Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3140 N Street Lincoln, NE 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT

No. HS000120

System Type: LAGOON

Situs: 20505 N. 1st.

Legal Description: T12N-R06E-S15-Lot 16

Owner:

Permit Fee:	$305.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$305.00

Issued:	06/30/2008
Expires:	06/30/2009

Bruce D. Dart, PhD, Health Director

On-site Waste System Permit Holder:

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.

Bruce D. Dart, PhD
Health Director

DAN INGWERSEN
BOX 250
CERESCO NE 68017

LLCHD HS000120

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

A

Permit Number HS000120

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 20505 N. 1st St. (no rural route) City Raymond, NE Zip 68428

Legal Description Lot 16 Irr. Tract NE 1/4 Sec 15 T 12 R 6
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

Geographical Location (if known): Longitude: _____ Latitude: _____

☑ Check if system mail address is not the same as the owner's address Total Acres: 69.15

B. Owner

Name Marian & Dan Ingwersen (INGWERSEN) Signature Marian K

Address Box 251 City/State/Zip Ceresco NE 68017

☐ Check if owner designed system Home Phone 402-665-2553 Work Phone 402-465-2415

C. Contractor

Name: Scott Stubbert Company Name Stubbert Well & Septic

Address Mead NEBR City/State/Zip Mead NE

☑ Check if contractor designed system Work Phone _____

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

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☑ No

☐ 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. 02-30

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 _____

6/24/08 CK# 5308 $305.00 DCL

Business Office Use Only
Date Received 6/24/08 Amount Paid 305.00
Received By _____ Cash/Check No. 5308

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

Form A Updated: 5-07

12-15-200-002 000

7-1-2008 14:41:59

to Nat

From Scott Subbert

Will do perk test as soon as possible
if it will not perk will go with a Logoon

Scott Subbert

SUBBERT
WELL & SEPTIC CO.

Backhoe
Trenching
Lateral
Perk Test

Submergeable Pump
Ritchie Waterers
Iowa Hydrants
Licensed & Insured

SCOTT SUBBERT
1012 COUNTY ROAD M
MEAD NE 68041
402-624-2011
OR
402-443-6545

LLCHD HS000120

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

A

Permit Number HS000120

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 20505 N. 1st St. City Raymond, NE Zip 68428
(no rural route)

Legal Description Lt 16 Irr. Tract NE 1/4 Sec 15 T 12 R 6
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: Latitude:

☑ Check if system mail address is not the same as the owner's address Total Acres: 69.5

B. Owner

INGWERSEN

Name Marian + Dan Ingwersen Signature

Address Box 251 City/State/Zip Cortland NE 68017

☐ Check if owner designed system Home Phone 402-645-2553 Work Phone 402-465-2415

C. Contractor

Name: Scott Subbert Company Name Subbert Well + Septic

Address Mead NEBR City/State/Zip Mead NE

☑ Check if contractor designed system Work Phone 943-6549

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

624-2011

Designer Name Firm Work Phone

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☑ No

☐ 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. 02-30

1. Health Department
Site visits * Most build out of Flood plain
Date rec'd 6/30/08 ACTION ☑ Approved ☐ Disapproved
Date frwd 6/30/08 Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments MUST BUILD OUT OF F.P. - MP
Date rec'd 6-30-08 ACTION ☑ Approved ☐ Disapproved
Date frwd 6-30-08 Signature

3. City or County Engineer
Comments
Date rec'd 6/30/2008 ACTION ☑ Approved * ☐ Disapproved
Date frwd Signature

Installation Final Written Approval
By
Date

* Must Construct Septic System Out Of Floodplain

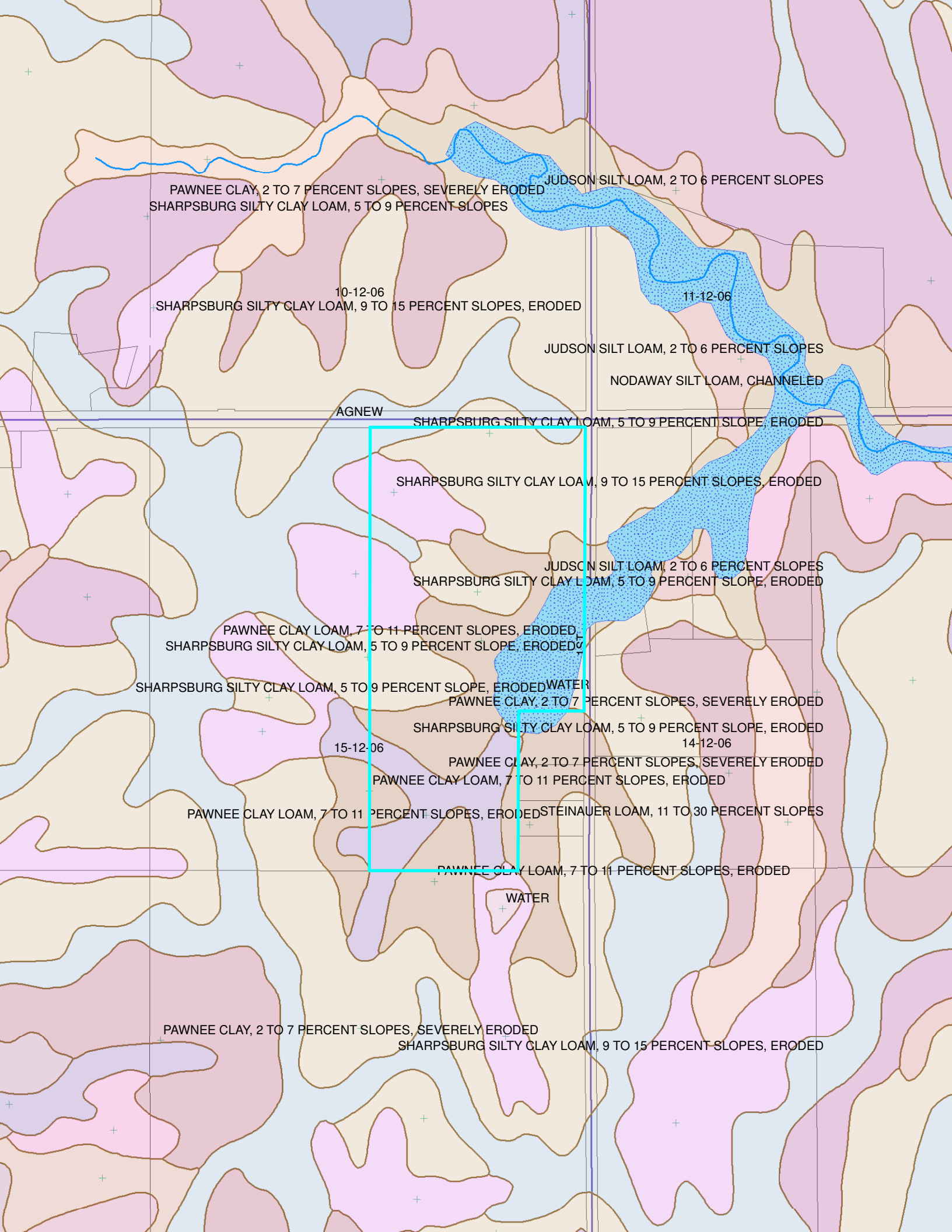
Business Office Use Only
Date Received Amount Paid
Received By Cash/Check No.

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

Form A Updated: 5-07

13-15-200-002 008

7-1-2008 14:44:28


PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
10-12-06
SHARPSBURG SILTY CLAY LOAM, 9 TO 15 PERCENT SLOPES, ERODED
11-12-06
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
NODAWAY SILT LOAM, CHANNELED
AGNEW
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
SHARPSBURG SILTY CLAY LOAM, 9 TO 15 PERCENT SLOPES, ERODED
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
WATER
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
SHARPSBURG SILTY CLAY LOAM, 5 TO 9 PERCENT SLOPE, ERODED
14-12-06
15-12-06
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
STEINAUER LOAM, 11 TO 30 PERCENT SLOPES
PAWNEE CLAY LOAM, 7 TO 11 PERCENT SLOPES, ERODED
WATER
PAWNEE CLAY, 2 TO 7 PERCENT SLOPES, SEVERELY ERODED
SHARPSBURG SILTY CLAY LOAM, 9 TO 15 PERCENT SLOPES, ERODED

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

SCANNED

A

Permit Number H5000120

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 20505 N. 1st St. (no rural route) City Raymond, NE Zip 68428

Legal Description Lot 16 Irr. Tract NE 1/4 Sec 15 T12 R6

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

Geographical Location (if known): Longitude: _____ Latitude: _____

☑ Check if system mail address is not the same as the owner's address Total Acres: 69.5

B. Owner

INGWERSEN

Name Marian + Dan Ingwersen Signature Marian K

Address Box 251 City/State/Zip Cortsco NE 68017

☐ Check if owner designed system Home Phone 402-665-2553 Work Phone 402-465-2415

C. Contractor

Name: Scott Subbert Company Name Subbert Well & Septic

Address Mead NEBR City/State/Zip Mead NE

☑ Check if contractor designed system Work Phone 443-6549

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

624-2011

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☑ No

☐ 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. 02-30

1. Health Department
Site visits * Most build out of flood plain
Date rec'd 6/30/08 Date frwd 6/30/08
ACTION ☑ Approved ☐ Disapproved Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments MUST BUILD OUT OF F.P. - MP
Date rec'd 6-30-08 Date frwd 6-30-08
ACTION ☑ Approved ☐ Disapproved Signature _____

3. City or County Engineer
Comments _____
Date rec'd 06/30/2008 Date frwd _____
ACTION ☑ Approved * ☐ Disapproved Signature _____

Installation Final Written Approval
By _____
Date 11/10/08

* Must Construct Septic System Out Of Floodplain

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

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

Form A Updated: 5-07

13-15-200-002-008

SCANNED

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

SCANNED

A

Permit Number H5000120

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 20505 N. 1st St. City Raymond, NE Zip 68428
(no rural route)

Legal Description Lot 16 Irr. Tract NE 1/4 Sec 15 T 12 12 6
1/4 1/4 Section Township Range Subdivison Addition Block Lot

Geographical Location (if known): Longitude: _____ Latitude: _____

☑ Check if system mail address is not the same as the owner's address Total Acres: 69.5

B. Owner

INGWERSEN

Name Majian + Dan Ingwersen Signature Majian K

Address Box 251 City/State/Zip Cortsco NE 68017

☐ Check if owner designed system Home Phone 402-665-2553 Work Phone 402-465-2415

C. Contractor

Name: Scott Subbert Company Name Subbert Well + Septic

Address Mead NEBR City/State/Zip Mead NE

☑ Check if contractor designed system Work Phone _____

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

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub? ☐ Yes ☑ No

☐ 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. 02-30

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 _____

6/24/08
CK# 5308
$305.00 KCL

Business Office Use Only
Date Received 6/24/08 Amount Paid 305.00
Received By KCL Cash/Check No. 5308

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

12-15-200-002-000

Form A Updated: 5-07

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 20505 N. 1st St. (no rural route) City Raymond NE, Zip 68428

Owner Marian Ingwersen Address Box 257 Ceresco NE 68017

Soil Type (SCS): Clay Percolation Rate: 25 min./inch

Date of Tests 9-23-08 to 9-24-08 Weather: Precipitation None 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 Rate (Min/in)
1	26	9-23	10:00	9-24	11:00	9-24	11:00	16"	9-24	11:30	30	1	30
2	26							14½				1	30
3	30							18				1½	20
4	30							17				1	30
5	28							14				1½	20
6	30							21				1½	20

Person Conducting Percolation Tests

Name: Scott Subbert
Phone: 402-443-6549
Address 10L2 Co. Rd. M
Mead, NE 68041

Sum of Percolation Rates: 150
Average of Rates: 25
Rate Used for Calculation:

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Scott Subbert Date 11/4/08

DRM 23-101 10-96

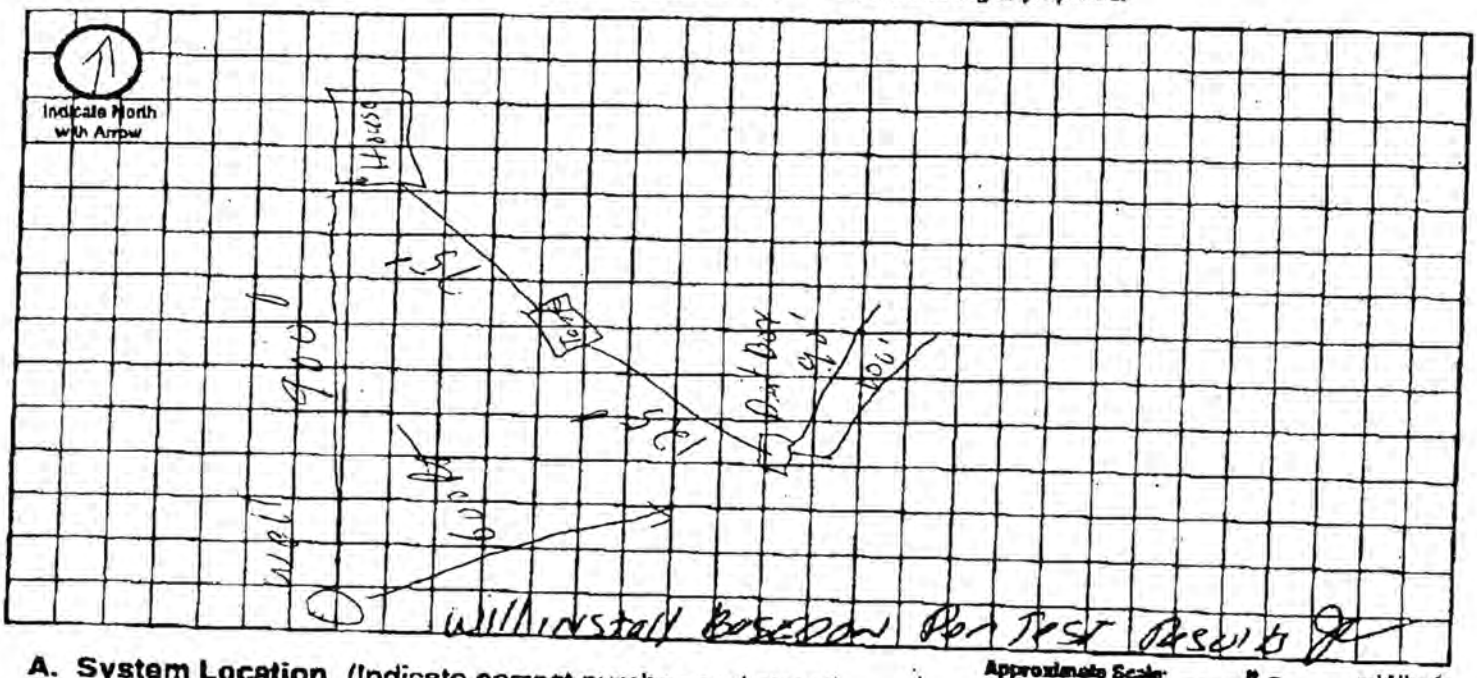
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: ____ ft. = ____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 2050 N 1ST City Raymond NE, Zip 6428

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other ____

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

Percolation Rate 25 (min. per inch) Soil Type: clay Land Slope: 0 %

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

Total Square Feet of Field Required: 750 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: 2 Number of Distribution Laterals per Bed 1

Total Length of Laterals 140 ft. Number of Trenches ____ Trench Width 4.5

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 Maynard Day Date June 22, 2008

Installer Scott Subbert Date June 25, 2008

ORM 23-102 10-06

alt Net

FAX: 441-3890

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

D

Permit Number:

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date _____ Legal Description Lot 16 Irr. Tr. NE 15 T12 R6
1/4 Section Township Range

Onsite System Location

Address (no rural route) 20505 N. 1st St. City Raymond NE. Zip 68428

Owner Marian & Dan Ingwersen Address Box 251 Ceresco 68017

A. Sewer Pipe

1. Material: _____
   Diameter: _____ 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

☐ Label with Manufacturer, address and gallon capacity

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" dia. inspection pipe
6. Outlet: ☐ baffle ☐ tee ☐ 6" dia. inspection pipe
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 ☐ Drop Boxes

(≥ 12" inspection opening) (removable lid to inspect)

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

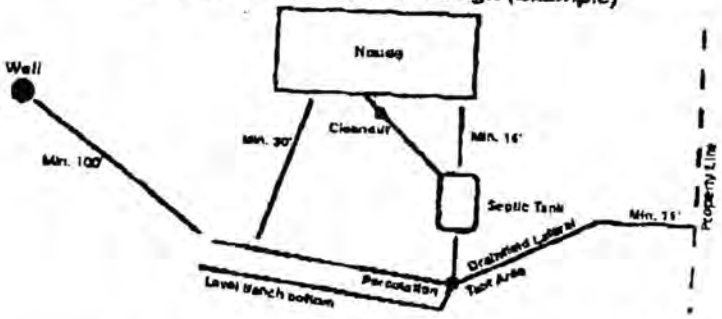
D. Drainfield Absorption

☐ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
3. Drainfield dimensions: Width _____ ft.
   Distribution Pipe Slope _____ in/100 ft.
   Average depth _____ in
4. Filter material: _____
   Depth of material _____ in.
5. Distances to: Well or suction line _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.
   House or building _____ ft.
   Lake or Stream _____ ft.

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

Onsite Wastewater System Design (Example)



Onsite Form D 12_05

Nov 04 08 07:57a Scott Subbert 4026524201 1 p.2
08/24/2006 11:22 4026524201

Title 124
Appendix D

Onsite System Registration Form G

NDEQ Use Only
REG # _____
Fee Rcvd? ____

Existing System Registration #_____ (if previously registered)

(Please type or print) (Must be filed within 45 days of inspection or completion of work)

Ver. Dec. 2006

System Address and Ownership:

Owner's Last Name	First Name	Middle Init	Owner's Phone number
Ingwerson	Dan		~~444-1539~~ 402-922-0325

Owner's Mailing Address	City	State	Zip code
Box 251	Cortesco	Ne	68017

System Location Physical Address (if different than owner's)	Nearest Community
20505 N 1st Raymond Ne 68428	Oak Usy

System Location (either the Legal Description or the Geographic Coordinates is required):

1/4	1/4	Section #	Twnshp	Range	County	Latitude	Longitude
NE	NE	18	12	7E	Lancaster	41-0-48.83	96-34-46.35

System Information

System is for: ☑ Dwelling with 3 bedrooms, or ☐ Establishment with _____ gal/day flow

Septic Tank / Soil Absorption System	Lagoon System
Rated Tank Capacity = 1500 gallons	Water Surface Area = _____ sq. ft.
Total effective trench bottom area = 750 sq. ft.	Tested seepage rate = _____ in/day
Number of Trenches = 2	**Other Type System**
Total Trench Length = 190 ft.	
Design Percolation Rate = 25 min/inch	NDEQ Construction Permit#_____
Depth to seasonal high groundwater = _____ ft. (if less than 10 feet below ground surface)	

Certified professional registering the system:

Last Name	First Name	Middle Initial	Professional Certificate #
Subbert	Scott	J	C1996

Signature of Certified Professional	Date of inspection or completion of work
Scott Subbert	

The registration fee must accompany this completed registration form. See Fee Schedule in Appendix A. Include late fee if submitted more than 45 days after completion.
Make checks payable to the **Nebraska Department of Environmental Quality.**
Mail to: NDEQ, Onsite Wastewater Unit, P.O. Box 98922, Lincoln, Nebraska 68509-8922

Alt- Mate

SURVEY RECORD

Job No: 08766

Lincoln, Lancaster County, Nebraska

Sheet: 1 of 2

FINE LINE LAND SURVEYING

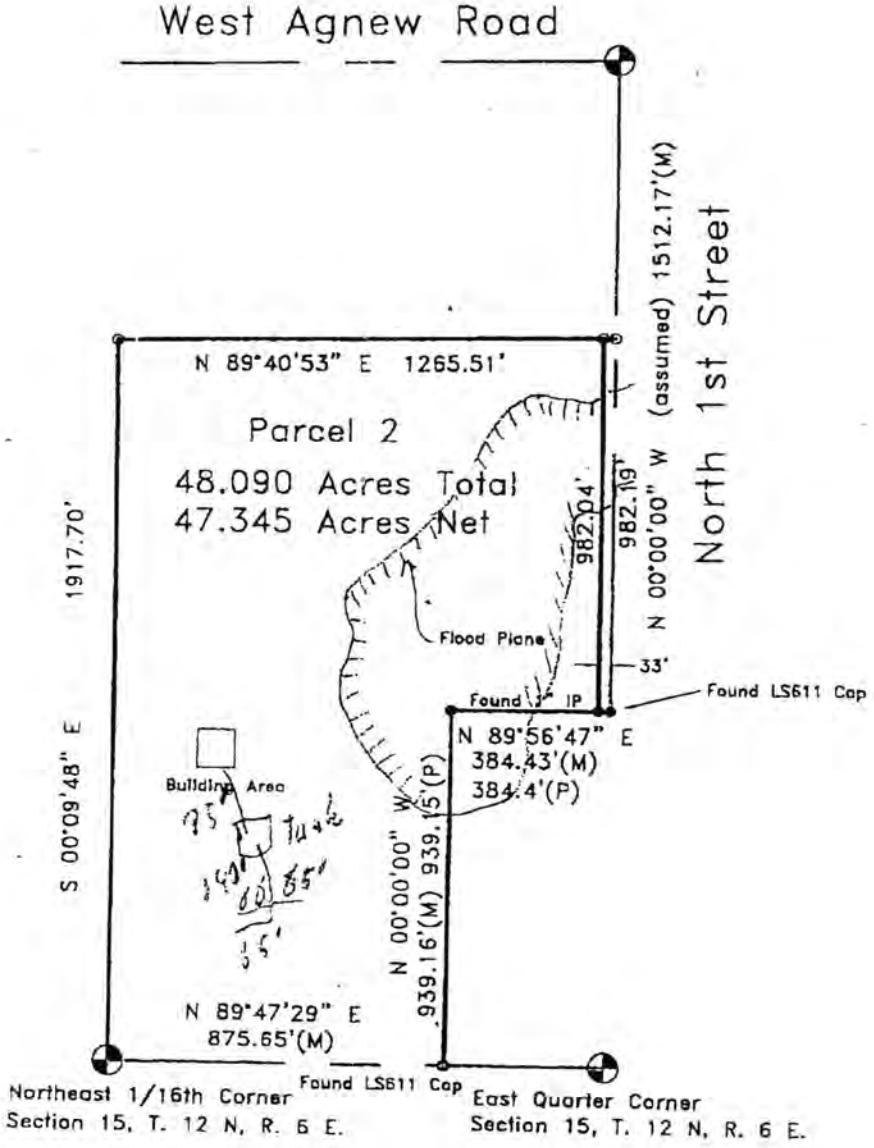
4554 West Raymond Road Raymond, Nebraska 68428

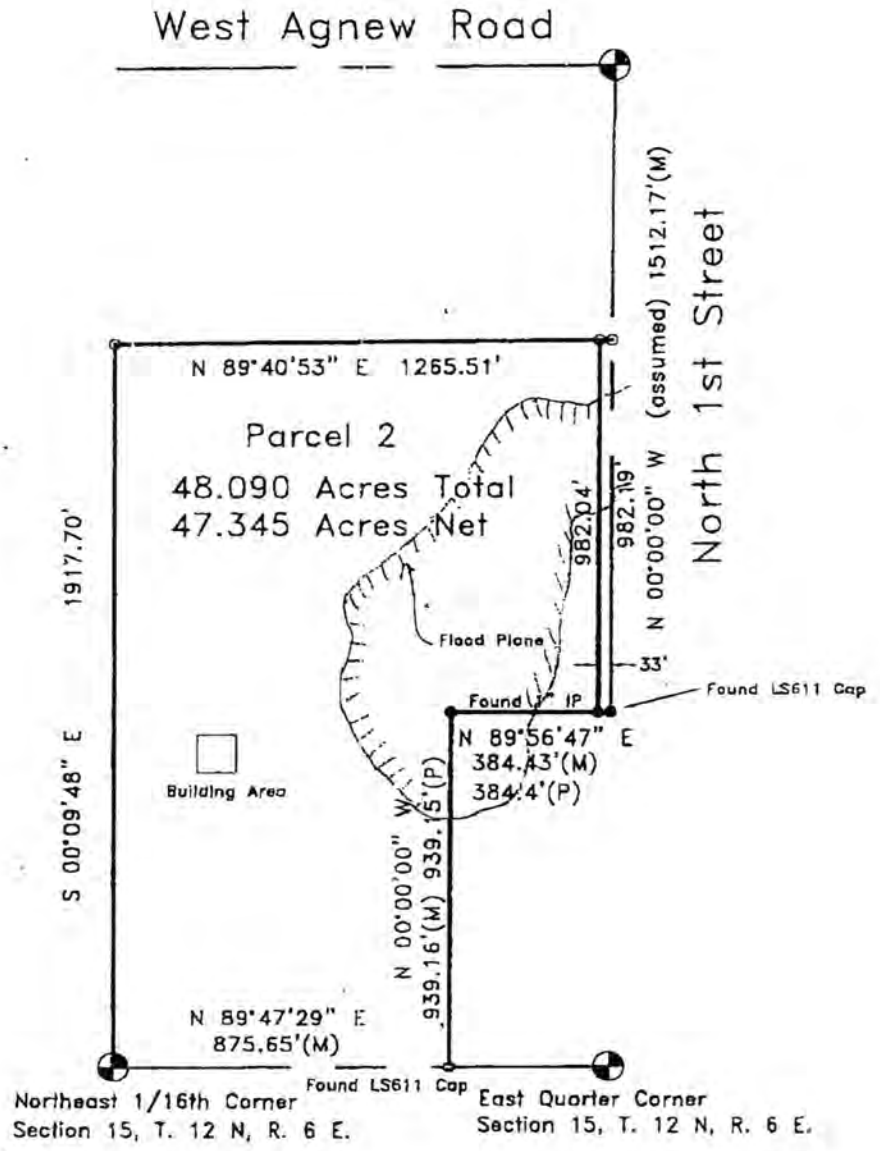
Phone: (402) 429-5007

Boundary survey of Parcel 2 of Lot 16 of Irregular Tracts located in the Northeast Quarter of Section 15, Township 12 North, Range 6 East of the Sixth Principle Meridian, Lancaster County, Nebraska.

LEGEND
- ✥ = Section Corner
- ● = Corner Found
- O = Property Corner Set: - 5/8"x30" Rebar (Except as otherwise noted)
- (P) = Platted Distance/Angle
- (M) = Measured Distance/Angle
- (D) = Deeded Distance/Angle
- (R) = Recorded Distance/Angle
- -x-x- = Fence
- N.T.S. = NOT TO SCALE

SCALE: 1" = 500'





Signed this 22nd day of July, 2008

By: Karen D. Brouwer

Karen D. Brouwer, NE. L.S.

NEBRASKA REGISTERED LS-611 LAND SURVEYOR KAREN D BROUWER

SURVEYOR'S CERTIFICATE

I hereby certify that the accompanying survey was conducted by me or under my direct supervision. Points and improvements found are certified to be accurately shown on this Plat. All distances are Arc distances, unless otherwise noted. All distances are measured in feet or decimals of a foot.