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

A

Permit Number
HSD01526

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

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Address 11365 W Kramer St (no rural route) City Crete , NE Zip

Legal Description

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

Geographical Location (if known): Lat/Long: PID 01-09-110-010-000

B. Owner

Name Mike Roth Signature

Address 11365 W Kramer St. City/State/Zip Crete NE

Home Phone Work Phone 402 838 9061

C. Certified Installer

Name: Blain Johnson Signature

Address 8533 E State Hwy 41 City/State/Zip Adams NE 68301

Work Phone 402 610 2270

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Jeremy Williams Firm Design Ass. Work Phone 4024743000

E. This system will serve a

☐ Residential Dwelling Number of Bedrooms Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres

☒ Commercial Establishment/Other Facility Specify Bar Design flow in gallons per day 352

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☐ Yes ☐ No ☐ Not Applicable

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
Date frwd
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

Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
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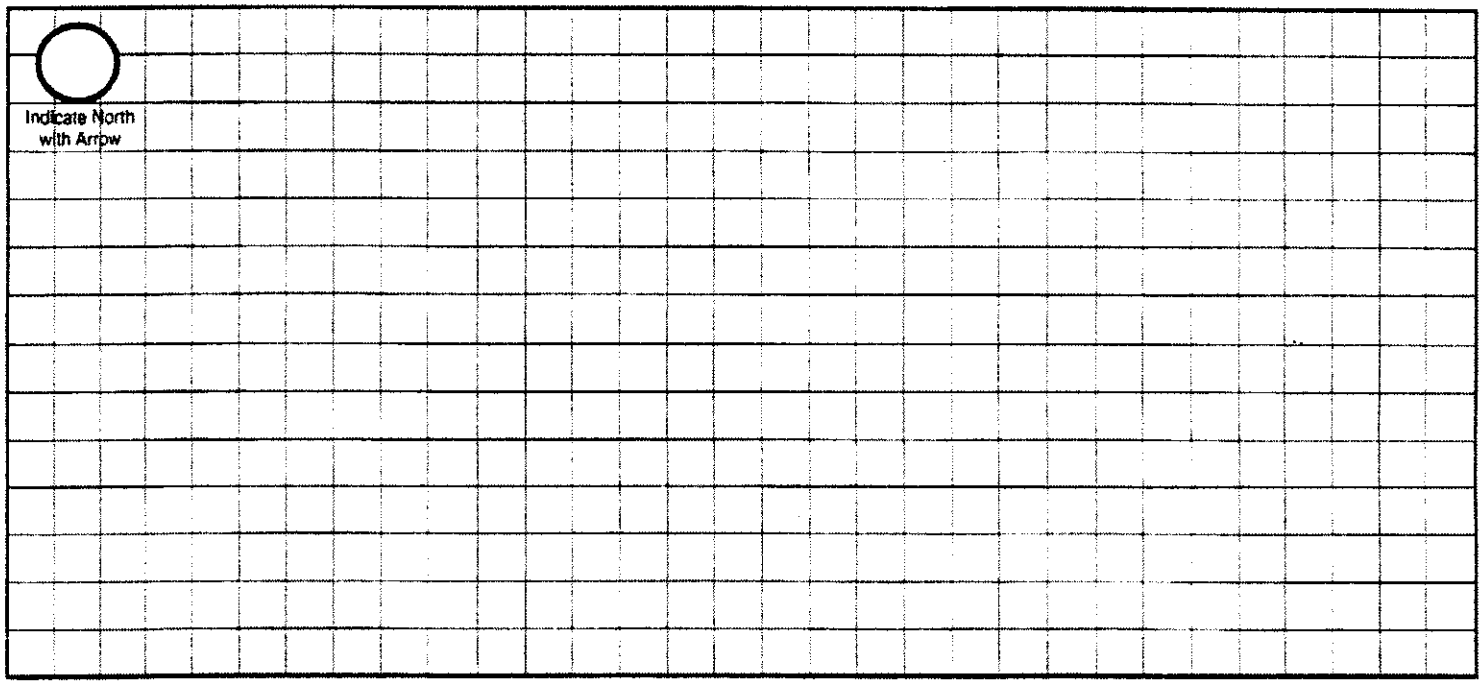
C

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**

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B. Proposed Septic Tank/s

Septic Tank Cap 2000 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 12.52 (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 200' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 36 No. of drop boxes 1 Distrubtion Box_____

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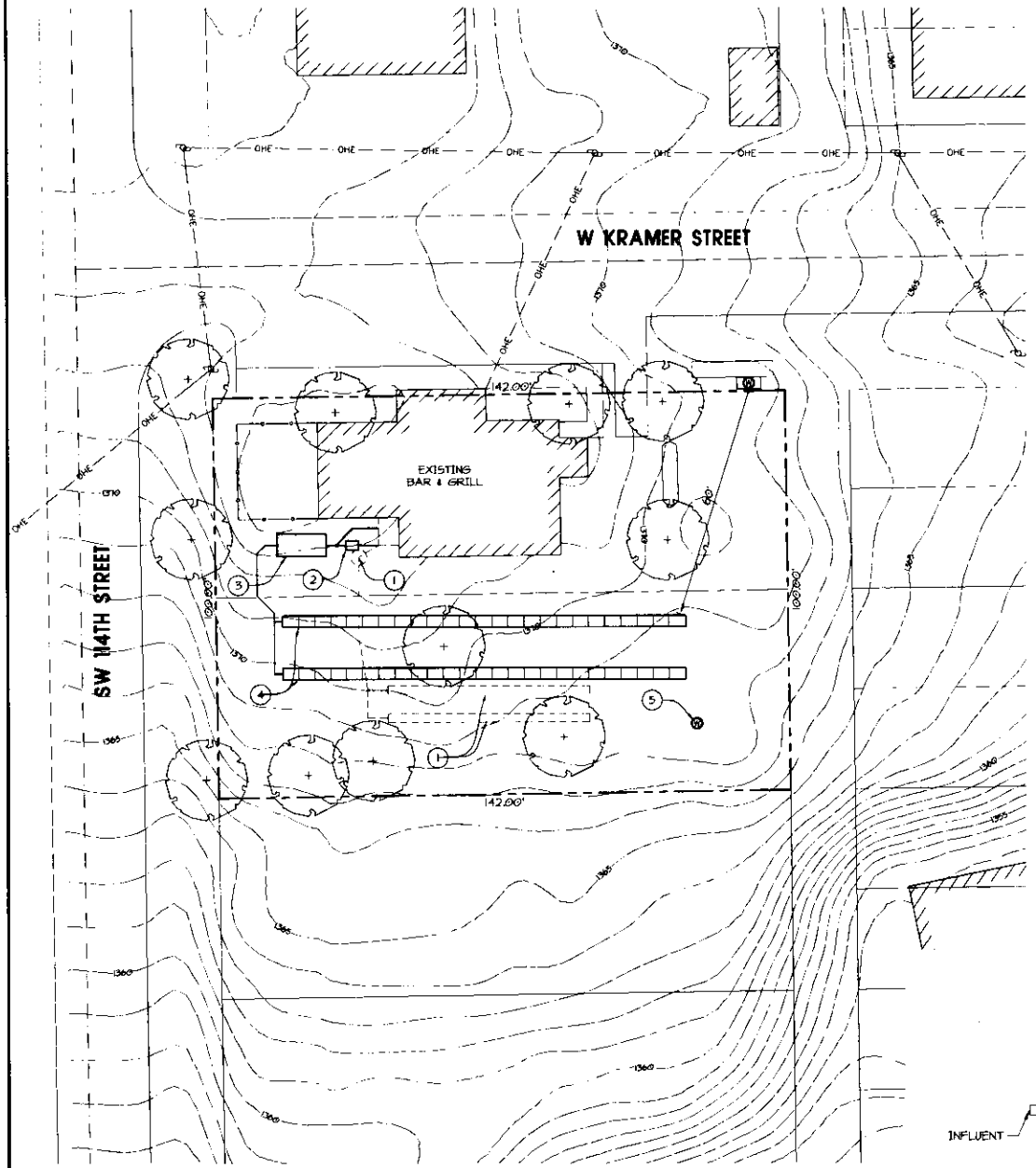
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Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☑	500 ☐	50 ☑	NA ☑	25 ☑	20 ☐	15 ☐	25 ☐	☐
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F. Required Signatures

Home Building Contractor _____ Date _____

Installer Blu Sahm Date 29 Aug 2017



SITE PLAN
SCALE: 1" = 20'

DIAL BEFORE YOU DIG

DIAL BEFORE YOU DIG. CALL 1-800-331-5666 FOR LOCATION OF UNDERGROUND TELEPHONE, ELECTRIC, GAS MAINS, CABLE TELEVISION, AND CITY UTILITIES.

LEGAL DESCRIPTION:

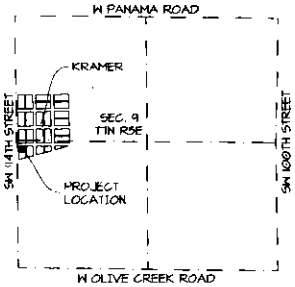
LOTS 17 & 18, BLOCK 10
ORIGINAL TOWN OF KRAMER
NW 1/4 NW 1/4 SECTION 9 T1N R5E
LANCASTER COUNTY, NEBRASKA

ADDRESS:

11365 WEST KRAMER STREET

SOIL TYPE:

MAYBERRY SILTY CLAY LOAM (MeD2)



N
VICINITY MAP
NOT TO SCALE

CONSTRUCTION NOTES

1. ABANDON EXISTING SEPTIC TANK AND LATERALS
2. SCHIER MODEL GB-50 GREASE INTERCEPTOR
3. 1,500 GALLON ,TWO COMPARTMENT, FIXED ACTIVATED SLUDGE TANK WITH RETRO-FAST 0.375 UNIT BY BIO-MICROBICS, SEE DETAIL THIS SHEET
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5. ABANDON AND CAP WELL

PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10521
STATE OF NEBRASKA

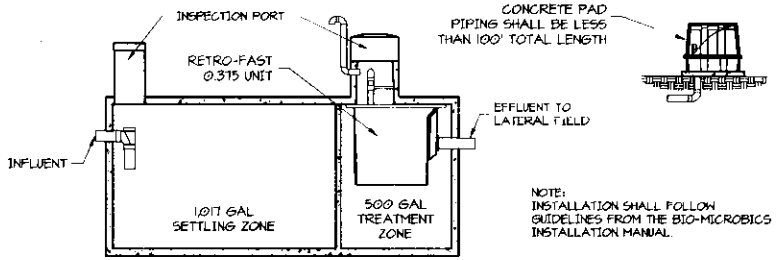
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FIXED ACTIVATED SLUDGE TANK
SCALE: 1" = 3'

KRAMER BAR & GRILL
ONSITE WASTEWATER TREATMENT SYSTEM
KRAMER, NEBRASKA

2/5/16

SITE PLAN

Design Associates
of Lincoln, Inc.
ARCHITECTS • ENGINEERS • PLANNERS
PERSHING SQUARE, 1609 "N" STREET LINCOLN NEBRASKA 68508
Phone 402-474-3000 officeda@aol.com Fax 402-474-6343

C-1

SCANNED

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

A

Permit Number
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Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 8-31-17 Amount Paid 395.00
Received By LC Cash/Check No. cc

2629

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

Form A Updated: 5/10

SCANNED

C

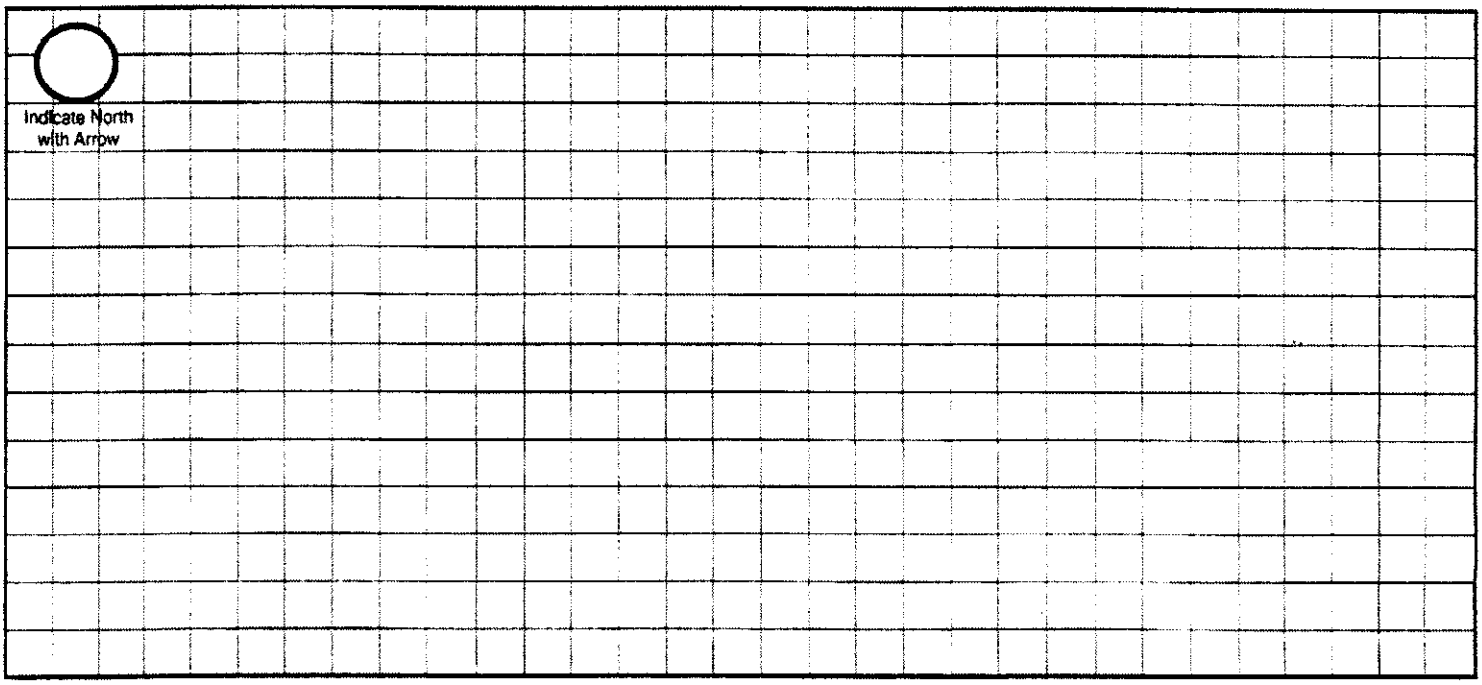
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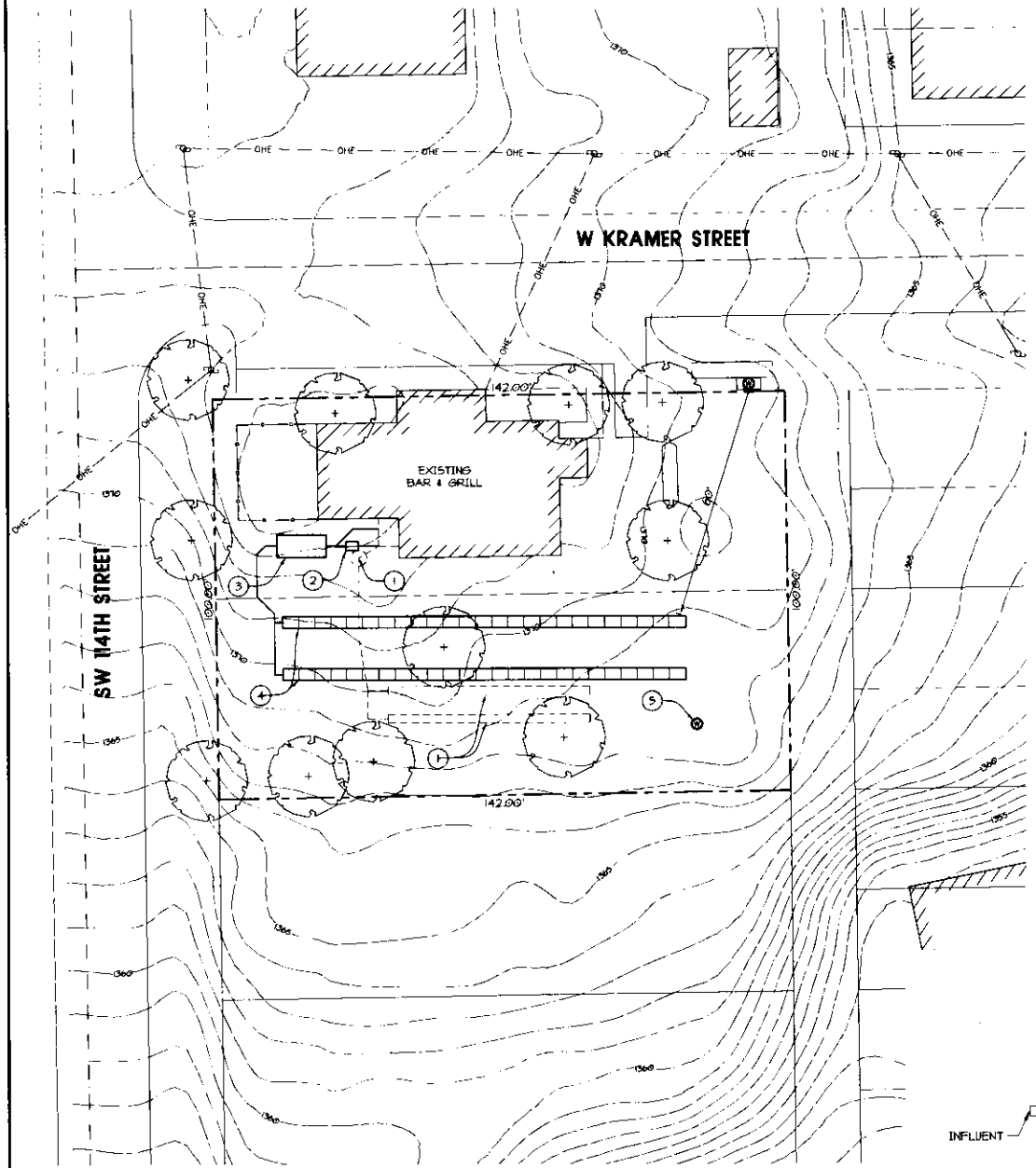
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F. Required Signatures

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Installer _____ Date 29 Aug 2017

Onsite Form C 12_06



N

SITE PLAN

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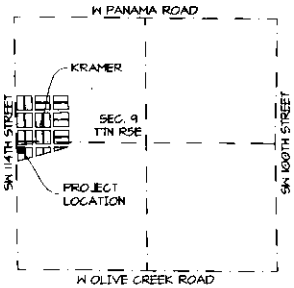
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ORIGINAL TOWN OF KRAMER
NW 1/4 NW 1/4 SECTION 9 T1N R5E
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ADDRESS:

11365 WEST KRAMER STREET

SOIL TYPE:

MAYBERRY SILTY CLAY LOAM (MeD2)



N

VICINITY MAP

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PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10521
STATE OF NEBRASKA

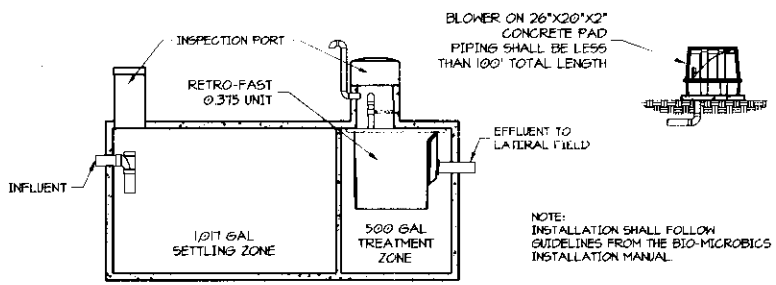
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KRAMER BAR & GRILL
ONSITE WASTEWATER TREATMENT SYSTEM
KRAMER, NEBRASKA

25116

SITE PLAN

Design Associates
of Lincoln, Inc.
ARCHITECTS • ENGINEERS • PLANNERS
PERSHING SQUARE 1609 "K" STREET LINCOLN, NEBRASKA 68508
Voice 402-474-3000 office@DesAssoc.com Fax 402-474-4345

C-1

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. HS001526

System Type: Standard

Situs: 11365 W KRAMER ST, RURAL, NE

Issued: 9/5/2017

Expires: 9/5/2018

Description: KRAMER, BLOCK 10, Lot 17 - 18

Owner: ROTH, MICHAEL & TAMMY
11365 W KRAMER ST
KRAMER, NE 68333

Shavonna M. Lausterer, MPH, CPH, 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.

Shavonna M. Lausterer, MPH, CPH
Health Director

BLAIN JOHNSON
8533 E STATE HWY 41
ADAMS, NE 68301

SCANNED

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

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Site visits
Date rec'd 9/5/17 ACTION ☒ Approved ☐ Disapproved
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Date frwd Signature

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

Installation Final Written Approval
By
Date 8/20/18

Business Office Use Only
Date Received 8-31-17 Amount Paid 395.00
Received By LC Cash/Check No. cc

2629

White - Health Department Yellow - Engineer Pink - Building Inspector

Form A Updated: 5/10

* NDEQ Permit issued. * Engineered system w/ Biomedics unit

Nate C. Hartman

From: Blain Johnson <xlcontracting10@gmail.com>
Sent: Tuesday, September 05, 2017 10:15 AM
To: Nate C. Hartman
Subject: Fwd: Kramer bar perc sheet
Attachments: 10261101.PDF.pdf

Begin forwarded message:

From: Blain Johnson <xlcontracting10@gmail.com>
Subject: Kramer bar perc sheet
Date: May 1, 2017 at 10:26:12 AM CDT
To: Jeremy Williams <jeremy.williams@daoflincoln.com>

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Kramer Bar Mike Roth Phone 402 838 9061

Address 11365 W Kramer St. Crete NE 68333
Kramer NE (City) (State) (Zip)

Location (Attach a sketch of the property showing test hole locations)

___ ¼ ___ ¼ ___ Section ___ Township ___ Range ___ County

Lot # ___ Subdivision ___

Soil Type (Check one)

Sand ___ Silt ___ Clay ___ Sandy Clay ___ Loamy Sand ___ Silty Clay ___

Silty Clay Loam ___ Sandy Loam ___ Silt Loam ___

Dates of Test

Start Date 3/7 to End Date 3/8, 2017

Weather Conditions

Precipitation 0 Avg. Temp 54 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period Start Date (Mo./Day)	Pre-saturation Period Start Time (Hr./Min)	Pre-saturation Period End Date (Mo./Day)	Pre-saturation Period End Time (Hr./Min)	Percolation Readings (last period) Start Date (Mo./Day)	Percolation Readings (last period) Start Time (Hr./Min)	Water Level (inch)	End Time (Hr./Min)	Water Level Drop (inch)	Results: Elapsed Time (minutes)	Drop in Water Level (inches)	Percolation Rate (m ÷ l) (Minutes per inch)
East 1	28"	3/7	9a	3/8	8a	3/8	11:40a	6"	12:10p	2 1/4	30min	2 1/4	13.33
middle 2	29"	〃	〃	〃	〃	〃	〃	〃	〃	3 1/4	〃	3 1/4	9.23
west 3	28"	〃	〃	〃	〃	〃	〃	〃	〃	2	〃	2	15

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature

Certificate or License # C2287

Address 8533 East State Hwy 41

City Adams St NE Zip 68301

Phone 402 410 2270

Sum of Percolation Rates = 37.56

Avg. of Percolation Rates* = 12.52
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

Nate C. Hartman

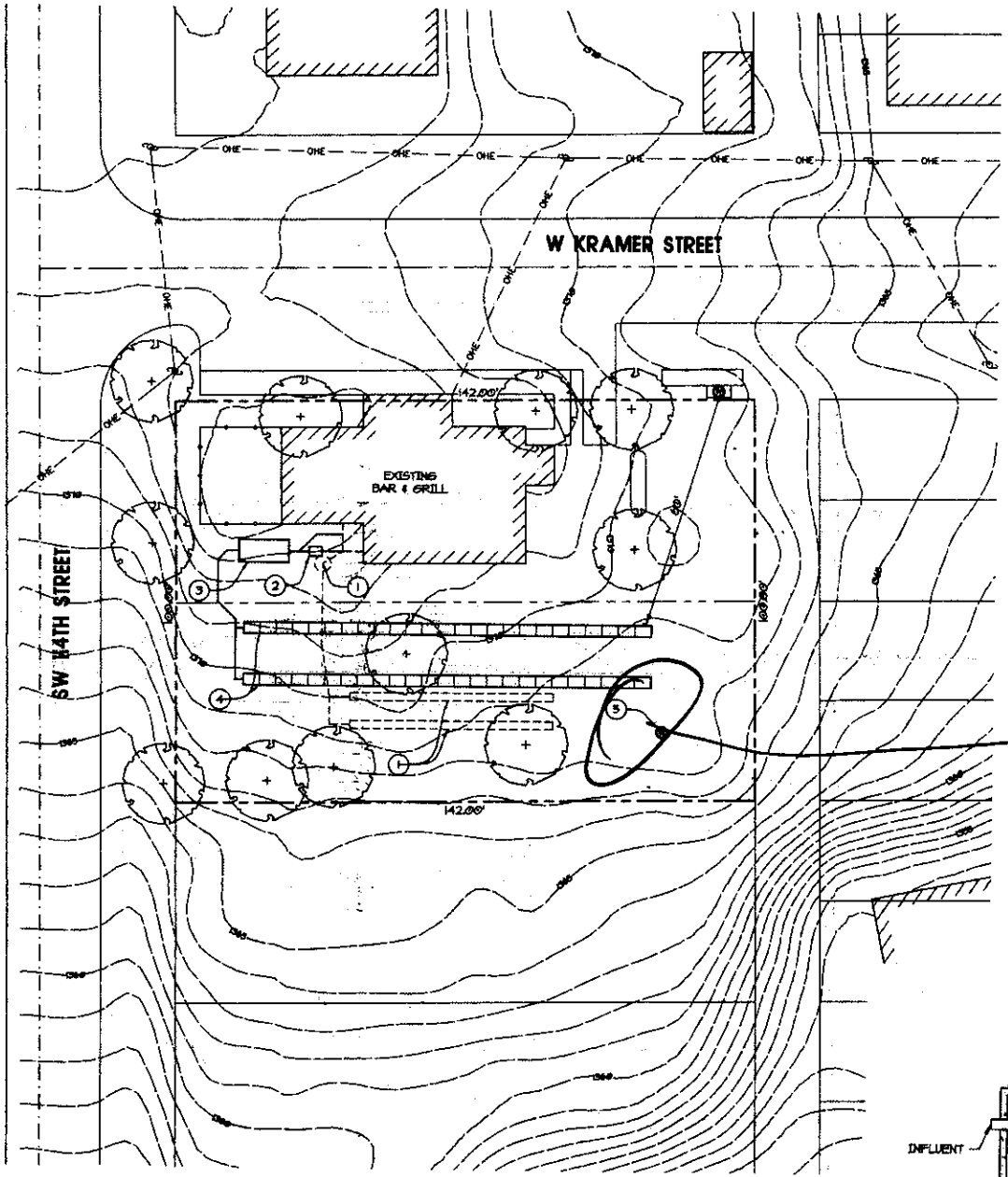
From: Jeremy Williams <jeremy.williams@daoflincoln.com>
Sent: Tuesday, September 05, 2017 10:51 AM
To: Nate C. Hartman
Cc: 'Blain Johnson'
Subject: Kramer Bar OWTS
Attachments: 17OWT021 plan.pdf; 17OWT021 permit.pdf

Nate,

Attached are approved plans for the Kramer Bar OWTS. We will also provide correspondence with NDEQ about proposed modifications to the system layout.

Thanks,

Jeremy Williams, P.E.
Design Associates of Lincoln, Inc.
1609 'N' Street
Lincoln, NE 68508
O: 402-474-3000 M: 402-440-4156



SITE PLAN
SCALE: 1" = 20'

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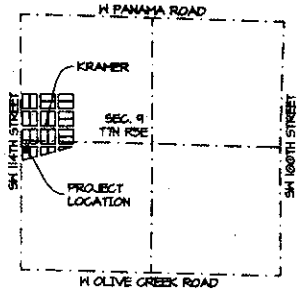
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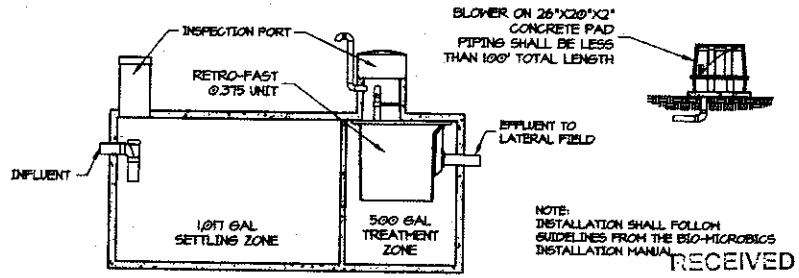
PROFESSIONAL CIVIL ENGINEER
JEREMY J. WILLIAMS
E-10521
STATE OF NEBRASKA

Ben Hoff
Decam3500

Pollution Control Project
17 WT 021
APPROVED
DEQ
25 DEC 17

GENERAL NOTES:

1. ALL WORK SHALL CONFORM TO TITLE 124 - NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY, RULES AND REGULATIONS FOR THE DESIGN, OPERATIONS AND MAINTENANCE OF WASTEWATER ON-SITE WASTEWATER TREATMENT SYSTEMS.
2. THE ON-SITE WASTEWATER TREATMENT SYSTEM SHALL BE INSTALLED BY A CERTIFIED ON-SITE WASTEWATER PROFESSIONAL.
3. ALL GRAVITY DISTRIBUTION LINES SHALL BE 4" PVC, SCHEDULE 40 AND SHALL HAVE A GRADE OF NOT LESS THAN 1/8" PER FOOT. ALL LINES SHALL BE EQUIPPED WITH CLEAN-OUTS WITH TIGHT FITTING CAPS, AT EVERY SEVENTY-FIVE FEET OR LESS, OR WHERE ANGLES GREATER THAN 45 DEGREES ARE ENCOUNTERED.
4. IT IS RECOMMENDED THAT A WATER METER BE INSTALLED ON THE WATER SUPPLY LINE SO THAT THE OWNER CAN MONITOR WATER USAGE AND ENSURE THAT NO MORE THAN 382 GALLONS PER DAY IS BEING USED.



FIXED ACTIVATED SLUDGE TANK
SCALE: 1" = 3'

NOTE:
INSTALLATION SHALL FOLLOW GUIDELINES FROM THE BIO-MICROBICS INSTALLATION MANUAL.

RECEIVED
MAY 1 2017
Nebraska Dept of Environmental Quality
By: DLO#182

25 APR 2017

KRAMER BAR & GRILL
ONSITE WASTEWATER TREATMENT SYSTEM
KRAMER, NEBRASKA

25116
SITE PLAN

C-1

NEBRASKA

Good Life. Great Environment.

DEPT. OF ENVIRONMENTAL QUALITY

COPY

JUL 11 2017

Pete Ricketts, Governor

Michael & Tammy Roth
11365 West Kramer Street
Kramer, NE 68333

RE: Construction Permit for Alternative Design System - **17OWT021**
11365 Kramer Street, Kramer
NW ¼, SW ¼, S09, T07N, R05E, Lancaster County
NDEQ ID: **95663**
Program ID: **17OWT021**

Dear Mr. & Mrs. Smith:

Construction shall be as described in the approved documents. It is your responsibility to make sure the facility is built as approved and all regulatory requirements met. We strongly recommend that you meet with your engineer and installer prior to construction to review the approved plans and specifications. If any modifications are necessary, Title 124 requires that you obtain written approval from the Department before changes are made to the system design.

An operating permit is required for use of this onsite system. After the system has been constructed, your Installer must properly register the system (submit completed form and fees) and your engineer must submit the construction completion card to the Department. A permit checklist, system registration form for a Title 124 permit system, and Engineer's notification of construction completion form have been enclosed to assist you with this process. Additionally, copies have been sent to your engineer. Once the system registration has been submitted by your Installer and the notification of construction completion submitted by your Engineer, the Department will evaluate for compliance and issue an operating permit if all regulatory requirements have been met.

Documents describing the above-referenced project have been approved and stamped accordingly. Pursuant to Neb. Rev. Stat. Sec. §81-1506(2)(Reissue 1987) and the requirements found in Nebraska Administrative Code Title 124, a permit for construction (enclosed) is hereby granted. This construction permit expires one year from the date of issuance. You may request renewal (subject to any changes in regulations and Department approval) prior to expiration.

Three sets of documents were submitted as part of the Title 124 permit application. One set of documents has been retained for the public record. The remaining documents are being returned to the submitting engineer for distribution.

20170049864

The Bio-Microbics treatment system must be installed and serviced by an NDEQ certified onsite wastewater professional, who is also authorized by the manufacturer to install and service the treatment equipment. Once the manufacturer's warranty has expired on the treatment equipment, you are required to keep a Service/Maintenance contract with a certified professional for the life of the equipment.

Compliance with minimum sanitary engineering design criteria was the only consideration in the review of this project. Items such as quality of material, electrical and mechanical design features and structural soundness, were not considered unless specifically noted in the review comments. This approval does not release you, the owner, from your responsibility to provide an operable facility.

Local zoning, siting or building code requirements are separate from and in addition to the requirements found in the Nebraska Administrative Code administered by the Department. Please continue to work with local officials to ensure any local requirements are met.

If you have any questions please contact Mark Bauer in the NDEQ Onsite Unit at mark.bauer@nebraska.gov, or (402) 471-8283.

Sincerely,

Shelley Schneider

Shelley Schneider
Water Permits Division Administrator

Enclosures: Owner Checklist, Permit Registration, and Engineer Construction Completion

Cc: Jeremy Williams, Design Associates of Lincoln, 1609 N Street, Lincoln, NE 68508
Nate Hartman, Lincoln-Lancaster County Health Dept., 3140 N Street, Lincoln, NE 68510

Nebraska Department of Environmental Quality

Construction Permit No. 17OWT021

is hereby issued to

Michael & Tammy Roth

for the

352 Gallon per Day Onsite Wastewater Treatment Alternative Design System

Description:

The system shall be comprised of a 1,500 gallon two-compartment septic tank, with a Bio-Microbics Retrofast 0.375 aerobic treatment unit. The soil absorption system shall consist of two trenches of gravelless chambers, without filter material, each trench 100 feet in length. Minimum size of the soil absorption area is 250 square feet, based on a soil percolation rate of 12.5 mpi. Controls and visual/audio alarm panel will be mounted in an accessible location. A maintenance agreement with a certified and manufacturer authorized installer is required for the life of the system.

located at

11365 West Kramer Street, Kramer
NW ¼, SW ¼, Sec. 09, T07N, R05E, Lancaster County

Pursuant to a Delegation Memorandum dated August 22, 2016, and signed by the Director, the undersigned hereby executes this document on behalf of the Director.

Signed 7/10/17

Shelley Schneider

Shelley Schneider, Water Permits Division Administrator

Suite 400, The Atrium, 1200 "N" Street, P. O. Box 98922, Lincoln, Nebraska, 68509-8922
Phone (402) 471-2186. Fax (402) 471-2909

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) 11365 west Kramer St.

Owner: Mike Roth Address Kramer Bar

A. Wastewater Piping

1. Material: Plastic Diameter: 4 in.
2. Distance between dwelling and septic tank: 20 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: (2) 1000 gallon
3. Depth to top of tank, below unfinished grade: 12 in. 6
4. Distance to:
   Well 120 ft.
   Pressure line NA ft
   Property Line 10 ft.
   Foundation 10 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 5 ft. 20

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Plus 24"
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 100 ft. 100 ft. ____ ft. ____
4. Drainfield size: 720 sq. ft. PH
5. Distance to:
   Well 50 ft.
   Pressure line NA ft.
   Property line 20 ft.
   Depth of Groundwater 128

PH

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☒ Yes ☐ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: [signature] Date: 27 Oct 2017

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

* System designed as per NDEQ Regs New system isn't any closer to well than old failed system was. - Bio Microbes unit installed - basically clean water discharge -

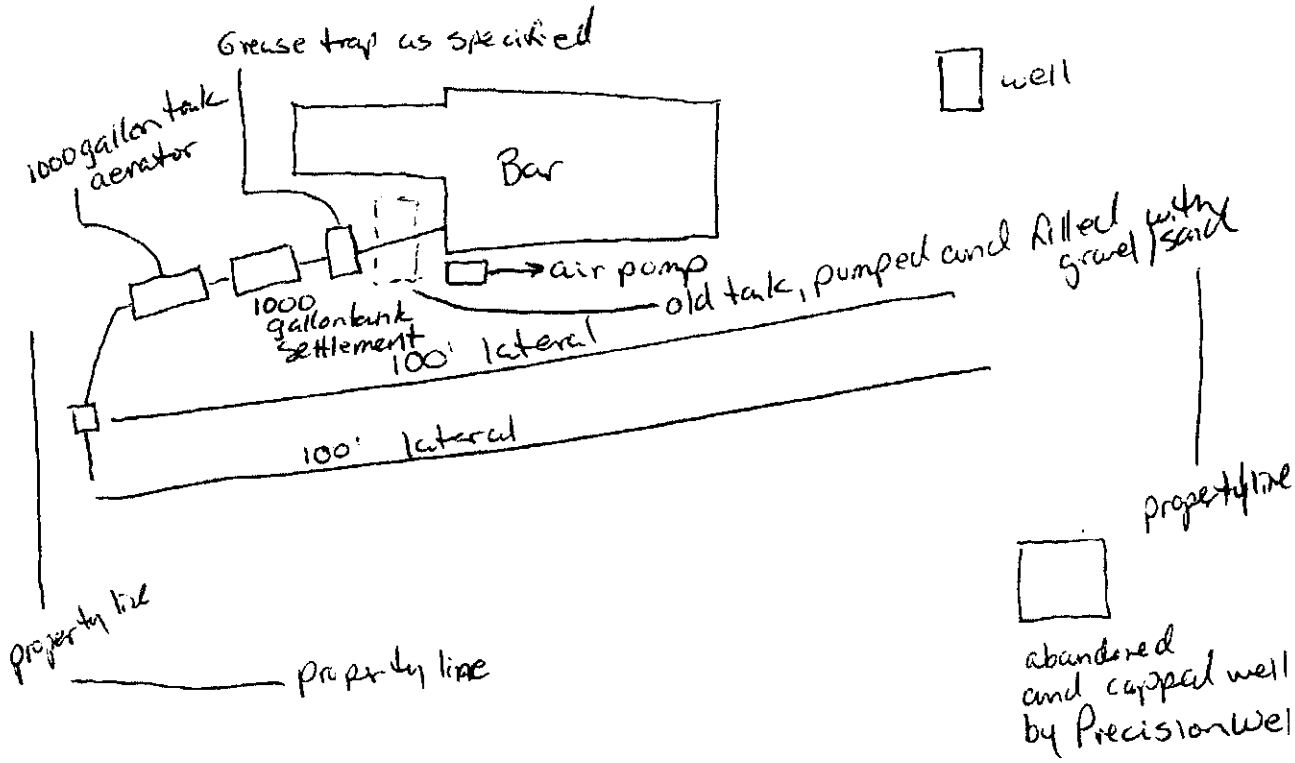
Updated 4/15

Nate C. Hartman

From: Blain Johnson <xlcontracting10@gmail.com>
Sent: Tuesday, November 07, 2017 6:28 PM
To: Nate C. Hartman
Subject: kramer bar as built
Attachments: 05031202.PDF

N

11365 west kramer st



Onsite Wastewater Treatment System
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Distance **and** Direction from septic tank: 5 ft. 20

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless: Infiltrator Quick 4 Plus 29"
2. Number of Laterals: 2
3. Length of each lateral (linear): ft. 100 ft. 100 ft. ____ ft. ____
4. Drainfield size: 720 sq. ft.
5. Distance to:
   Well 50 ft.
   Pressure line NA ft.
   Property line 20 ft.
   Depth of Groundwater 128

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

Nate C. Hartman

From: Blain Johnson <xlcontracting10@gmail.com>
Sent: Tuesday, November 07, 2017 6:29 PM
To: Nate C. Hartman
Subject: kramer bar D sheet
Attachments: 05031204.PDF

SCANNED

C

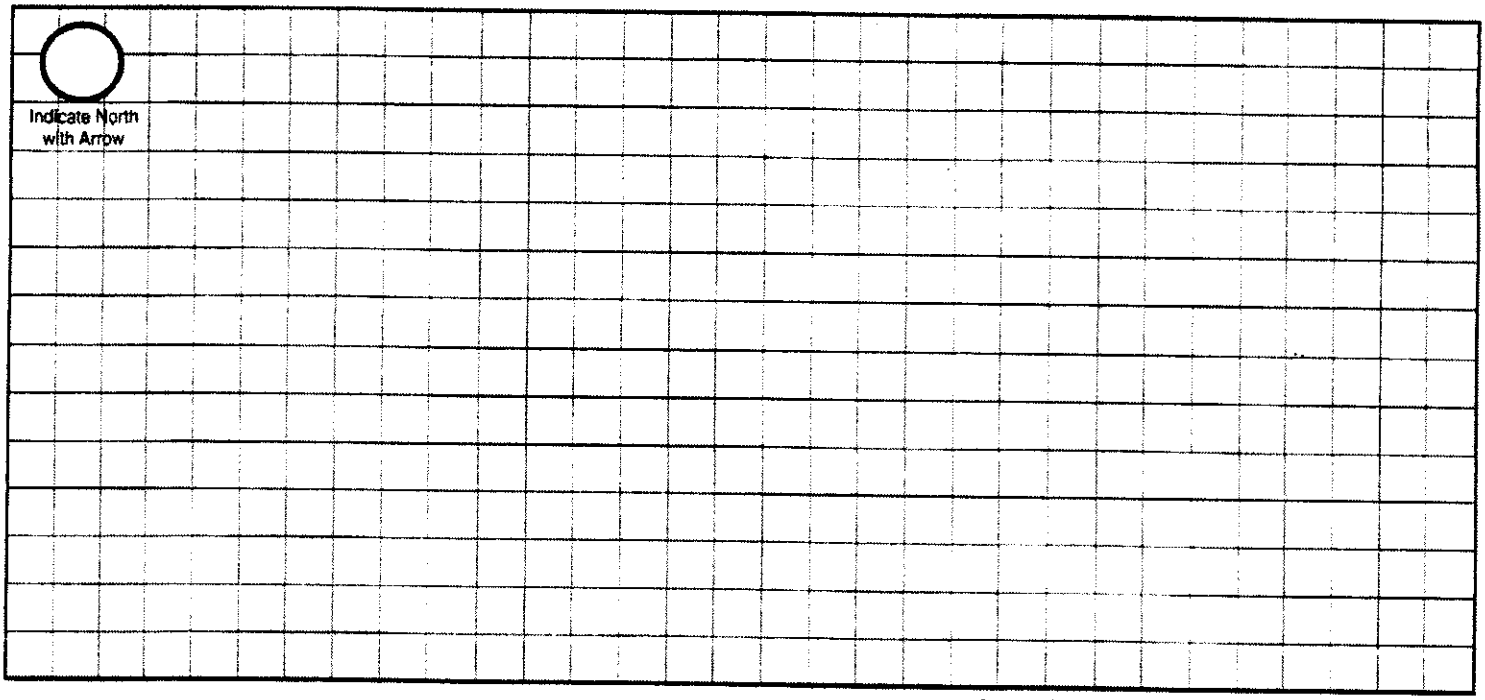
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 11365 W Kramer St. City Crete NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 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 12.52 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 200' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 36 No. of drop boxes 1 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)	NO 100 ☐	500 ☐	50 ☑	4 ☑	30 NO ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

F. Required Signatures

Home Building Contractor _____ Date _____

Installer _____ Date 29 Aug 2017