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

MAR 16 2015

A

Permit Number
HS001035

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 1086 NW 112th St (no rural route) City Lincoln, NE Zip

Legal Description 21 10 5 SB

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

PID 04-21-100-001-000

B. Owner

Name Joyce Urbanovsky Signature

Address PO Box 80112 City/State/Zip Lincoln Neb. 68501-0112

Home Phone Work Phone

C. Certified Installer

Name: Seagner Const. Signature

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 Whirlpool Bathtub? ❑ Yes ☒ No Total Acres

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 3-16-15 Amount Paid $375.00
Received By SB Cash/Check No. 7827

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: HS001035

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 1086 NW 112th St (no rural route) City Lincoln NE, Zip

Owner Joyce Urbanovsky Address PO Box 80112 Lincoln Ne 68501-0112

Date of Tests 3-13 to 3-14 Weather: Precipitation 0 Temperature 73°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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	33	3-13	3:30	3-14	2:00	3-14	2:30	6	3-14	3:00	30	1½	20
2	34	"	"	"	"	"	"	6	"	"	"	1½	20
3	33	"	"	"	"	"	"	6	"	"	"	¾	40
4	32	"	"	"	"	"	"	6	"	"	"	⅝	48
5	34	"	"	"	"	"	"	6	"	"	"	1	30
6	34	"	"	"	"	"	"	6	"	"	"	1	30
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 W Claire Ave
Lincoln NE 68523

Sum of Percolation Rates: 188
Average of Rates: 31.3
Rate Used for Calculation: 48

Soil type (NRCS Maps/Other)

Groundwater Depth

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

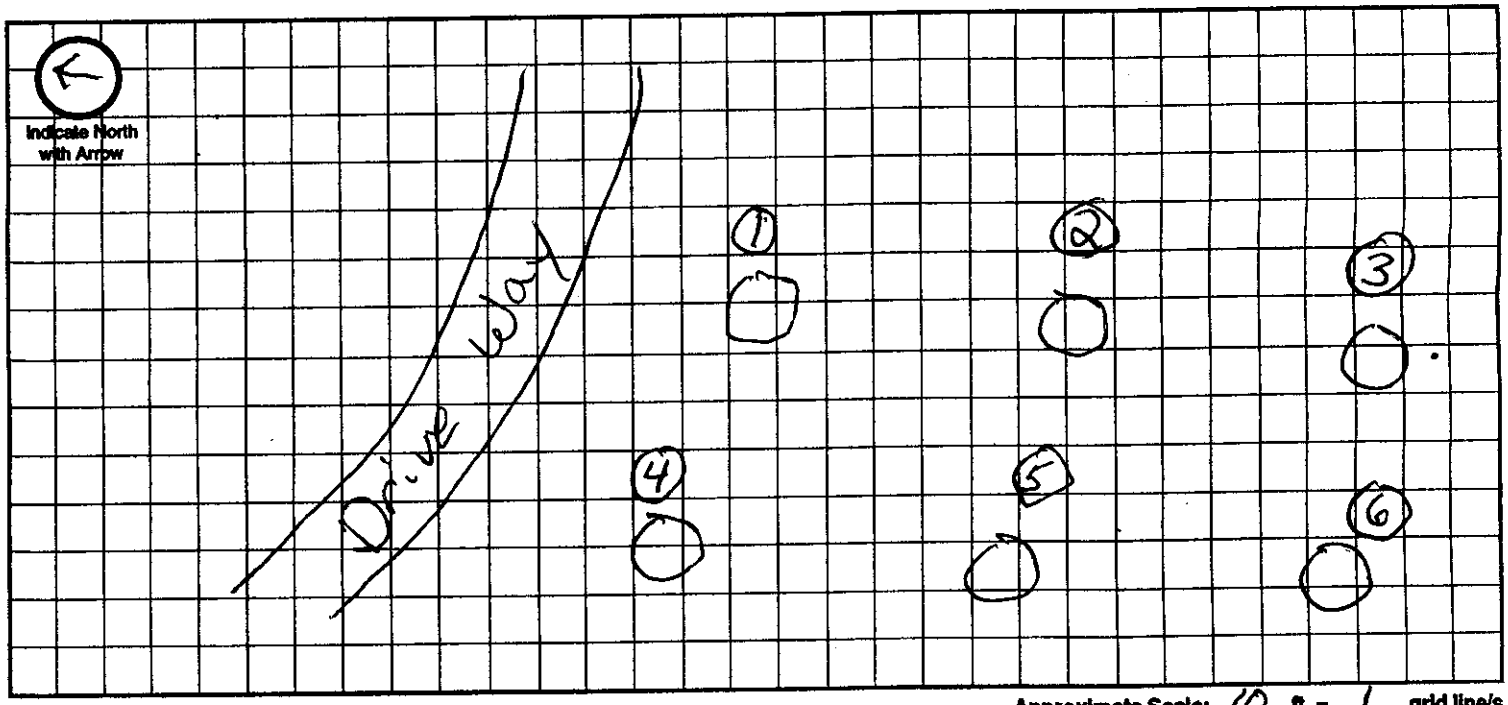
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS001035

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 1086 NW 162nd St City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 48 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Infiltrator Quick 4 Plus

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

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator Quick 4 Plus

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 280 ft. Number of Trenches _____ Trench Width 3.75

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 Gagner Const. Date _____

FORM 23-102 10-96

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. HS001035

System Type: Standard

Situs: 1086 NW 112 ST, RURAL, NE

Issued: 3/17/2015

Expires: 3/17/2016

Description: S21, T10, R5, 6th Principal Meridian, LOTS 15 & 16 NW & LOT 19 SW

Owner: URBANOVSKY, JOYCE L
1040 N 47 ST
LINCOLN, NE 68503

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

GAGNER CONSTRUCTION COMPANY
4810 W CLAIRE AVE.
LINCOLN, NE 68523-9324

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

SCANNED
MAR 16 2015

A

Permit Number
HS001035

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 1086 NW 112th St (no rural route) City Lincoln SB, NE Zip

Legal Description ____ 21 10 5 ____

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

PID 04-21-100-001-000

B. Owner

Name Joyce Urbanovsky Signature

Address PO Box 80112 City/State/Zip Lincoln Neb. 68501-0112

Home Phone Work Phone

C. Certified Installer

Name: Wagner Const. Signature

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 Whirlpool Bathtub? ❑ Yes ☒ No Total Acres

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 3/20/15 Date rec'd Date frwd
Comments
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
Date 3/23/15

Business Office Use Only
Date Received 3-16-15 Amount Paid $375.00
Received By SB Cash/Check No. 7821

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

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
LAGOON/SEPTIC INSPECTION REPORT

Permit No. HS001035 Certified Installer: Gage / Lewis

Address: 1086 NW 112nd

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 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)	**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

				Item	MIN. SETBACK DISTANCE – FT. (METERS) 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:** 1250
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:** [redacted]1050
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)	

Inspected By: Doug Smith **Date:** 3/20/15

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

SCANNED

MAR 16 2015

A

Permit Number
HS001035

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 1086 NW 112th St (no rural route) City Lincoln, NE Zip

Legal Description 21 10 5 SB

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

PID 04-21-100-001-000

B. Owner

Name Joyce Urbanovsky Signature

Address Po Box 80112 City/State/Zip Lincoln Neb. 68501-0112

Home Phone Work Phone

C. Certified Installer

Name: Wagner const. Signature

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 Whirlpool Bathtub? ❑ Yes ☒ No Total Acres

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 3/20/15 Date rec'd Date frwd

Comments

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 Smith

Date 3/23/15

Business Office Use Only

Date Received 3-16-15 Amount Paid $375.00

Received By SB Cash/Check No. 7827

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

Form A Updated: 1/13

SCANNED

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

B

Permit Number: HS001035

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 1086 NW 112th St (no rural route) City Lincoln NE, Zip

Owner Joyce Urbanovsky Address PO Box 80112 Lincoln Ne 68501-0112

Date of Tests 3-13 to 3-14 Weather: Precipitation 0 Temperature 73°

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	33	3-13	3:30	3-14	2:00	3-14	2:30	6	3-14	3:00	30	1½	20
2	34	"	"	"	"	"	"	6	"	"	"	1½	20
3	33	"	"	"	"	"	"	6	"	"	"	¾	40
4	32	"	"	"	"	"	"	6	"	"	"	⅝	48
5	34	"	"	"	"	"	"	6	"	"	"	1	30
6	34	"	"	"	"	"	"	6	"	"	"	1	30
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 W Claire Ave
Lincoln NE 68523

Sum of Percolation Rates: 188
Average of Rates: 31.3
Rate Used for Calculation: 48

Soil type (NRCS Maps/Other)

Groundwater Depth

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

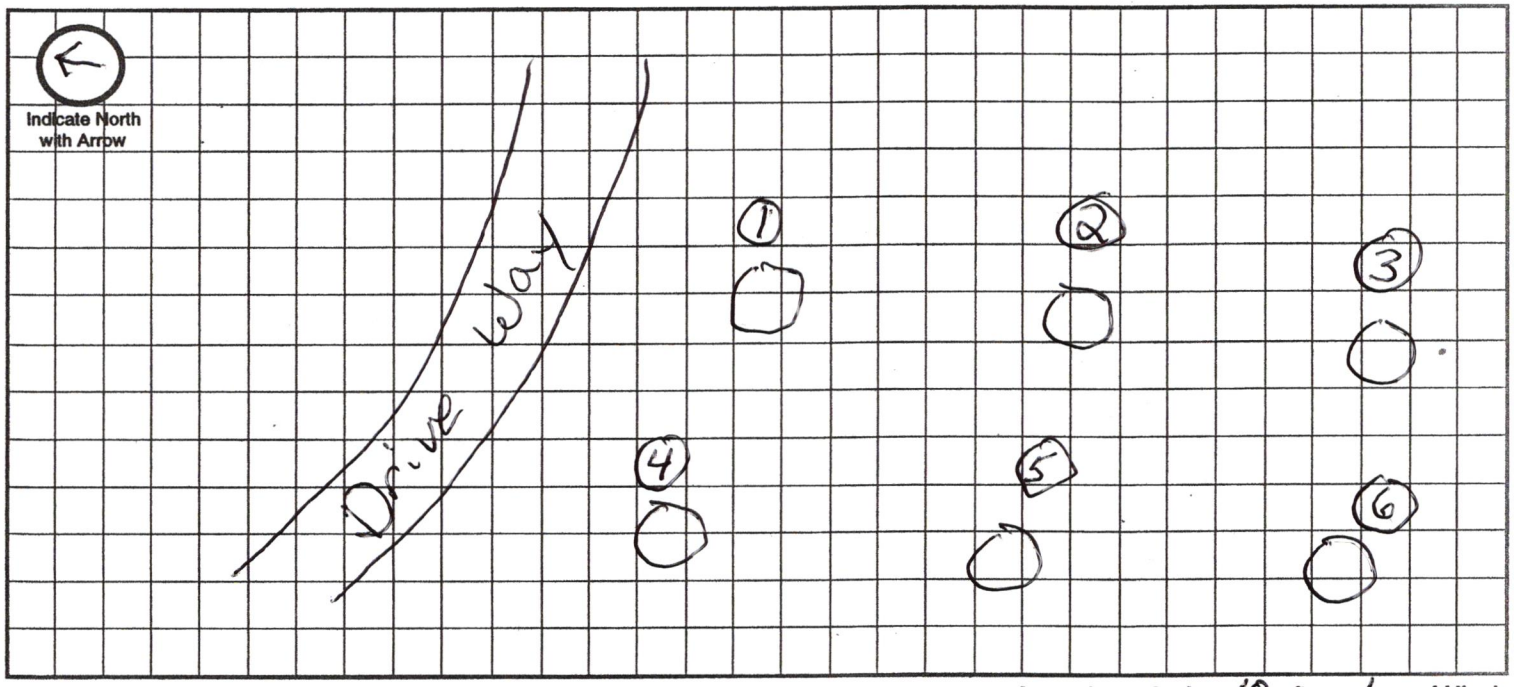
SCANNED

C

Permit Number: HS001035

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: 10 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 1086 NW 162th St City Lincoln NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 48 (min. per inch) Soil Type: _____ Land Slope: _____ %

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other Infiltrator Quick 4 Plus

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

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: Infiltrator Quick 4 Plus

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 280 ft. Number of Trenches _____ Trench Width 3.75

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

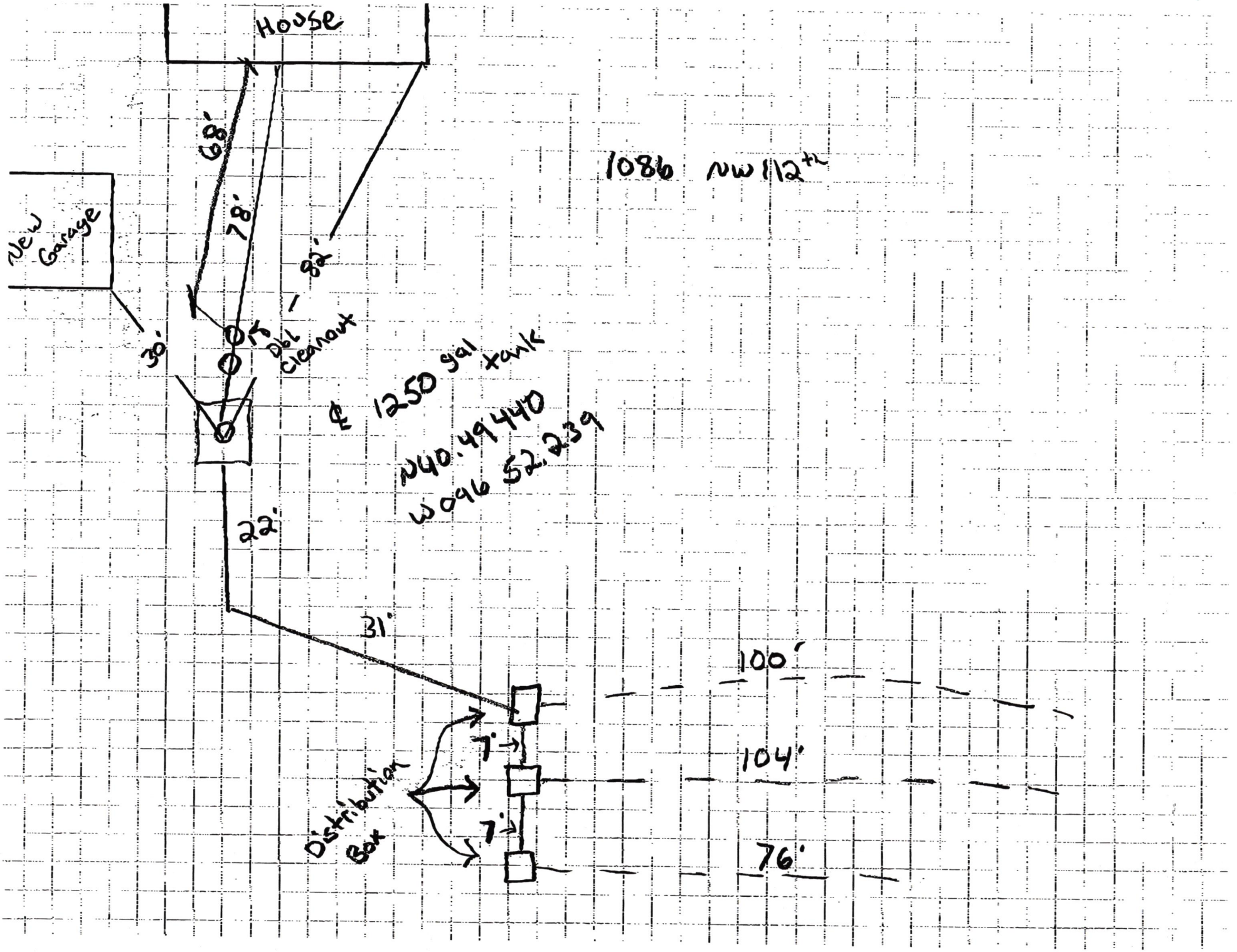
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☐	50 ☒	NA ☒	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☐	50 ☒	4 ☒	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

E. Required Signatures

Home Building Contractor _____ Date _____

Installer Gagner Const. Date _____

FORM 23-102 10-96


House
1086 NW 112th
New Garage
68'
78'
82'
30'
Dbl Cleanout
1250 gal tank
N40.49440
W096 52.239
22'
31'
100'
104'
76'
Distribution Box
7'
7'

SCANNED

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
LAGOON/SEPTIC INSPECTION REPORT

Permit No. HS001035 Certified Installer: Gagner / Lewis

Address: 1086 NW 112th

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)	COMMENTS
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)	**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

				Item	MIN. SETBACK DISTANCE – FT. (METERS)		COMMENTS
					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:** 1250
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:** 1050
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)	

Inspected By: Doug Smith **Date:** 3/20/15