HS 001106

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☐ALTER ☐REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 10400 Holdrege

Legal Description of Property: Township: 10 Range: 7 Section: 13

Block _____ Lot 14 SubDivsion _____ Add: _____

***Parcel ID** 17 - 13 - 300 - 004 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☒ Residential ☐ Commercial ☐ Other use (Describe: _____)
Number of bedrooms 3 Does the system have a: ☐ Garbage Grinder ☐Large Capacity Tub

3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** abandon north laterals (1100') and add new 800' to the southeast to prevent water inflow from drainage way.

5. **Current Type of Lateral-** perf pipe/crook **Current Linear Ft. Of Lateral -** 2160

Current Tank Gallonage- 1000

6.Print Name Jason Kubik Address 105 Locust St Phone: 440-7600

Applicant Signature: Jason Kubik

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 7/28/15 Amount $205.00 Check No. 2329 Initials SB

Revised 4/8/13

10400 Holdrege

FORM 20105-0477
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: 471-7800

B

FILE NO. 2701

PROPERTY WHERE SOIL TESTED:

Location: Township 10N ; Range 7E ; Section & ¼ Section 13, Lot 14
Property Dimensions: 365 ft. x 615 ft. Area: 5.1 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☑ .
Dates of Tests: 7-23-88 to 7-24-88. Weather: Precip. 0 Temp. 85-90.

OWNER: Thomas M. James
Address: 10400 Holdrege
Lincoln, NE 68527

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	7/23	1600	7/24	1415	7/24	1745	11½	1815	13½	30	2	
2	36"	7/23	1615	7/24	1415	7/24	1745	14¾	1815	17¼	30	2½	
3	36"	7/23	1630	7/24	1415	7/24	1745	13¼	1815	17½	30	4¼	
4	36"	7/23	1645	7/24	1415	7/24	1745	10½	1815	13⅛	30	2⅝	
5	36"	7/23	1700	7/24	1415	7/24	1745	13¼	1815	16⅜	30	3⅛	
6	36"	7/23	1715	7/24	1415	7/24	1745	10¼	1815	11½	30	1¼	

Thomas M. James
Signature of Person Conducting Test
Address 5900 "L" St. Lincoln, NE 68510 Phone 488-9445

Sum of Percolation Rates: 15
Average of Rates: 2 5/8
Mean of Rates: 2 5/8

(Do not write below this line)

REVIEWING ACTION

Remarks:
Soil Type (SCS):
Date:

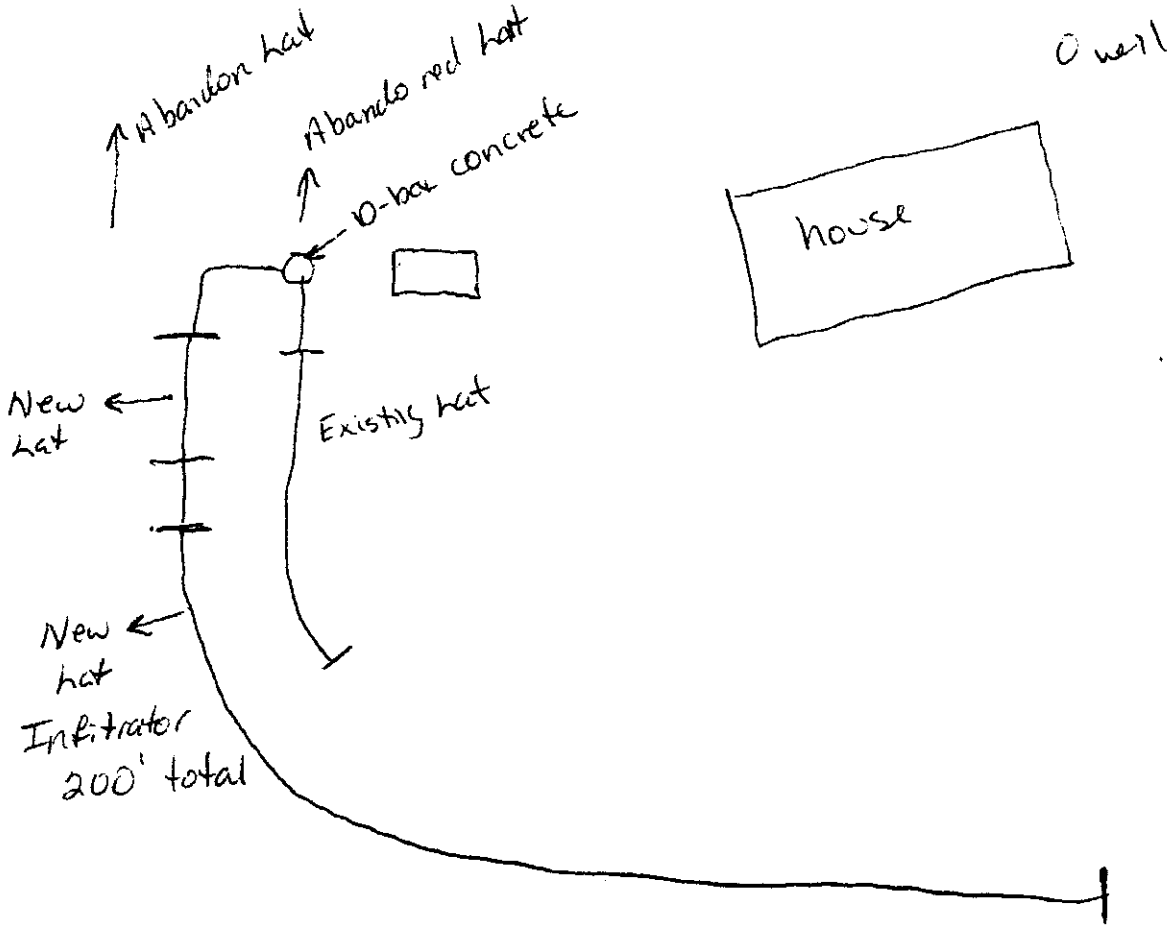
Approved Percolation Rate (a)
A. 11 min./inch
B. min./inch
C. min./inch

Signature of Reviewing Official

New

10400 Holdrege St.

7/24/15

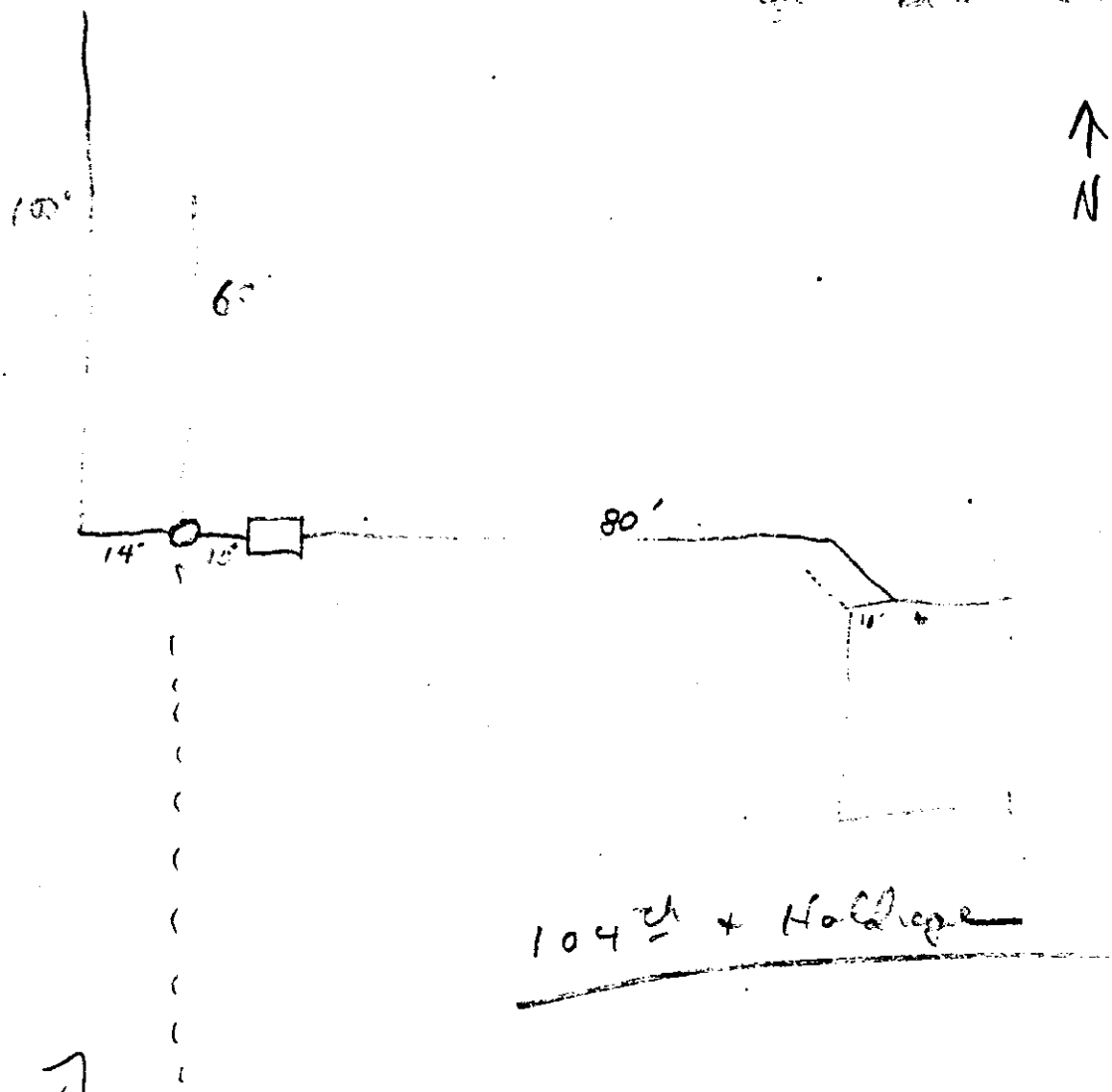


Old

AS BUILT DRAWING OF SYSTEM 10400 Holdrege

DATE 9-9-98 INSTALLER Larry Schwanck

for Bearing



Note: 100 ft subsurface lateral added on 8-2-95 original 100 ft lateral apparently in water way & taking on water & backing up into tank.

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

Exhibit 5

Permit Number:

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/24 Legal Description 16N 7E 13 Lot 141T
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 10400 Holdrege St City Lincoln

Owner _____ Address _____

Mark One: ☑ Dwelling ☐ Non-dwelling

☐ New System ☑ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield _____ Sq. Ft. Tank Size Sanu gals

Total length of laterals added 200ft total ~300ft Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 1 Width 28 3/4 No. of Drop Boxes 1 Distribution Box _____

Leveling Method Used Laser

36" Trench

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	25 ☒	5 ☒

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

replacement laterals / added 200ft ~ 300 ft total

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By [signature]

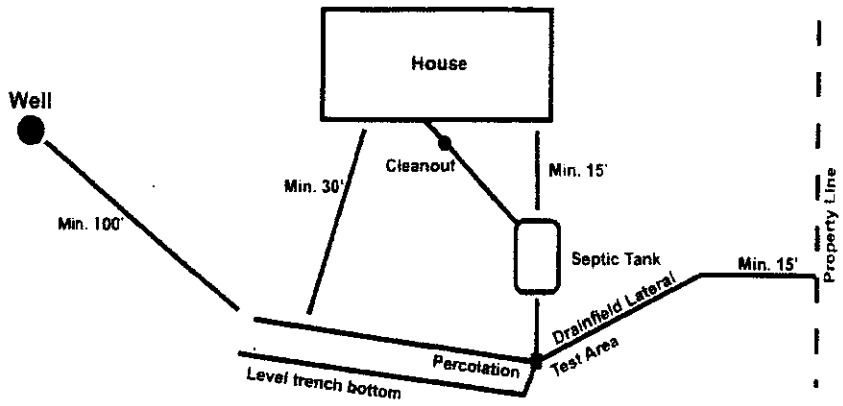
Date 7/24

Updated 4/15

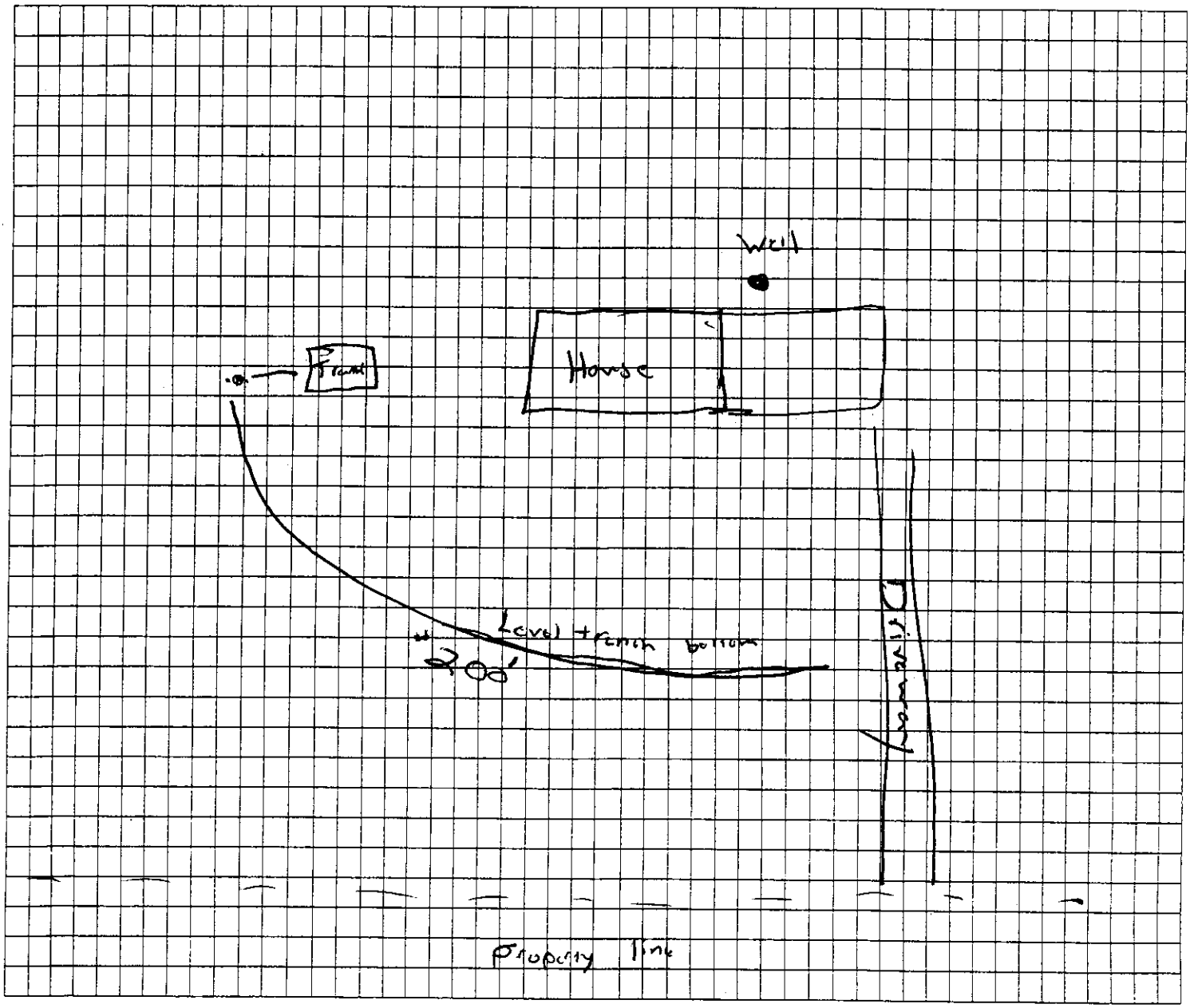
Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:





*Note-If Lagoon, show all applicable dimensions



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

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS001106

System Type: Standard

Situs: No Site Address Specified

Issued: 7/29/2015

Expires: 7/29/2016

Description:

Owner: JAMES, THOMAS M & SHIRLEY R
10400 HOLDREGE ST
LINCOLN, NE 68527

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

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Judith A Halstead
Judith A. Halstead, MS
Health Director

SOUTHWICK LIQUID WASTE INC
105 LOCUST ST
HICKMAN, NE 68372

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

Exhibit 5

Permit Number:

Onsite Wastewater Treatment System

Inspection Sheet

Date 7/24 Legal Description 10N 7E 13 Lot 141T
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 10400 Holdrege St City Lincoln

Owner _____ Address _____

Mark One: ☑ Dwelling ☐ Non-dwelling

☐ New System ☑ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

_____

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield _____ Sq. Ft. Tank Size Same gals

Total length of laterals added 200ft total ~300ft Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 1 Width 28 3/4 No. of Drop Boxes 1 Distribution Box _____

Leveling Method Used Laser

36' Trench

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	25 ☒	5 ☒

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:
Replacement Laterals / added 200ft ~ 300 ft total

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 7/24

Field Note Drawing (See Reverse Side):

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit No. 95390046401

SEWAGE SYSTEM REPAIR

Issued 08/03/95
Expires 02/03/96
Revenue Code 18754

Establishment

BRAD SOUTHWICK
T10N R7E SEC 13 QTR SW
LANCAS LOT 14
10400 HOLDREGE

FEES: $50.00

TOTAL $50.00

Permittee

BRAD SOUTHWICK
17201 S 72 ST
HICKMAN NE 68372

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

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

Lincoln-Lancaster County
HEALTH DEPARTMENT
3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO._____

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

DATE: 8-2-95

The undersigned hereby applies for a permit to ALTER [ ], EXTEND [X], or REPAIR [X] an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 10N ; Range 7E ; Section 13 ;
Block _____; Lot 14 ; Addition _____
Street Address 10400 Holdrege

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. Bedrooms 3
Describe _____
Other Use [ ]
Describe _____

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

4. Description of proposed alteration, extension or repair: extend laterally 100' of 3" with perforated pipe

5. Work to be done by: Owner [ ] ; or Contractor [X], Southwick Sewer & Drain
Contractor's Name

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$ > 400 .00

Bradford C Southwick
Signature of Applicant (owner or lessee)

17201 S 72 Hickman, Ne 68372
Address

(Do not write below this line)

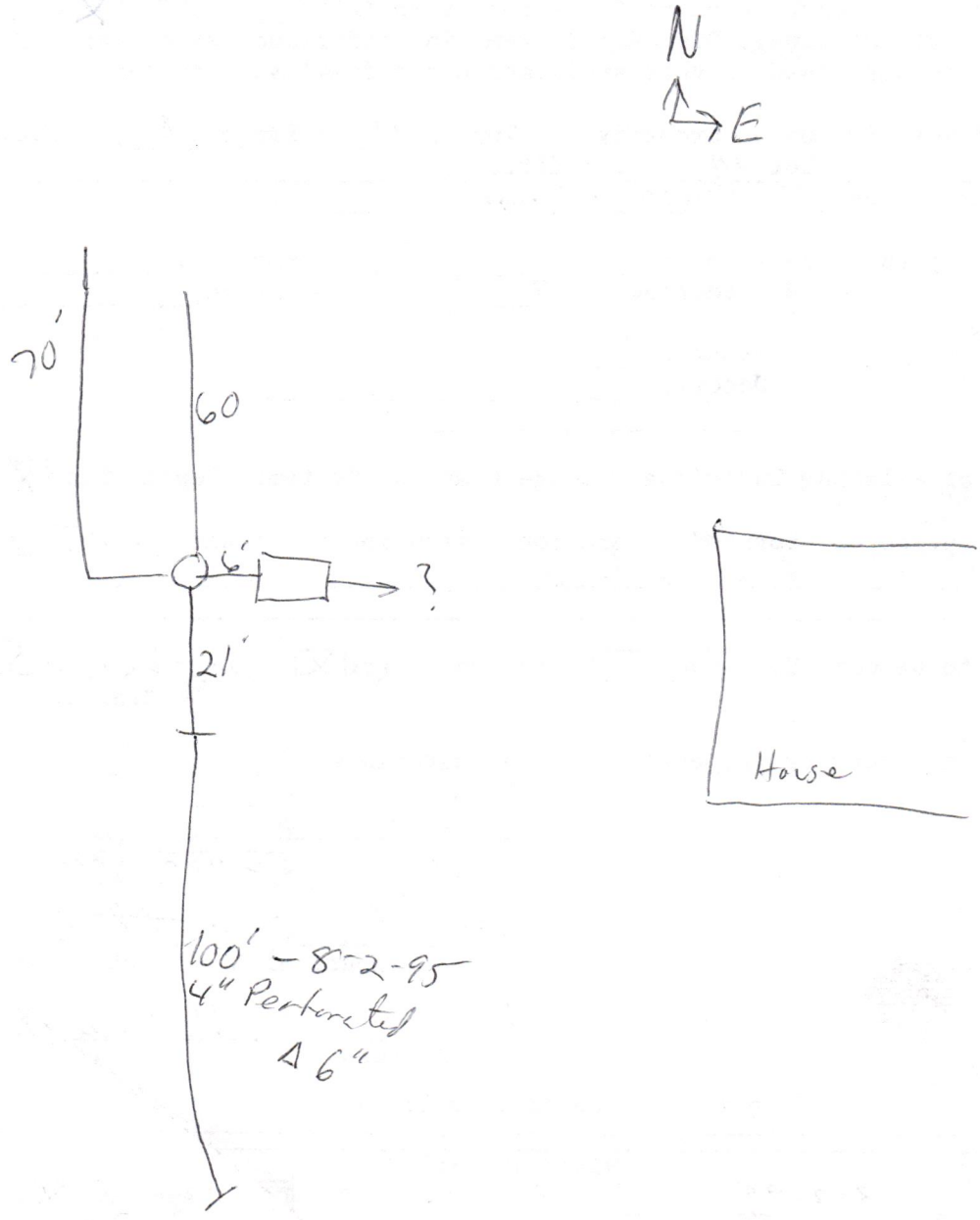
REVIEWING ACTION

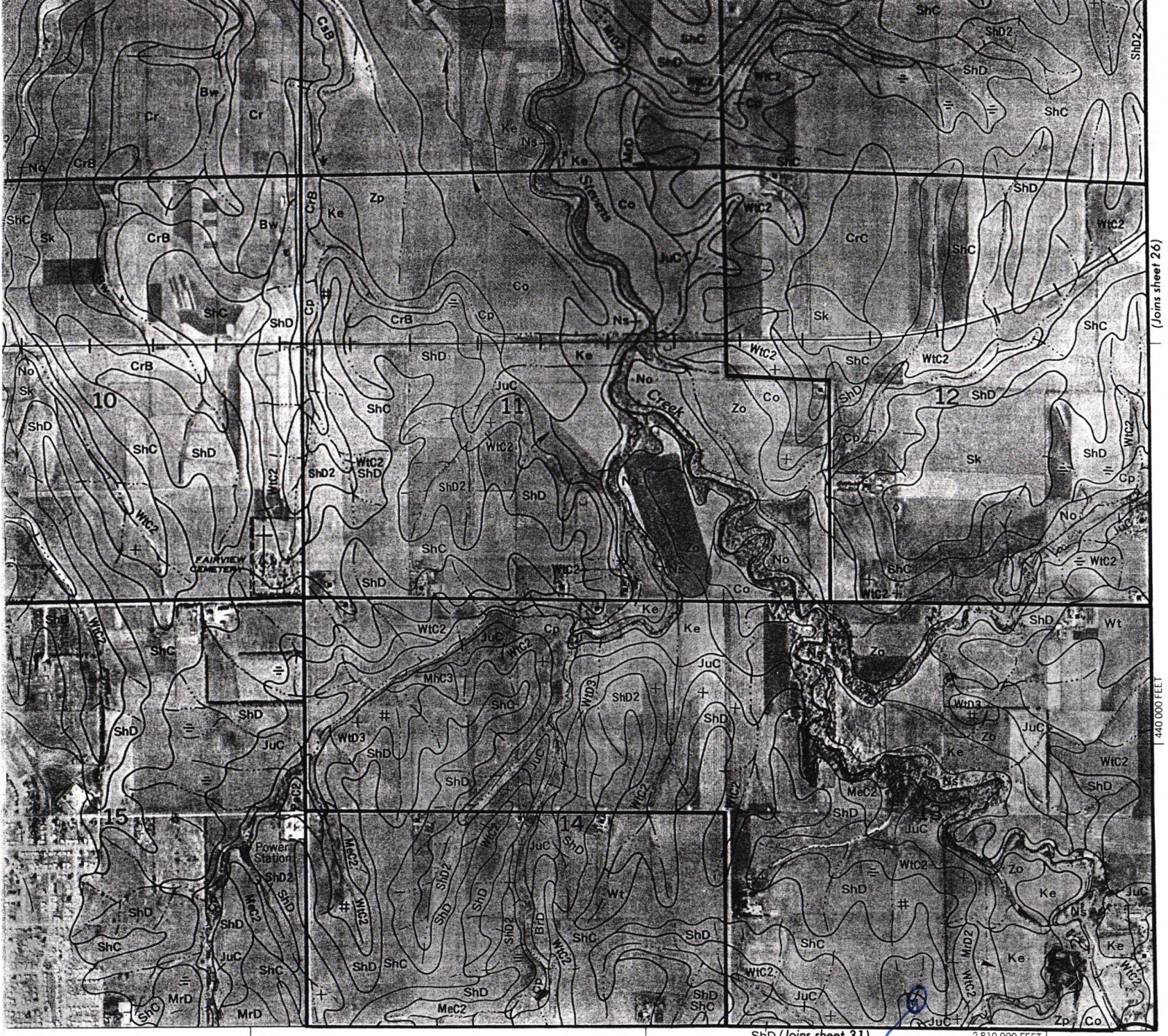
1. Date Rec'd: 8-2-95
Filing Fee: $ 50.00

2. Site Visits:
Date: 8-2-95 by: mm
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ]
by: Ron Maynard

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 8-3-95 by: Ron Maynard


N
E
70'
60
6'
?
21'
House
100' - 8-2-95
4" Perforated
Δ 6"



98 (Location) 112

FILE #2701

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — JANUARY 21 1989

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

GERALD W. HUENINK, HUENINK CONSTRUCTION, 3201 TOUZALIN AVE., LINCOLN, NE 68507

LICENSEE OR PERMITTEE — ADDRESS

T10N: R7E: Sec 13: Lot 14; 10400 Holdrege Street

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
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: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2701

DATE: July 21 - 1988

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

1. Legal description of property: Twp. 10-N ; Range 7E ; Section 13 ; Block _____ : Lot 14 I.T. : Addition _____
   Street Address 10400 Holdrege Street

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

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

4. Distance to public sewer: Miles ft. WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES

Gerald W. Huening
Signature of Applicant (Owner or Lessee)

3205 Touzalin Ave. - Lincoln
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 7/21/88 . Date Frwd. 7/21/88 . ACTION: Approved ☒ Disapproved ☐ Signature: Gerald C. Wood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 7/21/88 . Date Frwd. 7/21/88 . ACTION: Approved ☐ Disapproved ☐ Signature: _____

3. City or County Engineer: Date Rec'd. 7/21/88 . Date Frwd. 7/21/88 . ACTION: Approved ☒ Disapproved ☐ Signature: _____

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-8-88 by: rmm need drawing
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 9-14-88 By: Ron Moyer

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

FORM 23-43

FORM 20105-0477
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: 471-7800

B

FILE NO. 2701

PROPERTY WHERE SOIL TESTED:

Location: Township 10N ; Range 7E ; Section & ¼ Section 13, Lot 14
Property Dimensions: 366 ft. x 615 ft. Area: 5.16 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☑ .
Dates of Tests: 7-23-88 to 7-24-88 . Weather: Precip. 0 Temp. 85-90.

OWNER: Thomas M. James
Address: 10400 Holdrege
Lincoln, NE 68527

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				
Hold 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./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	7/23	1600	7/24	1415	7/24	1745	11½	1815	13½	30	2	
2	36"	7/23	1615	7/24	1415	7/24	1745	14¾	1815	17¼	30	2½	
3	36"	7/23	1630	7/24	1415	7/24	1745	13¼	1815	17½	30	4¼	
4	36"	7/23	1645	7/24	1415	7/24	1745	10½	1815	13⅛	30	2⅝	
5	36"	7/23	1700	7/24	1415	7/24	1745	13¼	1815	16⅜	30	3⅛	
6	36"	7/23	1715	7/24	1415	7/24	1745	10¼	1815	11½	30	1¼	

Sum of Percolation Rates: 15 3/4
Average of Rates: 2 5/8
Mean of Rates: 2 5/8

Thomas M. James
Signature of Person Conducting Test
Address 5900 "L" St., Lincoln, NE 68510 Phone 488-9445

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 11 min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

#1
2:15 - 9 1/4"
2:45 - 12"
3:15 - 13 3/4"
3:45 - 16 1/4" / 8 3/8"
4:15 - 11 1/4"
4:45 - 13 1/8 / 9 1/4

#2
2:15 - 10 1/2"
2:45 - 15"
3:15 - 18 1/8"
3:45 - 20 1/4" / 10 3/4"
4:15 - 14 5/8"
4:45 - 17 3/8 / 12 1/8

#3
2:15 - 16"
2:45 - 19"
3:15 - 21"
3:45 - 22 7/8" / 17"
4:15 - 19 1/2"
4:45 - 21 3/8 / 11"

#4
2:15 - 14 1/4"
2:45 - 15 3/4"
3:15 - 17"
3:45 - 18 1/8" / 12 1/2"
4:15 - 14 1/4"
4:45 - 15 3/4 / 10 3/4"

#5
2:15 - 15 3/4"
2:45 - 17 3/8"
3:15 - 19 5/8"
3:45 - 21 1/8" / 15 1/2"
4:15 - 17 3/8"
4:45 - 19 3/8 / 11"

#6
2:15 - 15 1/2"
2:45 - 16"
3:15 - 16 1/2"
3:45 - 17 1/8" / 14 3/8"
4:15 - 15 1/4"
4:45 - 15 3/8 / 11 1/8"

continued on next page

#1 5:15 - 11 3/4"
5:45 - 13 5/8" / 11 1/2"
6:15 - 13 1/2"

#2 5:15 - 15 3/8"
5:45 - 17 3/4" / 14 3/4"
6:15 - 17 1/4"

#3 5:15 - 15 7/8"
5:45 - 19 5/8" / 13 1/4"
6:15 - 17 1/2"

#4 5:15 - 13"
5:45 - 15 1/8" / 10 1/2"
6:15 - 13 1/8"

#5 5:15 - 14 1/2"
5:45 - 17 5/8" / 13 1/4"
6:15 - 16 3/8"

#6 5:15 - 12 1/4"
5:45 - 13 1/4" / 10 1/4"
6:15 - 11 1/2

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☐

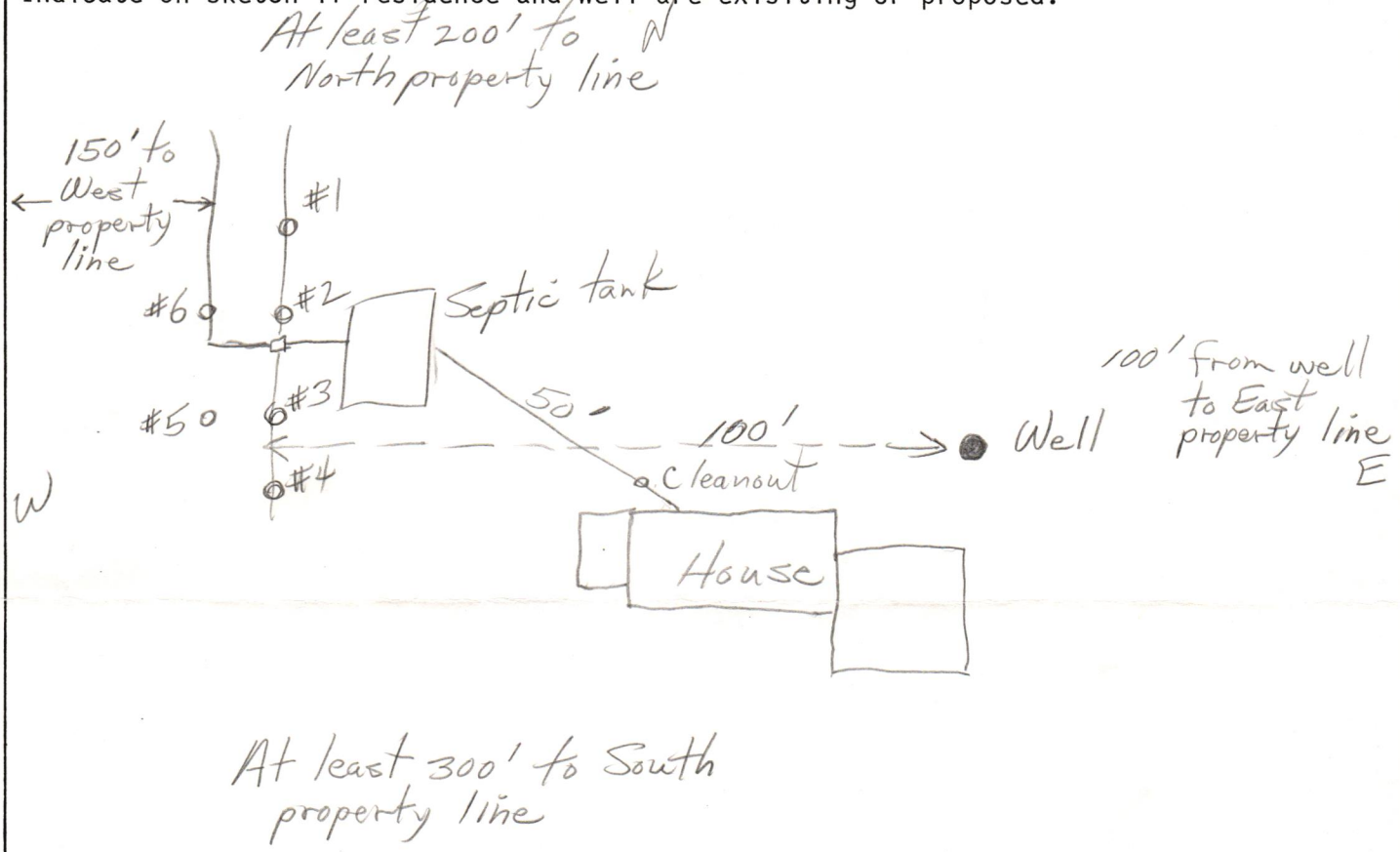
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. 2701

Indicate on sketch if residence and well are exisiting or proposed.



#s 1-6 - percolation test holes

5

REVIEWING ACTION

Remarks: _____

_____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 512 sq.ft.

_____
Signature of Reviewing Official

RECEIVED SEP 14 1988

FORM 20104-0477
PLANS & SPECIFICATIONS FOR 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: 471-7800

D

DATE: _____

FILE NO. _____

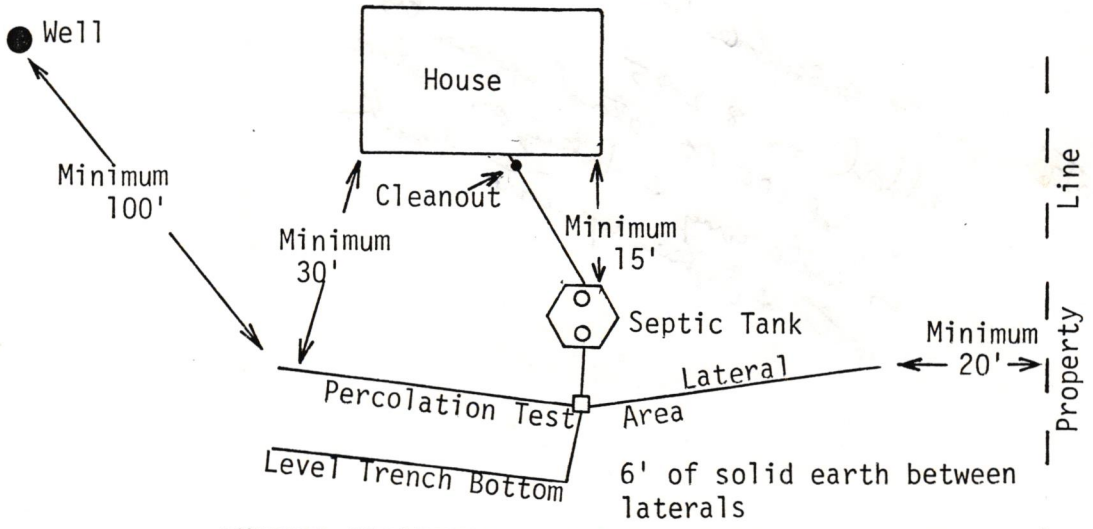
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC 160; Diameter 4 in.
2. Distance above basement floor _____ in., or below basement floor _____ in.
3. Distance between dwelling and septic tank 80' 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 Pre Cast; No. of compartments _____.
2. Capacity _____ gals.;
3. Factory Built: Yes ☒ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☒ Grade 6" in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade 20 in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Pre Cast; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank _____ ft.

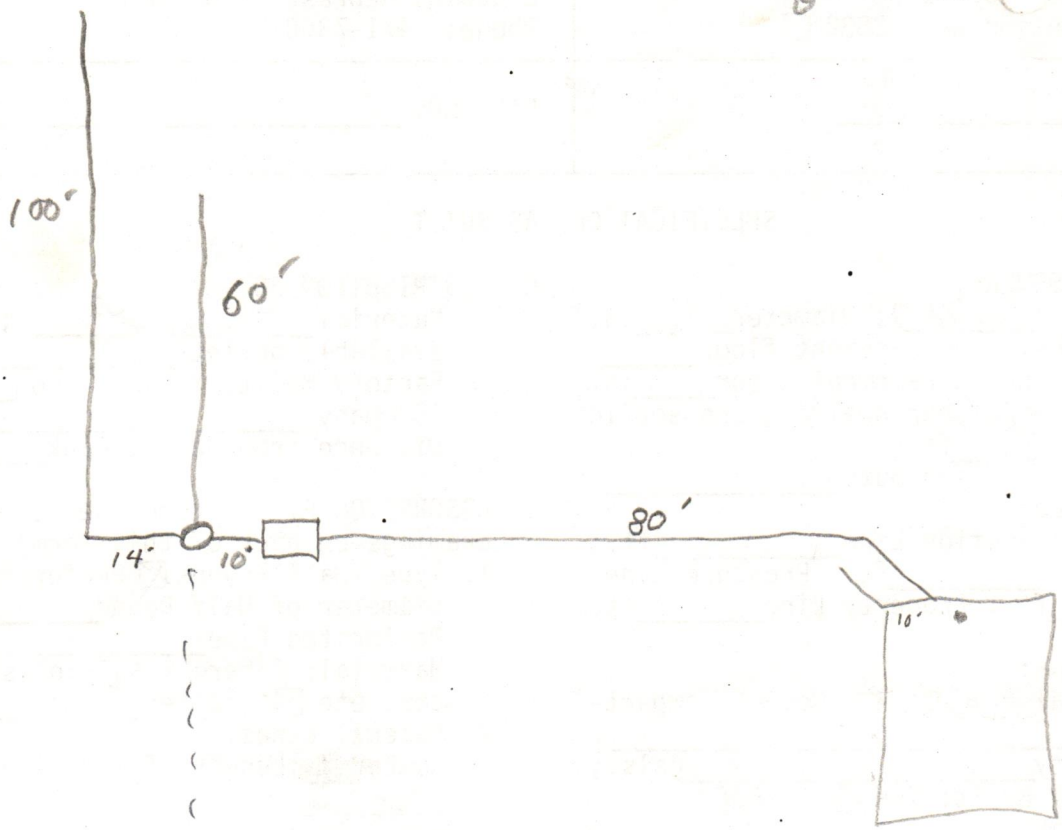
D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round _____ or
Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 2; Length of each line 60', 100', _____, _____, _____ ft.;
Total length of laterals 160 ft.;
Distance between lateral lines 18-20' ft.
3. Trench dimensions: Width _____ ft.;
Slope 5 in/100 ft.; Average Depth 38 in.
4. Filter Material: Road Gravel
Depth of Material 20 in.
5. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE 9-9-88 INSTALLER Larry Schwarsk for Bouwens Plbg.



104th + Holdrege

Note: 100 ft subsurface lateral added on 8-2-95 original 100 ft lateral apparently in water way + taking on extra water + backing up into tank.