use Only
Date Rec'd 8/7/08 cc
Amt Paid 305
Rec'd By _____ Cash/Check No. 25745

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
Phone: 402-441-8022

SCANNED

AUG 06 2008

A

Permit Number: H5000148

AUG 06 2008

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

as per Suzette ☒ 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 8909 No. 148th STREET (no rural route) City Waverly NE, Zip 68462

Legal Description NE (1/4) 28 (1/4) T11 (Section) R8 (Township) (Range) ____ (Subdivision) ____ (Addition) ____ (Block) 5 (Lot)

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address except .02 acreas in NE for road

B. Owner Darleene

Name ~~Don~~ Althouse Signature _____

Address 8909 No. 148th ST City/State/Zip Waverly, NE 68462

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DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 8/7/08 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature Doug Svoboda
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd _____ Date frwd _____ **ACTION** ☐ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Doug Svoboda

Date 8/14/08

Business Office Use Only

Date Rec'd _____

Amt Paid _____

Rec'd By _____ Cash/Check No. _____

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

SCANNED

A

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

AUG 06 2008

Permit Number: H5000148

AUG 06 2008

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

as per Suzette

☒ 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 8909 No. 148th STREET (no rural route) City Waverly NE, Zip 68462

Legal Description NE 1/4 1/4 28 Section T11 Township R8 Range ____ Subdivision ____ Addition ____ Block 5 Lot

Geographical Location (if known): Longitude ____ Latitude ____

☐ Check if system mail address is not the same as the owner's address except .02 acres in NE for road

B. Owner Darleene

Name ~~Don~~ Althouse Signature ____

Address 8909 No. 148th ST City/State/Zip Waverly, NE 68462

☐ Check if owner designed system Home Phone (402) 786-5196 Work Phone ____

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DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 2832

1. Health Department	Date rec'd ____ Date frwd ____	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 ____ Date frwd ____	ACTION ☐ Approved ☐ Disapproved	Signature ____

Installation Final Written Approval

By ____

Date ____

Business Office Use Only

Date Rec'd 8/7/08

Amt Paid 365.00

Rec'd By ____ Cash/Check No. 25745

SCANNED

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

AUG 06 2008

B

Permit Number: H S000148

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 8909 N. 148th Street (no rural route) City _____ NE, Zip _____

Owner Don AltHouse Addresss 8909 N. 148 St.

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

Date of Tests 5/2 to 5/3 Weather: Precipitation trace Temperature 60-70

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)
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2	40	5/2	3:00	5/3	8:30	5/3	12:00	35 1/2	5/3	12:30	30	5/8	48
3	36	5/2	3:00	5/3	8:30	5/3	12:00	31	5/3	12:30	30	1/2	60
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6	37	5/2	3:00	5/3	8:30	5/3	12:00	30 3/4	5/3	12:30	30	5/8	48

Person Conducting Percolation Tests

Name: Claude Oie PE-3939
Phone: 402-486-4444
Address 6645 S. 66th St.
Lincoln Ne. 68516

Sum of Percolation Rates: 336
Average of Rates: 56
Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

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

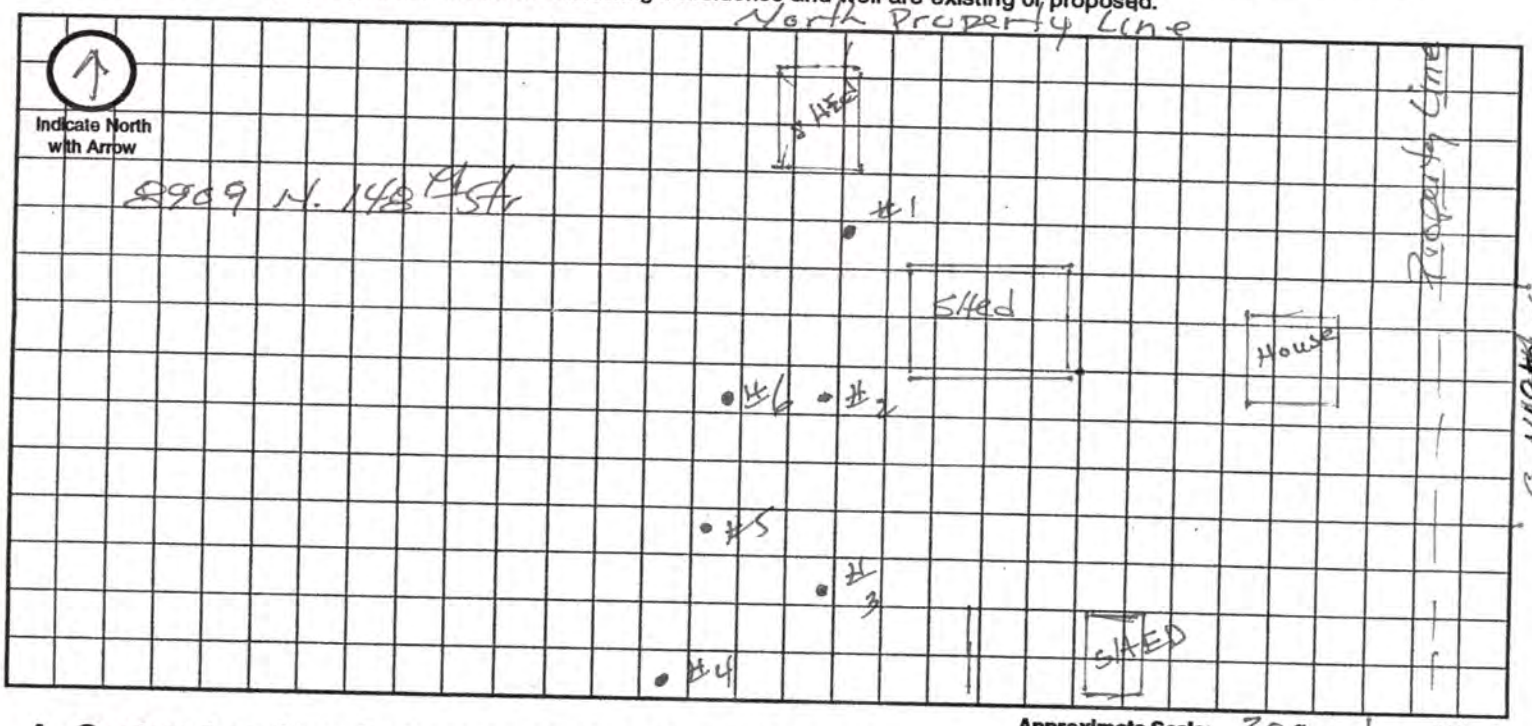
SCANNED
AUG 06 2008

C

Permit Number: H5000148

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: 20 ft. = 1 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 _____ Date _____

FORM 23-102 10-96

Pam Althouse

AUG 21 2008

D

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

Permit Number: 005445

Sewage Disposal System

As Built Plans & Specifications

Date 8-14-08

System Location (Indicate correct number and street)

Address 8909 N 148TH ST (no rural route) City WAVERLY NE, Zip 68462

A. Building Sewer

1. Material: PVC SDR-26
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12" in.
3. Distance between dwelling and septic tank: ~~233~~ ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line 100 Plus ft.
   stream N/A ft.
   pressure line _____ ft.
   property line _____ ft.

B. Septic Tank

1. Material: Concrete
   Number of compartments: _____
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 20 in.
   Over outlet, diameter 20 in.
   Riser: ☐ above ☐ below grade Even in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 36" in.
8. Distances to: Well or suction line 100 Plus ft.
   Stream NA ft.
   Pressure line NA ft.
   Property line 60' ft.

C. Distribution Box

1. Material: Plastic
   Number available outlets: 4
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 4' ft.

D. Absorption Field

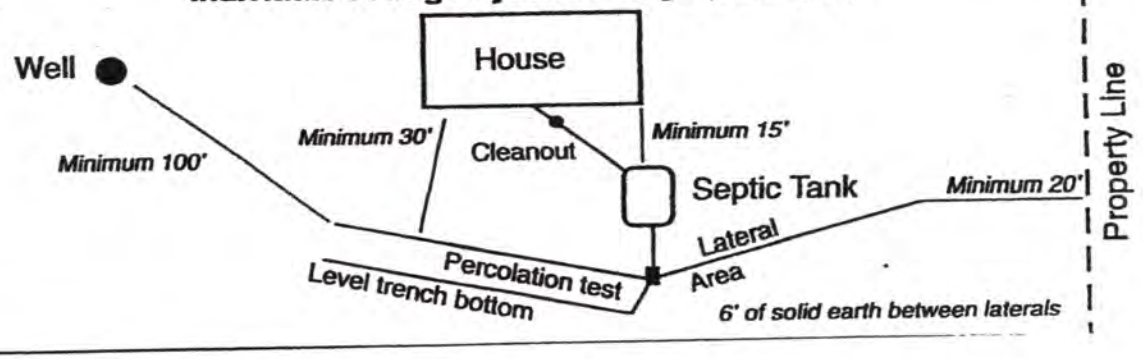
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 36"
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number 3
   Length of each line: 105 ft. 105 ft.
   50' ft. _____ ft., _____ ft.
3. Trench dimensions: Width 36" ft.
   Slope 0 in/100 ft.
   Average depth 30" in
4. Filter material: Gravel
   Depth of material 18" in.
5. Distances to: Well or suction line 100 Plus ft.
   Stream N/A ft.
   Pressure line NA ft.
   Property line 300' ft.

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

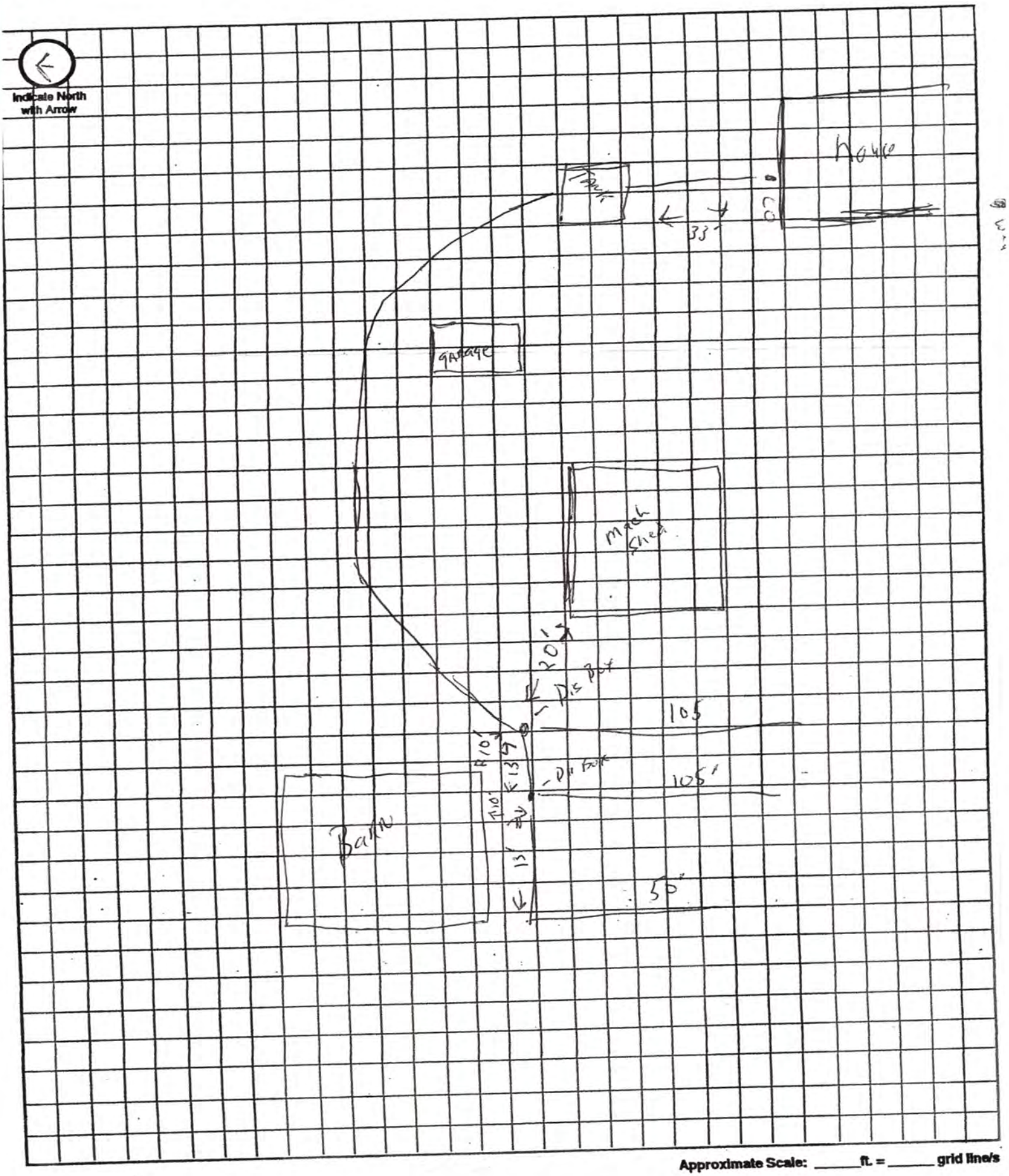
Indicate North with Arrow

Individual Sewage System Design (Example)

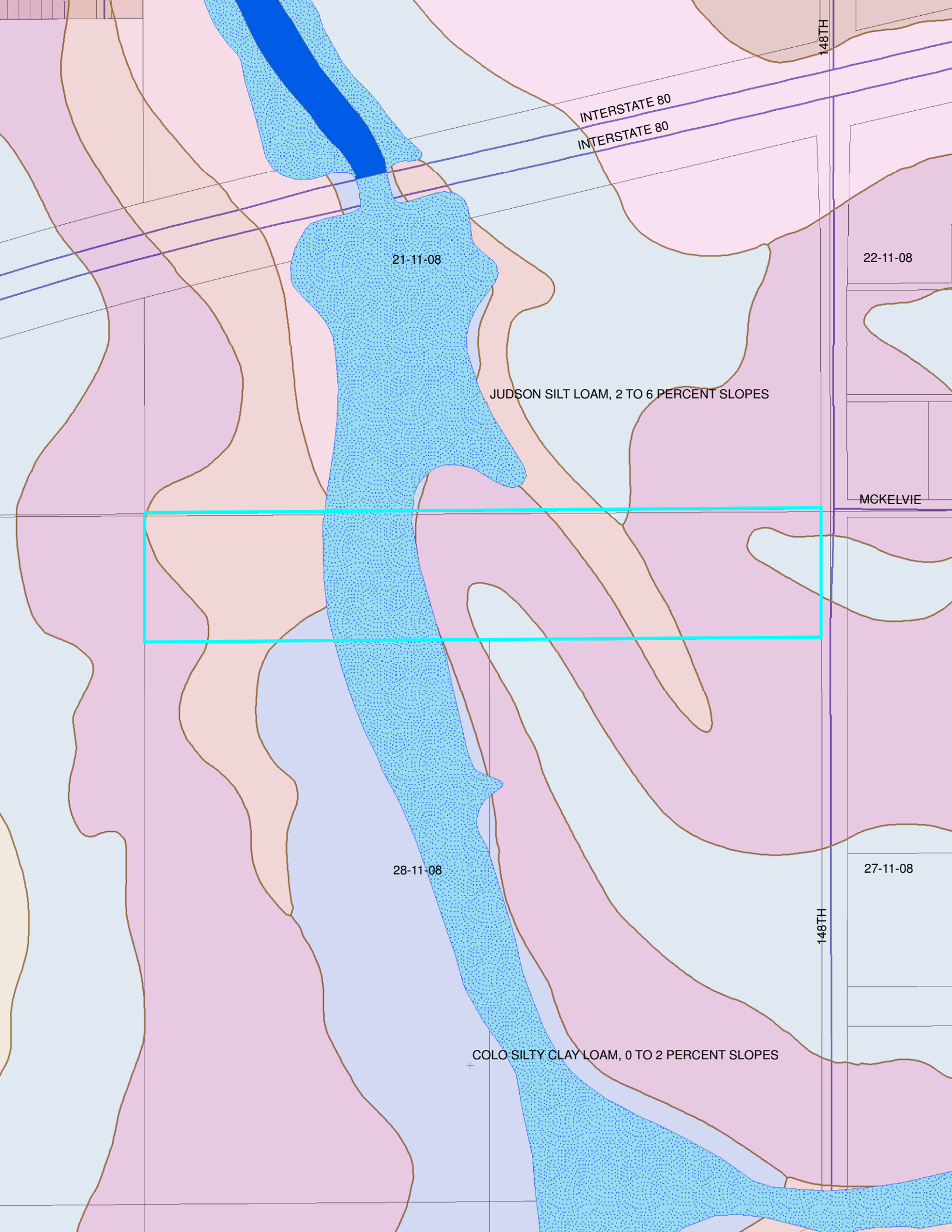


FORM 23-103 10-96

As Built Drawing



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


148TH
INTERSTATE 80
INTERSTATE 80
21-11-08
22-11-08
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
MCKELVIE
28-11-08
27-11-08
148TH
COLO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES