LLCHD HS000341

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

SCANNED **A**

Permit Number: HS000341

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 X 2300 West Sprague Rd. (no rural route) City X Martell Ne. NE, Zip X 68404

Legal Description X SE SW 20 8 6 1
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude W096° 45' 15.5" Latitude N 40° 37' 38.8"

☐ Check if system mail address is not the same as the owner's address PID 08-28-300-003-000

B. Owner

Name JACK THOMPSON Signature X Jack Thompson

Address 7000 So. 31st PLACE City/State/Zip LINCOLN, NE. 68516

☐ Check if owner designed system Home Phone _____ Work Phone 402-476-6563

C. Contractor

X Name Mike Rozac Company Name Rozac Const.

Address 140 No. 1st Ste A City/State/Zip Lincoln, Ne. 68508

☐ Check if contractor designed system Work Phone 477-8844

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

Designer Name GARY L. HOLLY Firm HOLLY CONTRACTING CO. Work Phone 402-587-0120

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 1 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 4-20-10
Amt Paid 325.00
Rec'd By B. Hull Cash/Check No. 2788

SCANNED

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

4-26-2010 16:26:40

LLCHD HS000341

A

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

Permit Number: HS000341

Sewage Disposal System

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Legal Description X 55 (1/4) SW (1/4) 20 (Section) 8 (Township) 6 (Range) Subdivision Addition Block 1 Lot

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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 4/19/10 Date frwd 4/19/10 ACTION ☒ Approved ☐ Disapproved Signature _____

X 2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd See attached Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature See attached X

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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

4-26-2010 16:26:42 X In Sprague's 1-mile X

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

SCANNED

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Permit Number: HS000341

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1/4 1/4 Section Township Range Subdivision Addition Block Lot

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X Name Mike Rezac Company Name Rezac Const.

Address 140 No. 1st Ste A City/State/Zip Lincoln, Ne. 68508

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Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 4-20-10
Amt Paid 325.00
Rec'd By B. Hull Cash/Check No. 2788

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

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. HS000341

System Type:	LAGOON
Situs:	2300 W. Sprague Rd.
Legal Description:	T08N-R06E-S28-Lot 1
Owner:	

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

Issued:	04/21/2010
Expires:	04/21/2011

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

JACK THOMPSON
7000 S 31ST PL
LINCOLN NE 68516

LLCHD HS000341

A

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

Permit Number: HS000341

Sewage Disposal System

Request for Site Clearance and Permit

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1/4 1/4 Section Township Range Subdivision Addition Block Lot

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☐ Check if owner designed system Home Phone _____ Work Phone 402-476-6563

C. Contractor

X Name Mike Rozac Company Name Rozac Const.

Address 140 No. 1st Ste A City/State/Zip Lincoln, Ne. 68508

☐ Check if contractor designed system Work Phone 477-8844

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

Designer Name GARY L. HOLLY Firm HOLLY CONTRACTING CO. Work Phone 402-587-0120

E. This System Will Serve a

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☐ 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

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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

4-19-2010 15:18:21

A

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

Permit Number: HS000341

Sewage Disposal System

Request for Site Clearance and Permit

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Address X 2300 West Sprague Rd. (no rural route) City X Martell Ne. NE, Zip X 68404

Legal Description X SE SW 28 8 6 1
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude W096° 45' 15.5" Latitude N 40° 37' 38.8"

☐ Check if system mail address is not the same as the owner's address PID 08-28-300-003-000

B. Owner

Name JACK THOMPSON Signature X Jack Thompson

Address 7000 So. 31st PLACE City/State/Zip LINCOLN, NE. 68516

☐ Check if owner designed system Home Phone _____ Work Phone 402-476-6563

C. Contractor

X Name Mike Rezac Company Name Rezac Const.

Address 140 No. 1st Ste A City/State/Zip Lincoln, Ne. 68508

☐ Check if contractor designed system Work Phone 477-8844

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

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

1. **Health Department** Date rec'd 4/19/10 Date frwd 4/19/10 ACTION ☒ Approved ☐ Disapproved Signature _____

~~2.~~ **Supt. Bldg. Insp. or Village Clerk** Date rec'd See attached Date frwd attached ACTION ☒ Approved ☐ Disapproved Signature See attached

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

*Line + Lagoon 6/3/10 - NH 7/6 fence OS

Installation Final Written Approval

By Gary Rezac

Date 7/6/10

SCANNED

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

In Sprague's 1-mile

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

A

Permit Number: H5000341

Sewage Disposal System

Request for Site Clearance and Permit

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A. System Location (Indicate correct number and street)

Address X 2300 West Sprague Rd. (no rural route) City X Martell Ne. NE. Zip X 68404

Legal Description X 1/4 SW 1/4 Section 20 Township 8 Range 6 Subdivision Addition Block Lot

Geographical Location (if known): Longitude W096° 45' 15.5" Latitude N 40° 37' 38.8"

☐ Check if system mail address is not the same as the owner's address PID 03-28-300-003-000

B. Owner

Name JACK THOMPSON Signature X Jack Thompson

Address 7000 So. 31st PLACE City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone _____ Work Phone 402-476-6563

C. Contractor

X Name Mike Rozac Company Name Rozac Const.

Address 140 No. 1st Ste A City/State/Zip Lincoln, Ne. 68508

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

Designer Name GARY L. HOLLY Firm HOLLY CONTRACTING CO. Work Phone 402-587-0120

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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 4/19/10 Date frwd 4/19/10 ACTION ☒ Approved ☐ Disapproved Signature _____

~~2.~~ **Supt. Bldg. Insp. or Village Clerk** Date rec'd 5/21/10 Date frwd 5/21/10 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 _____

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

B

Permit Number: HS000341

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

LAGOON

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address X 2300 W. Sprague Rd. (no rural route) City X Marfell Ne. NE, Zip X 68404

Owner JACK THOMPSON Addresss 7000. So. 31st. PLACE, LINCOLN, NE 68516

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)

Person Conducting Percolation Tests

Name: GARY L. HOLLY
Phone: 402-587-0120
Address 71860-567AV
FAIRBURY, NE. 68352

Sum of Percolation Rates: _____
Average of Rates: _____
Rate Used for Calculation: _____

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

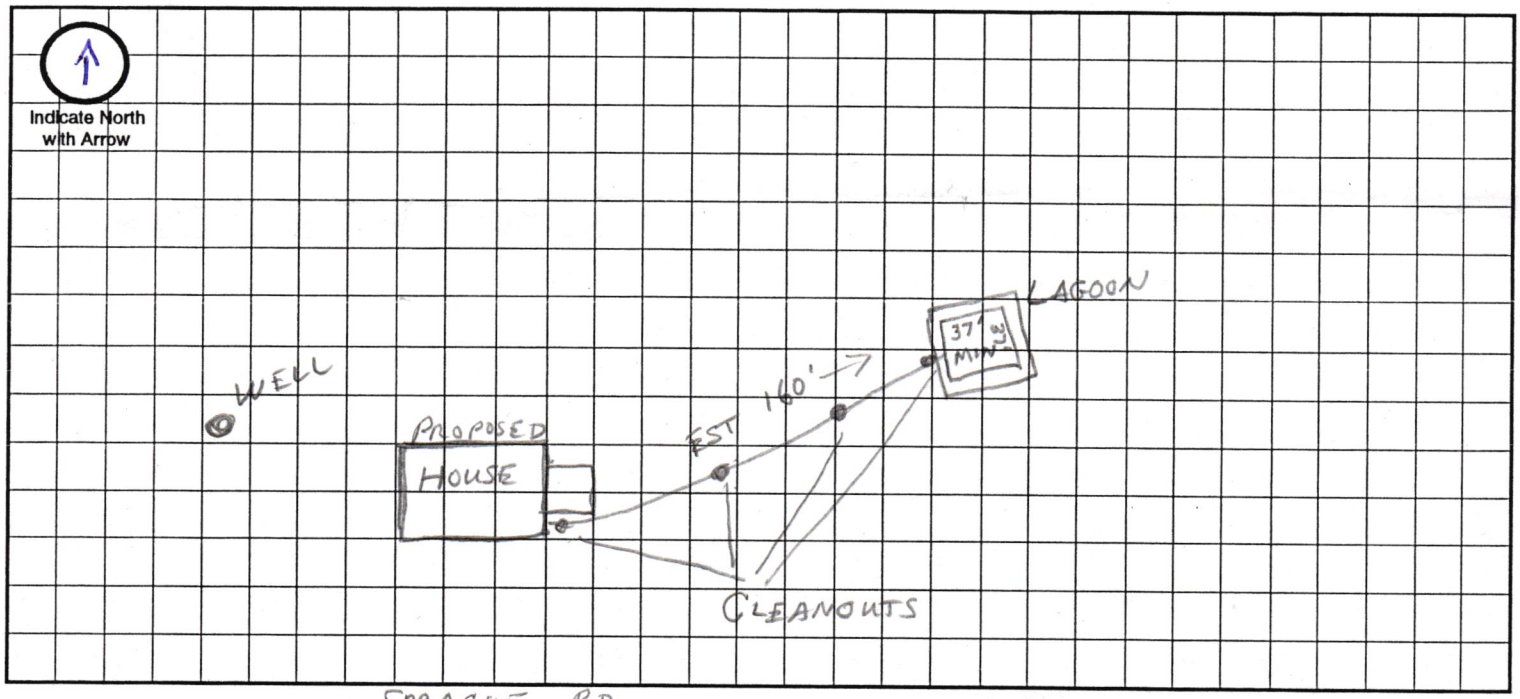
C

Permit Number: HS000341

JACK THOMPSON

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) X 7800 W. Sprague Rd City X Markell Ne NE, Zip X 68404

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other LAGOON

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 X Hayley Bryan Date X 4/19/10

Installer Gary L. Holz Date 041410

FORM 23-102 10-96

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

A

Permit Number: HS000341

Sewage Disposal System

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Legal Description X 56 (1/4) 5W (1/4) 28 (Section) 8 (Township) 6 (Range) Subdivision Addition Block 1 Lot

Geographical Location (if known): Longitude W096° 45' 15.5" Latitude N 40° 37' 38.8"

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Name JACK THOMPSON Signature X Jack Thompson

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☐ Check if owner designed system Home Phone _____ Work Phone 402-476-6563

C. Contractor

X Name Mike Rozac Company Name Rozac Const.

Address 140 No. 1st Ste A City/State/Zip Lincoln, Ne. 68508

☐ Check if contractor designed system Work Phone 477-8844

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

Designer Name GARY L. HOLLY Firm HOLLY CONTRACTING CO Work Phone 402-587-0120

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☒ Residential Dwelling Number of Bedrooms 1 Is there a Whirlpool Bathtub (YES) ~~NO~~

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

* Line + Lagoon 6/3/10 - NH 7/6 Fence OS

Installation Final Written Approval

By Gary Angel

Date 7/6/10

SCANNED

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

* In Sprague's 1-mile *

A

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

Permit Number: HS000341

Sewage Disposal System

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Address X 2300 West Sprague Rd. (no rural route) City X Martell Ne. NE, Zip X 68404

Legal Description X SE 1/4 SW 1/4 28 Section 8 Township 6 Range ____ Subdivision ____ Addition ____ Block ____ Lot 1

Geographical Location (if known): Longitude W096° 45' 15.5" Latitude N 40° 37' 38.8"

☐ Check if system mail address is not the same as the owner's address PID 05-28-300-003-00

B. Owner

Name JACK THOMPSON Signature X Jack Thompson

Address 7000 So. 31st PLACE City/State/Zip LINCOLN, NE 68516

☐ Check if owner designed system Home Phone ____ Work Phone 402-476-6563

C. Contractor

X Name Mike Razac Company Name Razac Const.

Address 140 No. 1st Ste A City/State/Zip Lincoln, Ne. 68508

☐ Check if contractor designed system Work Phone 477-8844

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

Designer Name GARY L. HOLLY Firm HOLLY CONTRACTING CO Work Phone 402-537-0120

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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 ____

Amt Paid ____

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

Lincoln-Lancaster County Health Department
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Legal Description X 1/4 SE 1/4 SW Section 28 Township 8 Range 6 Subdivision Addition Block 1 Lot

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C. Contractor

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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 _____

SCANNED

Installation Final Written Approval

By _____

Date _____

Business Office Use Only

Date Rec'd 4-20-10

Amt Paid 325.00

Rec'd By B. Hull Cash/Check No. 2788

SCANNED

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

B

Permit Number: HS000341

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

LAGOON

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address X 2300 W. Sprague Rd. (no rural route) City X Marfell Ne. NE, Zip X 68404

Owner JACK THOMPSON Addresss 7000. So. 31st. PLACE, LINCOLN, NE 68516

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

Date of Tests _____ to _____ Weather: Precipitation _____ Temperature _____

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)

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: _____

Person Conducting Percolation Tests

Name: GARY L. HOLLY

Phone: 402-587-0120

Address 71860-567AV
FAIRBURY, NE. 68352

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

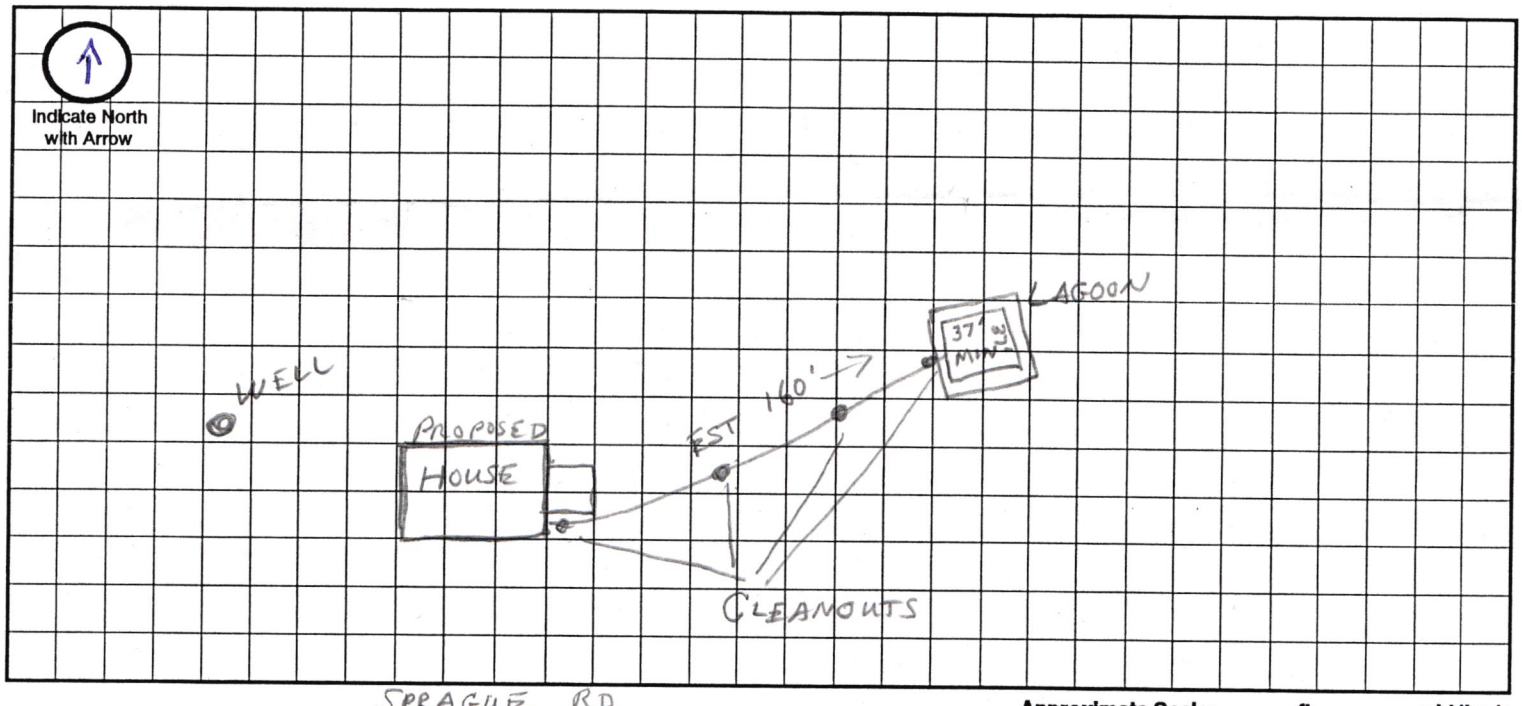
C

Permit Number: HS000341

JACK THOMPSON

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) X 7800 W. Sprague Rd City X Markell Ne NE, Zip X 68404

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other LAGOON

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 X Hayley Bryan Date X 4/19/10

Installer Gary L. Helz Date 041410

FORM 23-102 10-96

JUL 0 2 2010

D

Permit Number:

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

JACK THOMPSON

Sewage Disposal System

As Built Plans & Specifications

Date JUNE 29, 2010 LAGOON

System Location (Indicate correct number and street)

Address 2300 W. SPRAGUE RD (no rural route) City MARTELL NE, Zip 68404

A. Building Sewer

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

B. Septic Tank

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

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

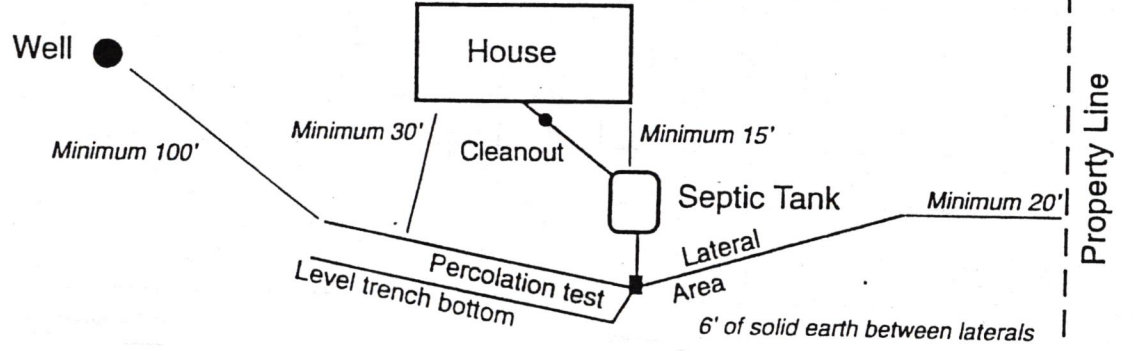
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

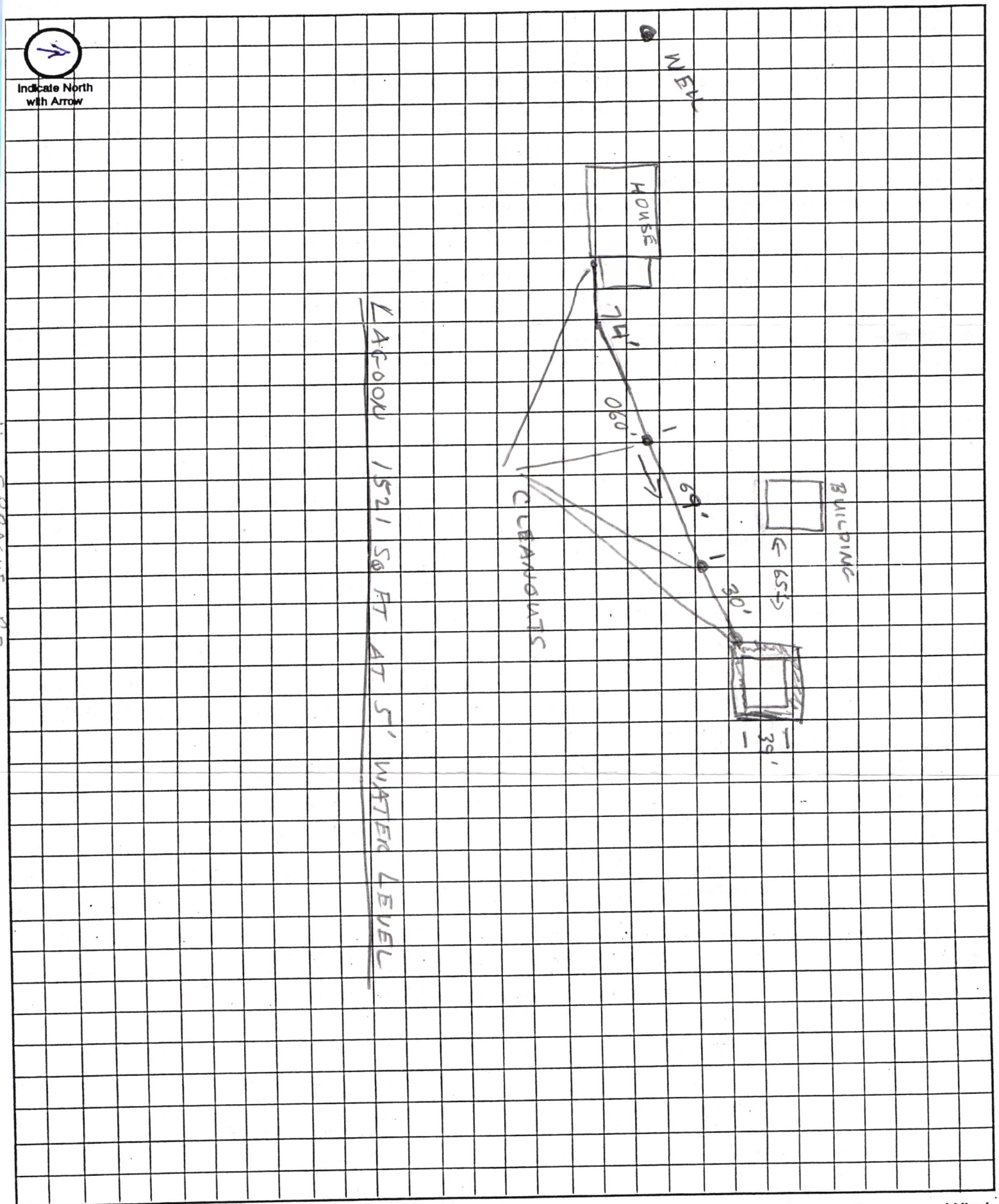
Complete "As Built" drawing on back of this form.

ndicate North with Arrow

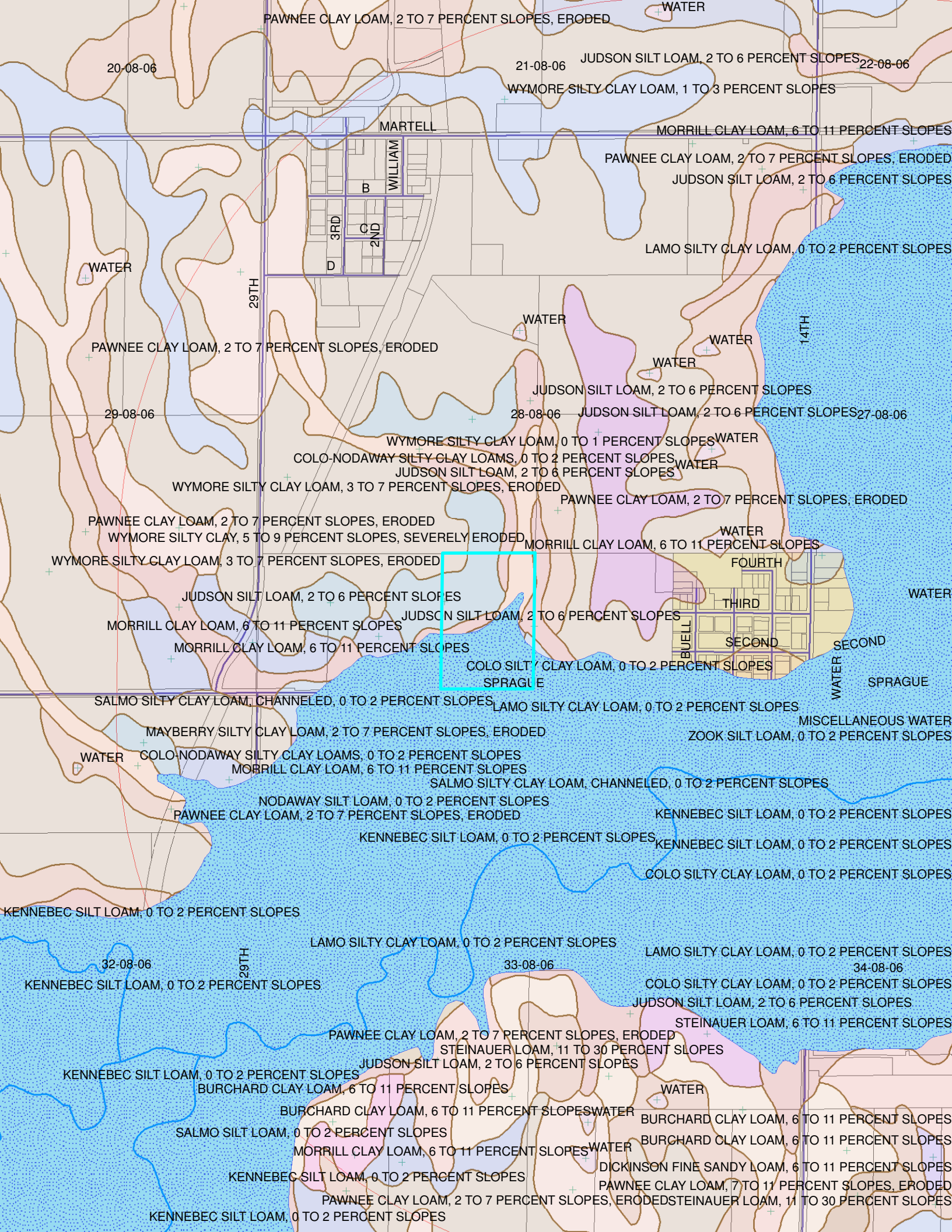
Individual Sewage System Design (Example)



As Built Drawing



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


PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER
20-08-06
21-08-06
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
22-08-06
WYMORE SILTY CLAY LOAM, 1 TO 3 PERCENT SLOPES
MARTELL
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
WILLIAM
B
3RD
C
2ND
D
LAMO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
WATER
29TH
WATER
14TH
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WATER
WATER
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
29-08-06
28-08-06
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
27-08-06
WYMORE SILTY CLAY LOAM, 0 TO 1 PERCENT SLOPES
WATER
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
WATER
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
WYMORE SILTY CLAY, 5 TO 9 PERCENT SLOPES, SEVERELY ERODED
WATER
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
WYMORE SILTY CLAY LOAM, 3 TO 7 PERCENT SLOPES, ERODED
FOURTH
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
THIRD
WATER
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
BUELL
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
SECOND
SECOND
COLO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
SPRAGUE
WATER
SPRAGUE
SALMO SILTY CLAY LOAM, CHANNELED, 0 TO 2 PERCENT SLOPES
LAMO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
MISCELLANEOUS WATER
MAYBERRY SILTY CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
ZOOK SILT LOAM, 0 TO 2 PERCENT SLOPES
WATER
COLO-NODAWAY SILTY CLAY LOAMS, 0 TO 2 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
SALMO SILTY CLAY LOAM, CHANNELED, 0 TO 2 PERCENT SLOPES
NODAWAY SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
COLO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
LAMO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
LAMO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
29TH
32-08-06
33-08-06
34-08-06
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
COLO SILTY CLAY LOAM, 0 TO 2 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
STEINAUER LOAM, 6 TO 11 PERCENT SLOPES
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
WATER
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
WATER
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
SALMO SILT LOAM, 0 TO 2 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
WATER
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 2 TO 7 PERCENT SLOPES, ERODED
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES