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

A

Permit Number
HS001218

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 11550 Aspen Canyon Rd (no rural route) City Lincoln, NE Zip 68516

Legal Description Whispering Creek 4 2

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

PID 22-18-210-002-000

B. Owner

Name Adam & Katie Mach Signature

Address 7511 Red Oak City/State/Zip Lincoln Ne. 68516

Home Phone 402 310 8227 Work Phone 402 310 8227

C. Certified Installer

Name: Kevin Lewis Signature

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

Work Phone 402 310 9160

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

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 3-31-16 Amount Paid $385.00
Received By SB Cash/Check No. 8177

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

Whispering Creek
402 310 8227

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

B

Permit Number: HS001218

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 11550 Aspen Canyon Rd (no rural routes) City Lincoln NE, Zip _____

Owner Adam Mach Address 7511 Red Elk Rd 68516

Date of Tests 6-13-14 to 6-14-14 Weather: Precipitation 0 Temperature 93°

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	34	6-13	10 Am	6-13	10:30	6-14	11:Am	6	6-14	11:30	30	½	60
2	32	"	"	"	"	"	"	6	"	"	"	1	30
3	35	"	"	"	"	"	"	6	"	"	"	½	60
4	33	"	"	"	"	"	"	6	"	"	"	⅝	48
5	32	"	"	"	"	"	"	6	"	"	"	⅝	48
6	34	"	"	"	"	"	"	6	"	"	"	1	30
								6					
								6					

Person Conducting Percolation Test

Name: Mel Gagner
Phone: 402 432 5648
Address 4810 w Claire Ave
lincoln Ne 68523

Sum of Percolation Rates: 276
Average of Rates: 46
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other) _____
Groundwater Depth over 12'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

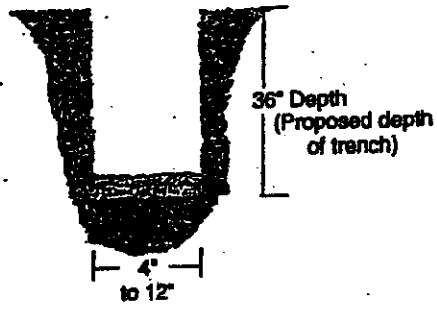
Signature of Reviewing Official _____ Date _____

READ THOROUGHLY

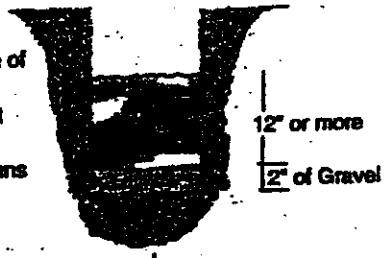
DIAGRAM OF PERCOLATION TEST PROCEDURE

Finished Grade or Natural Ground Level

I. Size, Number, and Location or Test Holes
   - A. Dig six or more holes spaced uniformly over proposed lateral field site.
   - B. Scratch smeared spots on sides of hole.
   - C. Remove loose material from hole.
   - D. Add 2" of gravel to hole.

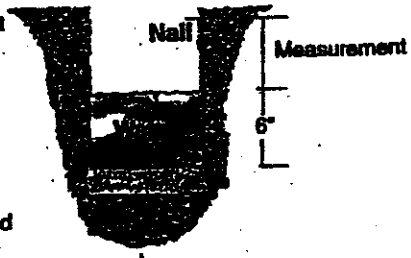


II. Saturation of Soil (Pre-soak)
   - A. Fill hole with 12" or more of water.
   - B. MAINTAIN THIS WATER LEVEL FOR 4 HOURS.
   - C. Record on Form B columns a thru f.



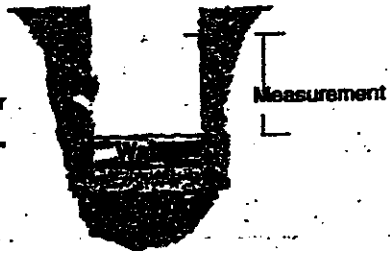
24 Hours Later

III. Percolation-rate Measurement (refer to instructions 5a, 5b, or 5c.)
   - A. Add 6" of water.
   - B. Measure from fixed reference point (nail) to water.
   - C. Record measurement and time on front of Form B.



½ hour later
(30 minutes)

   - D. 30 minutes later remeasure and record time.
   - E. If water will be too low for another reading 30 minutes later, adjust to 6" of water and remeasure and record time.



   - F. Continue for 3½ hours taking readings every 30 minutes.
   - G. Last 30 minute reading is used in filling out Form B. Record date, time, intervals and water level drops in column g thru m.

Instructions

1. **Number and location of tests.** Percolation tests shall be made in 6 or more separate test holes which shall be spaced uniformly over the proposed lateral field site.
2. **Type of test hole.** Dig or bore a hole 3 feet deep with a diameter of 4 to 12 inches. (To save time, labor and the volume of water required per test, a 4-inch auger hole is recommended).
3. **Preparation of the test hole.** Scratch or roughen any smeared spots on the sides of the hole with a knife blade or sharp pointed instrument to provide a natural soil interface into which water may percolate. Remove all loose material from the hole. Add 2 inches of gravel to protect the bottom from scouring when water is poured into the hole.
4. **Saturation and swelling of the soil.** Fill the hole with clear water to a depth of 12 inches or more above the gravel and maintain this water level at least 4 hours and preferably overnight. The accuracy and true value of the percolation data depends on thorough saturation and swelling of the soil.
5. **Percolation-rate measurement.** Percolation-rate measurements shall be made 24 hours after starting the saturation and swelling procedure described above. Record results on the front of this form and complete all calculations.
   a. If water remains in the test hole after the overnight swelling period, adjust the depth to approximately 6 inches over the gravel. From a fixed reference point, measure the drop in water level over a 30 minute period to the nearest 1/8 of an inch. This drop is used to calculate the percolation rate.
   b. If no water remains in the test hole after the overnight swelling period, add clear water to bring the depth to approximately 6 inches over the gravel. From a fixed point, measure the drop in water level to the nearest 1/8 of an inch at 30-minute intervals for 4 hours. Refill to the 6 inch level over the gravel as often as necessary. The drop that occurs during the final 30 minutes is used to calculate the percolation rate.
   c. In sandy soils (or other soils in which the first 6 inches of water seeps away in less than 30 minutes after the overnight swelling period) the time interval between measurements shall be 10 minutes instead of 30 minutes and the test run for 1 hour instead of 4 hours. The drop that occurs during the final 10 minutes is used to calculate the percolation rate.
6. **Record the test results and complete all calculations on the front of this form.** The average of the percolation rates calculated for all holes in the last 30 (10) minutes will normally be the rate used for calculations to size the system. ***Exceptions are the use of the greatest percolation rate when rates vary more than 20 min/in between holes or when other soil analysis indicates potential percolation problems.***

LLCHD reserves the right to require additional testing based on knowledge of soil types, percolation tests results on nearby properties, or due to concerns with procedures followed. In some situations, LLCHD staff will require and perform on-site observation of percolation tests.

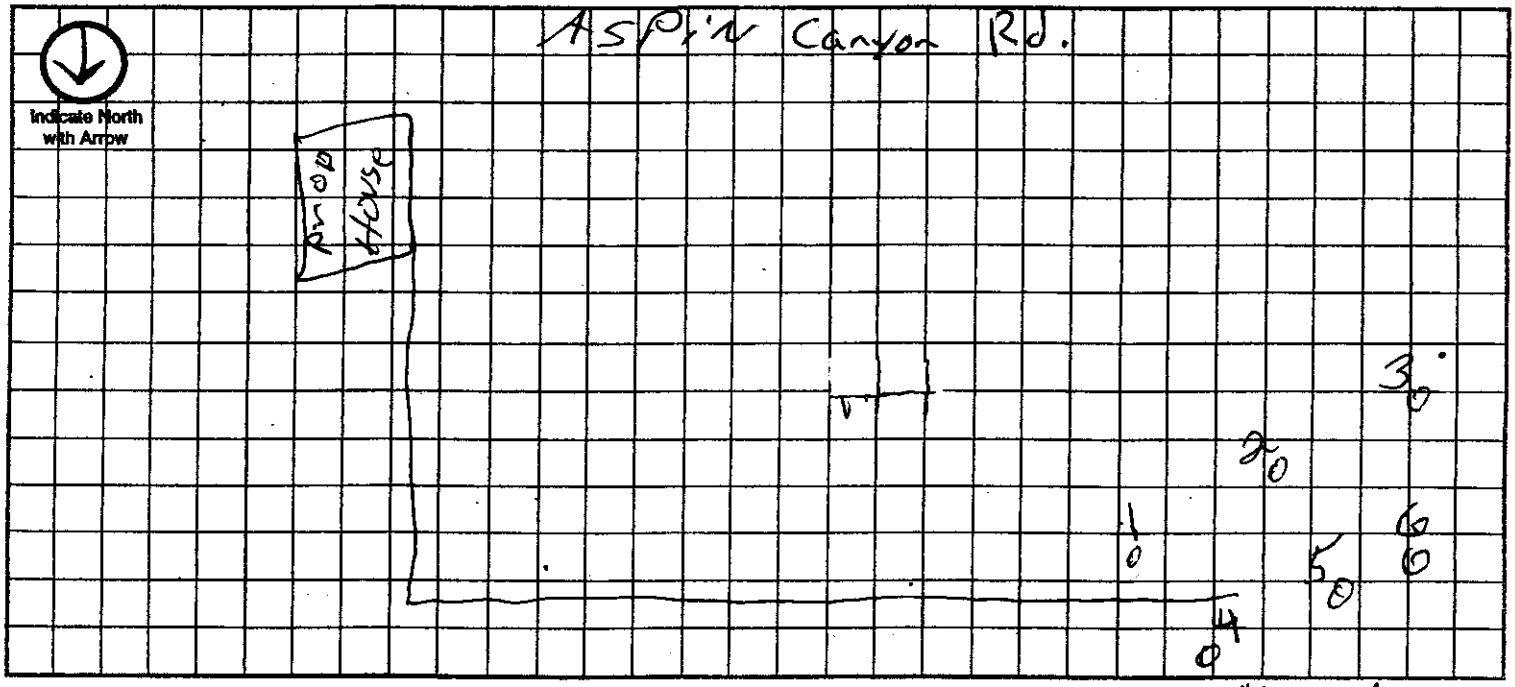
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: HS601218

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) 11550 Aspin Canyon Rd 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 60 (min. per inch) Soil Type: Wymore Silty clay Land Slope: 3 to 6 %

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

Total Square Feet of Field Required: 1400 sq. ft.

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

Capacity of Septic Tank 2000 gals Number of Absorption Beds: Number of Distribution Laterals per Bed

Total Length of Laterals 350 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 Date

Installer Kevin Lewis Date 6-15-14

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. HS001218

System Type: Standard

Situs: No Site Address Specified

Issued: 4/1/2016

Expires: 4/1/2017

Description: WHISPERING CREEK 4TH ADDITION, Lot 2

Owner: MACH, ADAM J & KATIE M
7511 RED OAK RD
LINCOLN, NE 68516

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

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

Exhibit 5

dc 7/14/2016

Permit Number: HS001218

Onsite Wastewater Treatment System

Inspection Sheet Whispering Creek Lot 2

Date 7/15/16 Legal Description ____ Blk 4 ____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 11550 Aspen Canyon Rd City ____

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 1,400 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 298' Type of Distribution: ☒ Chamber ❑ Perforated Pipe ❑ Other (describe) ____

No. of Absorption Laterals 5 Width 3.625 Facts No. of Drop Boxes ____ Distribution Box 1

Leveling Method Used Laser

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 NA

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial DC Date 7/14/16

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Burt

Date 7/15/16

Field Note Drawing (See Reverse Side):

SCANNED

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

A

Permit Number H6001218

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 11550 Aspen Canyon Rd (no rural route) City Lincoln, NE Zip 68516

Legal Description 18 9 ~~18~~ 8 Whispering Creek 4 2

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

PID 22-18-210-002-000

B. Owner

Name Adam & Katie Mach Signature

Address 7511 Red Oak City/State/Zip Lincoln Ne, 68516

Home Phone 402 310 8227 Work Phone 402 310 8227

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip Lincoln Ne 68523

Work Phone 402 310 9160

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

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 4/1/16

Date frwd 4/1/16

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 Mauer

Date 7/15/16

Business Office Use Only

Date Received 3-31-16 Amount Paid $385.00

Received By SB Cash/Check No. 8177

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

Form A Updated: 1/13

Whispering Creek
402 310 8227

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: HS001218

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 11550 Aspen Canyon Rd (no rural route) City Lincoln NE, Zip _____

Owner Adam Mach Address 7511 Red Elk Rd 68516

Date of Tests 6-13-14 to 6-14-14 Weather: Precipitation 0 Temperature 93°

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	34	6-13	10 Am	6-13	10:30	6-14	11:Am	6	6-14	11:30	30	½	60
2	32	"	"	"	"	"	"	6	"	"	"	1	30
3	35	"	"	"	"	"	"	6	"	"	"	½	60
4	33	"	"	"	"	"	"	6	"	"	"	⅝	48
5	32	"	"	"	"	"	"	6	"	"	"	⅝	48
6	34	"	"	"	"	"	"	6	"	"	"	1	30
								6					
								6					

Person Conducting Percolation Test

Name: Mel Gagner
Phone: 402 432 5698
Address 4810 w Clare Ave
lincoln Ne 68523

Sum of Percolation Rates: 276
Average of Rates: 46
Rate Used for Calculation: 60

Soil type (NRCS Maps/Other) _____

Groundwater Depth Over 12'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

SCANNED

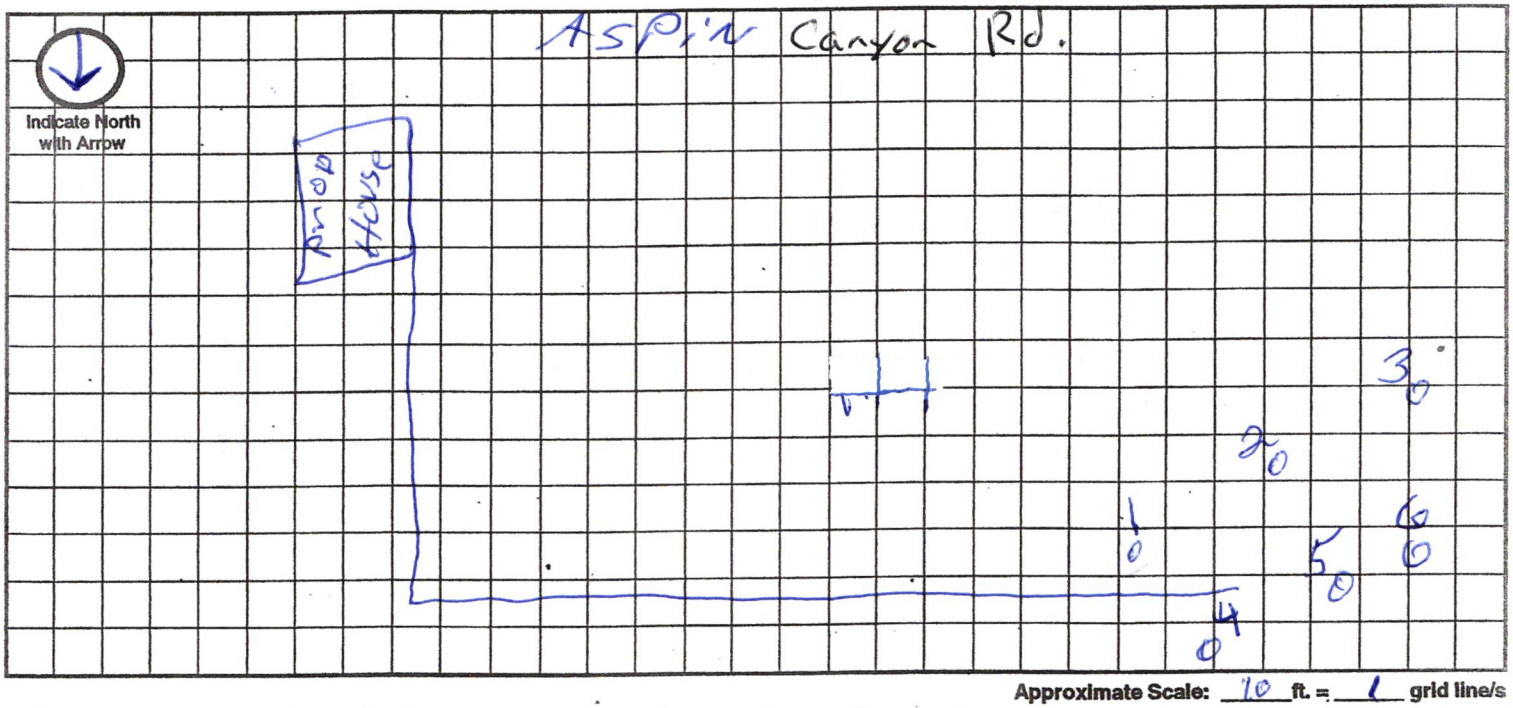
C

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

Permit Number: HS001218

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) 11550 Aspin Canyon Rd 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 60 (min. per inch) Soil Type: Wymore Silty Clay Land Slope: 3 to 6 %

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

Total Square Feet of Field Required: 1400 sq. ft.

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

Capacity of Septic Tank 2000 gals Number of Absorption Beds: Number of Distribution Laterals per Bed

Total Length of Laterals 350 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 Date

Installer Kevin Lewis Date 6-15-14

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 7-14-16 Legal Description ____ 1/4 ____ 1/4 ____ Section Township Range Whispering Creek lot 2

Onsite System Location

Address (no rural route) 11550 Aspin Canyon City Lincoln NE, Zip 68516

Owner Adam & Katie Mach Address 7511 Red Oak Rd Lincoln NE 68516

A. Sewer Pipe

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: ____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 72 ft.
4. Number of clean-outs: 1
5. Distances to: well or suction line over 100 ft.
   stream over 50 ft.
   pressure line " ft.
   property line " ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Conc.
   Number of compartments: 2
2. Capacity: 2000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 4 in.
5. Inlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
6. Outlet: ☒ baffle ☐ tee ☐ 6" dia. inspection pipe
7. Depth to top of tank, below unfinished grade: 6 in.
8. Distances to: Well or suction line over 100 ft.
   Stream " ft.
   Pressure line " ft.
   Property line " ft.

C. ☒ Distribution Box ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 8 ft.

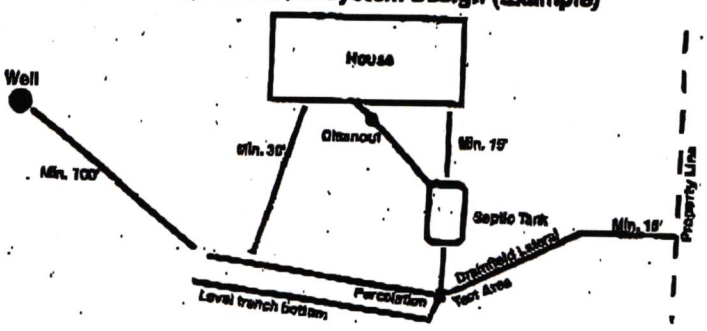
D. Drainfield Absorption

☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 3"
   Number of distribution lines in bed ____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other ____
2. Drainfield Laterals: Number 5
   Length of each line: 124 ft. 68 ft.
   72 ft. 76 ft., 48 ft.
3. Drainfield dimensions: Width ____ ft.
   Distribution Pipe Slope 4 in/100 ft.
   Average depth 33" in
4. Filter material: ____
   Depth of material ____ in.
5. Distances to: Well or suction line ____ ft.
   Pressure line ____ ft.
   Property line ____ ft.
   House or building ____ ft.
   Lake or Stream ____ ft.

Complete As-Built drawing on the back to this form.

Onsite Wastewater System Design (Example)



Locate North with Arrow

11550
Aspen Canyon Rd.
14'
10'
12'
25'
2000 gal.
Accurate Conc.
8'
7'
76'
72'
48'
124'
98'
388'
Quick Plus
Quantity Plans

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

SCANNED

dc 7/14/2016

Exhibit 5

Permit Number: HS001218

Onsite Wastewater Treatment System

Inspection Sheet Whispering Creek Lot 2

Date 7/15/16 Legal Description ____ Blk 4 ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 11550 Aspen Canyon Rd City ____

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 1,400 Sq. Ft. Tank Size 2,000 gals

Total length of laterals 398' Type of Distribution: ☒ Chamber ❑ Perforated Pipe ❑ Other (describe) ____

No. of Absorption Laterals 5 Width 3.625 Facts No. of Drop Boxes ____ Distribution Box 1

Leveling Method Used Laser

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 NA

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date 7/14/16

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Rurl
Date 7/15/16

Field Note Drawing (See Reverse Side):