After Note

HS002173

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☒ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

1. **Legal description of property:**
   Township 10 Range 8E 1/4 ____ 1/4 ____ Section 5
   Block ____ Lot 7 Addition ____
   Parcel ID 23-05-400 -003 -000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 13320 Havelock Ave Lincoln NE 68528
2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 5 Describe Adding one Bedroom
3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other
4. **Description of proposed alteration, extension or repair** Adding Laterals 30' and replacing Sewer Line From House to Tank
5. **Work to be done by:** ☐ owner ☒ contractor's name Scott Subbert (402-443-4
6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   (b) Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Aleksandr Orlov Address 13320 HavelockAVE Phone: 402-309-3051

Applicant Signature (owner or lessee) ____

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

---

HEALTH DEPARTMENT USE ONLY

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: ____

Site visits
Date ____/____/____ By ____
Date ____/____/____ By ____
Date ____/____/____ By ____

Installation final written approval
Date ____/____/____ By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 2/18/21 Amount $235.00 Check No. 0303 Initials JMO

Revised 3-09

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

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002173

System Type: Standard

Situs: No Site Address Specified

Issued: 2/19/2021

Expires: 2/19/2022

Description: S5, T10, R8, 6th Principal Meridian, LOT 7 SE

Owner: ORLOV, ALEKSANDR & IRINA
13320 HAVELOCK AVE
LINCOLN, NE 68527

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

SCOTT SUBBERT
1012 COUNTY RD M
MEAD, NE 68041

attn Nate

SCANNED

HS002173

Application to Alter, Extend or Repair an Onsite Wastewater Treatment System

☐ Municipal Code 24.38 ☐ County Resolution Number 02-30

The undersigned hereby applies for a permit to: ☒ **ALTER** ☐ **EXTEND** ☐ **REPAIR** an existing wastewater treatment system, complying with appropriate Ordinance or Resolution, as marked above with drawings attached.

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   Township 10 Range 8E 1/4 ____ 1/4 ____ Section 5
   Block ____ Lot 7 Addition ____
   Parcel ID 23-05-400-003-000 (i.e. 99-99-999-999-999)
   Street Address (no rural route) 13320 Havelock Ave Lincoln NE 68528
2. **Property use:** ☒ residential ☐ commercial ☐ other use
   Number of bedrooms 5 Describe Adding one Bedroom
3. **Type of Present Individual Disposal System** ☒ septic system ☐ lagoon ☐ other
4. **Description of proposed alteration, extension or repair** Adding Laterals 30' and replacing Sewer Line From House to Tank
5. **Work to be done by:** ☐ owner ☒ contractor's name Scott Stubbert (402-443-[illegible]
6. **Estimated project:** a. Repair, replace, or minor extension with a cost less than $400 (no fee required).
   (b) Total cost is greater than $400 (Return fee with this application)
   c. A permit is required if the use, operation, location, or type of system is changed.

Print Name Aleksandr Orlov Address 13320 Havelock AVE Phone: 402-309-3051

Applicant Signature (owner or lessee) ____

Please contact LLCHD for the permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing

HEALTH DEPARTMENT USE ONLY

Date received 2/19/21 REVIEW: ☒ Approved ☐ Disapproved By: [signature]

Site visits
Date 6/3/21 By OS
Date ___/___/___ By ____
Date ___/___/___ By ____

Installation final written approval
Date 06/04/21 By [signature]

Return application to: Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: 441-8643

Business Office Use Only

Received: Date: 2/18/21 Amount $235.00 Check No. 0303 Initials JAO

Revised 3-09

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

Exhibit 5

Permit Number: H5002173

Onsite Wastewater Treatment System

Inspection Sheet

6

Date 6/4/21

Legal Description ____ ¼ ____ ¼ ____ Section/Township/Range

Onsite System Location

Address (no rural route) 13320 Havelock City ____

Owner ____ Address ____

Mark One: ☐ Dwelling ☐ Non-dwelling Alteration — New system constructed in December of 2020

☐ New System ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): Alteration added 75' of lateral to bring into compliance with 5 bedroom

Drainfield Absorption System: Standards. Original plans were for a 4 bedroom

☐ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield ____ Sq. Ft. Tank Size ____ gals

Total length of laterals ____ Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

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):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	S ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	S ☐

Geographical Coordinates to 6 Decimals:

Tank ____

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Field Note Drawing (See Reverse Side):

Inspections prior to Final Approval
Initial DF Date 6/3/21

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By Joey Munn

Date 6/4/21

Updated 4/15

SCANNED

attn Matt

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

A

Permit Number
HS002141

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

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 13320 Havelock Ave (no rural route) City Lincoln, NE Zip 68528

Legal Description 5 10 8E 7 & 10

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

Geographical Location (if known): Lat/Long: PID 23-05-400-003-000

B. Owner

Name Shirley Hobza Signature

Address 13320 Havelock Ave City/State/Zip Lincoln NE 68528

Home Phone 762-525-8764 Work Phone

C. Certified Installer

Name: Scott Subbert Signature Scott Subbert

Address 1012 CO RD M City/State/Zip Mead NE 68041

Work Phone 402-443-6549

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 Is there a Whirlpool Bathtub? ❑ Yes ✗ No Total Acres 5

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

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. 02-20

Health Department
Date rec'd 11/18/20
Date frwd 11/18/20
ACTION ✗ Approved ❑ Disapproved
Signature
Site visits

Supt. Bldg. Insp. or Village Clerk
Date rec'd
Date frwd
ACTION ❑ Approved ❑ Disapproved
Signature
Comments

City or County Engineer
Date rec'd
Date frwd
ACTION ❑ Approved ❑ Disapproved
Signature
Comments

Installation Final Written Approval
Date 12/20/20

see as-built drawings

Business Office Use Only
Date Received 11-17-20 Amount Paid $440.00
Received By JAD Cash/Check No. CC 48809

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

Form A Updated: 5/10

Received Time Nov. 17. 2020 8:12AM No. 1665 SCANNED

Alan Nutz

Nebraska DEQ

System Registration For Onsite Wastewater Treatment System - Septic System

Print or Type

Shirley — Initial: Hobza — Last Name — 402-525-8764 Owner Phone Number

Owner First Name

Business or Legal Entity Name (if applicable)

13320 Havelock Ave — Lincoln — NE — 68528

Owner Mailing Address — City — State — Zip

Physical address of system if different from owner's mailing address

Location — Legal description — OR — Geographical coordinates to 4 decimal points

___ ___ 5 — 10 — 8-E — Lancaster — / — Latitude — Longitude

¼ ¼ Section Township Range County

Mark One ☑ Dwelling ☐ Non-dwelling

Mark One

☑ New system ☐ Modification, reconstruction or alteration of existing system ☐ System inspection only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Design flow 500 gal/day — Depth to seasonal high groundwater 30 feet

Septic tank capacity 1500 gallons — Percolation rate _____ min/inch

Number of trenches 2 — Width of trenches 54 inches

Total trench length 250 feet — Total effective trench bottom area _____ sq. ft.

Soil Absorption System Description (Select one of the following):

- ☐ Gravelless chambers without filter material (inside bottom width of chamber _____ inches)
- ☐ Gravelless chambers with filter material (describe filter material _____)
- ☐ Pipe with filter material (describe filter material _____)
- ☐ Gravelless pipe without filter material (diameter of the gravelless pipe _____ inches)
- ☐ Gravelless pipe with filter material (describe filter material _____)
- ☑ Bundled expanded polystyrene synthetic aggregate without filter material (bundle diameter 3 x 12" in.) Easy Flow
- ☐ Bundled expanded polystyrene synthetic aggregate with filter material (describe filter material _____)
- ☐ Other (describe) _____

Previous system registration number (if applicable) TS_____

I swear or affirm that the system complies with Title 124 requirements and that the registration information and documentation submitted are true, complete and accurate.

Scott — J — Sublett — CI996

(Print or Type) First Name — Initial — Last Name — Certificate/License Number

Scott Sublett

Signature of Certified Professional, Professional Engineer, or Registered Environmental Health Specialist — Date of Inspection or completion of construction

NOTICE: Failure to complete the form or include the appropriate fee(s) will delay the registration.

Version 5-2012

1-402-624-2011 p.1

17 20 07:42a

LANCASTER COUNTY ASSESSOR / REGISTER OF DEEDS

QuickRef ID	Owner	Property Address	2020 Assessed Value
R113174	HOBZA, CHARLES J & SHIRLEY J	13320 HAVELOCK AVE, LINCOLN, NE 68527	$189,300

2020 GENERAL INFORMATION

Property Status	A-Active
Property Type	Real Property
Property Class	Residential Improved
Zoning	AG - AG-Agriculture District
Legal Description	S5, T10, R8, 6th Principal Meridian, LOT 7 SE
Neighborhood	RURAL MARKET AREA THREE - ACREAGE
Property ID	23-05-400-003-000
Taxing Unit Group	0037

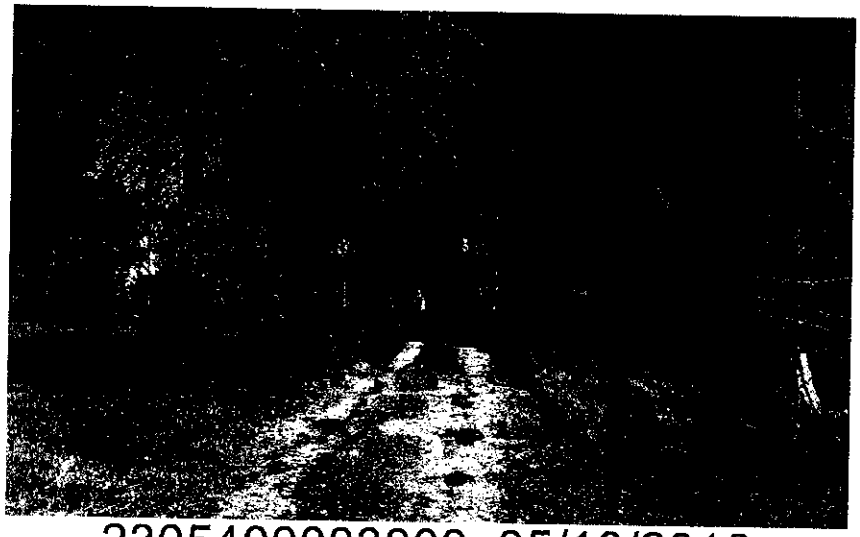
2020 OWNER INFORMATION

Owner Name	HOBZA, CHARLES J & SHIRLEY J
Mailing Address	13320 HAVELOCK AVE LINCOLN, NE 68527
Exemptions	-
Percent Ownership	100%

2020 VALUE INFORMATION

Total Non-Ag Assessed	$189,300
Total Ag Sp Assessed	$0

PROPERTY PHOTO



2305400003000 05/10/2016

2020 RESIDENTIAL IMPROVEMENTS

Expand/Collapse All

Building #	Building Type	Improvement Type	Year Built	Total Living Area
-	Single-family Residence	2 Story	1911	1612

ID	SECTION DESCRIPTION	YEAR BUILT	AREA
1	Main Floor Living Area	-	858
2	Upper Level Living Area	-	754

ID	COMPONENT DESCRIPTION	UNITS	PERCENT
1	Masonry, Concrete Block	-	100%
2	Composition Shingle	-	100%
3	Plumbing Fixtures (#)	7	-
4	Total Basement Area (SF)	754	-
5	Warmed & Cooled Air	-	100%
6	Single 1-Story Fireplace (#)	1	-
7	Automatic Floor Cover Allowance	-	-
8	Enclosed Porch (SF), Knee Walls w/ Glass	28	-
9	Slab Porch (SF) with Roof	297	-

2020 OTHER BUILDINGS AND YARD IMPROVEMENTS

Expand/Collapse All

Improvement #	Improvement Type	Year Built	Area
- Farm Utility Building	1994	1440	

MARKET LAND SEGMENTS

LAND TYPE	ZONING	METHOD	ACRES	SQFT	LAND VALUE
RHS-Home Site	AG-Agriculture District	Site Method of Valuation	5	-	$90,000

ASSESSED VALUE HISTORY

YEAR	LAND	BUILDING	TOTAL
2019	$90,000	$99,300	$189,300
2018	$76,500	$104,700	$181,200
2017	$76,500	$104,700	$181,200
2016	$58,500	$105,500	$164,000
2015	$58,500	$105,500	$164,000

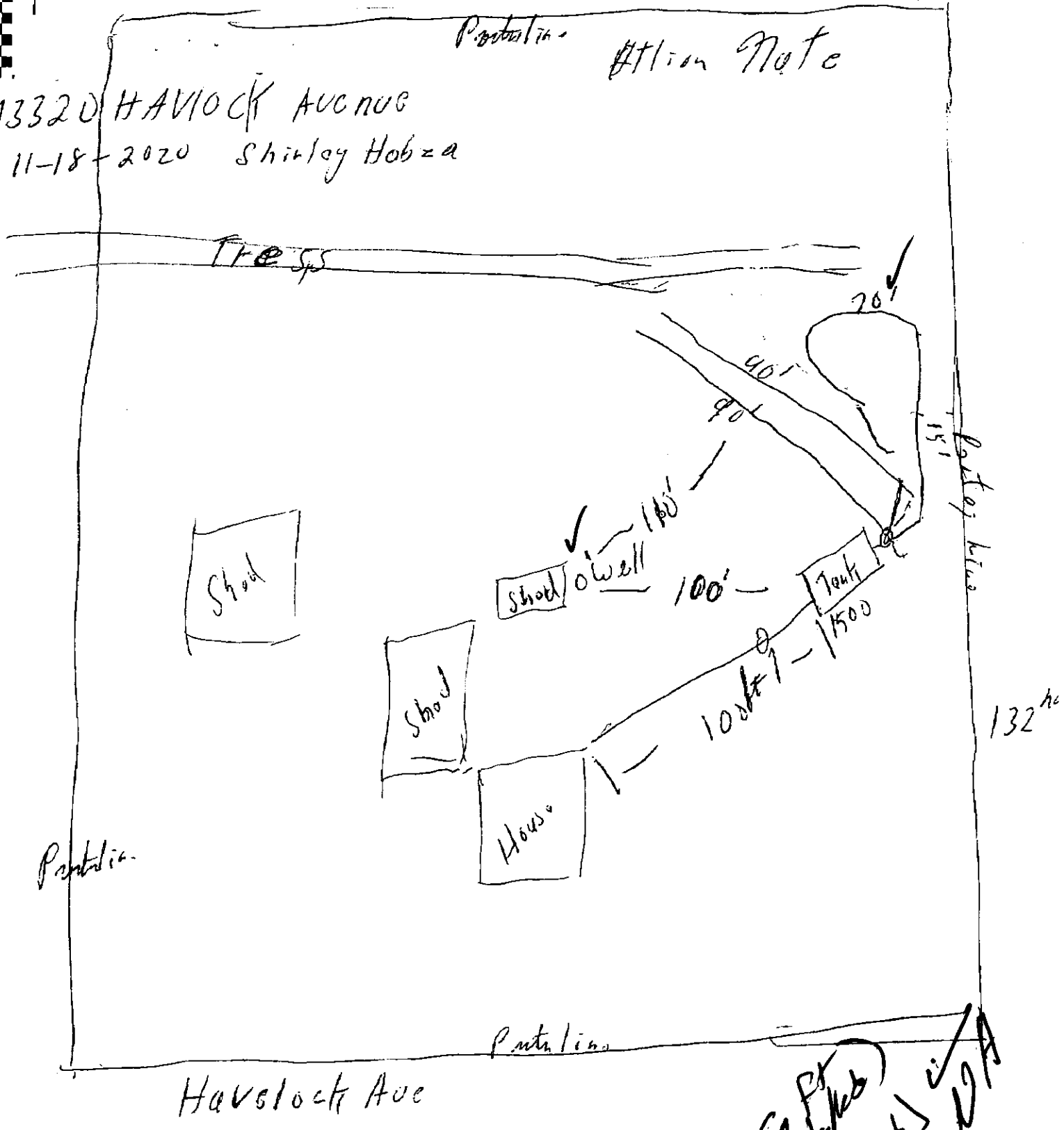
DISCLAIMER

TO ACCESS the ASSESSOR/REGISTER of DEEDS GENERAL INFORMATION PAGE, click on the Lancaster County logo. DISCLAIMER Every effort has been made to offer the most current and correct information possible on these pages. The information included on these pages has been compiled by County staff from a variety of sources, and is subject to change without notice. The County Assessor makes no warranties or representations whatsoever regarding the quality, content, completeness, accuracy or adequacy of such information and data. The County Assessor reserves the right to make changes at any time without notice. By using this application, you assume all risks arising out of or associated with access to these pages, including but not limited to risks of damage to your computer, peripherals, software and data from any virus, software, file or other cause associated with access to this application. The County Assessor shall not be liable for any damages whatsoever arising out of any cause relating to use of this application, including but not limited to mistakes, omissions, deletions, errors, or defects in any information contained in these pages, or any failure to receive or delay in receiving information.

Potential Station Note

13320 HAVLOCK AVENUE

11-18-2020 Shirley Hobza



1125 Sq Ft installed
C1100 Req'd > i/A

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Shirley Hobza Phone 402-525-8764

Address 13320 Hamlock Ave City Linda State Ne Zip 68528

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

__ ¼ __ ¼ 5 Section 10 Township 8-E Range Lancaster County

Lot # _____ Subdivision _____

Soil Type (Check one)

Sand ____ Silt ____ Clay ____ Sandy Clay ____ Loamy Sand ____ Silty Clay ____

Silty Clay Loam V Sandy Loam ____ Silt Loam ____

Dates of Test

Start Date 11/16 to End Date 11/17, 2020

Weather Conditions

Precipitation 0 Avg. Temp 50 °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)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (m ÷ 1) (Minutes per inch)
1	24	11/16	1:00	11/17	1:30	11/17	2:00	10	2:30	9	30	1	30
2	30							15		14.25		3/4	40
3	24							8		7.25		3/4"	40
4	32							6		5		1	30

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

Signature Scott Dolton

Certificate or License # C1996

Address 1012 Cobalt

City Mead St Ne Zip 68041

Phone 402-443-6549

Sum of Percolation Rates = 140

Avg. of Percolation Rates* = 35
(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.

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Shirley Hobza Phone 402-525-8764

Address 13320 Havelock Ave City Lincoln State Ne Zip 68528

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

__ __ 5 Section 10 Township 6-E Range Lancaster County
¼ ¼

Lot # _____ Subdivision _____

Soil Type (Check one)

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

Silty Clay Loam V Sandy Loam ___ Silt Loam ___

Dates of Test

Start Date 11/16 to End Date 11/17, 2020

Weather Conditions

Precipitation 0 Avg. Temp 50 °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)	Percolation Readings (last period) Start Water Level (inch)	Percolation Readings (last period) End Time (Hr./Min)	Percolation Readings (last period) End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (m ÷ i) (Minutes per inch)
1	24	11/16	1:00	11/17	1:30	11/17	2:00	10	2:30	9	30	1	30
2	30	"	"	"	"	"	"	15	"	14.25	"	3/4	40
3	24	"	"	"	"	"	"	8	"	7.25	"	3/4"	40
4	32	"	"	"	"	"	"	6	"	5	"	1	30

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

Scott Stoltenberg
Signature

Certificate or License # C1996

Address 1012 Cobalt

City Mead State Ne Zip 68041

Phone 402-443-6549

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Avg. of Percolation Rates* = 35
(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.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 1326-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

November 21, 1978 — THIS PERMIT EXPIRES

Sam F. Jacoby — ISSUED TO

Rural Route 3, Lincoln, NE 68505 — ADDRESS

T1ON, R8E, Section 5 SE¼, Addition 365 ft. West, 702 ft. North, 365 ft East, 702 ft South. — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE (EXTEND)

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 15.00	$	$	$ 15.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH — ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1326-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☒, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: From SE corner of Twp. 10N; Range 8E; Section 5;
Block _____; Lot _____; Addition 365ftW, 702ftN, 365ftE, 702ftS.
Street Address 134th + Havelock

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 4
Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair:
As described by Mr. Keim 150ft of tile surrounded by gravel and to the proper depth/code.

5. Work to be done by: Owner ☐; or Contractor ☒, LEONARD KEIM
Contractor's Name

6. Estimated cost of project:

a. Materials	$	
b. Labor	$	
c. Other	$	
TOTAL	$	1095 00

Sam F. Jacoby
Signature of Applicant (owner or lessee)

RR#3 Lincoln, Ne. 68505
Address

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 15.00

2. Site Visits: Comp. w/without Inspection
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-21-78 by: Lon Mynard

FORM 20104-0477
PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 474-1541

D

DATE: _____

FILE NO. 1326-C

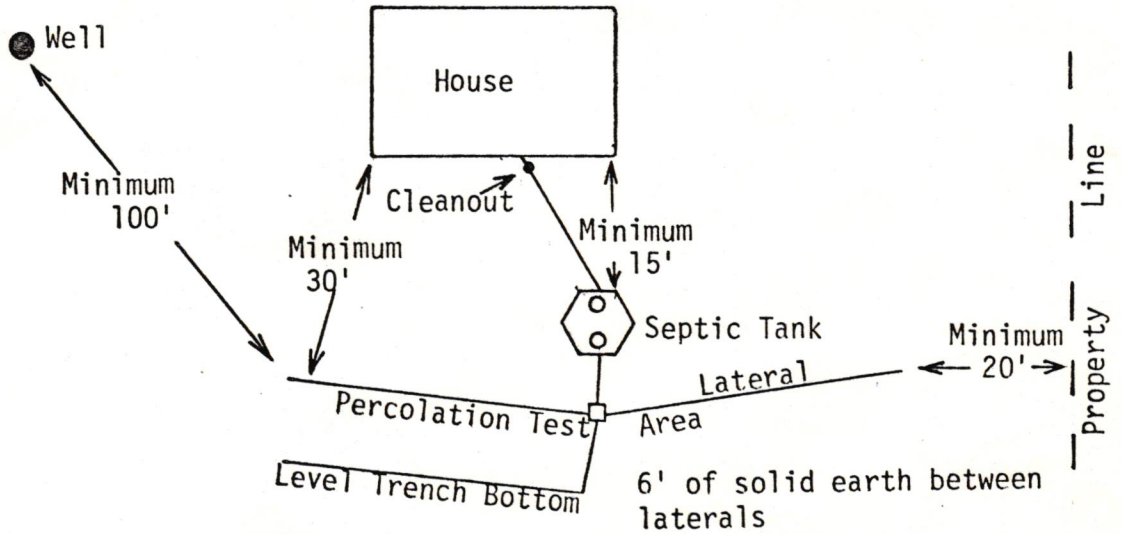
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material _____; Diameter _____ in.
2. Distance above basement floor _____ in., or 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 _____; No. of compartments _____.
2 Capacity _____ gals.;
3. Factory Built: Yes ☐ No ☐
(Company _____)
4. Manholes: Over Inlet; diam. _____ in.
Over Outlet; diam. _____ in.
Riser Above ☐ Below ☐ Grade _____ in.
5. Inlet: Baffle ☐ ; or Tee ☐
6. Outlet: Baffle ☐ ; or Tee ☐
7. Depth of top of tank below finished grade _____ in.
8. Distances to:
Well or Suction Line _____ ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line _____ ft.

C. DISTRIBUTION BOX:
1. Material Cement ; Number - available outlets _____.
2. Factory Built: Yes ☒ No ☐
(Company _____)
3. Distance from Septic Tank 24 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 24 or Perforated Pipe _____.
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other _____.
2. Lateral Lines:
Number 3 ; Length of each line 5, 52, 28, 68, 148 ft.;
Total length of laterals 148 ft.;
Distance between lateral lines 10 ft.
3. Trench dimensions: Width 3 ft.;
Slope 2 in/100 ft.; Average Depth 12 in. Top cement
4. Filter Material: Gravel
Depth of Material 18" in.
5. Distances to:
Well or Suction Line 150 ft.; Stream _____ ft.; Pressure Line _____ ft.; Property Line 24 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

AS BUILT DRAWING OF SYSTEM

DATE May 24-78 INSTALLER Leonard Kain

