LLCHD HS000617

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS000617

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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

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 21505 NW 56th (no rural route) City VALPARISO, NE Zip 68065

Legal Description ____ 12 12 5
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Iona B Hawley Signature Iona B Hawley

Address 21505 NW 56th City/State/Zip VALPARISO NE 68065

Home Phone 402-783-2231 Work Phone _____

C. Certified Installer

Name: Melvin Gagner Signature Melvin Gagner

Address 4810 "W" Claire Ave. City/State/Zip Lincoln NE. 68523

Work Phone 402-432-5698

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 40

☐ Commercial Establishment/Other Facility Specify _____ Design flow in gallons per day 400

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☒ Not Applicable

DO NOT WRITE BELOW THIS LINE

Exist.

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

1. Health Department Date rec'd 5/16/12 **ACTION** ☑ Approved ☐ Disapproved
Site visits _____ Date frwd 5/16/12 Signature _____

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

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

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 5-16-12 Amount Paid 345.00
Received By BM Cash/Check No. 6879

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

Form A Updated: 5/10

5-17-2012 15:13:27

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

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 21505 NW 56th (no rural route) City VALPARISO NE, Zip 68065

Owner FONA B HAWLEY Address SAME

Soil Type (SCS): _____ Percolation Rate: 60 min./inch

Date of Tests 3-14-12 to 3-15-12 Weather: Precipitation 0 Temperature 80

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	30	3-14	12:10	3-15	11:30	3-15	11:40	6	3-15	12:10	30	1	30
2	32	"	"	"	"	"	"	"	"	"	"	1 1/2	20
3	30	"	"	"	"	"	"	"	"	"	"	1/2"	30
4	31	"	"	"	"	"	"	"	"	"	"	1/2	60
5	32	"	"	"	"	"	"	"	"	"	"	3/4	40
6	30	"	"	"	"	"	"	"	"	"	"	1/2	60

Sum of Percolation Rates: 240

Average of Rates: 40

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Melvin Gagner

Phone: 402-797-2365

Address 4810 "W" Claire Ave. Lincoln NE. 68523

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

LLCHD HS000617

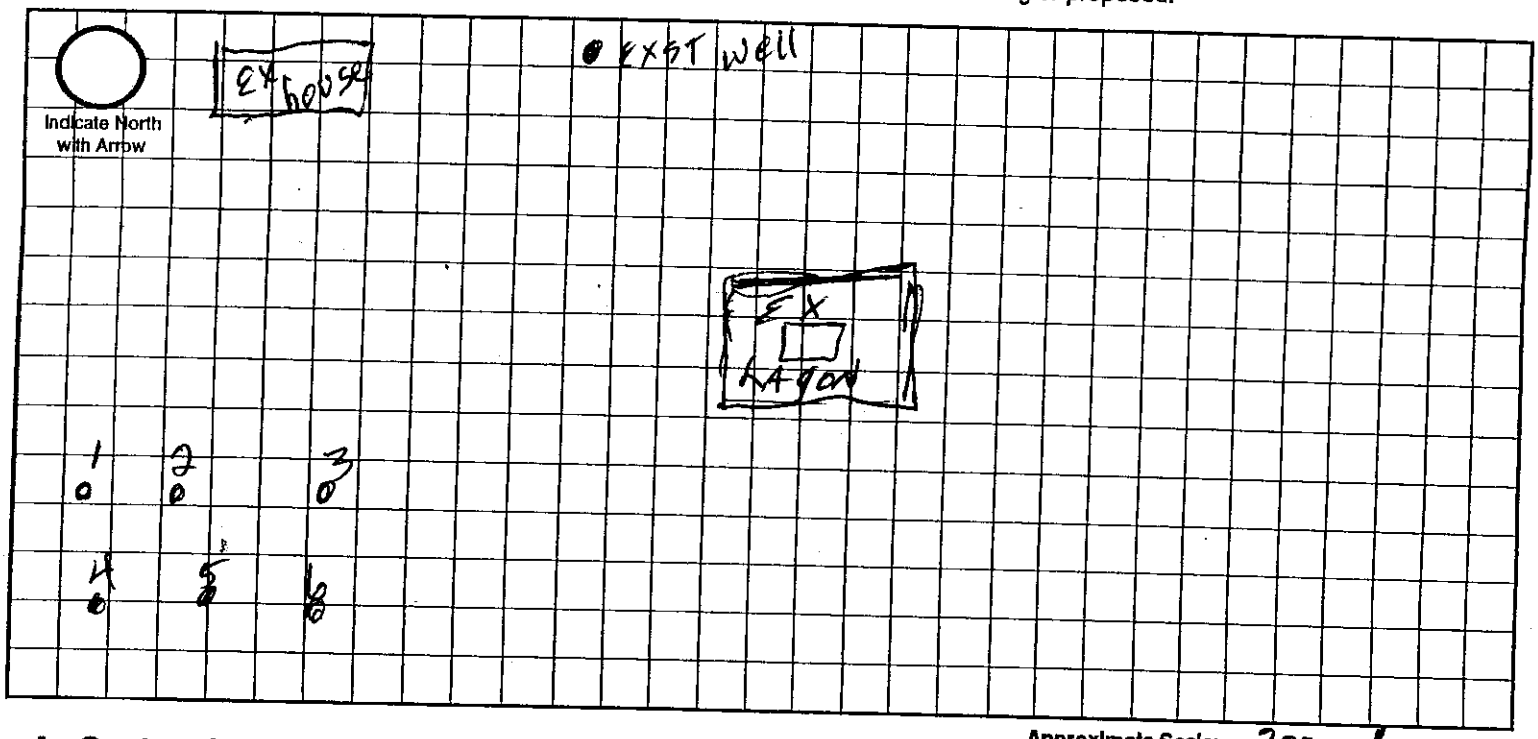
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: 20 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 21505 NW 65TH City VALPARISO NE, Zip 68523

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other

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

Percolation Rate 40 (min. per inch) Soil Type: Land Slope: 4 %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other

Total Square Feet of Field Required: 1050 sq. ft.

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: INFILTRATORS

Capacity of Septic Tank 1000 gals Number of Absorption Beds: Number of Distribution Laterals per Bed

Total Length of Laterals 262 ft. Number of Trenches 3 Trench Width 4FT.

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 ☐	☐

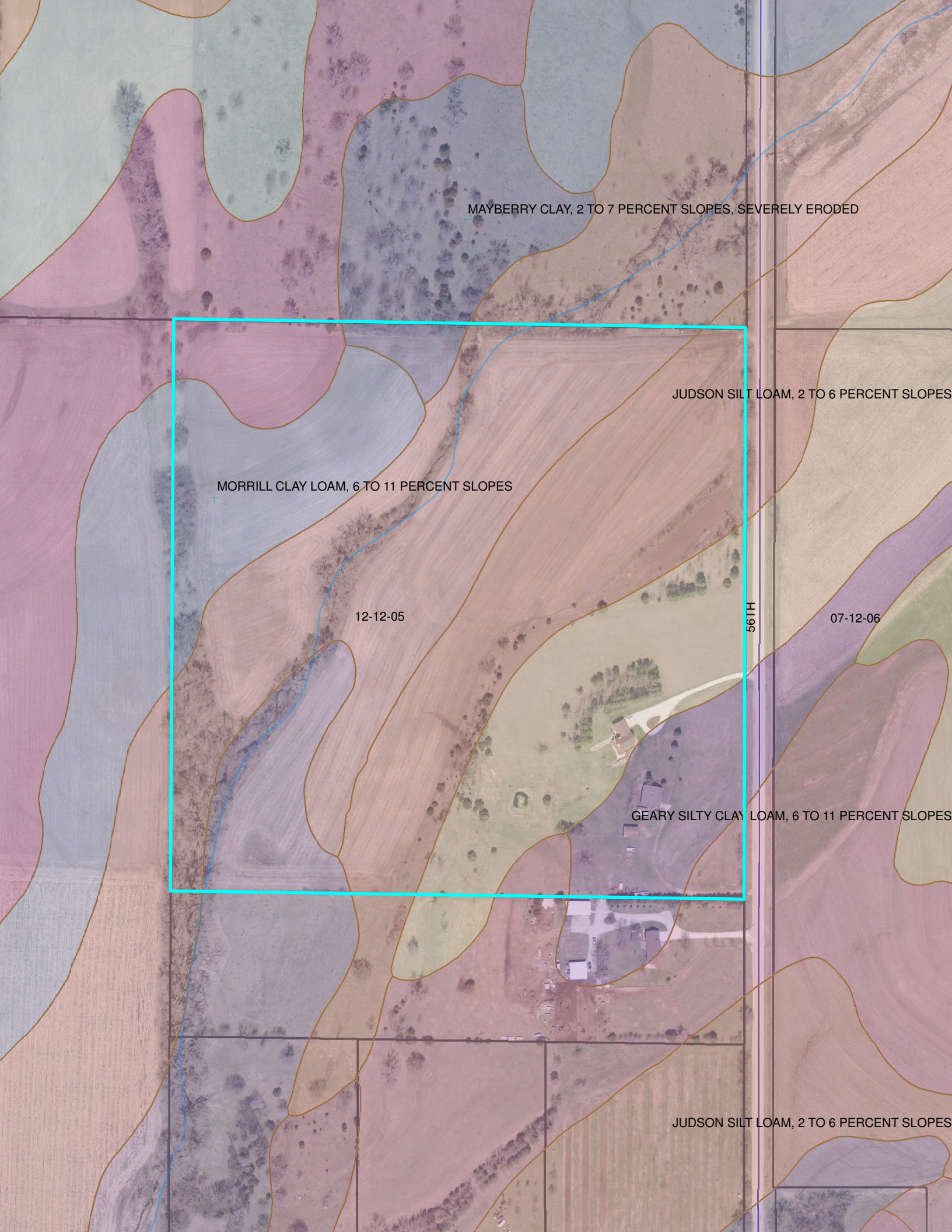
E. Required Signatures

Home Building Contractor Melvin Dagner Date 17 MARCH 2012

Installer Melvin Dagner Date 17 MARCH 2012

FORM 23-102 10-96

5-17-2012 15:13:30


MAYBERRY CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
MORRILL CLAY LOAM, 6 TO 11 PERCENT SLOPES
12-12-05
561H
07-12-06
GEARY SILTY CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES

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. HS000617

System Type:	STANDARD
Situs:	21505 NW 56 ST
Legal Description:	T12N-R05E-S12-Lot 16
Owner:	HAWLEY, RICHARD W & IONA B TRU 21505 NW 56 ST VALPARAISO NE 68065

Permit Fee:	$345.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$345.00
Issued:	05/16/2012
Expires:	05/16/2013

Judith A Halstead

Judith A. Halstead, MS, 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.

Judith A Halstead

Judith A. Halstead, MS
Health Director

GAGNER CONSTRUCTION
4810 W CLAIRE AVE
LINCOLN NE 68523-9324

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 961-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

May 9, 1977 — THIS PERMIT EXPIRES

Richard W. Hawley — ISSUED TO

Box 306 Cerseco, NE — ADDRESS

T12N; R5E; Sec. 12 NE¼ SE¼ (RFD Valparaiso) — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$00.00	$	$	$30.00
ACCOUNTING NO.	**ACCOUNTING NO.**	**ACCOUNTING NO.**	**CODE**
624-1535	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

Health — ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-40(73) REQUEST FOR SITE CLEARANCE FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 961-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: 11-8-76

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 12 N ; Range 5E ; Section 12 ~~NE¼ SE¼~~ apart of E½SE¼
   Block ____ ; Lot ____ ; Addition ____
   Street Address RFD Valparaiso NE 68065 See attached

2. Property Use: Residential ____ ☒ ; Commercial ____ ☐
   No. of Bedrooms 4 . Describe: ____
   Other Use ____ ☐
   Describe: Small Farm

3. Type of Individual Sewage Disposal System: Septic Tank ☐ ; Other ☒

4. Distance to public sewer: 4 Miles ft.

Richard W Hawley
Signature of Applicant (Owner or Lessee)

Box 306, Cresco, NE 68017
Address 665-5531 474-1361

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 11/8/76 . Date Frwd. 11/9/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Todd

2. Supt. Bldg. Insp.: Date Rec'd. 11-10-76 . Date Frwd. ____ . ACTION: Approved ☐ Disapproved ☐ Signature: Tom Baasch

3. City or County Engineer: Date Rec'd. 11/10/76 . Date Frwd. 11/10/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Marvin L Krueger

REMARKS OR REASONS FOR DISAPPROVAL ____

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [ ]
County Resolution No. 2832 [✓]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO._____

DATE: 11-8-76

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. T12N ; Range R5E ; Section 12 NE¼SE¼ ; Block ; Lot ; Addition .
   Street Address RFD Valparaiso 68065

2. Property Use: Residential [✓]; Commercial [ ]
   No. of Bedrooms 4 Describe:
   Other Use Small Farm
   Describe:

3. Type of Individual Sewage Disposal System: Septic Tank [ ]; Other [✓]

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Richard Hawley
Signature of Applicant (owner or lessee)

Box 306 Cereso NE 68017
Address 665-5531 - 474-1561

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd;
   Filing Fee: $ 30.00

2. Site Visits:
   Date: by:
   Date: by:
   Date: by:

3. Date: Approved [X]; Disapproved [ ] 11/8/76
   by: Jerrold E. Hoobler

4. INSTALLATION FINAL WRITTEN APPROVAL
   Date: by:

FORM HD- 45(73) PLANS & SPECIFICATIONS
SEWAGE DISPOSAL SYSTEM

(Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☑

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 961-C

SPECIFICATIONS

DATE: 11-8-76

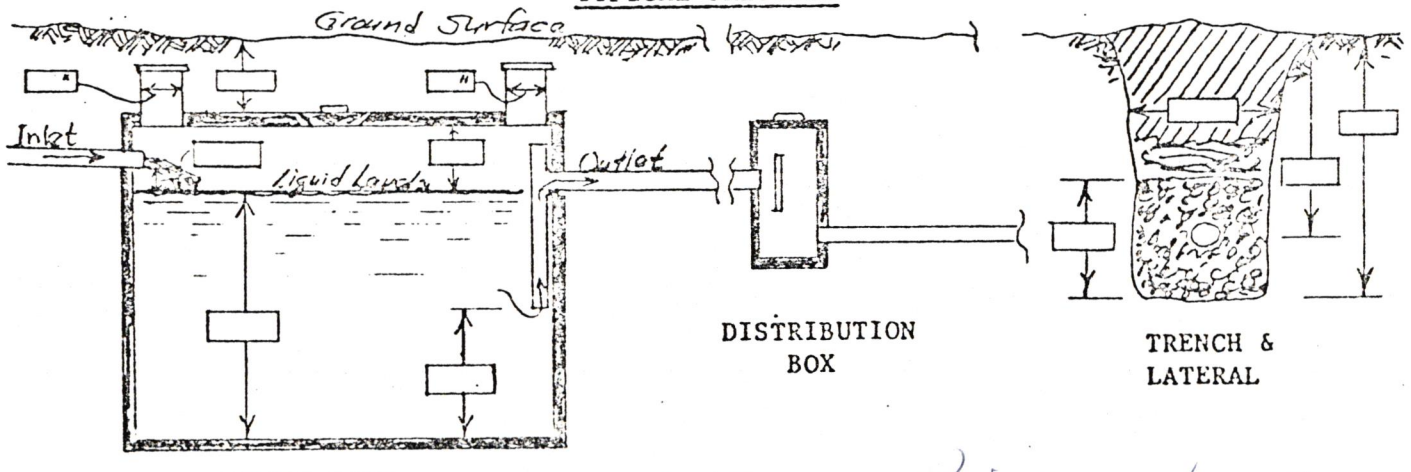
A. BUILDING SEWER:
1. Material _____; Diameter 4 in.
2. Distance above basement floor ____in.; or below basement floor ____in.
3. Distance between dwelling and septic tank ____ft.
4. Number of clean-outs _____.
5. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

N/A
B. SEPTIC TANK (Provide construction drawings.)
1. Material _____; No. of compartments _____.
2. Capacity _____gals.; Liquid depth ____in.
3. Factory Built: Yes ☐ (Company _____)
No ☐
4. Manholes: Over Inlet; diam. ____in.
Over Outlet; diam. ___in.
Below Grade _____in.
5. Inlet: Baffle ☐; or Tee ☐
6. Outlet: Baffle ☐; or Tee ☐
Depth of outlet below inlet ___in.
7. Depth of top of tank below finished grade ____in.
8. Distances To:
Well or Suction Line ____ft.;
Stream ____ft.; Pressure Line ____ft.;
Property Line ____ft.

C. DISTRIBUTION BOX
NA 1. Material _____; No. available outlets _____.
2. Factory Built: Yes ☐, (Company _____) No ☐
3. Dimension: Length ____in.; Width ___in. Depth ____in.
4. Distance from Septic Tank ____ft.
5. Serial Distribution: Yes ☐, No ☐ (If yes, show detailed plans.)

D. ABSORPTION FIELD: (Provide drawings.)
1. Type: Lagoon
2. Lateral Lines: Depth below grade ___in.
Number ____; Length of each line ___ft
Total length of Laterals ____ft.;
Slope ____in/100 ft. Diameter of pipe ____ in.; Shape _____
Material: concrete ☐; fiber asbestos ☐; clay ☐; other _____
Distance between lateral lines ____ft.
3. Trench Dimensions: Depth ___in.; Width ____in.
4. Filter Material: _____.
Depth of material from trench bottom _____in.
5. Distances To:
Well or Suction Line 300 ft.;
Stream 500+ ft.; Pressure Line ____ft.
Property Line ____ft. 500 ft +
6. Percolation Rate: _____minutes/inch

TYPICAL SKETCHES



SEPTIC TANK

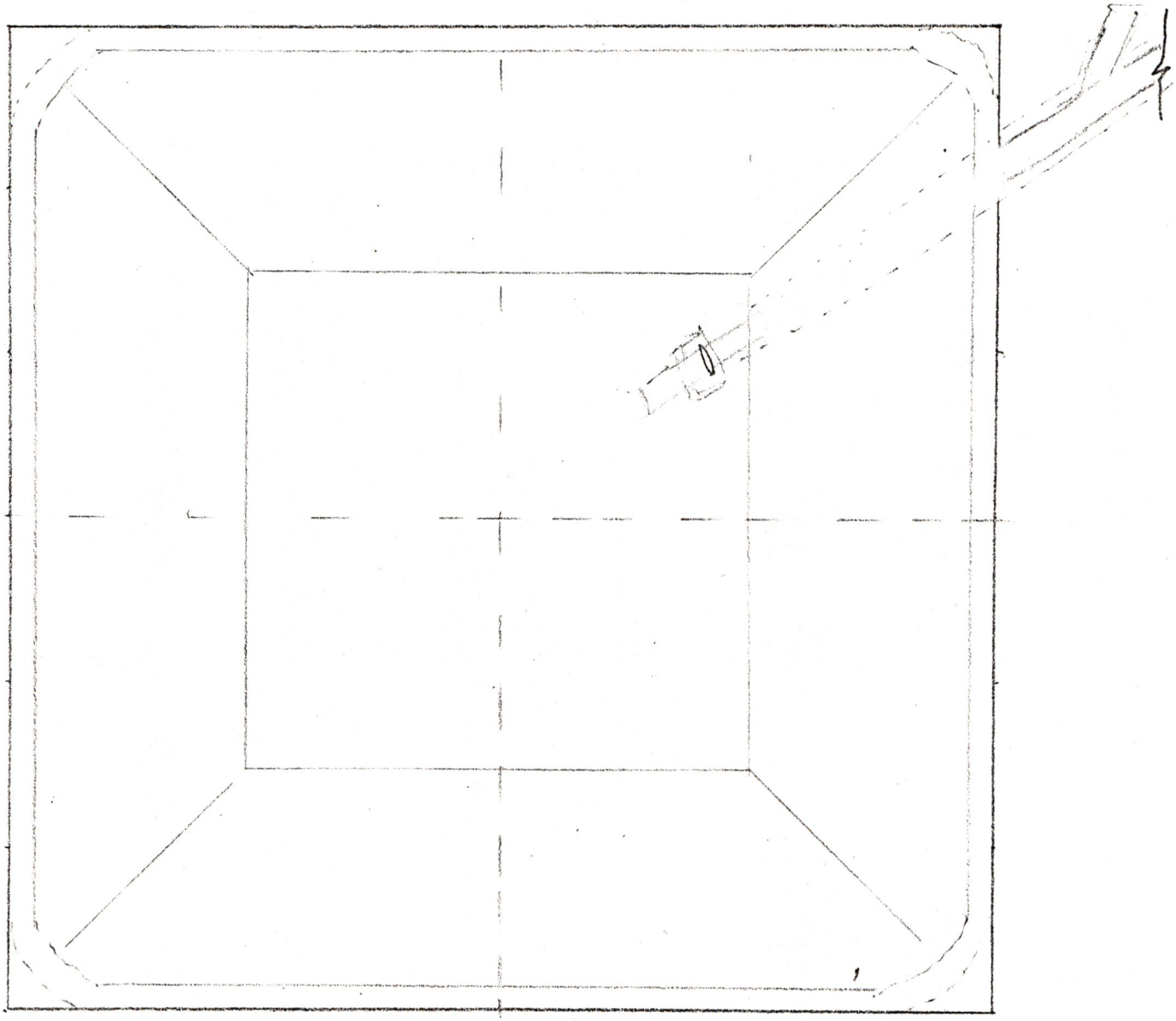
DISTRIBUTION BOX

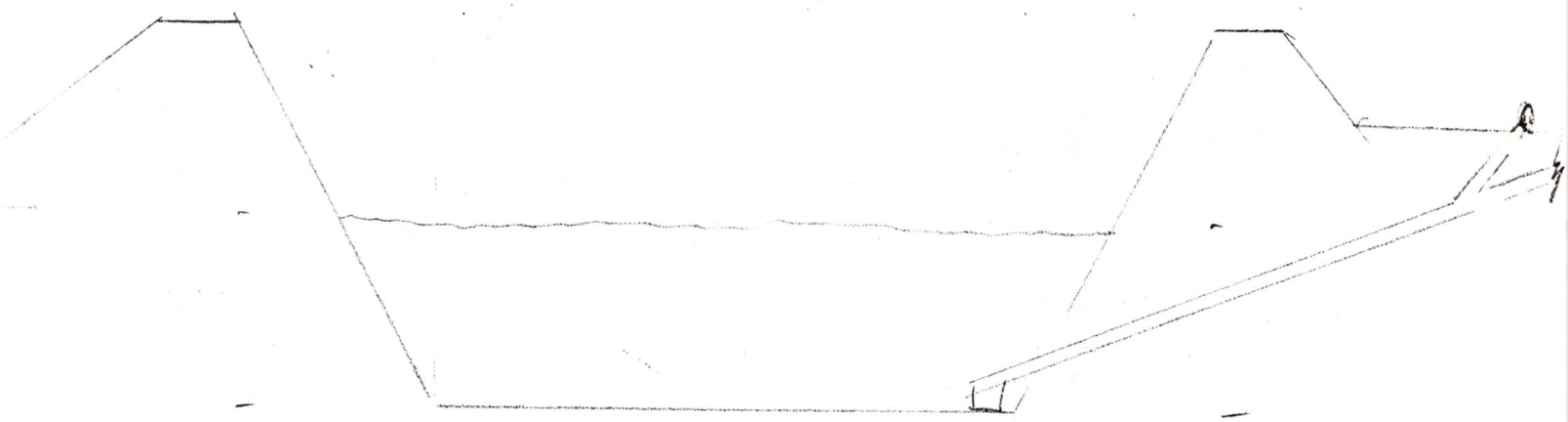
TRENCH & LATERAL

Richard Hawley
Signature of Applicant

T12N R5E Sec 12 NE¼SE¼

Richard Hawley





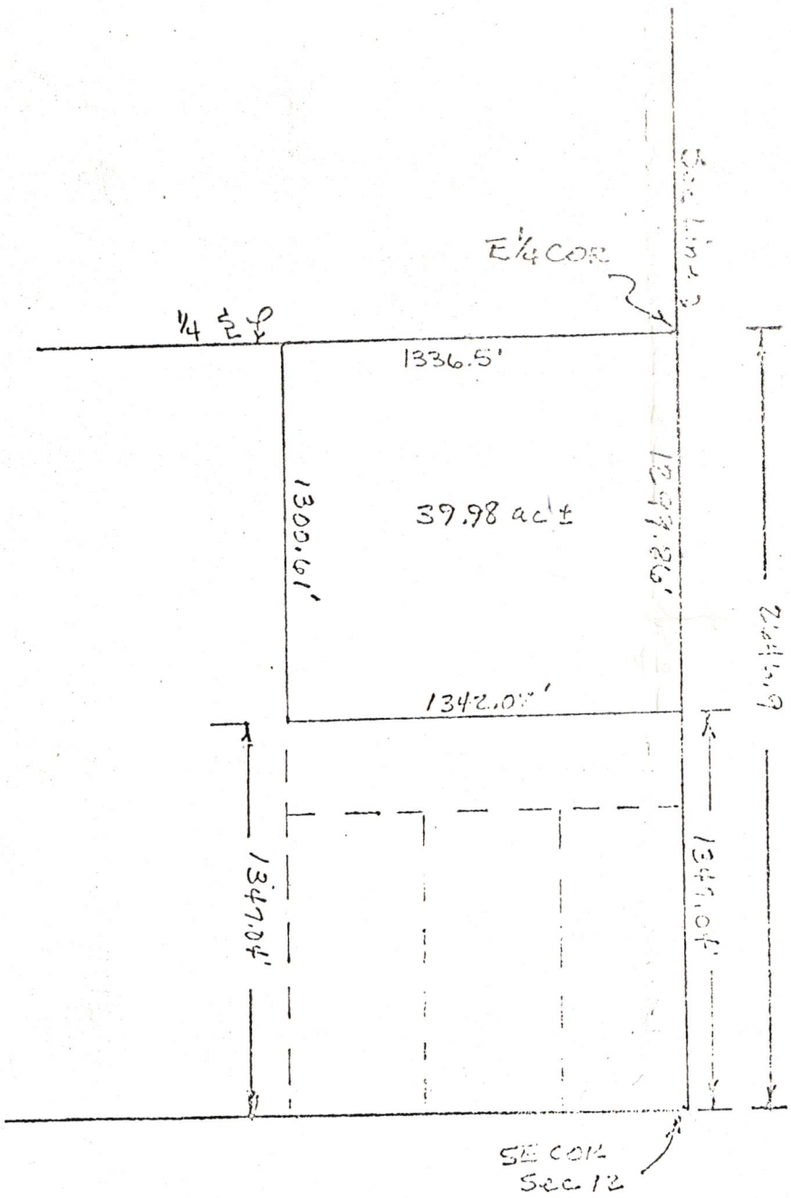
Survey Record

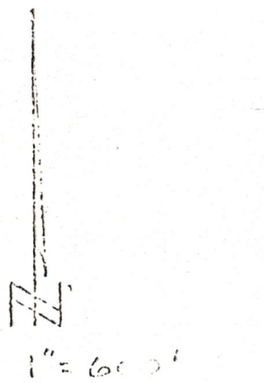
LANCASTER COUNTY, NEBRASKA

BATES AND ASSOCIATES
911 ADAMS – LINCOLN, NEBRASKA PHONE 432-37

Survey of: E ½ SE¼

Section 12 T 12N, R 5E 6th P.M.





SCALE 1" = 60'

LEGAL DESCRIPTION

The east ½ of the southeast ¼ of section 12, 12N R5E of the 6th P.M., Lancaster County, Nebr., except the south 1347.04' thereof, containing 39.98 acres more or less

I, being a registered land surveyor in the State of Nebraska, hereby certify that I have carefully surveyed the said tract and that the plat is true and correct to the best of my knowledge.

LS-252

Signed this 11th day of October 1976

Name: Robert B Bates

Surveyor's license No. L.S. 252

Land Surveyor's Seal

FORM HD- 43(73) SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone 475-6221)

FILE NO. _____

PROPERTY WHERE SOIL TESTED:
Location: Township T12N.; Range 5E
Section & ¼ Sect. 12 NE¼SE¼
Property Dimensions: ___ ft. x ___ ft.
Area: 40 acres. (Attach sketch of property showing hole location).

Owner: Richard Hawley
Address RFD Valparaiso Ne 68065 ~~Box 306 Ceresco Ne 68017~~
665-5531 474-1361

Soil Type: Silty Clay [ ]; Silty Clay Loam [ ]; Sandy Loam [ ]
Silty Loam [ ]; Clay Loam [✓]; Sandy Clay [ ]

Dates of Tests: Nov 6, 1976 to Nov 7 1976. Weather: Precip. 0 Temp. 23-53°

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. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Date (Mo. Day)	Time (Hr. Min.)	Water Level (in.)	Time (Hr. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./Inch)
											30 min		
1	35	11-6	4:15P	11-6	9:00P	11-7	2:20P	25¾	6:30P				
2	35	11-6	4:15P	11-6	9:00P	11-7	2:20P		6:30P				
3	34	11-6	4:15P	11-6	9:00P	11-7	2:20P		6:30P				
4	34	11-6	4:15P	11-6	9:00P	11-7	2:20P		6:30P				
5	35	11-6	4:15P	11-6	9:00P	11-7	2:20P		6:30P				
6	32	11-6	4:15P	11-6	9:00P	11-7	2:20P		6:30P				

Sum of Percolation Rates _____
Average of Rates: _____
Mean of Rates: _____

Richard Hawley
Signature of Person Conducting Test

Address Box 306 Ceresco 68017
Phone: 665-5531 474 1361

(Do not write below this line)

REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

_____
Signature of Reviewing Official

SOIL ABSORPTION DATA

RICHARD HAWLEY, CERESCO
665-5531 474-1361

T 12 N R 5 E NE ¼ of SE ¼ Section 12

Nov 6&7

Test Hole	1	2	3	4	5	6
Reading						
1	3/8	5/16	3/16	3/8	3/8	1/2
2	3/8	1/4	1/8	3/8	3/8	1/2
31/8	1/8	3/8	1/4	1/8	1/4	1/4
4	1/4	1/4	1/4	3/8	1/4	3/8
5	1/4	1/4	1/8	--	3/4	3/8
6	3/8	1/4	1/8	1/4	1/2	3/8
7	1/2	1/2	1/4	1/4	3/8	1/2
8	5/8	1/8	1/8	1/8	3/8	1/4

SCANNED

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS000617

Onsite Wastewater Treatment System Request for Site Clearance and Permit

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

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 21505 NW 56th (no rural route) City VALPARISO, NE Zip 68065

Legal Description ____ 12 ~~12~~ ~~E~~ 5

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

Geographical Location (if known): Lat/Long:_____ PID_____

B. Owner

Name Iona B Hawley Signature Iona B Hawley

Address 21505 NW 56th City/State/Zip VALPARISO NE 68065

Home Phone 402-783-2231 Work Phone _____

C. Certified Installer

Name: Melvin Gagner. Signature Melvin Gagner

Address 4810 "W" Claire Ave. City/State/Zip LINCOLN NE. 68523

Work Phone 402-432-5698

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:_____

Designer Name_____ Firm_____ Work Phone_____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 40

☐ Commercial Establishment/Other Facility Specify_____ Design flow in gallons per day 400

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☒ Not Applicable

DO NOT WRITE BELOW THIS LINE

Exist.

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

1. Health Department
Site visits _____
Date rec'd 5/16/12
Date frwd 5/16/12
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 Rouse
Date 6/6/12

Business Office Use Only
Date Received 5-16-12 Amount Paid 345.00
Received By BA Cash/Check No. 6879

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

Form A Updated: 5/10

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

GPS N41° 01.281' W096° 47.834'

Date 7/6/2012

System Location (Indicate correct number and street)

Address 21505 NW 56th ST. (no rural route) City VALPARISO NE, Zip

A. Building Sewer

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 30 in.
3. Distance between dwelling and septic tank: 128 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line OVER 100 ft.
   stream NA ft.
   pressure line OVER 100 ft.
   property line OVER 200 ft.

B. Septic Tank

1. Material: CONCRET
   Number of compartments: 1
2. Capacity: 1000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter ____ in.
   Over outlet, diameter ____ in.
   Riser: ☒ above ☐ below grade 6 in.
5. Inlet: ☒ baffle ☐ tee
6. Outlet: ☒ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 10 in.
8. Distances to: Well or suction line OVER 100 ft.
   Stream NA ft.
   Pressure line OVER 100 ft.
   Property line OVER 100 ft.

C. Distribution Box

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

D. Absorption Field

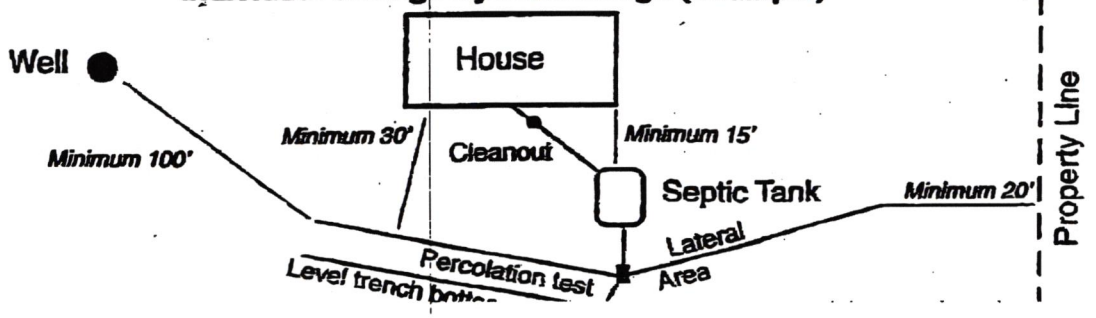
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: ____
   or perforated pipe: ____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other INFILTRATOR
2. Lateral lines: Number 3
   Length of each line: 100 ft. 96 ft.
   72 ft. ____ ft., ____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 0 in/100 ft.
   Average depth 22 in
4. Filter material: NA
   Depth of material NA in.
5. Distances to: Well or suction line OVER 100 ft.
   Stream OVER 100 ft.
   Pressure line 11 ft.
   Property line 11 ft.

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

Indicate North with Arrow

Individual Sewage System Design (Example)



As Built Drawing

Valparaiso, NE
21505 NW 56th

