LLCHD HS000310

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

NOV 12 2009

A

Permit Number: HS000310

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 13680 So 150TH (no rural route) City BENNETT NE, Zip 68317

Legal Description ____ ____ ____ ____ ____ Pleasant Ridge 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 RANDY + KIM MARKUS Signature ____

Address ____ City/State/Zip ____

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

C. Contractor

Name BAL PLUMBING Company Name MIKE KROESE

Address 2521 KIMCO CT #1 City/State/Zip LINCOLN NE 68521

☐ Check if contractor designed system Work Phone 610-0895

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 4 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify ____

Design flow in gallons per day 500 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 11/12/09 Date frwd 11/12/09 **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 11-12-09
Amt Paid $325.00
Rec'd By BH Cash/Check No. 3330

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

11-13-2009 15:17:17

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. HS000310

System Type: STANDARD

Situs: No Situs

Legal Description: T-R

Owner:

Permit Fee:	$325.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$325.00

Issued:	11/13/2009
Expires:	11/13/2010

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

B & L PLUMBING
2521 KIMCO CT
LINCOLN NE 68521

LLCHD HS000310

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

NOV 12 2009

A

Permit Number: HS000310

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 13680 So 150th (no rural route) City BENNETT NE, Zip 68317

Legal Description ____ 1/4 ____ 1/4 ____ Section ____ Township ____ Range Pleasant Ridge Subdivision ____ Addition ____ Block 7 Lot

Geographical Location (if known): Longitude ____ Latitude ____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name RANDY + KIM MARKUS Signature ____

Address ____ City/State/Zip ____

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

C. Contractor

Name BILL PLUMBING Company Name MIKE KROESE

Address 2521 KINGS CT #11 City/State/Zip LINCOLN NE 68521

☐ Check if contractor designed system Work Phone 610-0895

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 4 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify ____

Design flow in gallons per day 500 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 11/12/09 Date frwd 11/12/09 **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 11-12-09
Amt Paid $325.00
Rec'd By BH Cash/Check No. 3330

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

11-13-2009 15:24:26

A

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

NOV 12 2009

Permit Number: H5000310

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 13680 So 150th (no rural route) City BENNETT NE, Zip 68317

Legal Description ____ 1/4 ____ 1/4 ____ Section ____ Township ____ Range Pleasant Ridge Subdivision ____ Addition ____ Block 7 Lot

Geographical Location (if known): Longitude ____ Latitude ____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name RANDY + KIM MARKUS Signature ____

Address ____ City/State/Zip ____

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

C. Contractor

Name BAL PLUMBING Company Name MIKE KROESE

Address 2521 KINGS CT #1 City/State/Zip LINCOLN NE 68521

☐ Check if contractor designed system Work Phone 610-0895

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 4 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify ____

Design flow in gallons per day 480 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 11/12/09 Date fwd 11/12/09 ACTION ☑ Approved ☐ Disapproved Signature ____
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/12/09 Date fwd 11/12/09 ACTION ☑ Approved ☐ Disapproved Signature ____
3. **City or County Engineer** Date rec'd ____ Date fwd ____ ACTION ☐ Approved ☐ Disapproved 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

TOTAL P.01

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

NOV 12 2009

B

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 13680 So 150TH (no rural route) City BENNETT NE, Zip 68317

Owner RANDY + KIM MARKUS Addresss

Soil Type (SCS): Percolation Rate: 24 min./inch

Date of Tests 10/1/2009 to 10/2/2009 Weather: Precipitation — Temperature 60°

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	3'	10/1	12:00	10/1	5:00	10/2	10:00	6	10/2	2:00	30	1½	20
2	3'	10/1	12:00	10/1	5:00	10/2	10:00	6	10/2	2:00	30	2	15
3	3'	10/1	12:00	10/1	5:00	10/2	10:00	6	10/2	2:00	30	1¼	24
4	3'	10/1	12:00	10/1	5:00	10/2	10:00	6	10/2	2:00	30	2	15
5	3'	10/1	12:00	10/1	5:00	10/2	10:00	6	10/2	2:00	30	¾	40
6	3'	10/1	12:00	10/1	5:00	10/2	10:00	6	10/2	2:00	30	1	30

Sum of Percolation Rates: 144

Average of Rates: 24

Rate Used for Calculation: 24

Person Conducting Percolation Tests

Name: MIKE KROESE

Phone: 610-0895

Address 549 LAKESHORE DR

LINCOLN NE 68528

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

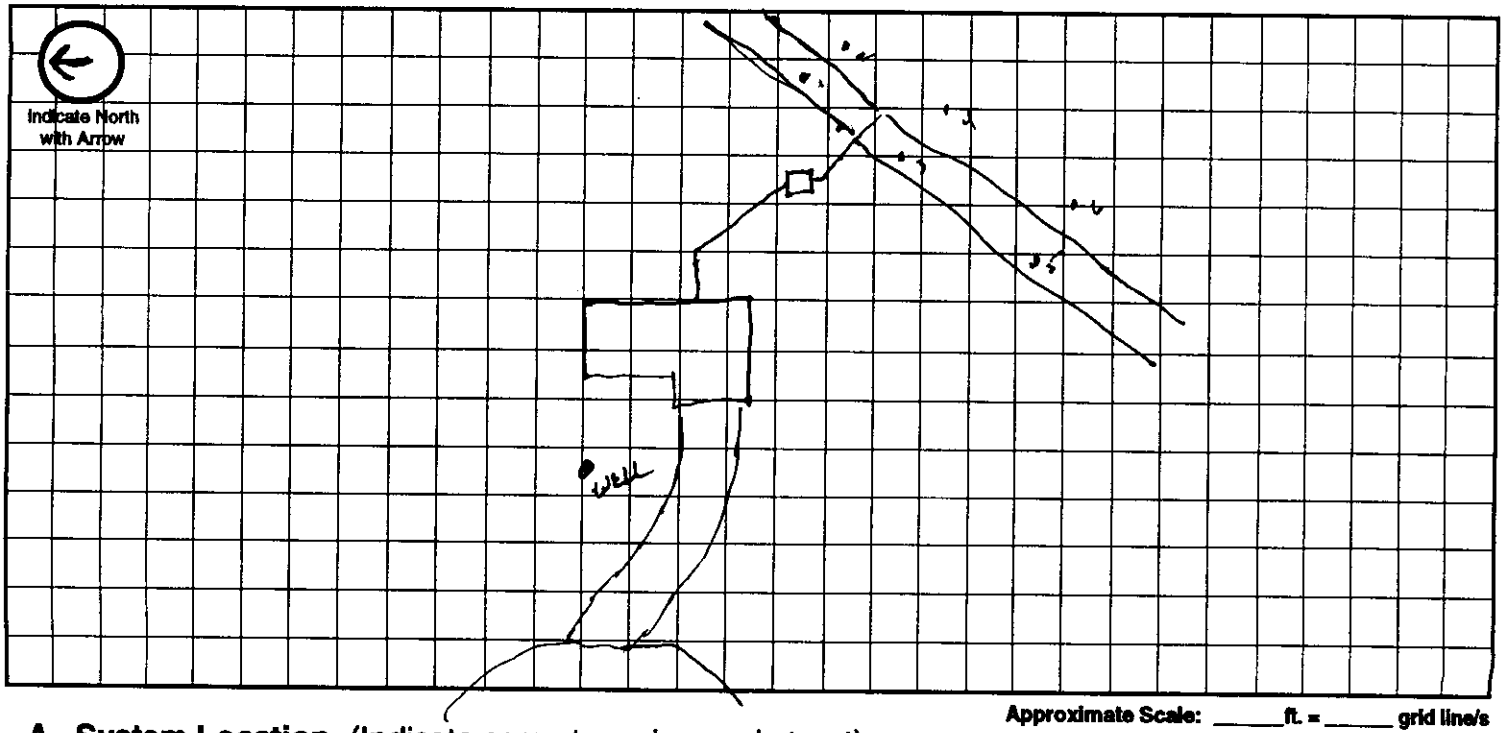
NOV 12 2009

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) _____ City BENNETT NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 24 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: GRAVELESS CHAMBER

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 1

Total Length of Laterals 312 ft. Number of Trenches 4 Trench Width 3'

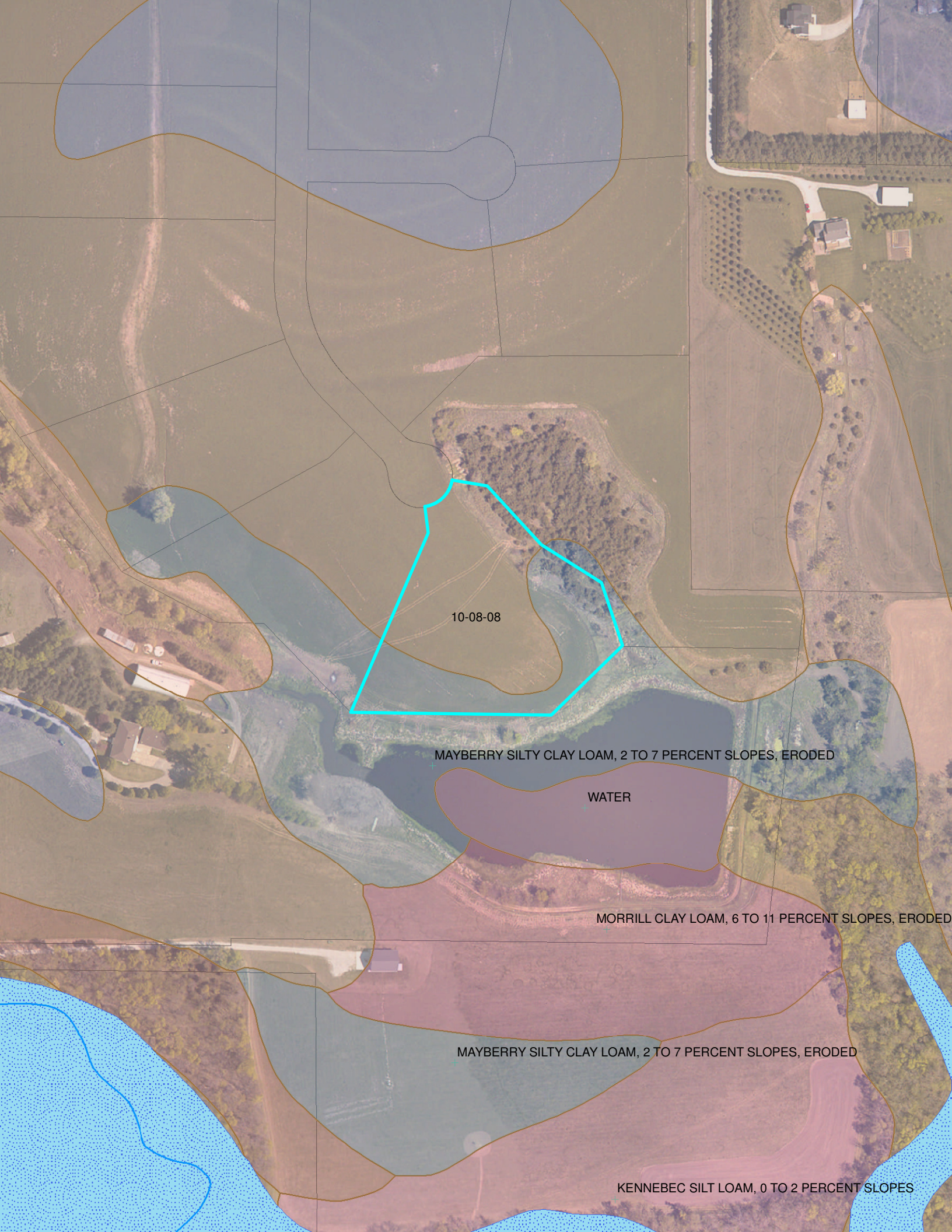
D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Mike Moore Date _____


10-08-08
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES

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

NOV 12 2009

A

Permit Number: H5000310

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 13680 So 150th (no rural route) City BENNETT NE, Zip 68317

Legal Description SW of SE (1/4 1/4) 9 (Section) 8 (Township) 6 (Range) Pleasant Ridge (Subdivision) (Addition) (Block) 7 (Lot)

Geographical Location (if known): Longitude T8R 8, sec 10 Mk. Latitude

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name RANDY + KIM MARKUS Signature

Address City/State/Zip

☐ Check if owner designed system Home Phone Work Phone

C. Contractor

Name BILL PLUMBING Company Name MIKE KROESE

Address 2521 KIMCO CT #1 City/State/Zip LINCOLN NE 68521

☐ Check if contractor designed system Work Phone 610-0895

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

Designer Name Firm Work Phone

Installed by

275 /

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify

Design flow in gallons per day 500 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 11/12/09 Date frwd 11/12/09 **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 S/S Jeff Stafford - Inst. Insp.

Date 5/14/10 - Inst. Insp. to follow prior to Coverage

Business Office Use Only
Date Rec'd 11-12-09
Amt Paid $325.00
Rec'd By BH Cash/Check No. 3330

SCANNED

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

* See notes on back of photos + NH

SCANNED

SCANNED

A

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

NOV 12 2009

Permit Number: HS000310

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)

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PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 13680 So 150th (no rural route) City BENNETT NE, Zip 68317

Legal Description ____ ____ ____ ____ Pleasant Ridge 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 RANDY + KIM MARKUS Signature ____

Address ____ City/State/Zip ____

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

C. Contractor

Name BILL PLUMBING Company Name MIKE KROESE

Address 2521 KING CT #1 City/State/Zip LINCOLN NE 68521

☐ Check if contractor designed system Work Phone 610-0895

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Designer Name ____ Firm ____ Work Phone ____

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☐ Commercial Establishment/Other Facility Specify ____

Design flow in gallons per day 500 Type of Wastewater: ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

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

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2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11/12/09 Date fwd 11/12/09 ACTION ☑ Approved ☐ Disapproved Signature ____
3. **City or County Engineer** Date rec'd ____ Date fwd ____ ACTION ☐ Approved ☐ Disapproved 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

SCANNED

NOV 12 2009

B

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

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 13680 So 150TH (no rural route) City BENNETT NE, Zip 68317

Owner RANDY + KIM MARKUS Addresss

Soil Type (SCS): Percolation Rate: 24 min./inch

Date of Tests 10/1/2009 to 10/2/2009 Weather: Precipitation — Temperature 60°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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	3'	10/1	12:00	10/1	5:00	10/2	10:00	6	10/2	2:00	30	1½	20
2	3'	10/1	12:00	10/1	5:00	10/2	10:00	6	10/2	2:00	30	2	15
3	3'	10/1	12:00	10/1	5:00	10/2	10:00	6	10/2	2:00	30	1¼	24
4	3'	10/1	12:00	10/1	5:00	10/2	10:00	6	10/2	2:00	30	2	15
5	3'	10/1	12:00	10/1	5:00	10/2	10:00	6	10/2	2:00	30	¾	40
6	3'	10/1	12:00	10/1	5:00	10/2	10:00	6	10/2	2:00	30	1	30

Sum of Percolation Rates: 144

Average of Rates: 24

Rate Used for Calculation: 24

Person Conducting Percolation Tests

Name: MIKE KROESE

Phone: 610-0895

Address 549 LAKESHORE DR

LINCOLN NE 68528

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

NOV 12 2009

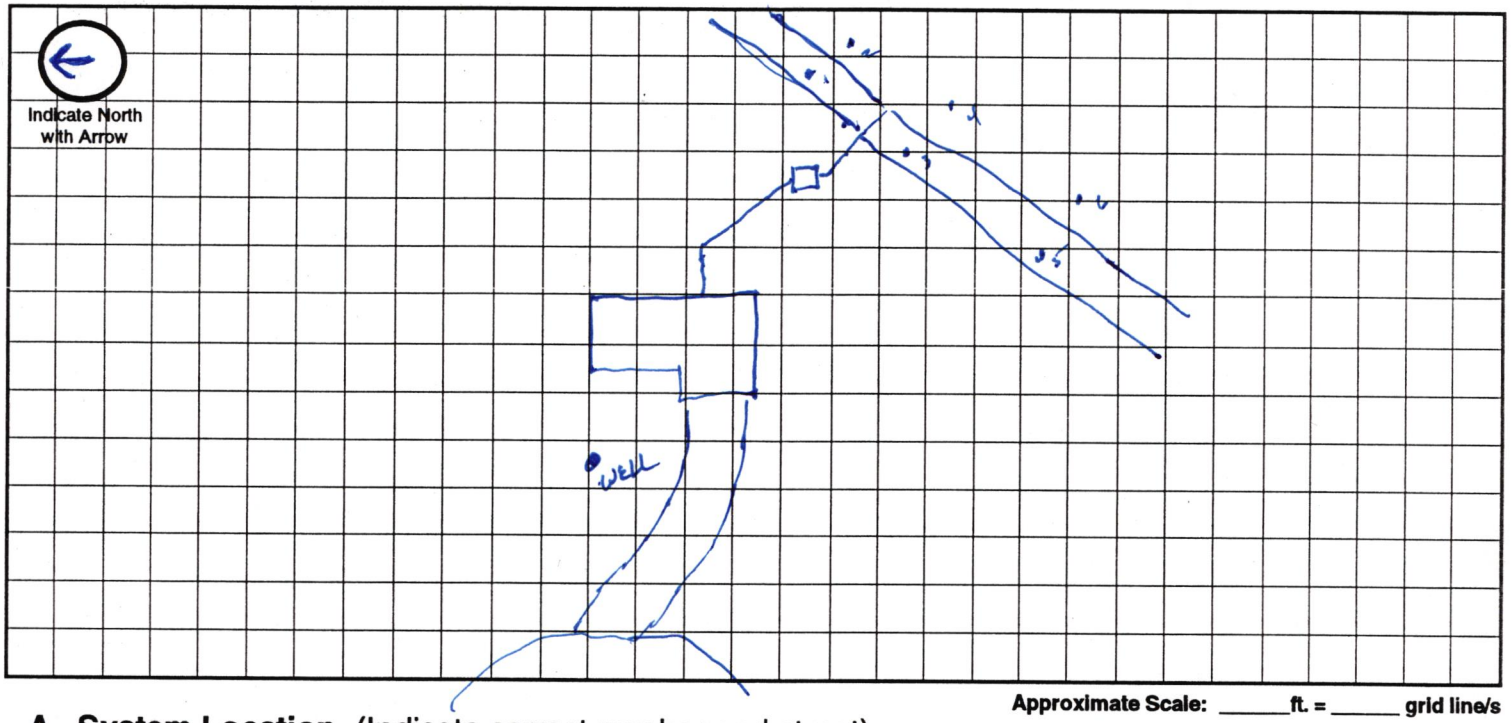
SCANNED

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) _____ City BENNETT NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☒ Plastic ☐ Other _____

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

Percolation Rate 24 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 1000 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☒ Other Lateral Material: GRAVELLESS CHAMBER

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 1

Total Length of Laterals 312 ft. Number of Trenches 4 Trench Width 3'

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 Mike Roche Date _____

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 12-5-09

System Location (Indicate correct number and street)

Address 13680 SOUTH 150TH CT City BENNET NE, Zip 68317
(no rural route)

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 3' in.
3. Distance between dwelling and septic tank: 90 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line 100+ ft.
   stream 100+ ft.
   pressure line 100+ ft.
   property line 50+ ft.

B. Septic Tank

1. Material: CONCRETE
   Number of compartments: 1
2. Capacity: 1500 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 30 in.
   Over outlet, diameter 30 in.
   Riser: ☒ above ☐ below grade 0 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 24 in.
8. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.

C. Distribution Box

1. Material: PVC
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 9' ft.

D. Absorption Field

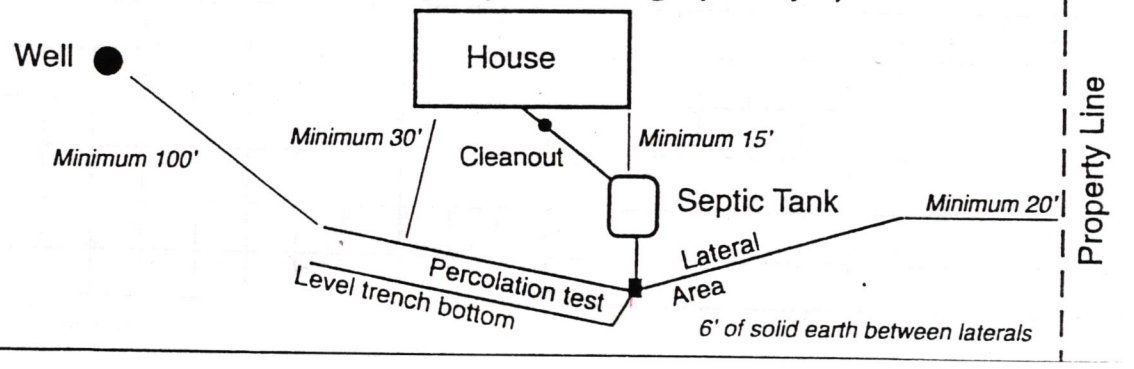
(Provide as-built drawings on back of this form)

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: 100 ft. 100 ft.
   75 ft. _____ ft., _____ ft.
3. Trench dimensions: Width 3 ft.
   Slope 0 in/100 ft.
   Average depth 3 in
4. Filter material: DIRT
   Depth of material 36 in.
5. Distances to: Well or suction line 100+ ft.
   Stream 100+ ft.
   Pressure line 100+ ft.
   Property line 50+ ft.

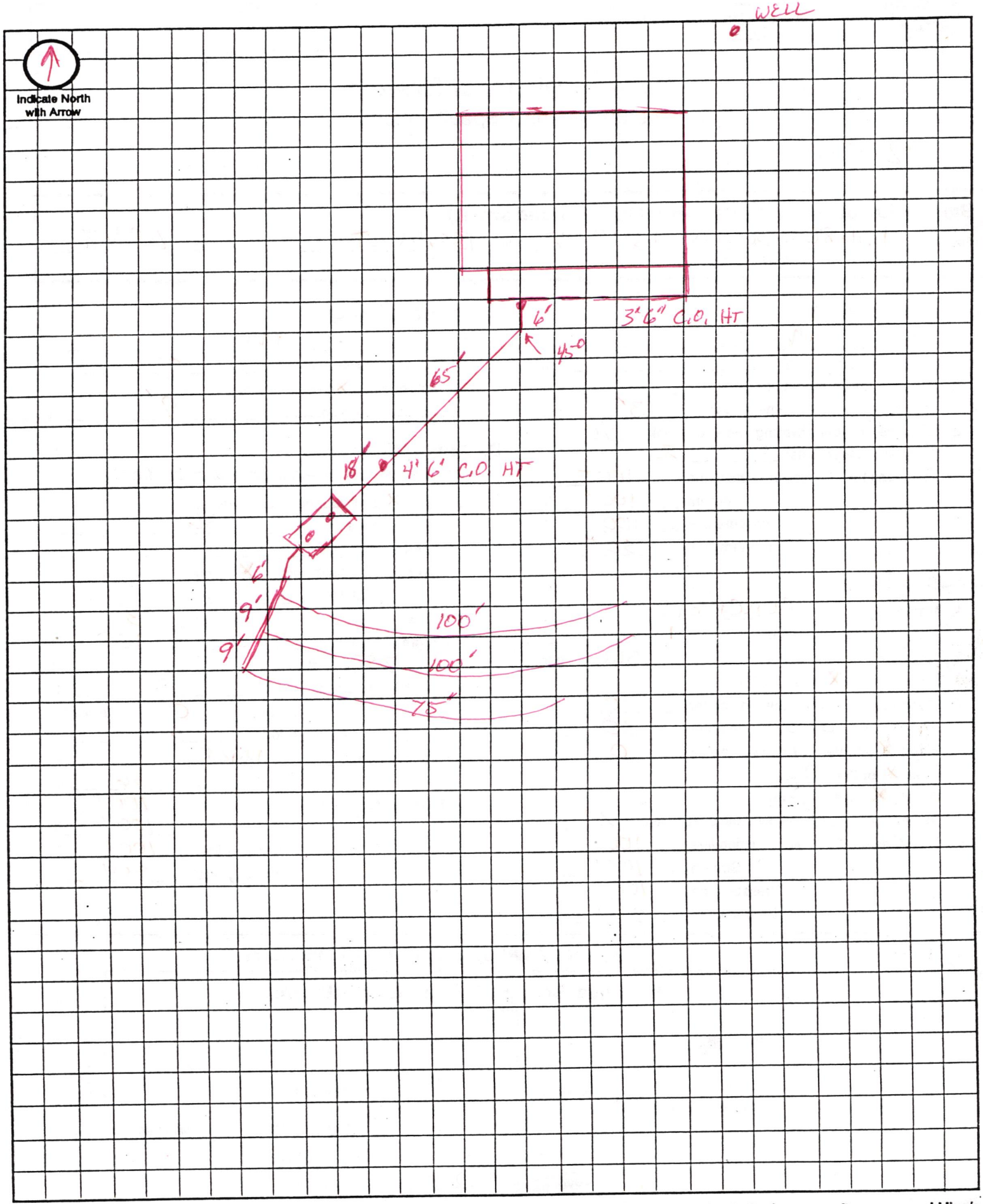
Indicate North with Arrow

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

Individual Sewage System Design (Example)



As Built Drawing



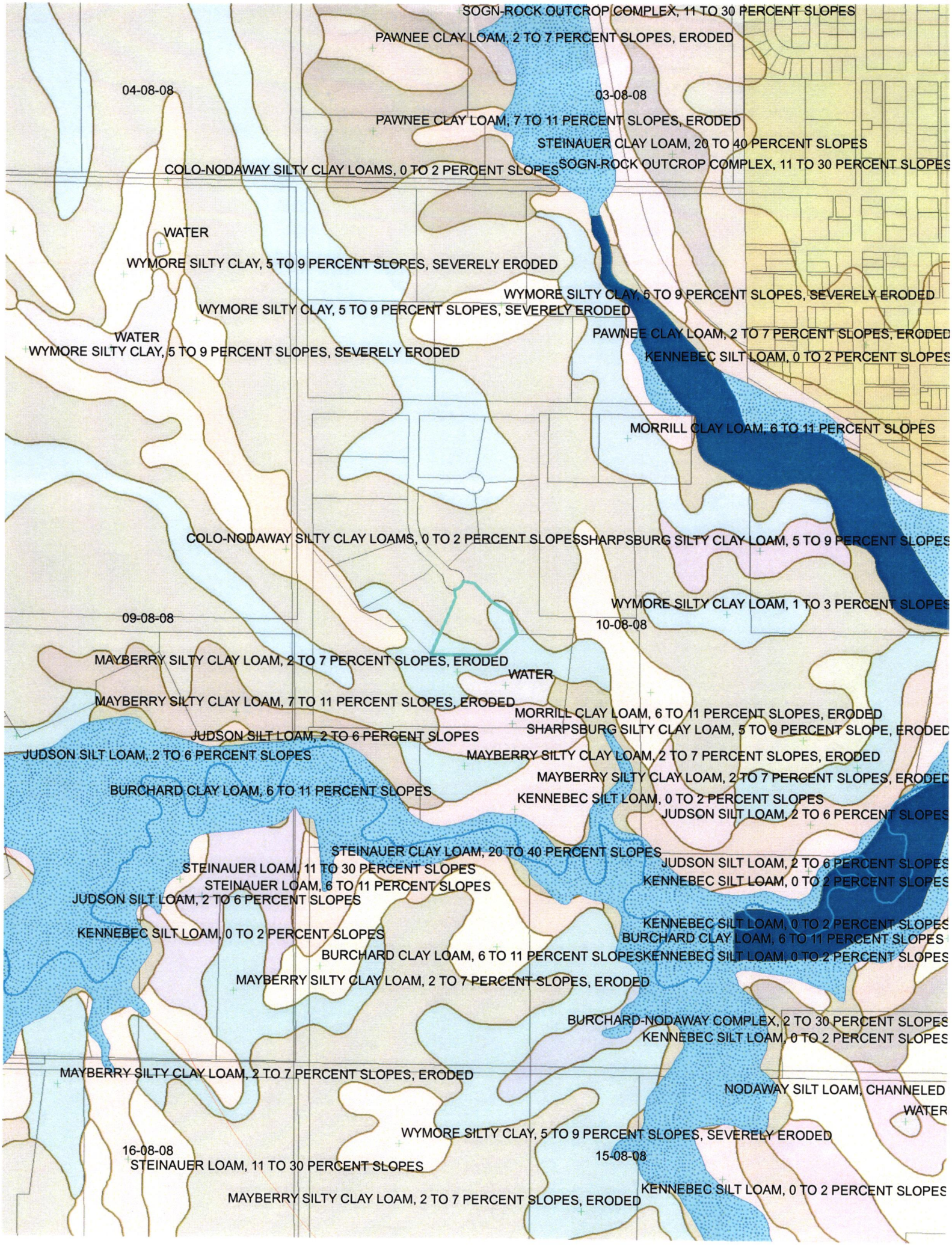
Approximate Scale: _____ ft. = _____ grid line/s



System was Covered w/out the benefit of Inspection. Told contractor on 12/22/09 to cover the system. Was later informed that the contractor had it covered the system. System had many inches of snow on it when covered. Unable to locate well & snow made it very hard to substantiate any discrepancies.






SOGN-ROCK OUTCROP COMPLEX, 11 TO 30 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
04-08-08
03-08-08
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
STEINAUER CLAY LOAM, 20 TO 40 PERCENT SLOPES
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
SOGN-ROCK OUTCROP COMPLEX, 11 TO 30 PERCENT SLOPES
WATER
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WATER
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
09-08-08
10-08-08
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER
MAYBERRY SILTY CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
STEINAUER CLAY LOAM, 20 TO 40 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
NODAWAY SILT LOAM, CHANNELED
WATER
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
16-08-08
15-08-08
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED