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

A

Permit Number HS001786

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 7650 W. Bluff Rd (no rural route) City Malcolm, NE Zip 68402

Legal Description ____ S14 T11 R5 ____ 26

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

PID 05-14-400.006-000 *Approx. Address (If to be determined) ____

B. Owner

Name Mike Morran Signature ____

Address 7650 W Bluff Rd City/State/Zip Malcolm NE 68402

Home Phone 402-416-7265 Work Phone ____

C. Certified Installer

Name: Josh Veskerna Signature ____

Address P.O. Box 306 City/State/Zip Wahoo, NE 68066

Work Phone (402) 720-3951

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 20

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify ____ Design flow in gallons per day 500

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

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 12-20-16 Amount Paid $420.00
Received By JAC Cash/Check No. 14164

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

Form A Updated: 4/15

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3131 "O" Street • Lincoln, NE 68510-1514
Phone: 402-441-8643

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 7650 W. Bluff Rd (no rural route) City Malcolm NE, Zip 68402

Owner Mike Morrow Address

Date of Tests 12-11 to 12-12 Weather: Precipitation 0 Temperature 45°

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	3'	12/11	1:00	12/12	1:00	12/12	1:00	6	12/12	5:00	30min	5	6
2	3'	12/11	1:00	12/12	1:00	12/12	1:00	6	12/12	5:00	30min	4	7.5
3	3'	12/11	1:00	12/12	1:00	12/12	1:00	6	12/12	5:00	30min	4	7.5
4	3'	12/11	1:00	12/12	1:00	12/12	1:00	6	12/12	5:00	30min	5	6
5	3'	12/11	1:00	12/12	1:00	12/12	1:00	6	12/12	5:00	30min	4	7.5
6	3'	12/11	1:00	12/12	1:00	12/12	1:00	6	12/12	5:00	30min	4	7.5
								6					
								6					

Person Conducting Percolation Test

Name: Josh Veskrna
Phone: (402) 720-3951
Address: PO. Box 306 Wahoo, NE. 68066

Sum of Percolation Rates: 42
Average of Rates: 7
Rate Used for Calculation: 7 MPI

Soil type (NRCS Maps/Other)
Groundwater Depth: Dug Test hole Tol 8' and hit no Ground Water

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official Date

CONDUCTING A PERCOLATION TEST

READ THOROUGHLY

DIAGRAM OF PERCOLATION TEST PROCEDURE

Natural Ground Level

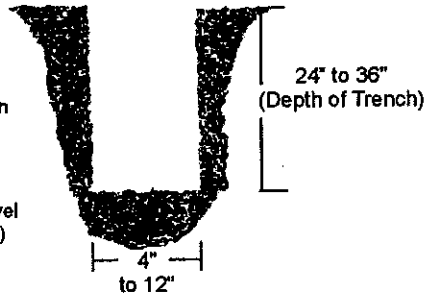
I. Number, Size and Location of Test Holes

A. Dig six or more holes spaced evenly over proposed drainfield.

B. Scratch smeared areas on the bottom 12" of hole.

C. Remove loose material from hole.

D. Add 2" layer of clean gravel in hole. Gravel (1/4"-3/4") may be placed in a nylon mesh bag so it can be used again.



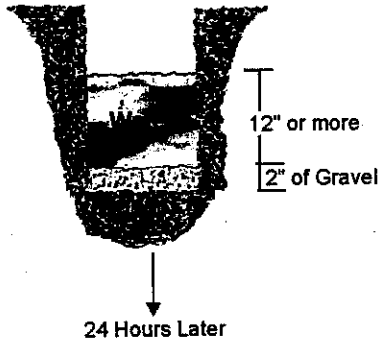
II. Saturation/Swelling of Soil

A. Fill hole with at least 12" of clear water.

B. **MAINTAIN THIS WATER LEVEL FOR 4 HOURS.**

C. Record on Form B, Columns A to F

D. **Must wait 24 hours before beginning Step III.**



III. Water Level Drop Measurement (Refer to instructions 4a, b or c)

A. Adjust water level to 6".

B. Measure from fixed reference point (nail) to water, or use a percometer.

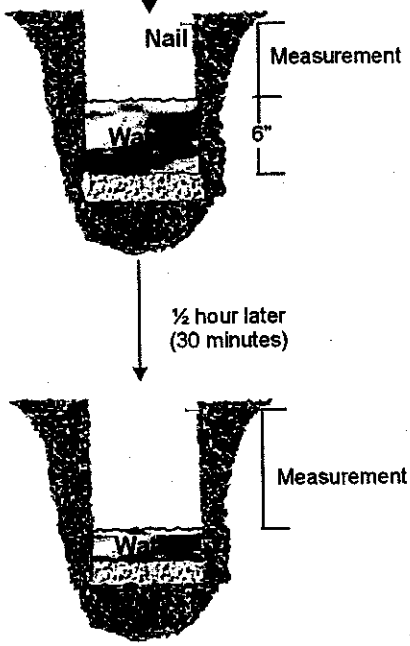
C. Record measurement and time on scratch paper.

D. 30 min. later re-measure and record time.

E. After each measurement, refill to 6" above gravel.

F. Continue for 4 hours taking readings evey 30 min. (Refer to 4b for exception)

G. Last 30 min. reading is used in filing out Form B. Record in Column G through M.



IV. The Department will calculate Percolation Rates.

Instructions

1. Percolation test holes. Percolation tests should be made in 6 or more separate holes spaced uniformly over proposed drainfield. Dig or bore holes 4 to 12" in diameter to the depth of the bottom of drainfield trench. (If sides of hole collapse, a slotted PVC plastic pipe and gravel pack may be needed to support the sides of the hole.) Do not dig holes in soil that is above the plastic limit or where frost is within 12" from the bottom of hole.
2. Preparation of test hole. Scratch any smeared areas on the bottom 12" of hole with nails driven into a 1x2" board to provide a natural soil interface for water to percolate. Remove all loose soil from bottom of hole. Add 2" of clean gravel to protect the bottom from scouring when water is put into hole.
3. Saturation and swelling of the soil. Fill holes with clear water to a depth fo 12" or more above gravel and maintain this water level at least 4 hours (add water as necessary). Do not remove water from holes. Holes should be covered with boards during the 20 hrs. wait before the test begins. Soils with slow permeability or containing greater than 30% clay will require several days saturation for thorough swelling in a dry season. The accuracy of the percolation test depends on thorough saturation and swelling of soil. Sandy soil containing no clay does not swell. The percolation test may proceed immediately if the 12" of water seeps away in 10 min. or less after filling holes twice. Proceed to Step 4c.
4. Measure percolation rate. Measurements must be made 24 hrs after starting saturation/swelling procedure described above. Record results on the front of this form and the Department will complete the calculations.

   a. If water remains in hole after the saturation/ swelling period, adjust depth to 6" above gravel. From a fixed point, measure the drop in water level over a 30 min. period to nearest 1/8". This drop is used to calculate percolation rate.

   b. If no water remains in hole after the saturation/ swelling period, add 6" of clear water above gravel. From a fixed point, measure the drop in water level to nearest 1/8" at 30 min. intervals for 4 hrs. Refill to the 6" level above gravel after each measurement. The drop that occurs during the last 30 min. of the 4 hrs. is used to calculate the percolation rate (when 3 consecutive percolation rates vary by no more than 10%, the test can stop before the end of 4 hr. period).

   c. In sandy soils, or other soils in which t he first 6" of water seeps away in less than 30 min., allow 10 min. between measurements and run the test for 1 hr. The drop that occurs during the last 10 min. of 1 hour is used to calculate the percolation rate. If 6" of water seeps away in less than 10 min., use a stopwatch.
5. Record test results on the front of this form. The average of the percolation rates calculated for all holes in 30 (10) min. will usually be the rate used to size the drainfield. Exceptions are the use of the slowest percolation rate when rates vary more than 20 mpi between holes or when other soil evaluation indicates a problem.

LLCHD reserves the right to witness or perform percolation tests and to required additional soil or groundwater information.

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

D

Permit Number:

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) _____

Owner: Mike Morrow Address 7650 W. Bluff Rd

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: _____ ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 30 in.
4. Distance to:
   Well 100 ft.
   Pressure line 100 ft
   Property Line 160 ft.
   Foundation 80 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 5 ft. O

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamber ☐ Other
   Material brand and inside width of Chamberless: Infiltrator 48 x 36"
2. Number of Laterals: 70
3. Length of each lataral (linear): ft. 140 ft. O ft. 140 ft. O
4. Drainfield size: 840 sq. ft.
5. Distance to:
   Well 150 ft.
   Pressure line 150 ft.
   Property line 200 ft.
   Depth of Groundwater Over 12'

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

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

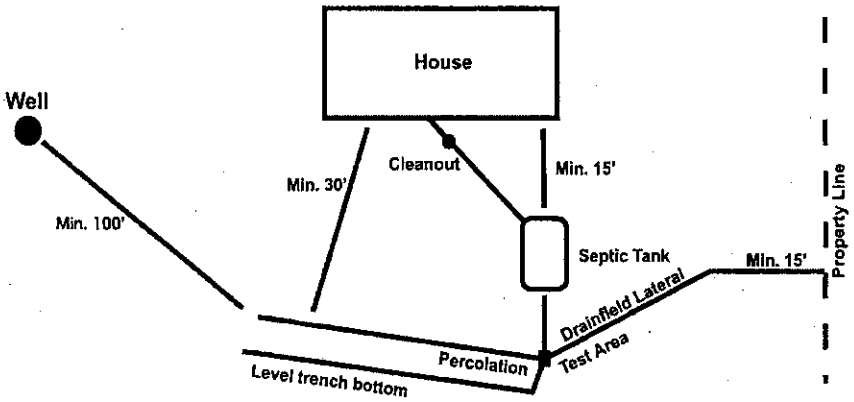
I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: _____ Date: _____

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

Onsite Wastewater System Design (Example)

Indicate North
w/ Arrow Here:



*Note-If Lagoon, show all applicable dimensions

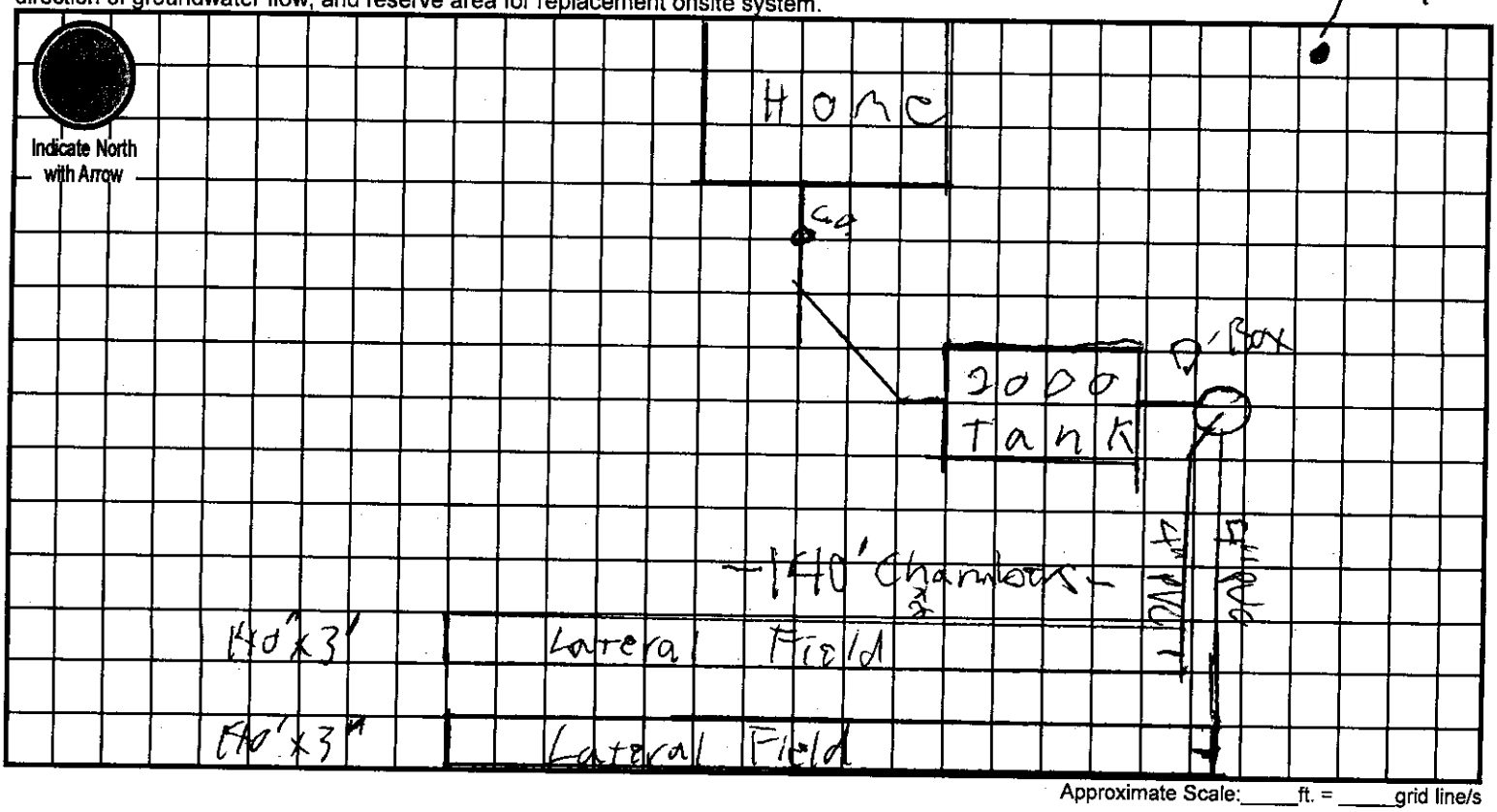
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

Draw a plot plan showing onsite system sewer lines, tank, drop or distribution boxes, drainfields, percolation test holes, well, residence, direction of groundwater flow, and reserve area for replacement onsite system.



Approximate Scale: ____ ft. = ____ grid line/s

A. Onsite System Location

Address (no rural route) 7650 W. Bluff Rd City Malcolm NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap. 2000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____ ☐ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 7 (min/inch = mpi) No. of Bedrooms 4 Soil Type _____ Land Slope 5 %

☒ Trench ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) Total square feet of drainfield 840 Sq. Ft.

Total length of laterals 2-140' & 280 Type of Distribution: ☐ Perforated Pipe ☐ Half-Round ☒ Chambers ☐ Other _____

No. of Absorption Trenches 2 Width 40 in. No. of Drop Boxes 0 Distribution Box 1

No. of Absorption Beds _____ Width _____ No. of Distribution Lines per Bed _____

Installer Josh Veckerna Date: 12-18-18

Updated 2/18

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001786

System Type: Standard

Situs: No Site Address Specified

Issued: 12/26/2018

Expires: 12/26/2019

Description: S14, T11, R5, 6th Principal Meridian, LOT 26 S1/2

Owner: MORROW FAMILY REVOCABLE TRUST
7650 W BLUFF RD
MALCOM, NE 68402

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

JOSH VESKERNA
PO BOX 306
WAHOO, NE 68066

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

SCANNED

A

Permit Number
#S001786

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☐ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 7650 W. Bluff Rd (no rural route) City Malcolm, NE Zip 68402

Legal Description 5 14 T11 R5 26
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 05-14-400.006.000 *Approx. Address (If to be determined)

B. Owner

Name Mike Morran Signature

Address 7650 W Bluff Rd City/State/Zip Malcolm NE 68402

Home Phone 402-416-7265 Work Phone

C. Certified Installer

Name: Josh Veskerna Signature

Address P.O. Box 306 City/State/Zip Wahoo, Ne 68066

Work Phone (402) 720-3951

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 20
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 500

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd 12/26/18
Date frwd 12/26/18
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 1/3/19

Business Office Use Only
Date Received 12-20-18 Amount Paid $420.00
Received By JNC Cash/Check No. 14664

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

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: H5001786

Onsite Wastewater Treatment System

Inspection Sheet

Date 1/3/19 Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 7650 W. Bluff 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 1087.5 Sq. Ft. (6 Pages) Tank Size _____ gals

Total length of laterals 300 Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 2 Width 3' No. of Drop Boxes 0 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 _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DH Date 12/21/18

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 1/3/19

Field Note Drawing (See Reverse Side):

Public Road
Proposed Access
Well
Proposed Tank Battery
150
150
150
Fig. 2

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

008567

(402) 441-8000

Permit: SEWAGE INSTALLATION
LAGOON

Permit # 06380314001

Issued 01/09/06
Expires 01/09/07
Revenue Code 3157

Establishment: MICHAEL & CAROL MORROW
T11N R5E SEC 14
7650 W BLUFF RD-MALCOLM

FEES: $275.00

Permittee: MICHAEL & CAROL MORROW
5000 NW 4 CIR
LINCOLN NE 68521

TOTAL: $275.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

A

Permit Number: 06380314001

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 7650 West Bluff Road (no rural route) City Malcolm NE, Zip 68402

Legal Description ____ ____ 14 11N 5E ____ ____ ____ ____
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name Michael + Carol Morrow Signature Carol A Morrow Michael E. Morrow

Address 5000 NW 4th Cir. City/State/Zip Lincoln NE 68521

☐ Check if owner designed system Home Phone 438-1260 Work Phone 416-7161

C. Contractor

Name - Self - Company Name _____

Address _____ City/State/Zip _____

☐ Check if contractor designed system Work Phone _____

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name Mike Casement Firm Capital City Trenching Work Phone 432-7880

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 4 Is there a Whirlpool Bathtub (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. 2832

1. **Health Department** Date rec'd 1/9/06 Date frwd 1/10/06 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Rose
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd _____ Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 1-10-06 Date frwd 1-10-06 ACTION ☒ Approved ☐ Disapproved Signature _____

4/14/06 line + lagoon - need fence DJ.

Installation Final Written Approval

By _____

Date 7/20/06

Business Office Use Only
Date Rec'd 1/9/06
Amt Paid 275.00
Rec'd By CW Cash/Check No. 6973

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

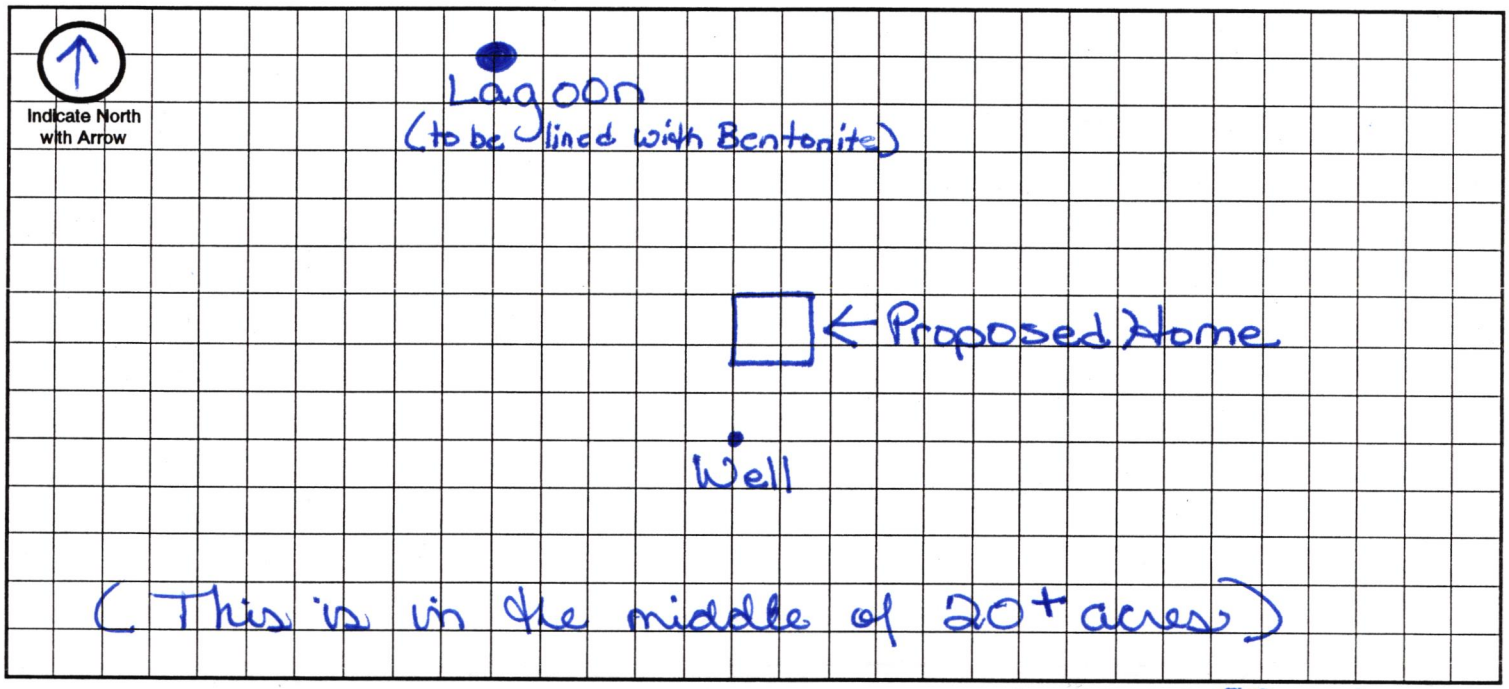
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

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: 50 ft. = 1 grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 7650 West Bluff Road City Malcolm NE, Zip 68~~527~~ 402

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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

Type of Absorption System: ☐ Trench ☐ Bed ☐ Other _____

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

Type of Lateral: ☐ Half-Moon ☐ Perforated Pipe ☐ Other Lateral Material: _____

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

Total Length of Laterals _____ 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 SELF Date _____

Installer Capital City Trenching Date 1-9-06

FORM 23-102 10-96

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

D

Permit Number:

Sewage Disposal System

As Built Plans & Specifications

Date 4-14-06

System Location (Indicate correct number and street)

Address 7650 W. Bluff RD. City _____ NE, Zip _____
(no rural route)

A. Building Sewer

1. Material: PVC
   Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: _____ in.
3. Distance between dwelling and septic tank: _____ 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: _____
   Number of compartments: _____
2. Capacity: _____ gal.
3. Factory built: ☐ Yes ☐ No
4. Manholes: Over inlet, diameter _____ in.
   Over outlet, diameter _____ in.
   Riser: ☐ above ☐ below grade _____ in.
5. Inlet: ☐ baffle ☐ tee
6. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: _____ in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: _____
   Number available outlets: _____
2. Factory built: ☐ Yes ☐ No
3. Distance from septic tank: _____ ft.

D. Absorption Field

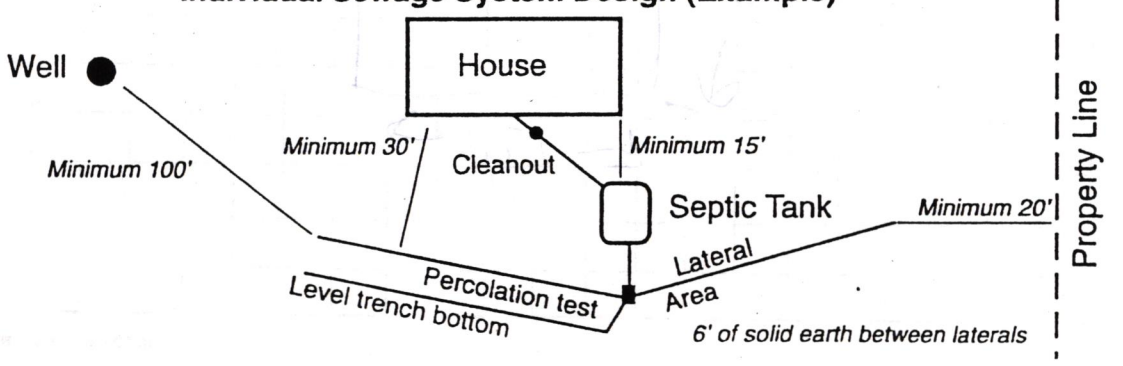
(Provide as-built drawings on back of this form)

1. Type: ☐ Half rounds ☐ Perforated pipe
   Diameter of half round: _____
   or perforated pipe: _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Trench dimensions: Width _____ ft.
   Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

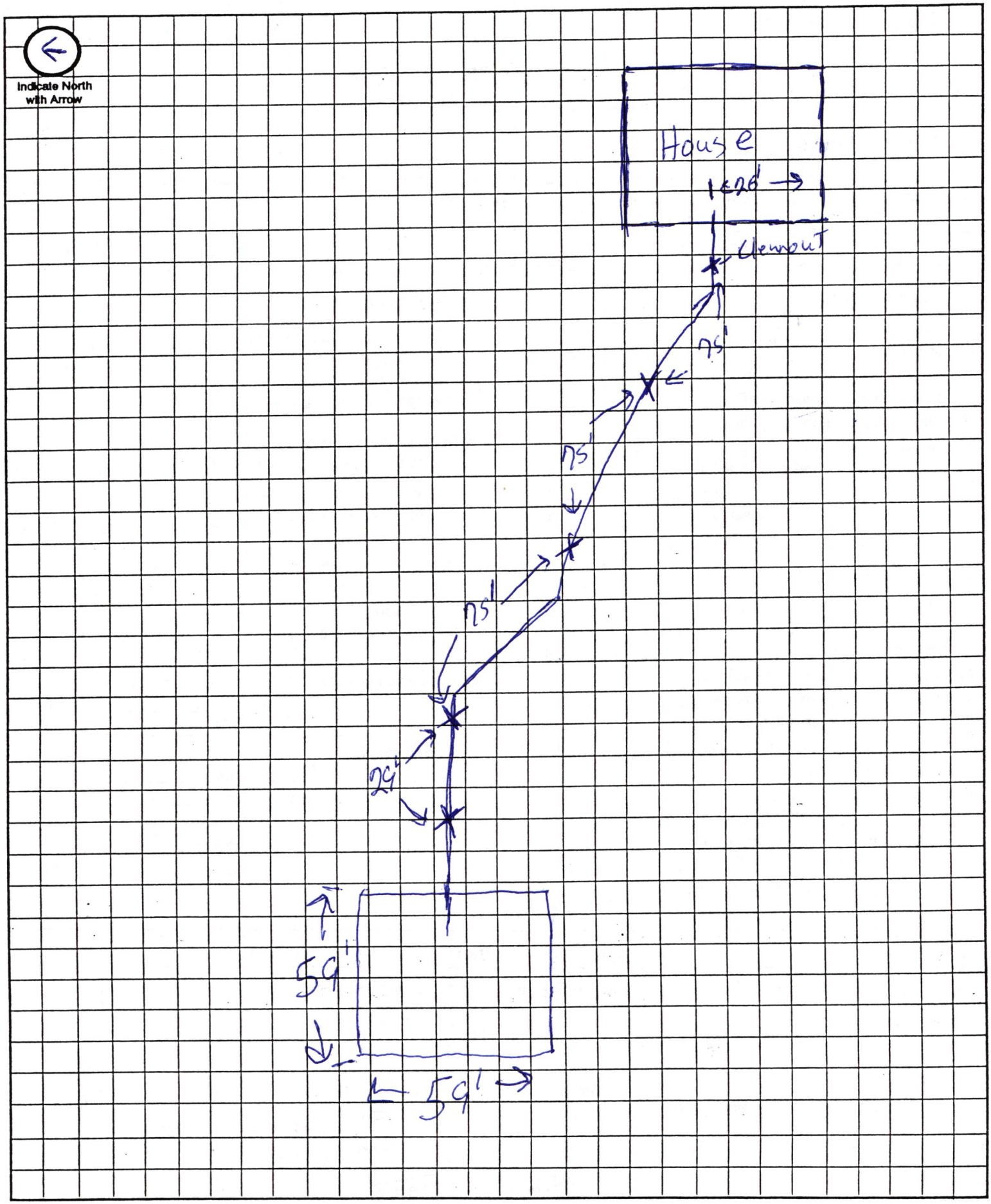
Complete "As Built" drawing on back of this form.

Individual Sewage System Design (Example)



FORM 23-103 10-96

As Built Drawing

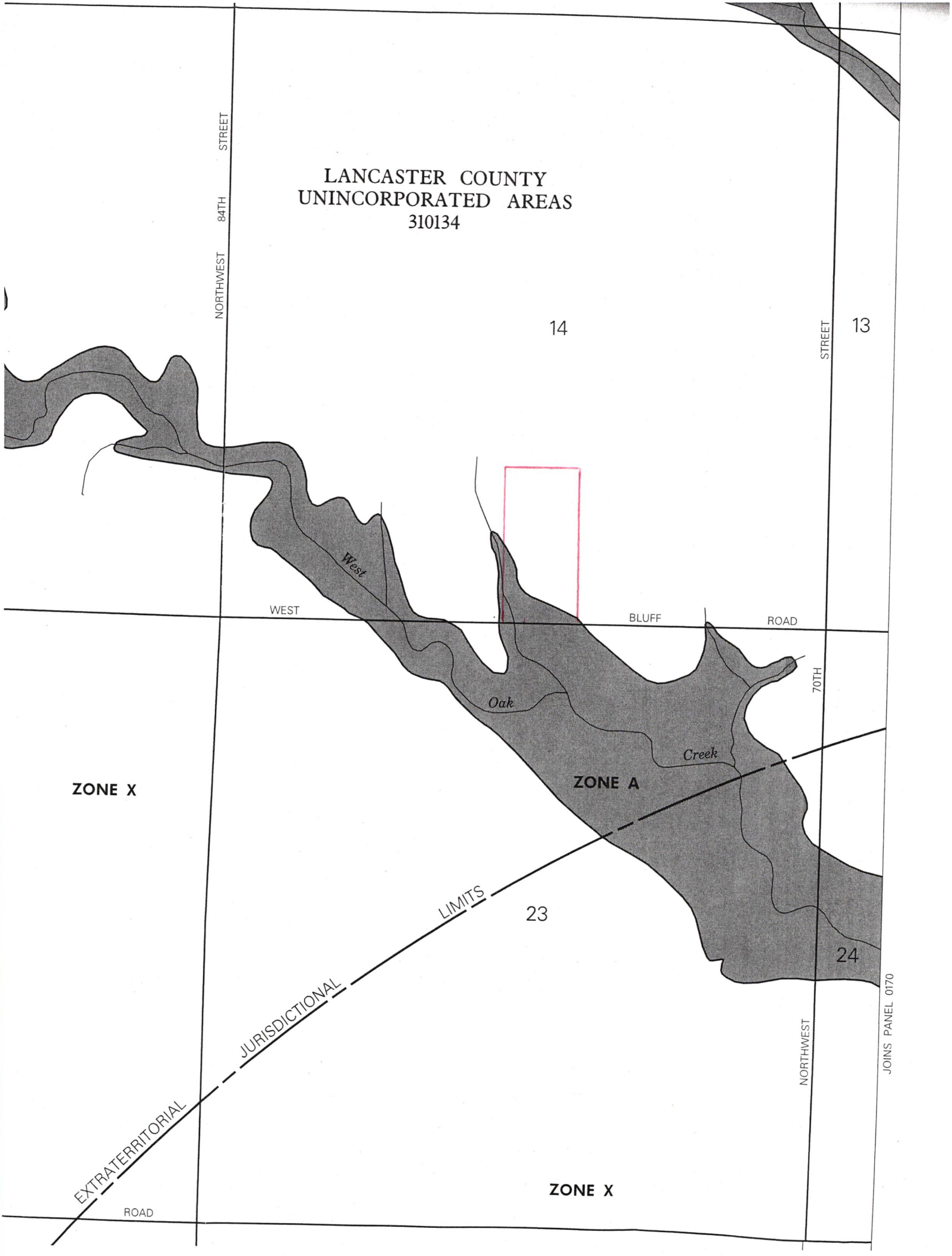


Approximate Scale: _____ ft. = _____ grid line/s

TRACT II

A portion of Lot 25 of Irregular Tracts located in the SE¼ of Section 14, T11N, R5E of the 6th P.M., Lancaster County, Nebraska, together with a portion of the S½ of the SW¼ of Section 14, T11N, R5E of the 6th P.M., Lancaster County, Nebraska, described as follows:

Beginning at the SE Corner of said S½ SW¼; thence N89°55'27"W on the south line of said S½ SW¼, 185.00 feet; thence N00°01'54"E parallel with the east line of said S½ SW¼, 1341.00 feet to the north line of said S½ SW¼; thence S89°32'59"E on said north line, 185.00 feet to the east line of said S½ SW¼; thence S89°32'43"E, 481.92 feet; thence S00°00'00"W parallel with the east line of said SE¼, 1336.68 feet to the south line of said SE¼; thence N89°54'56"W on said south line, 482.66 feet to the point of beginning. Containing 20.51 acres more or less.


LANCASTER COUNTY
UNINCORPORATED AREAS
310134
84TH STREET
NORTHWEST
14
13
STREET
West
WEST
BLUFF
ROAD
Oak
Creek
70TH
ZONE X
ZONE A
LIMITS
JURISDICTIONAL
EXTRATERRITORIAL
23
24
NORTHWEST
JOINS PANEL 0170
ZONE X
ROAD