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

A

Permit Number
HS001521

Existing Property

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) **Mound**

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 7105 W Davey RD (no rural route) City Raymond, NE Zip 68428

Legal Description NE 26 12N 5E 1
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 06-26-200-002-000

B. Owner

Name Tom Ward Signature

Address 7105 W Davey Rd City/State/Zip Raymond, NE 68428

Home Phone 402-783-3653 Work Phone

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd J Jakoubek Jr

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

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 1.58
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 8/18/17 Amount Paid 395.00
Received By LC Cash/Check No. 9225

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:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 7105 W Davey Rd (no rural route) City Raymond NE, Zip 68428

Owner Tom Ward Address Same

Date of Tests 6/20/17 to 6/21/17 Weather: Precipitation 0 Temperature 74°

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	12	6/20	8:00a	6/20	12:00p	6/21	10:10a	6	6/21	10:30a	10	3/4	13
2	14	"	"	"	"	"	"	6	"	"	"	3/4	13
3	14	"	"	"	"	"	"	6	"	"	"	1	10
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-6009

Address 13800 NW 70th St

Raymond, NE 68428 Cert #1198

Sum of Percolation Rates: 36

Average of Rates: 12

Rate Used for Calculation: 12

Soil type (NRCS Maps/Other) Judson SL

Groundwater Depth 36" - 48"

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

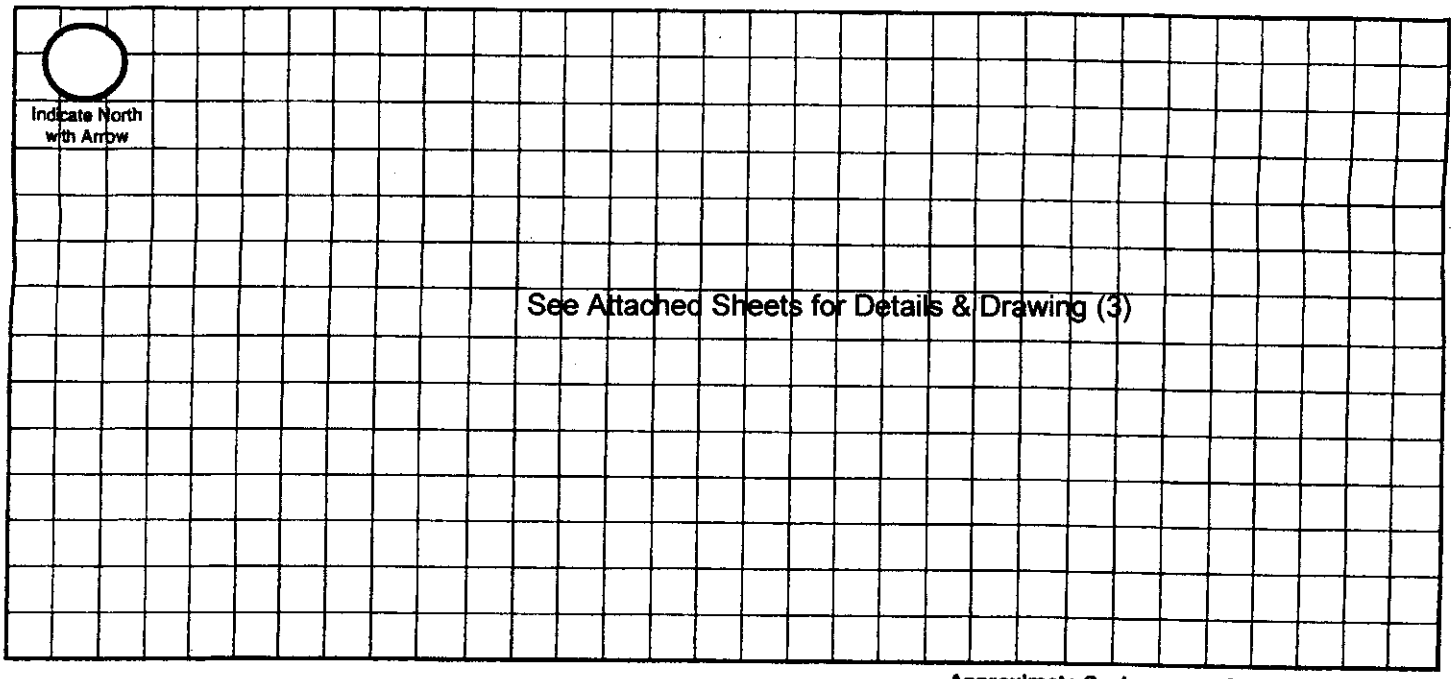
C

Permit Number:

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: _____ ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 7105 W Davey Rd City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 1,500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System 4 1,000 Gallon pump tank

☐ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 13 (min/inch = mpi) No. of Bedrooms 4 Soil Type Judson SL Land Slope 0-1 %

☐ 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 _____

E. 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 ☐	☐

F. Required Signatures

Home Building Contractor Existing Home Date _____

Installer Lloyd J. Jabodh Date 8/18/17



SUMP

LIMITED LIFETIME WARRANTY

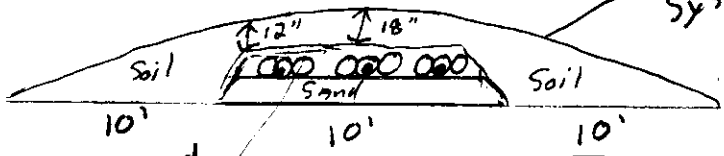
- **Automatic submersible cast iron sump pump** Ideal for high volume water removal needs
- **Clog-resistant design** Capable of passing 1/2" diameter semi-solids
- **Heavy-duty cast iron construction** For years of service and reliability
- **Tethered piggyback float switch** Reliable, automatic operation for use in basins 16" in diameter or greater

Flow (gpd) 4-Bed Room Perc Rate 12mpi (500gpd)

gallon per Dose (145gal)

Pump Tank 1000g.

mound System



1" conduet To sted

EZ Flow 40'-1' Sand on Each End. TOTAL 42'

2 concrete Lids

1-plastic Lid.

2" Force main 40'

2" manifold pipe

1500 septic

1000 pump

3-1½ Lateral Distribution pipes

20-3/16 Holes per Lateral 24" O.C.

12-EZ Flow

Control Box Alarm Bot

union

Grade

20"

40"

40"

20"

pump Tank 1000g

Inlet

Float Alarm

42"

Supply 2"

2" pump

1033g.

Block

42'

Float on/of

(Tank 1033gallon) ÷ 42" = 24.5 gallon per Inch

(Drain Back 2" pipe = .15 gallon per Foot

.15 x 40' of Run = 6 gallon

6" x 24.5 = 147 gallon

147 gallon - 6 gallon =

(141 gallon per Dose)

material

Sand Bed/cover

16' x 50' x 24" 60y.

60 yards x 1.35

81 Ton 60 Ton

81 Ton x 30 =

Sand. 2430 lbs

2½ Truck pup

Soil

20' x 65' x 2' = 100y.

100 yards x 1.35

135 Ton = 30 Ton =

4.5 Truck pupp

135 Ton x 25 lbs

Soil 3,375 lbs

10'

4" Threaded cap

1½ Threaded cap

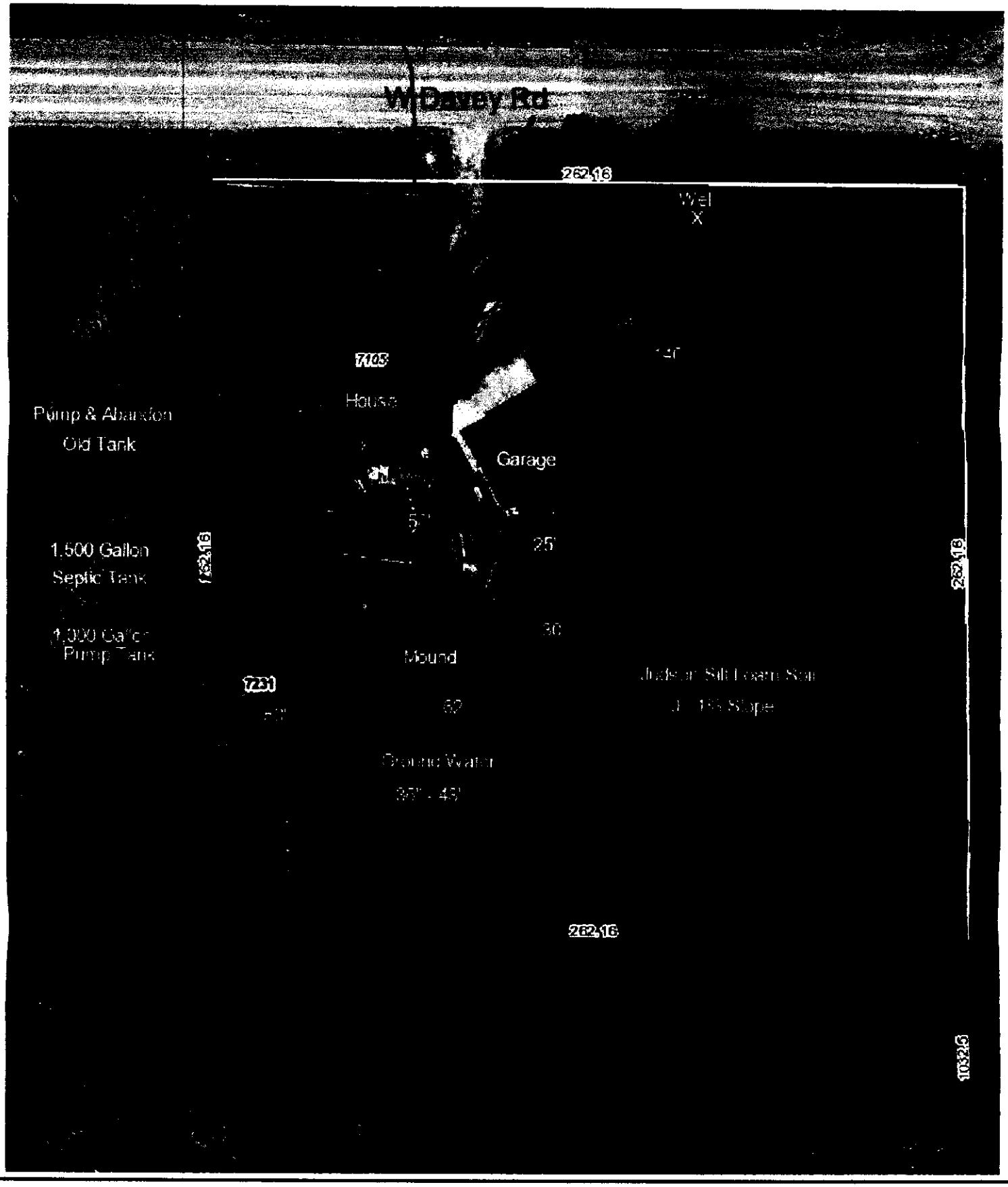
1½ male Adapter

Lateral 1½ Long sweep

1½

4" SDR 35

clean out.



Lancaster County/City of Lincoln GIS Map

Tom Ward 7105 W Davey Rd, Raymond, NE 68428

N
W E
S

Printed: Aug 18, 2017

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

Table 11.3 - Mound Dimensions for Ground Slope of 0% to 1%

Depth to Seasonal High Groundwater (ft)	Percolation Rate (m.p.i.)	Bedrooms	Flow (gpd)	Sand Layer Height (ft)	Total Berm Height (ft)	Total Mound Width (ft)	Total Mound Length (ft)	Rock Bed Length (ft)	Uphill Berm Width (ft)	Downhill Berm Width (ft)	End Berm Width (ft)
< 1.0	Construction permit required if less than 12 inches to seasonal high groundwater.										
≥ 1.0 and < 2.0	0 to 30	1	200	3	5	42	49	17	16	16	16
		2	300	3	5	42	57	25	16	16	16
		3	400	3	5	42	65	33	16	16	16
		4	500	3	5	42	74	42	16	16	16
		5	600	3	5	42	82	50	16	16	16
	31 to 60	1	200	3	5	42	49	17	16	16	16
		2	300	3	5	42	57	25	16	16	16
		3	400	3	5	42	65	33	16	16	16
		4	500	3	5	42	74	42	16	16	16
		5	600	3	5	42	82	50	16	16	16
≥ 2.0 and < 3.0	0 to 30	1	200	2	4	36	42	17	13	13	13
		2	300	2	4	36	50	25	13	13	13
		3	400	2	4	36	58	33	13	13	13
		4	500	2	4	36	67	42	13	13	13
		5	600	2	4	36	75	50	13	13	13
	31 to 60	1	200	2	4	36	43	17	13	13	13
		2	300	2	4	36	51	25	13	13	13
		3	400	2	4	36	59	33	13	13	13
		4	500	2	4	36	68	42	13	13	13
		5	600	2	4	36	76	50	13	13	13
≥ 3.0	0 to 30	1	200	1	3	30	37	17	10	10	10
		2	300	1	3	30	45	25	10	10	10
		3	400	1	3	30	53	33	10	10	10
		4	500	1	3	30	62	42	10	10	10
		5	600	1	3	30	70	50	10	10	10
	31 to 60	1	200	1	3	34	36	17	12	12	10
		2	300	1	3	34	44	25	12	12	10
		3	400	1	3	34	52	33	12	12	10
		4	500	1	3	34	61	42	12	12	10
		5	600	1	3	34	69	50	12	12	10

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. HS001521

System Type: Mound System

Situs: 7105 W DAVEY RD, RURAL, NE

Issued: 8/25/2017

Expires: 8/25/2018

Description: S26, T12, R5, 6th Principal Meridian, LT 1 NE 1/4

Owner: WARD, TOMMIE & LINDA K
7105 W DAVEY RD
RAYMOND, NE 68428

Charlotte Burke, MS, RD, Interim 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.

Charlotte Burke, MS, RD
Interim Health Director

RAYMOND CONTRACTING INC
13800 NW 70 ST
RAYMOND, NE 68428

SCANNED

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

A

Permit Number
HSOO1521

Existing Property

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) Mound

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 7105 W Davey RD (no rural route) City Raymond, NE Zip 68428

Legal Description NE (1/4) 26 (1/4 Section) 12N (Township) 5E (Range) ____ (Subdivison) ____ (Addition) ____ (Block) 1 (Lot)

PID 06-26-200-002-000

B. Owner

Name Tom Ward Signature ____

Address 7105 W Davey Rd City/State/Zip Raymond, NE 68428

Home Phone 402-783-3653 Work Phone ____

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd J Jakoubek Jr

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009 or 402-783-2663

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 1.58

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 9/8/17 Date rec'd 8/25/17 Date frwd 8/25/17
ACTION ☒ Approved ☐ Disapproved Signature ____
Comments ____

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 10/18/17

Business Office Use Only
Date Received 8/18/17 Amount Paid 395.00
Received By LC Cash/Check No. 9225

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

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:

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 7105 W Davey Rd (no rural route) City Raymond NE, Zip 68428

Owner Tom Ward Address Same

Date of Tests 6/20/17 to 6/21/17 Weather: Precipitation 0 Temperature 74°

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			End				
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	12	6/20	8:00a	6/20	12:00p	6/21	10:10a	6	6/21	10:30a	10	3/4	13
2	14	"	"	"	"	"	"	6	"	"	"	3/4	13
3	14	"	"	"	"	"	"	6	"	"	"	1	10
								6					
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.
Phone: 402-783-2663 or 402-890-6009
Address 13800 NW 70th St
Raymond, NE 68428 Cert #1198

Sum of Percolation Rates: 36
Average of Rates: 12
Rate Used for Calculation: 12

Soil type (NRCS Maps/Other) Judson SL
Groundwater Depth 36" - 48"

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

SCANNED

C

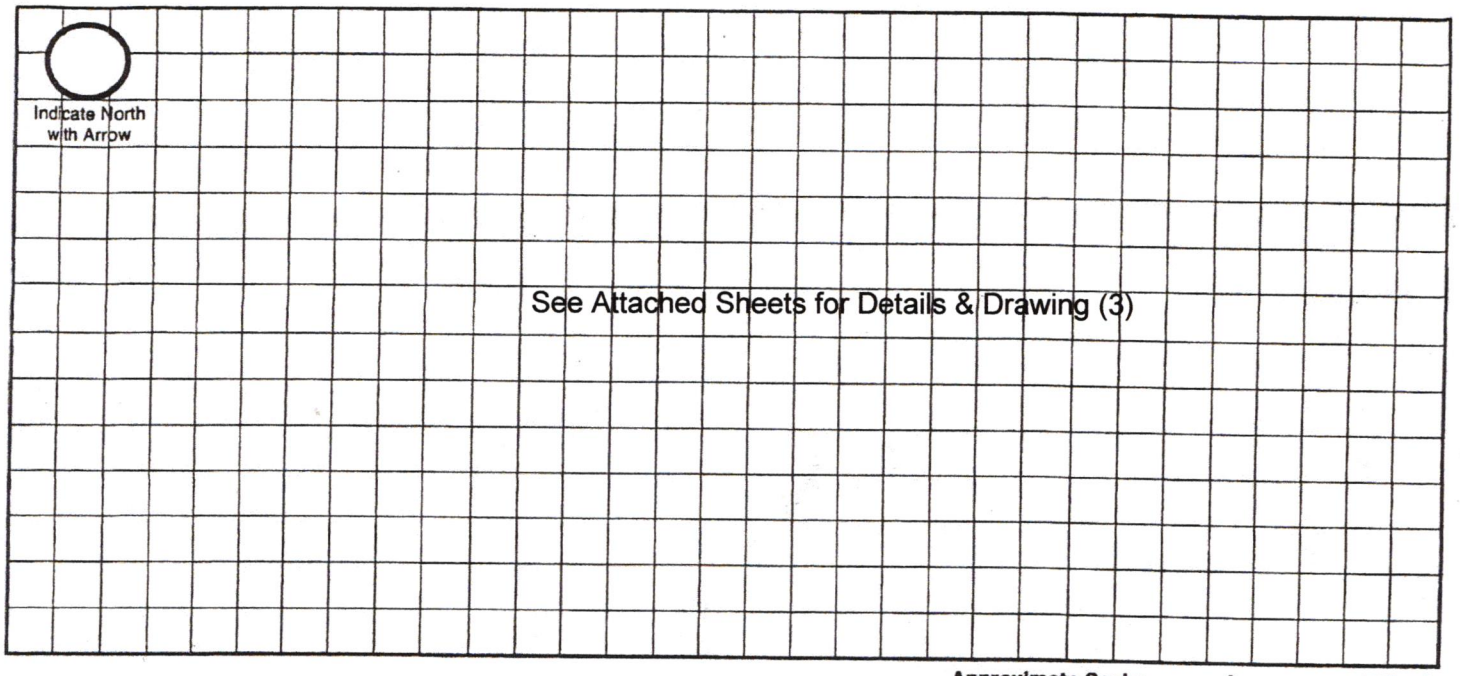
Permit Number:

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

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: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 7105 W Davey Rd City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 1,500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System & 1,000 Gallon pump tank

☐ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 13 (min/inch = mpi) No. of Bedrooms 4 Soil Type Judson SL Land Slope 0-1 %

☐ 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_____

E. 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 ☐	☐

F. Required Signatures

Home Building Contractor Existing Home Date _____

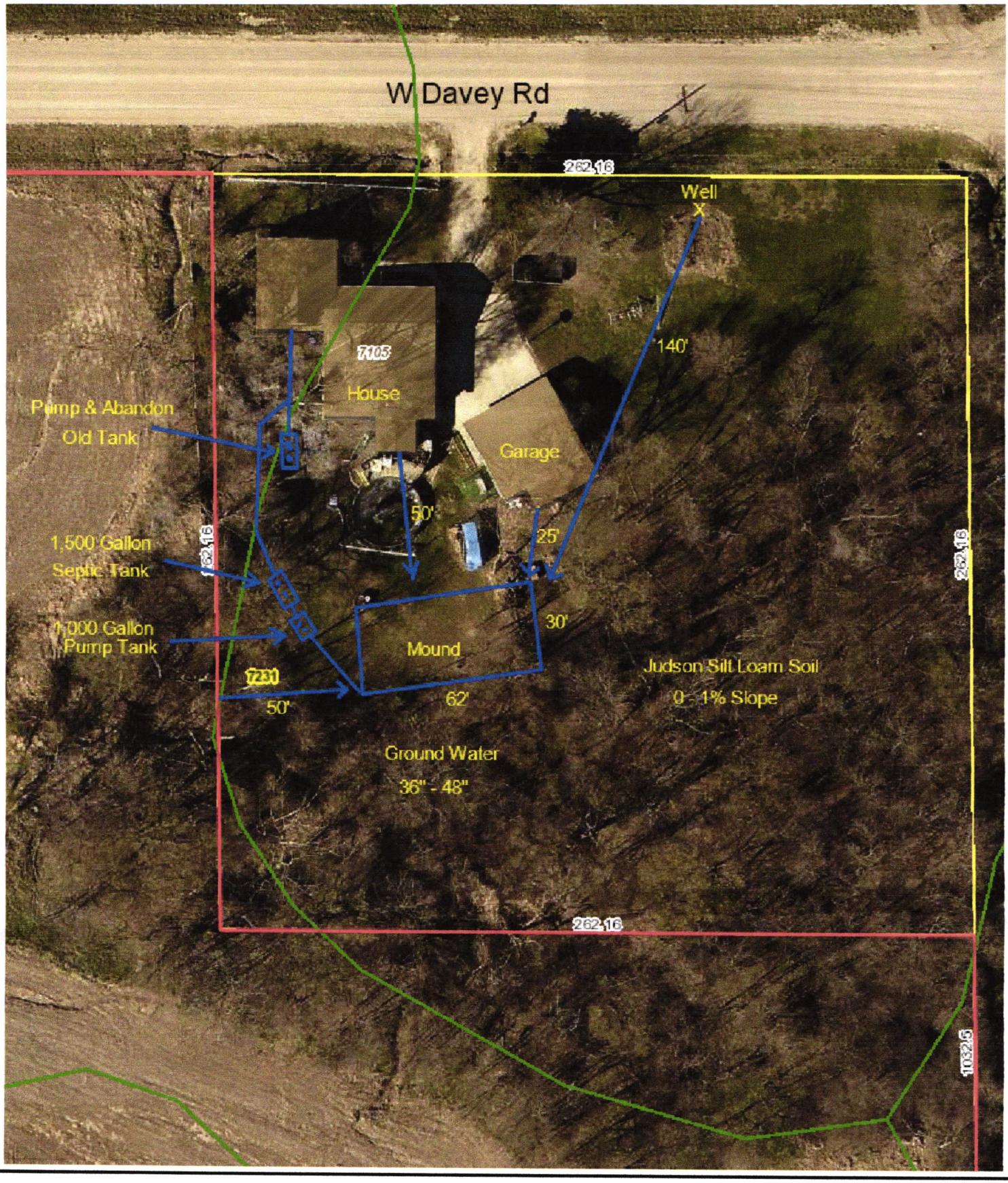
Installer Lloyd J. Jaboodt Date 8/18/17

SCANNED

Table 11.3 - Mound Dimensions for Ground Slope of 0% to 1%

Depth to Seasonal High Ground-water (ft)	Percolation Rate (m.p.i.)	Bed-rooms	Flow (gpd)	Sand Layer Height (ft)	Total Berm Height (ft)	Total Mound Width (ft)	Total Mound Length (ft)	Rock Bed Length (ft)	Uphill Berm Width (ft)	Downhill Berm Width (ft)	End Berm Width (ft)
< 1.0	Construction permit required if less than 12 inches to seasonal high groundwater.										
≥ 1.0 and < 2.0	0 to 30	1	200	3	5	42	49	17	16	16	16
		2	300	3	5	42	57	25	16	16	16
		3	400	3	5	42	65	33	16	16	16
		4	500	3	5	42	74	42	16	16	16
		5	600	3	5	42	82	50	16	16	16
	31 to 60	1	200	3	5	42	49	17	16	16	16
		2	300	3	5	42	57	25	16	16	16
		3	400	3	5	42	65	33	16	16	16
		4	500	3	5	42	74	42	16	16	16
		5	600	3	5	42	82	50	16	16	16
≥ 2.0 and < 3.0	0 to 30	1	200	2	4	36	42	17	13	13	13
		2	300	2	4	36	50	25	13	13	13
		3	400	2	4	36	58	33	13	13	13
		4	500	2	4	36	67	42	13	13	13
		5	600	2	4	36	75	50	13	13	13
	31 to 60	1	200	2	4	36	43	17	13	13	13
		2	300	2	4	36	51	25	13	13	13
		3	400	2	4	36	59	33	13	13	13
		4	500	2	4	36	68	42	13	13	13
		5	600	2	4	36	76	50	13	13	13
≥ 3.0	0 to 30	1	200	1	3	30	37	17	10	10	10
		2	300	1	3	30	45	25	10	10	10
		3	400	1	3	30	53	33	10	10	10
		4	500	1	3	30	62	42	10	10	10
		5	600	1	3	30	70	50	10	10	10
	31 to 60	1	200	1	3	34	36	17	12	12	10
		2	300	1	3	34	44	25	12	12	10
		3	400	1	3	34	52	33	12	12	10
		4	500	1	3	34	61	42	12	12	10
		5	600	1	3	34	69	50	12	12	10

SCANNED



Lancaster County/City of Lincoln GIS Map

Tom Ward 7105 W Davey Rd, Raymond, NE 68428

N
W E
S

Printed: Aug 18, 2017

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

SCANNED

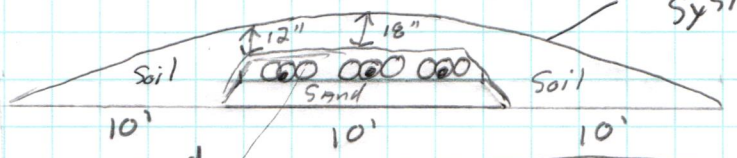


SUMP
50-ASPT Pump
1/2 HP
4300 GPH

LIFETIME WARRANTY

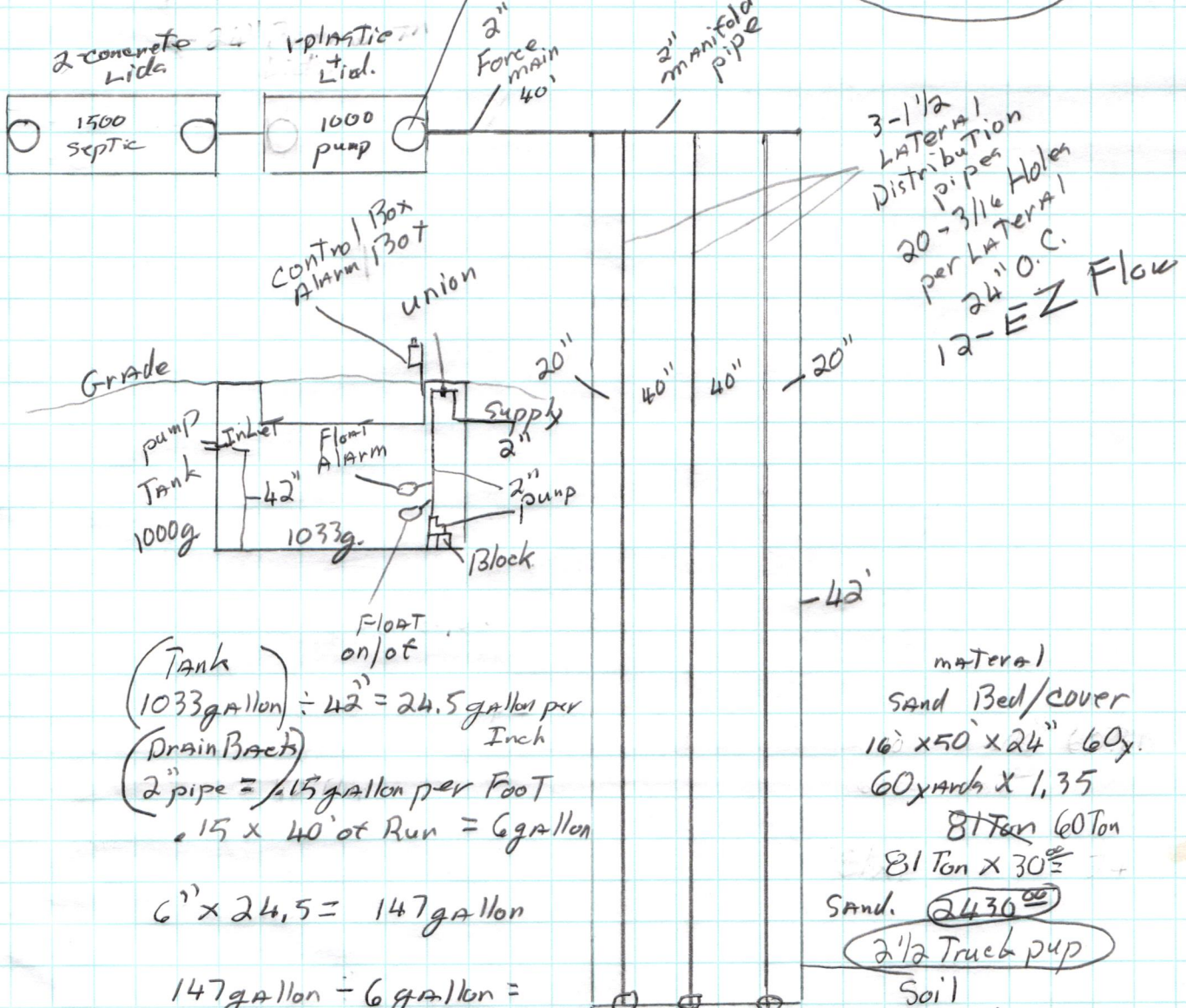
- **Automatic submersible cast iron sump pump**
  Ideal for high volume water removal needs
- **Clog-resistant design**
  Capable of passing 1/2" diameter semi-solids
- **Heavy-duty cast iron construction**
  For years of service and reliability
- **Tethered piggyback float switch**
  Reliable, automatic operation for use in basins 16" in diameter or greater

Flow (gpd) 4-Bed Room Perc Rate 12mpi
(500gpd)
gallon per Dose (145gal)
Pump Tank 1000g.



1" conduct to shed

EZ Flow 40'-1' Sand on Each End.
TOTAL 42'



(Tank 1033gallon) ÷ 42" = 24.5 gallon per Inch

(Drain Back)
2" pipe = .15 gallon per Foot
.15 x 40' of Run = 6gallon

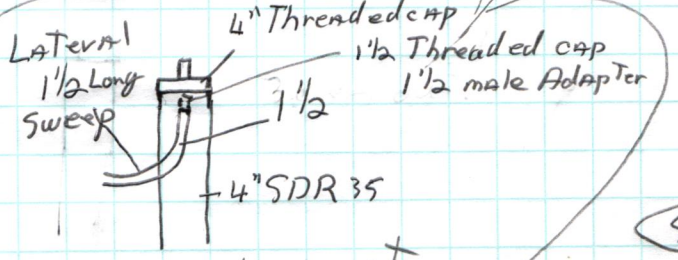
6" x 24,5 = 147gallon

147gallon ÷ 6gallon =
(141 gallon per Dose)

material
Sand Bed/cover
16' x 50' x 24" 60x.
60x yards x 1,35
81 Ton 60 Ton
81 Ton x 30 =
Sand. 2430
2 1/2 Truck pup

Soil
20' x 65' x 2' = 100x.
100 yards x 1,35
135 Ton ÷ 30 Ton =
4,5 Truck pupp.

135 Ton x 25
Soil 3,375



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

11-1-17 SR DC

Exhibit 5

Permit Number: HS001521

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/18/17 Legal Description ¼ ¼ 26/12/5 Lot 1 Section/Township/Range

Onsite System Location

Address (no rural route) 7105 W Davey 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

Mound – authorized Title 124 – Raymond Contracting – Lloyd Mound engineered

Total square feet of drainfield Sq. Ft. Tank Size P.E. Jeff Scrocn?? gals

also on site at the time of Mound install

Total length of laterals Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) System Constructed and installed as Per C + D sheets

No. of Absorption Laterals Width No. of Drop Boxes Distribution Box

Leveling Method Used

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied): Installed Mound due groundwater issue + small lot size.

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 N/A Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial Date 9/22/17

Follow-Up Date

Follow-Up Date

Installation Final Written Approval
By Doug Rau
Date 10/18/17

Field Note Drawing (See Reverse Side):

Updated 4/15