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

A

Permit Number
HS001939

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 WEST ATHENS COURT (no rural route) City DENTON, NE Zip 68339

Legal Description S4 T9 R5 WEST VAN DORN ESTATES 2ND ADD. 2 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

JAO

PID 0304204004000

B. Owner

Name ASPEN BUILDERS, INC Signature

Address 1640 NORMANDY COURT, SUITE A City/State/Zip LINCOLN, NE 68512

Home Phone Work Phone 402.423.6811

C. Certified Installer

Name: Bob Beaves Signature

Address 1640 Normandy Ct. City/State/Zip Lincoln, NE 68512

Work Phone 4024236811

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3
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
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 12-02-04 Amount Paid $430.00
Received By JAO Cash/Check No. 27740

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

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address WEST ATHENS COURT (no rural route) City DENTON NE, Zip 68339

Owner ASPEN BUILDERS, INC Address 1640 NORMANDY COURT, SUITE A

Soil Type (SCS): 72DV Percolation Rate: 60 min./inch

Date of Tests 6-7 to 6-8 Weather: Precipitation Dry Temperature 80

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					Results		
		Start		End		Start			End				
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 (Min)	Water Level Drop (in)	Percolation Rates (Min/In)
1	36	6-7	9 AM	6-8	9 AM	6-8	9:05	22	6-8	:35	30	5/8	48
2							:06	19		:36		1/2	60
3							:07	18		:37		5/8	45
4							:08	20		:38		1/2	60
5							:09	18		:39		1/2	60
6							:10	23		:40		5/8	48

Sum of Percolation Rates: 324
Average of Rates: 54
Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Bob Barnes
Phone: 423-6811
Address 1640 Normandy Ct.
Lincoln, NE

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-95

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

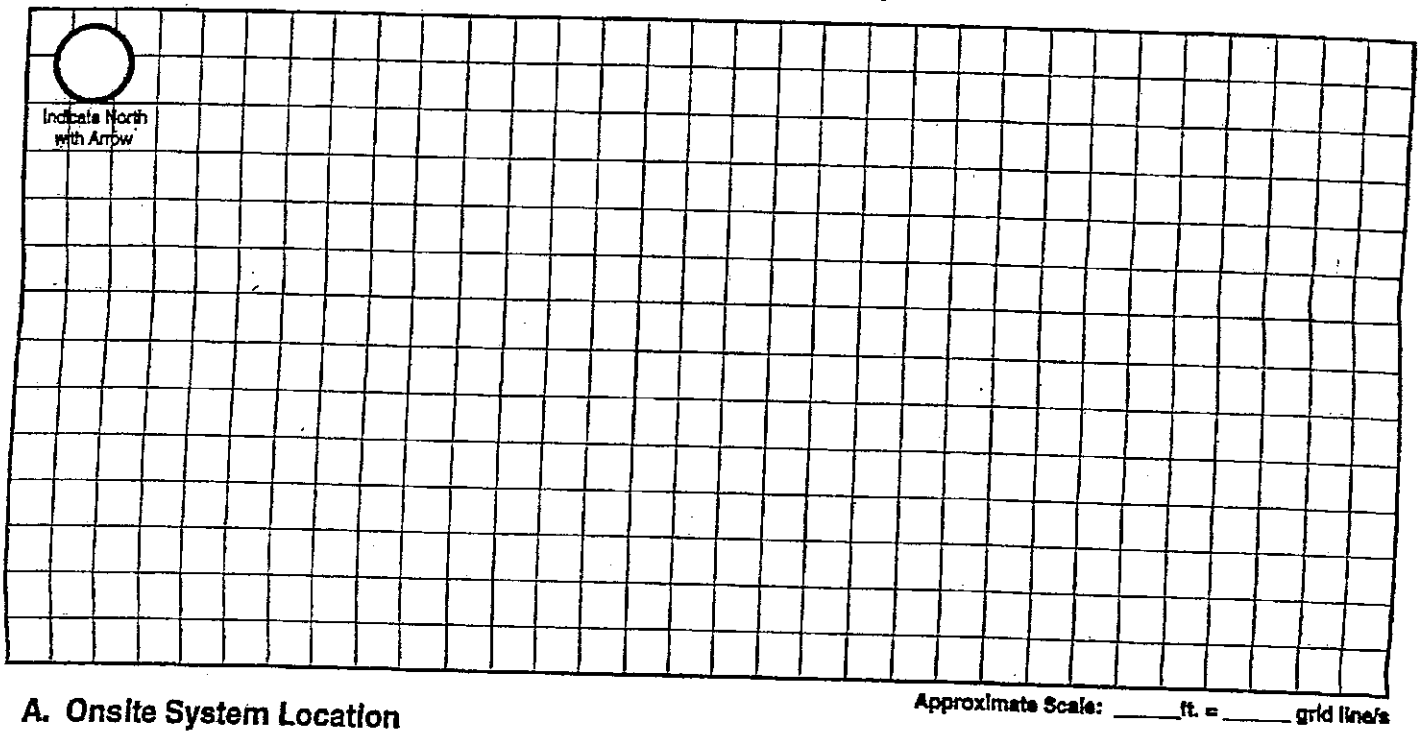
C

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) WEST ATHENS COURT City DENTON NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1750 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 60 (min/inch = mpi) No. of Bedrooms 5 Soil Type 7206 Land Slope_____%

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1750 sq.ft.

Total length of laterals 389 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☑ Other 12 103 poly

No. of absorption trenches 3 Width 3' No. of drop boxes 0 Distrubtion Box 1

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_____ Date 11-25-19

Installer_____ Date 11-25-19

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

D Exhibit 4

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) 6440 EQUESTRIAN DRIVE

Owner ADAM DILLON Address 6135 S 34TH STREET

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 105 ft.

B. Septic Tank

1. Material PVC
2. Capacity: 1500
3. Depth to top of tank, below unfinished grade: 24 in.
4. Distance to:
   Well 120 ft.
   Pressure line 60 ft
   Property Line 200 ft.
   Foundation 100 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: NE ft. 8'

D. Drainfield/Absorption Field

☒ Trench ❑ Bed

1. Type: ❑ Perforated Pipe ❑ Chamberless ☒ Other
   Material brand and inside width of Chamberless
   Poly 1203 E2 FLOW
2. Number of Laterals: 2
3. Length of each lateral (linear): ft 120 ft. 110 ft. ____ ft. ____
4. Drainfield size: 1045 sq. ft.
5. Distance to:
   Well 200 ft.
   Pressure line 150 ft.
   Property line 75 ft.
   Depth of Groundwater 14'

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: 11-25-19

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

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

C

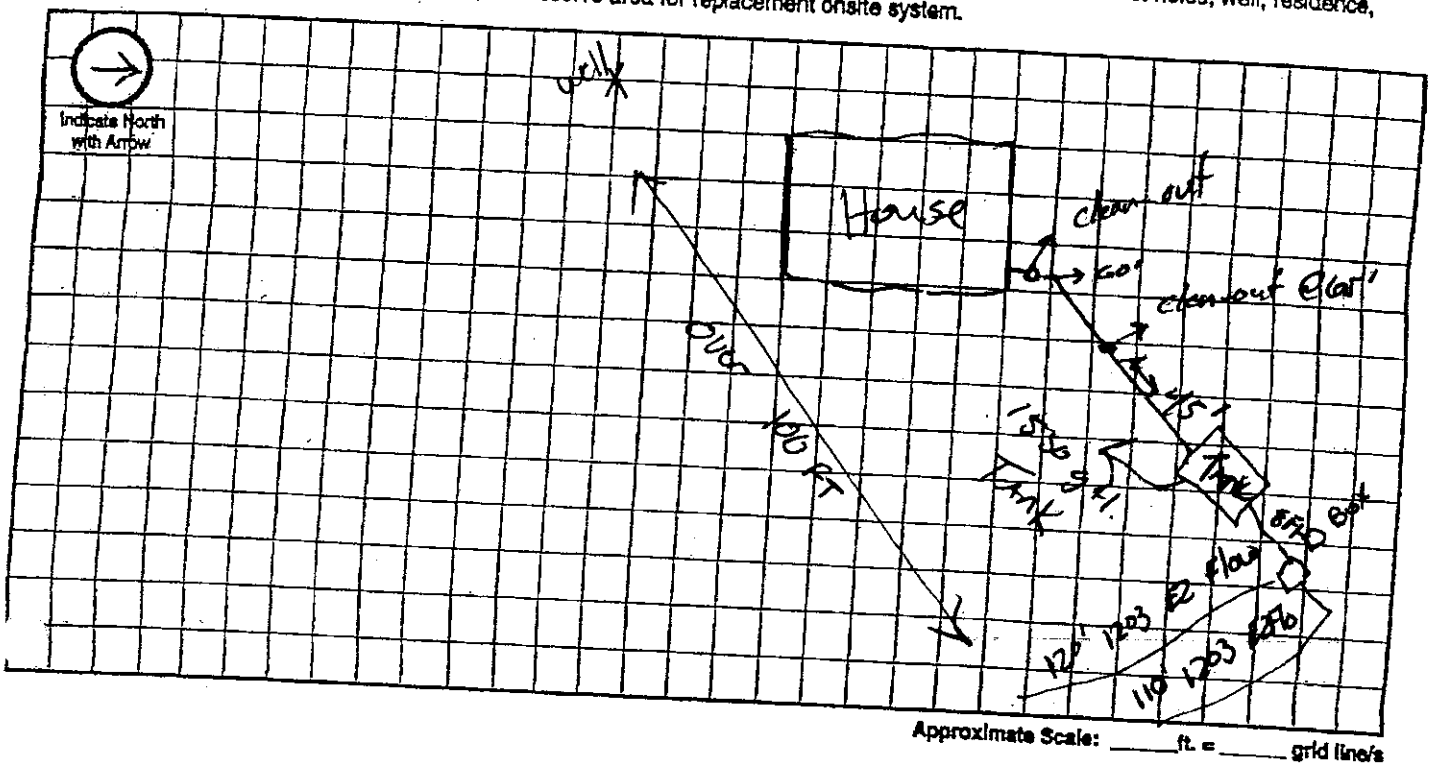
Permit Number:

Onsite Wastew Treatment System

Preliminary Plan Specifications

6440 Equestrian Dr.

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

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. HS001939

System Type: Standard

Situs: No Site Address Specified

Issued: 12/4/2019

Expires: 12/4/2020

Description: WEST VAN DORN ESTATES 1ST ADDITION, BLOCK 2, Lot 4

Owner: ASPEN BUILDERS INC
1640 NORMANDY CT STE A
LINCOLN, NE 68512

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Interim Health Director

ASPEN BUILDERS
1640 NORMANDY CT STE A
LINCOLN, NE 68512

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

SCANNED

A

Permit Number
HS001939

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 WEST ATHENS COURT (no rural route) City DENTON, NE Zip 68339

Legal Description S4 T9 R5 WEST VAN DORN ESTATES 2ND ADD. 2 4

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

JAO

PID 0304204004000

B. Owner

Name ASPEN BUILDERS, INC Signature

Address 1640 NORMANDY COURT, SUITE A City/State/Zip LINCOLN, NE 68512

Home Phone Work Phone 402.423.6811

C. Certified Installer

Name: Bob Beres Signature

Address 1640 Normandy Ct. City/State/Zip Lincoln, NE 68512

Work Phone 4024236811

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3

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 2/19/20 DO Date rec'd 12/4/19

Date frwd 12/4/19

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 Doug Ann

Date 2/20/20

Business Office Use Only

Date Received 12-02-19 Amount Paid $430.00

Received By JAO Cash/Check No. 27790

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

Exhibit 5

Permit Number: HS001939

Onsite Wastewater Treatment System

Inspection Sheet

Date 2/20/20 Legal Description West Van Dorn Estates ¼ ¼ Section/Township/Range Blk 2, Lot 4

Onsite System Location

Address (no rural route) 9985 W. Athens 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 1,755 Sq. Ft. Tank Size 2 tanks — 1,060 + 1,060 = 2,120 gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ Flow

No. of Absorption Laterals 3 Width 4.5 Factor No. of Drop Boxes _____ Distribution Box _____

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 NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 2/18

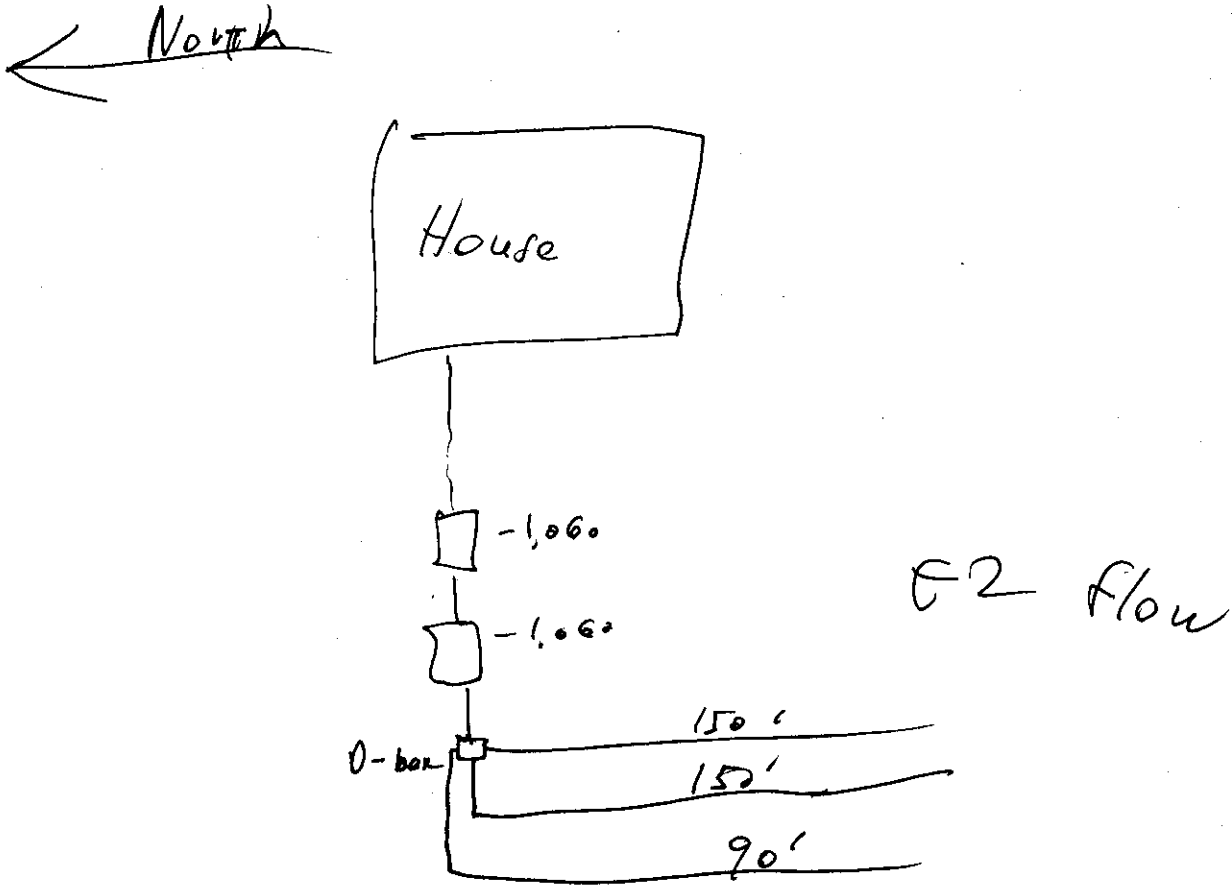
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By [signature]

Date 2/20/20

Field Note Drawing (See Reverse Side):


North
House
-1,060
-1,060
O-box
150'
150'
90'
E2 flow

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

SCANNED

SCANNED

A

Permit Number HS001939

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 WEST ATHENS COURT (no rural route) City DENTON, NE Zip 68339

Legal Description ___ ___ S4 T9 R5 WEST VAN DORN ESTATES 2ND ADD. 2 4

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

JAO

PID 0304204004000

B. Owner

Name ASPEN BUILDERS, INC Signature

Address 1640 NORMANDY COURT, SUITE A City/State/Zip LINCOLN, NE 68512

Home Phone Work Phone 402.423.6811

C. Certified Installer

Name: Bob Beaes Signature

Address 1640 Normandy Ct. City/State/Zip Lincoln, NE 68512

Work Phone 4024236811

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 5 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres 3

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 2/19/20 PO Date rec'd 12/4/19

Date frwd 12/4/19

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 Doug Thun

Date 2/20/20

Business Office Use Only

Date Received 12-02-19 Amount Paid $430.00

Received By JAO Cash/Check No. 27790

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

SCANNED

B

Permit Number:

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address WEST ATHENS COURT (no rural route) City DENTON NE, Zip 68339

Owner ASPEN BUILDERS, INC Address 1640 NORMANDY COURT, SUITE A

Soil Type (SCS): 7200 Percolation Rate: 60 min./inch

Date of Tests 6-7 to 6-8 Weather: Precipitation Dry Temperature 80

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. 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)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	36	6-7	9 AM	6-8	9 AM	6-8	9:05	22	6-8	:35	30	5/8	48
2							:06	19		:36		1/2	60
3							:07	18		:37		5/8	45
4							:08	20		:38		1/2	60
5							:09	18		:39		1/2	60
6							:10	23		:40		5/8	48

Person Conducting Percolation Tests

Name: Bob Barnes

Phone: 423-6811

Address: 1640 Normandy Ct. Lincoln, NE

Sum of Percolation Rates: 324

Average of Rates: 54

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-93

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

SCANNED

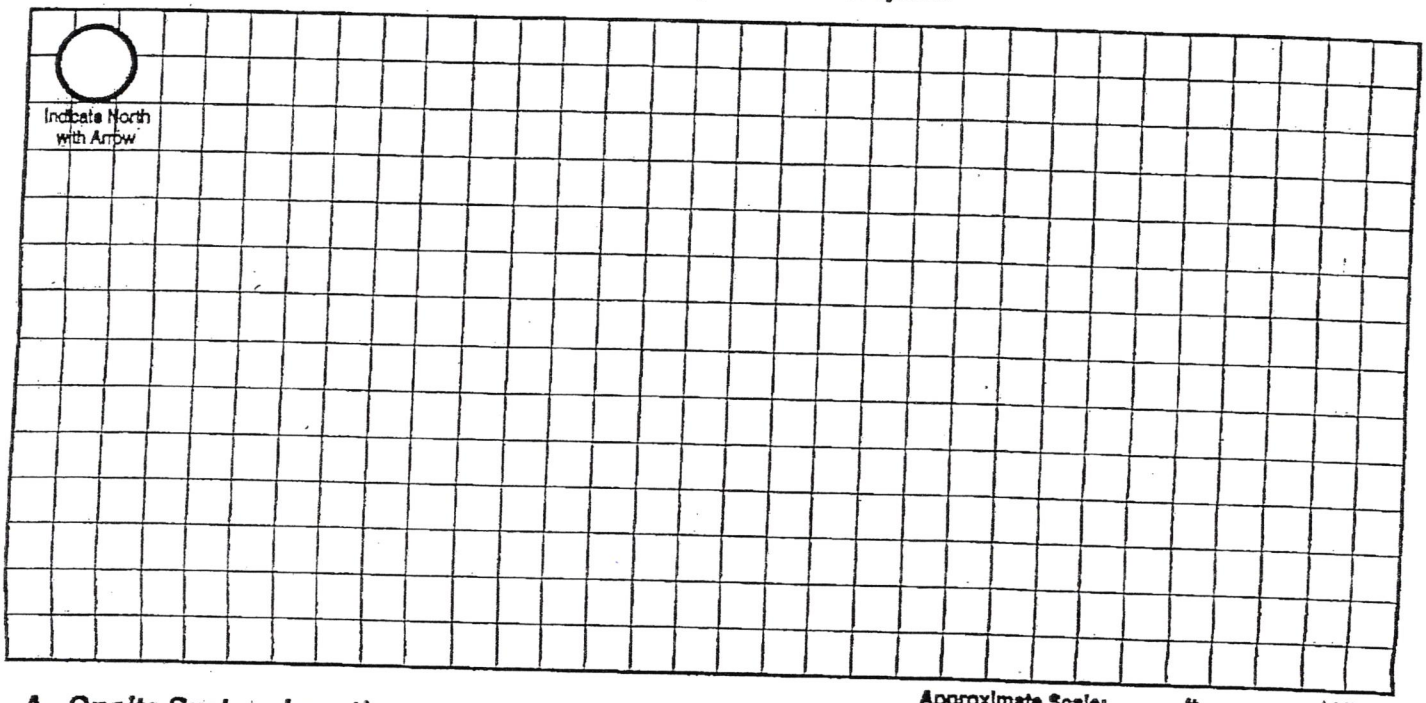
C

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) WEST ATHENS COURT City DENTON NE, Zip 68339

B. Proposed Septic Tank/s

Septic Tank Cap. 1750 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 60 (min/inch = mpi) No. of Bedrooms 5 Soil Type 7206 Land Slope_____%

☑ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1750 sq.ft.

Total length of laterals 389 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☑ Other 12"/03 poly

No. of absorption trenches 3 Width 3' No. of drop boxes 0 Distrubtion Box 1

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_____ Date 11-25-19

Installer_____ Date 11-25-19

REC'D APR 01 2020

D Exhibit 4

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

Permit Number H5001939

9-5-4

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) 0304204004000

Owner: Aspen Address 9985 W. Athens Ct.

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 68 ft.

B. Septic Tank

1. Material Fiber
2. Capacity: 2 - 1000
3. Depth to top of tank, below unfinished grade: 21 in.
4. Distance to:
   Well 150 ft.
   Pressure line 75 ft
   Property Line 60 ft.
   Foundation 68 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 10 ft. ____

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless.
   1203 EZ FLOW
2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 150 ft. 150 ft. 90 ft. ____
4. Drainfield size: 1750 sq. ft.
5. Distance to:
   Well 150 ft.
   Pressure line 100 ft.
   Property line 70 ft.
   Depth of Groundwater 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.

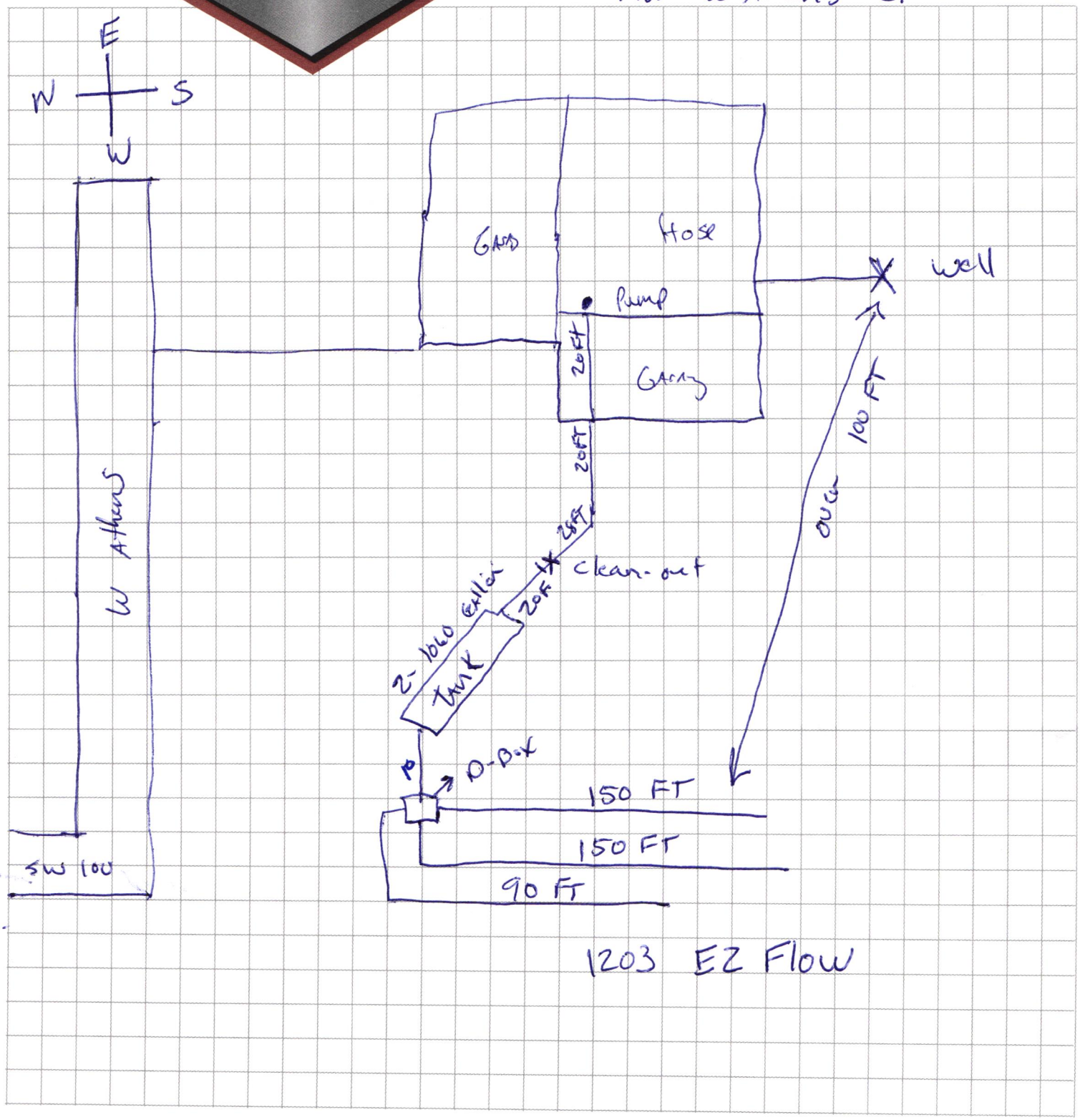
ALL THINGS METAL

www.metalworksinc.net

phone: 402.261.0078 ▪ fax: 402.261.0095

301 P. Street Bldg. B, Lincoln, NE 68508

9985 W Athens CT



1203 EZ Flow

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

SCANNED

Exhibit 5

Permit Number: HS001939

Onsite Wastewater Treatment System

Inspection Sheet

Date 2/20/20

Legal Description West Van Dorn Estates ¼ ¼ Section/Township/Range Blk 2, Lot 4

Onsite System Location

Address (no rural route) 9985 W. Athear 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 1,755 Sq. Ft. Tank Size 2 tanks — 1,060 + 1,060 2,100 gals

Total length of laterals 390' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) E-Z Flow

No. of Absorption Laterals 3 Width 4.5 Factor No. of Drop Boxes _____ Distribution Box _____

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 NA Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 2/18

Follow-Up _____ Date _____

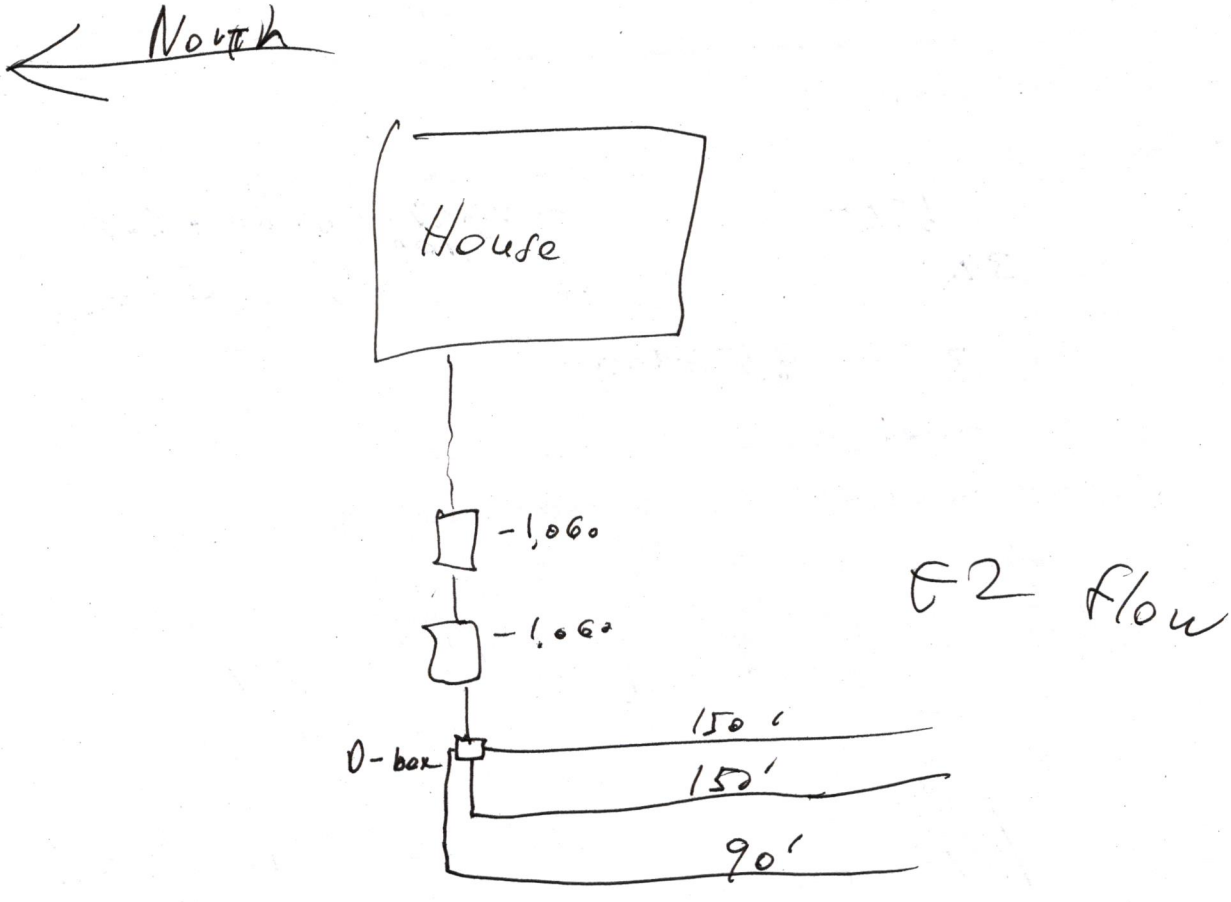
Follow-Up _____ Date _____

Installation Final Written Approval
By [signature]

Date 2/20/20

Field Note Drawing (See Reverse Side):

Updated 4/15


North
House
-1,060
-1,060
E2 flow
0-box
150'
150'
90'