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

A

Permit Number
HS000941

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 12315 EMMAWALTER Rd (no rural route) City LINCOLN, NE Zip 68517

Legal Description VIEW POINT NORTH 1st 2

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

PID 18-09-403-002-000

B. Owner

Name JUSTIN T + TAMI J PETERSON Signature

Address 7921 GARLAND ST City/State/Zip LINCOLN, NE 68505

Home Phone Work Phone

C. Certified Installer

Name: Michael P. DIETZE Signature Michael P Dietz

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

Work Phone 402-786-5620

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 4 Whirlpool Bathtub? ☒ Yes ❑ No Total Acres 3.7
Garbage Grinder? ☒ 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. 02-30

1. Health Department
Site visits Date rec'd **ACTION** ❑ Approved ❑ Disapproved
Date frwd Signature
Comments

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 1-30-14 Amount Paid 365.00
Received By SB Cash/Check No. 30997

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

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

B

Permit Number: HS000941

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 12315 EMMA WALTER Rd (no rural route) City Lincoln NE, Zip _____

Owner _____ Address _____

Date of Tests 3/21 to 3/22 Weather: Precipitation None Temperature 40°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L.	M.	N.
		Start		End		Start			End			Results	
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	3/21	2:00	3/22	9:00	3/22	12:30	6	3/22	1:00	30	5/8	48
2	36	3/21	2:00	3/22	9:00	3/22	12:30	6	3/22	1:00	30	1/2	60
3	36	3/21	2:00	3/22	9:00	3/22	12:30	6	3/22	1:00	30	1/2	60
4	36	3/21	2:00	3/22	9:00	3/22	12:30	6	3/22	1:00	30	5/8	48
5	36	3/21	2:00	3/22	9:00	3/22	12:30	6	3/22	1:00	30	1/2	60
5	36	3/21	2:00	3/22	9:00	3/22	12:30	6	3/22	1:00	30	1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: Claude Oie PE-3939
Phone: 402-486-4444 or 402-499-0670
Address 6645 S. 66th St.
Lincoln NE 68516
Soil type (NRCS Maps/Other) Clay peoria
Groundwater Depth N.A.

Sum of Percolation Rates: 5
Average of Rates: 56
Rate Used for Calculation: _____

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) _____

Signature of Reviewing Official _____ Date _____

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

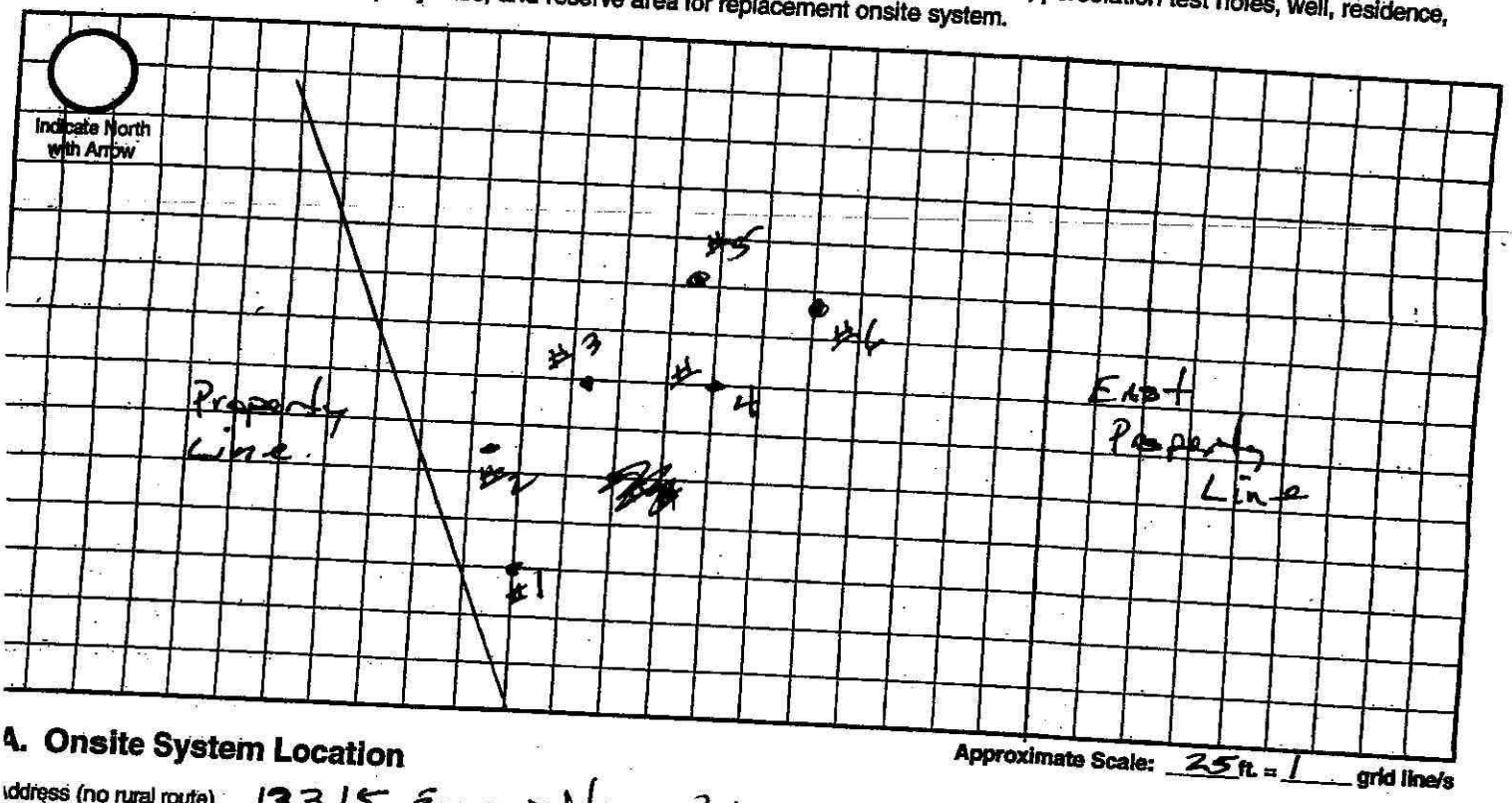
C

Permit Number: HS000941

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: 25 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 12315 Emmawalter Rd City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

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 ☐	☐
Reserve (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

Building Contractor_____

Owner_____ Date_____

Form C 12_06

Date_____



feet 200
meters 60

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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000941

System Type: Standard

Situs: 12315 EMMAWALTER RD, RURAL, NE

Issued: 8/4/2014

Expires: 8/4/2015

Description: VIEW POINTE NORTH 1ST ADDITION, Lot 2

Owner: PETERSEN, JUSTIN T & TAMI J
7921 GARLAND ST
LINCOLN, NE 68505

Judith A Halstead
Judith A. Halstead, MS, Health Director

Dear Applicant:

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

WAVERLY PLUMBING & WELL CO.
P O BOX 116
14150 LANCASHIRE
WAVERLY, NE 68462

SCANNED

A

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

Permit Number
HS000941

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 12315 EMMAWALTER Rd (no rural route) City LINCOLN, NE Zip 68517

Legal Description 9 11 7 SB VIEW POINT NORTH 1ST 2

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

PID 18-09-403-002-000

B. Owner

Name JUSTIN T + TAMI J PETERSON Signature

Address 7921 GARLAND ST City/State/Zip LINCOLN, NE 68505

Home Phone Work Phone

C. Certified Installer

Name: Michael P. DIETZE Signature Michael P Dietze

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

Work Phone 402-786-5620

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 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.7

Garbage Grinder? ☒ 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. 02-30

1. Health Department
Site visits
Comments
Date rec'd 8/4/14
Date frwd 8/4/14
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 8/4/14
Date frwd 8/4/14
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 8-4-2014
Date frwd 8-4-2014
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 11/30/14

7206
7644
7707

Business Office Use Only
Date Received 1-30-14 Amount Paid 365.00
Received By SB Cash/Check No. 30997

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

Form A Updated: 1/13

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
LAGOON/SEPTIC INSPECTION REPORT

Permit No. HS 000941 Certified Installer: Dietze, Michael

Address: 12365 Emma Walter

Circle compliance status for each item. **IN = in compliance OUT = not in compliance NA = not applicable NO = not observed**

LAGOON SETBACKS

COMMENTS

				Item	MIN. SETBACK DISTANCE – FT. (METERS)	
IN	OUT	NA	NO	Surface Wtr. Distance from Wtr. Mark	50 ft. (15.2 m)	
IN	OUT	NA	NO	Private Drinking Water Wells	100 ft. (30.5 m)	
IN	OUT	NA	NO	Public Drinking Water Supply Wells:		
IN	OUT	NA	NO	Non-Community	100 ft. (30.5 m)	
IN	OUT	NA	NO	Community	Evaluated by a professional engineer for potential impact on the well and submitted to the Dept. for approval I if less than 1000 ft. (304.8 m)	
IN	OUT	NA	NO	All Other Water Wells	100 ft. (152.4 m)	
IN	OUT	NA	NO	Water Lines:		
IN	OUT	NA	NO	Pressure Main	25 ft. (7.6 m)	
IN	OUT	NA	NO	Pressure-Service Connection	25 ft. (7.6 m)	
IN	OUT	NA	NO	Suction Line	100 ft. (30.5 m)	
IN	OUT	NA	NO	Property Lines	50 ft. (15.2 m)	
IN	OUT	NA	NO	Trees and Brush	50 ft. (15.2 m)	
IN	OUT	NA	NO	Foundations: (see definition above)		
IN	OUT	NA	NO	Except Neighbor's Foundation:		
IN	OUT	NA	NO	Class 1	100 ft. (30.5 m)	
IN	OUT	NA	NO	Class 2	100 ft. (30.5 m)	
IN	OUT	NA	NO	Class 3	50 ft. (15.2 m)	
IN	OUT	NA	NO	Neighbor's Foundation:		
IN	OUT	NA	NO	Class 1	200 ft. (61.0 m)	**Lagoon Dimensions:**
IN	OUT	NA	NO	Class 2	200 ft. (61.0 m)	
IN	OUT	NA	NO	Class 3	100 ft. (30.5 m)	

TANK AND SOIL ABSORPTION SYSTEM SETBACKS

COMMENTS

					MIN. SETBACK DISTANCE – FT. (METERS)		
OK				Item	Tanks	Absorption, Infiltrative & Evaporative Systems	
IN	OUT	NA	NO	Surface Water	50 ft. (15.2 m)	50 ft. (15.2 m)	
IN	OUT	NA	NO	Private Drinking Water Wells	50 ft. (15.2 m)	100 ft. (30.5 m)	
IN	OUT	NA	NO	Public Drinking Water Supply Wells:			
IN	OUT	NA	NO	Non-Community System	50 ft. (15.2 m)	100 ft. (30.5 m)	
IN	OUT	NA	NO	Community System	500 ft. (152.4 m)	500 ft. (152. 4 m)	
IN	OUT	NA	NO	Community System when a septic system or soil absorption system of > 1000 gpd is proposed	500 ft. (152.4 m)	Evaluated by professional engineer for potential impact on the well and submitted to the Depart. for approval if less than 1000 ft.	
IN	OUT	NA	NO	All Other Water Wells	50 ft. (15.2 m)	100 ft. (30.5 m)	
IN	OUT	NA	NO	Water Lines:			
IN	OUT	NA	NO	Pressure-Main	10 ft. (3.1 m)	25 ft. (7.6 m)	
IN	OUT	NA	NO	Pressure-Service – Connection	10 ft. (3.1 m)	25 ft. (7.6 m)	
IN	OUT	NA	NO	Suction Lines	50 ft. (15.2 m)	100 ft. (30.5 m)	
IN	OUT	NA	NO	Property Lines	5 ft. (1.5 m)	5 ft. (1.5 m)	
IN	OUT	NA	NO	Parking area, driveway, sidewalk or other impermeable surface or cover	5 ft. (1.5 m)	5 ft. (1.5 m)	
IN	OUT	NA	NO	Foundations: (see definitions above)			
IN	OUT	NA	NO	Except Neighbor's Foundation:			
IN	OUT	NA	NO	Class 1	15 ft. (4.6 m)	30 ft. (9.1 m)	
IN	OUT	NA	NO	Class 2	10 ft. (3.1 m)	20 ft. (6.1 m)	**Septic Tank Size:** 1,750
IN	OUT	NA	NO	Class 3	7 ft. (2.1 m)	10 ft. (3.1 m)	
IN	OUT	NA	NO	Neighbor's Foundation:			
IN	OUT	NA	NO	Class 1	25 ft. (7.6 m)	40 ft. (12.2 m)	**Lateral Sq. Footage:** – 2 runs 100'
IN	OUT	NA	NO	Class 2	20 ft. (6.1 m)	30 ft. (9.1 m)	
IN	OUT	NA	NO	Class 3	15 ft. (4.6 m)	20 ft. (6.1 m)	– 1 run 150'

Inspected By: Doug Ahlman **Date:** 10/20/14

SCANNED

A

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

Permit Number
HS000941

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 12315 EMMAWALTER Rd (no rural route) City LINCOLN, NE Zip 68517

Legal Description 9 11 7 SB VIEW POINT NORTH 1ST 2

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

PID 18-09-403-002-000

B. Owner

Name JUSTIN T + TAMI J PETERSON Signature

Address 7921 GARLAND ST City/State/Zip LINCOLN, NE 68505

Home Phone Work Phone

C. Certified Installer

Name: Michael P. DIETZE Signature Michael P Dietze

Address PO BOX 116 City/State/Zip WAVERLY NE 68462

Work Phone 402-786-5620

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 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.7

Garbage Grinder? ☒ 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. 02-30

1. Health Department
Site visits
Comments
Date rec'd 8/4/14
Date frwd 8/4/14
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 8/4/14
Date frwd 8/4/14
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 8-4-2014
Date frwd 8-4-2014
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 11/20/14

Business Office Use Only
Date Received 7-30-14 Amount Paid 365.00
Received By SB Cash/Check No. 30997

7206
7644
7507

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

Form A Updated: 1/13

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

SCANNED

B

Permit Number: HS000941

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 12315 EMM WALTER Rd (no rural route) City Lincoln NE, Zip _____

Owner _____ Address _____

Date of Tests 3/21 to 3/22 Weather: Precipitation None Temperature 40°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36	3/21	2:00	3/22	9:00	3/22	12:30	6	3/22	1:00	30	5/8	48
2	36	3/21	2:00	3/22	9:00	3/22	12:30	6	3/22	1:00	30	1/2	60
3	36	3/21	2:00	3/22	9:00	3/22	12:30	6	3/22	1:00	30	1/2	60
4	36	3/21	2:00	3/22	9:00	3/22	12:30	6	3/22	1:00	30	5/8	48
5	36	3/21	2:00	3/22	9:00	3/22	12:30	6	3/22	1:00	30	1/2	60
5	36	3/21	2:00	3/22	9:00	3/22	12:30	6	3/22	1:00	30	1/2	60
								6					
								6					

Person Conducting Percolation Test

Name: Claude Oie PE-3939

Phone: 402-486-4444 or 402-499-0670

Address 6645 S. 66th St.
Lincoln NE 68516

Soil type (NRCS Maps/Other) Clay peoria n

Groundwater Depth N.A.

Sum of Percolation Rates: 5

Average of Rates: 56

Rate Used for Calculation: _____

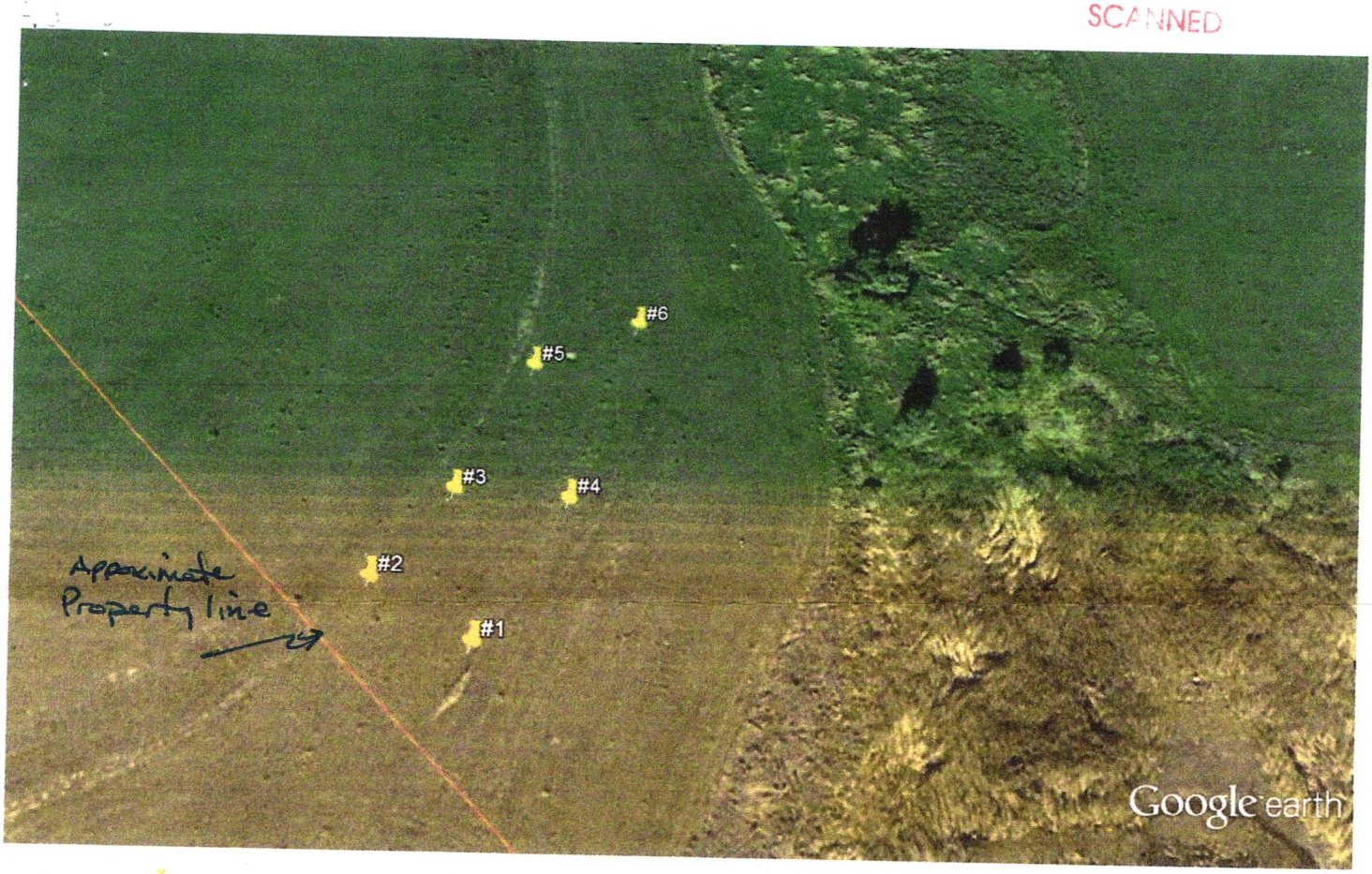
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) _____

Signature of Reviewing Official _____ Date _____

SCANNED



Google earth

feet 200
meters 60

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

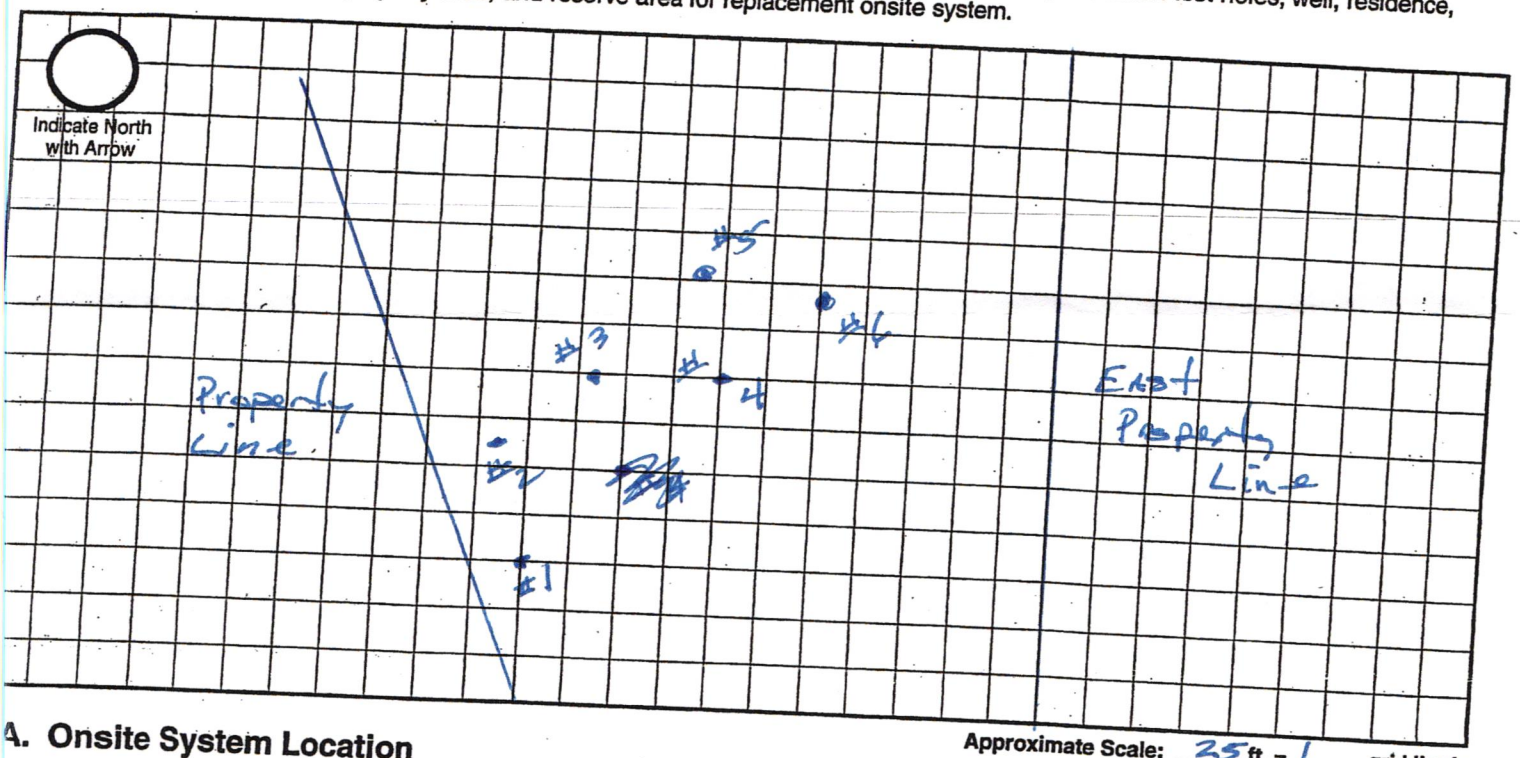
C

Permit Number: HS000941

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: 25 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) 13315 Emmwalter Rd City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type_____ Land Slope_____%

Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

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 ☐	☐
Bed (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

Building Contractor_____ Date_____

Owner_____ Date_____

Form C 12_06

SCANNED

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
LAGOON/SEPTIC INSPECTION REPORT

Permit No. HS000941 Certified Installer: Dietze, Michael

Address: 1235 Emma Walter

Circle compliance status for each item. **IN = in compliance OUT = not in compliance NA = not applicable NO = not observed**

LAGOON SETBACKS

				Item	MIN. SETBACK DISTANCE – FT. (METERS)
IN	OUT	NA	NO	Surface Wtr. Distance from Wtr. Mark	50 ft. (15.2 m)
IN	OUT	NA	NO	Private Drinking Water Wells	100 ft. (30.5 m)
IN	OUT	NA	NO	Public Drinking Water Supply Wells:	
IN	OUT	NA	NO	Non-Community	100 ft. (30.5 m)
IN	OUT	NA	NO	Community	Evaluated by a professional engineer for potential impact on the well and submitted to the Dept. for approval l if less than 1000 ft. (304.8 m)
IN	OUT	NA	NO	All Other Water Wells	100 ft. (152.4 m)
IN	OUT	NA	NO	Water Lines:	
IN	OUT	NA	NO	Pressure Main	25 ft. (7.6 m)
IN	OUT	NA	NO	Pressure-Service Connection	25 ft. (7.6 m)
IN	OUT	NA	NO	Suction Line	100 ft. (30.5 m)
IN	OUT	NA	NO	Property Lines	50 ft. (15.2 m)
IN	OUT	NA	NO	Trees and Brush	50 ft. (15.2 m)
IN	OUT	NA	NO	Foundations: (see definition above)	
IN	OUT	NA	NO	Except Neighbor's Foundation:	
IN	OUT	NA	NO	Class 1	100 ft. (30.5 m)
IN	OUT	NA	NO	Class 2	100 ft. (30.5 m)
IN	OUT	NA	NO	Class 3	50 ft. (15.2 m)
IN	OUT	NA	NO	Neighbor's Foundation:	
IN	OUT	NA	NO	Class 1	200 ft. (61.0 m)
IN	OUT	NA	NO	Class 2	200 ft. (61.0 m)
IN	OUT	NA	NO	Class 3	100 ft. (30.5 m)

COMMENTS

Lagoon Dimensions:

TANK AND SOIL ABSORPTION SYSTEM SETBACKS

				Item	MIN. SETBACK DISTANCE – FT. (METERS) Tanks	Absorption, Infiltrative & Evaporative Systems
OK						
IN	OUT	NA	NO	Surface Water	50 ft. (15.2 m)	50 ft. (15.2 m)
IN	OUT	NA	NO	Private Drinking Water Wells	50 ft. (15.2 m)	100 ft. (30.5 m)
IN	OUT	NA	NO	Public Drinking Water Supply Wells:		
IN	OUT	NA	NO	Non-Community System	50 ft. (15.2 m)	100 ft. (30.5 m)
IN	OUT	NA	NO	Community System	500 ft. (152.4 m)	500 ft. (152. 4 m)
IN	OUT	NA	NO	Community System when a septic system or soil absorption system of > 1000 gpd is proposed	500 ft. (152.4 m)	Evaluated by professional engineer for potential impact on the well and submitted to the Depart. for approval if less than 1000 ft.
IN	OUT	NA	NO	All Other Water Wells	50 ft. (15.2 m)	100 ft. (30.5 m)
IN	OUT	NA	NO	Water Lines:		
IN	OUT	NA	NO	Pressure-Main	10 ft. (3.1 m)	25 ft. (7.6 m)
IN	OUT	NA	NO	Pressure-Service – Connection	10 ft. (3.1 m)	25 ft. (7.6 m)
IN	OUT	NA	NO	Suction Lines	50 ft. (15.2 m)	100 ft. (30.5 m)
IN	OUT	NA	NO	Property Lines	5 ft. (1.5 m)	5 ft. (1.5 m)
IN	OUT	NA	NO	Parking area, driveway, sidewalk or other impermeable surface or cover	5 ft. (1.5 m)	5 ft. (1.5 m)
IN	OUT	NA	NO	Foundations: (see definitions above)		
IN	OUT	NA	NO	Except Neighbor's Foundation:		
IN	OUT	NA	NO	Class 1	15 ft. (4.6 m)	30 ft. (9.1 m)
IN	OUT	NA	NO	Class 2	10 ft. (3.1 m)	20 ft. (6.1 m)
IN	OUT	NA	NO	Class 3	7 ft. (2.1 m)	10 ft. (3.1 m)
IN	OUT	NA	NO	Neighbor's Foundation:		
IN	OUT	NA	NO	Class 1	25 ft. (7.6 m)	40 ft. (12.2 m)
IN	OUT	NA	NO	Class 2	20 ft. (6.1 m)	30 ft. (9.1 m)
IN	OUT	NA	NO	Class 3	15 ft. (4.6 m)	20 ft. (6.1 m)

COMMENTS

Septic Tank Size: 1,750

Lateral Sq. Footage: – 2 runs 100'
– 1 run 150'

Inspected By: Doug Anderson **Date:** 10/20/14