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. HS000217

System Type:	LAGOON
Situs:	99999 **NO SITUS** ST L
Legal Description:	T09N-R05E-S11-Lot 3
Owner:	

Permit Fee:	$315.00
Variance Fee:	$0.00
Extension Fee:	$0.00
Total Fees:	$315.00

Issued:	05/13/2009
Expires:	05/13/2010

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

GREG PETERSON
PO BOX 457
DENTON NE 68339

LLCHD HS000217

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

A

Permit Number
HS000217

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 5641 S. 70-77TH STREET (no rural route) City DENTON, NE Zip 68339

Legal Description SOUTHWEST 1/4 11 1/4 9 Section NORTH 5 Township FOUR WINDS ESTATES Range 1ST Subdivison PORTION OF OUTLOT B Addition 3 Block Lot

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

☑ Check if system mail address is not the same as the owner's address Total Acres: 10.96

B. Owner

Name GREG E. & LYNNA J. PETERSON Signature [signature]

Address P.O. BOX 457 DENTON NE. 68339 City/State/Zip DENTON NE. 68339

☐ Check if owner designed system Home Phone 795-2369 Work Phone 432-4461

C. Contractor

Name: G.E. PETERSON INC. Company Name GREG E. PETERSON

Address PO BOX 457 DENTON NE. 68339 City/State/Zip SAME

☐ Check if contractor designed system Work Phone 432-4461

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

Designer Name [signature] Firm Southern Sewer & Pump Work Phone 430-7606

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 4/30/09
Date frwd 4/30/09
ACTION ☑ Approved ☐ Disapproved
Signature [signature]
As per receipt of proof of Permit Withdrawal

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 5/1/09
Date frwd 5/1/09
ACTION ☑ Approved ☐ Disapproved
Signature [signature]

3. City or County Engineer
Comments System to be outside Regr. Floodplain
Date rec'd 5-1-09
Date frwd 5-1-09
ACTION ☑ Approved ☐ Disapproved
Signature [signature]

Installation Final Written Approval
By _____
Date _____

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

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

5-4-2009 12:37:14 Form A Updated: 5-07

LLCHD HS000217

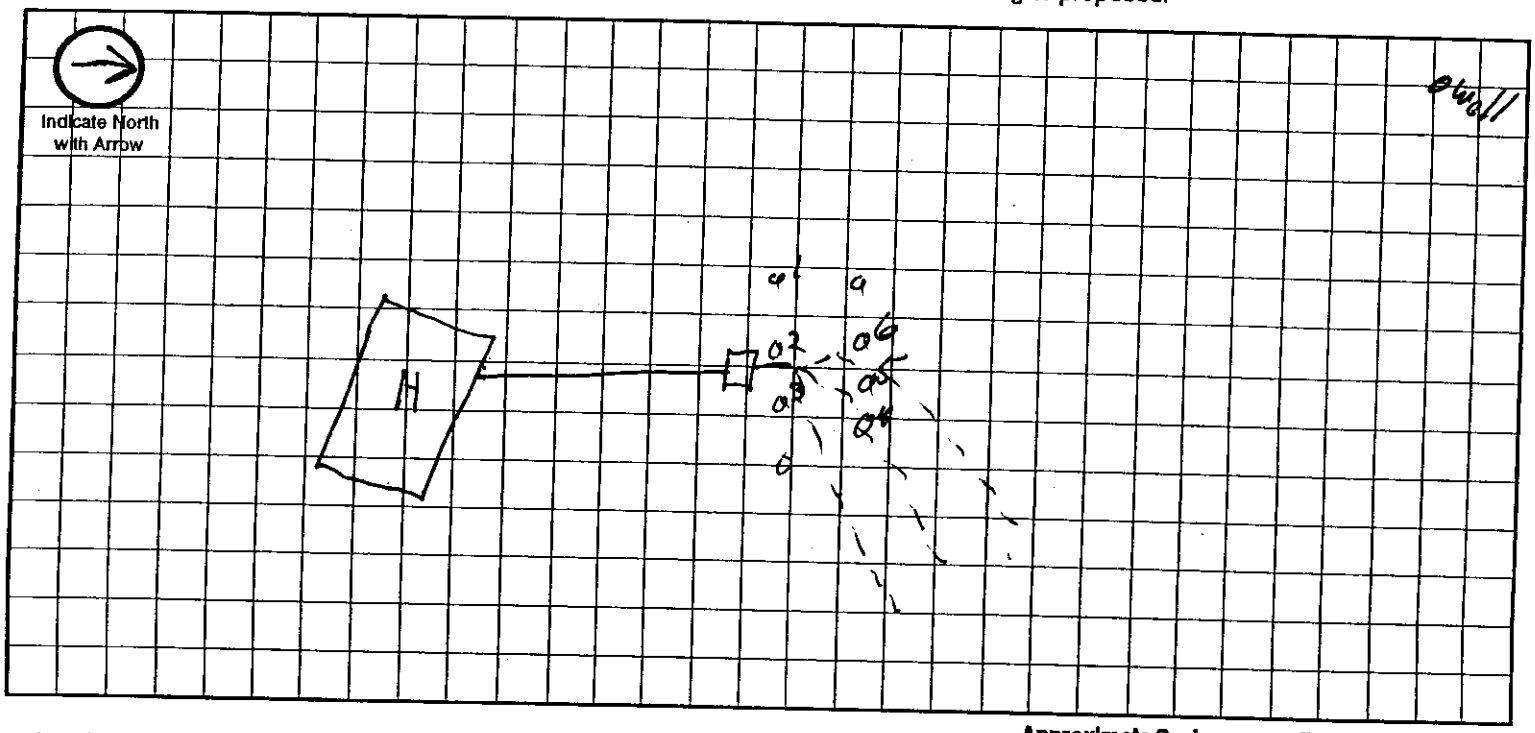
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) 5477 City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 40 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 990 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 ft. Number of Trenches 3 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 _____ Date _____

Installer Brad Date 4/30/09

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

Lot 3
Four Winds Estates 1st Add.

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5477 (no rural route) City Denton NE, Zip 68339

Owner Greg Peterson Addresss

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

Date of Tests 4/20 to 4/21 Weather: Precipitation — Temperature 50-60

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	30	4/20	8/00	4/21	9/00	4/21	10/30	31½	4/21	11/00	30	¾	40
2			AM		AM		AM	29¾		AM		⅝	48
3								27⅛				⅝	48
4								29				⅞	34
5								30¼				¾	40
6								31				⅞	34

Sum of Percolation Rates: 244
Average of Rates: 40
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 436-7606
Address P.O. Box 191 105 Locust
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Sized for 4+50 for potential of additional bedrooms

Signature of Reviewing Official

Date 4/30/09

LLCHD HS000217

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

A

Permit Number HS000217

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 5641 S.W. 77TH STREET (no rural route) City DENTON, NE Zip 68339

Legal Description SOUTHWEST 1/4 11 1/4 9 Section NORTH 5 Township FOUR WINDS ESTATES Range 1ST Subdivison PORTION OF OUTLOT B Addition 3 Block Lot

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

☑ Check if system mail address is not the same as the owner's address Total Acres: 10.96

B. Owner

Name GREG E. & LYNNA J. PETERSON Signature _____

Address P.O. BOX 457 DENTON NE 68339 City/State/Zip DENTON NE. 68339

☐ Check if owner designed system Home Phone 795-2369 Work Phone 432-4461

C. Contractor

Name: G.E. PETERSON INC. Company Name GREG E. PETERSON

Address PO-BOX 457 DENTON NE. 68339 City/State/Zip SAME

☐ Check if contractor designed system Work Phone 432-4461

D. Engineer/Installer

☐ Check and complete if engineer designed system

Designer Name _____ Firm _____ Work Phone 430-7606

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 4/30/09
Date frwd 4/30/09
ACTION ☑ Approved ☐ Disapproved
Signature _____

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

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

Installation Final Written Approval
By _____
Date _____

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

4-30-2009 15:30: 7

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

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

SCANNED

A

Permit Number
HS000213

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 5641 S.W. 77TH STREET (no rural route) City DENTON, NE Zip 68339

Legal Description SOUTHWEST 1/4 1/4 11 Section 9 Township NORTH Range 5 Subdivison FOUR WINDS ESTATES 1ST Addition PORTION OF OUTLOT B Block 3 Lot

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

☑ Check if system mail address is not the same as the owner's address Total Acres: 10.96

B. Owner

Name GREG E. & LYNDA J. PETERSON Signature [signature]

Address P.O. BOX 457 DENTON NE 68339 City/State/Zip DENTON NE. 68339

☐ Check if owner designed system Home Phone 795-2369 Work Phone 432-4461

C. Contractor

Name: G.E. PETERSON INC. Company Name GREG E. PETERSON

Address P.O. BOX 457 DENTON NE. 68339 City/State/Zip SAME

☐ Check if contractor designed system Work Phone 432-4461

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

Designer Name [signature] Firm Southern Sewer & Pump Work Phone 430-7606

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 4/30/09
Date frwd 4/30/09
ACTION ☑ Approved ☐ Disapproved
Signature [signature]
Awaiting receipt of mound permit. Until Perc's witnessed

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 5/1/09
Date frwd 5/1/09
ACTION ☑ Approved ☐ Disapproved
Signature [signature]

3. City or County Engineer
Comments System to be outside legal flood plain
Date rec'd 5-1-09
Date frwd 5-1-09
* Sandy Co.
ACTION ☐ Approved ☐ Disapproved
Signature [signature]

Installation Final Written Approval
By _____
Date 9/30/09
* Approved as a lagoon until Perc's witnessed

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

SCANNED

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

A

Permit Number
HS000217

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 5641 S.W. 77TH STREET (no rural route) City DENTON, NE Zip 68339

Legal Description SOUTHWEST 1/4 1/4 Section 9 Township NORTH Range 5 Subdivison FOUR WINDS ESTATES 1ST Addition PORTION OF OUTLOT B Block 3 Lot

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

☑ Check if system mail address is not the same as the owner's address Total Acres: 10.96

B. Owner

Name GREG E. & LYNNA J. PETERSON Signature [signature]

Address P.O. BOX 457 DENTON NE. 68339 City/State/Zip DENTON NE. 68339

☐ Check if owner designed system Home Phone 795-2369 Work Phone 432-4461

C. Contractor

Name: G.E. PETERSON INC. Company Name GREG E. PETERSON

Address PO BOX 457 DENTON NE. 68339 City/State/Zip SAME

☐ Check if contractor designed system Work Phone 432-4461

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

Designer Name [signature] Firm Southern Sewer & Drain Work Phone 430-7606

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 4/30/09
Date frwd 4/30/09
ACTION ☑ Approved ☐ Disapproved
Signature [signature]
Per Receipt of Payment
Verbal Permit Witnessed

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 5-1-09 Amount Paid 315.00
Received By [signature] Cash/Check No. 5151

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

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

SCANNED
SCANNED

B

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report
Annex to Application

Lot 3
Four Winds Estates 1st Add.

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address SW 77 (no rural route) City Denton NE, Zip 68339

Owner Greg Peterson Addresss

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

Date of Tests 4/20 to 4/21 Weather: Precipitation — Temperature 50-60

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	30	4/20	8/00	4/21	9/00	4/21	10/30	31½	4/21	11/00	30	3/4	40
2			AM		AM		AM	29¾		AM		5/8	48
3								27⅛				5/8	48
4								29				7/8	34
5								30¼				3/4	40
6								31				7/8	34

Sum of Percolation Rates: 244
Average of Rates: 40
Rate Used for Calculation: 40

Person Conducting Percolation Tests

Name: Brad Southwick
Phone: 430-7606
Address P.O. Box 191 105 Locust
Hickman, Ne 68372

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks Sized for 41-50 for potential of additional bedrooms

Signature of Reviewing Official Date 4/30/09

FORM 23-101 10-96

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

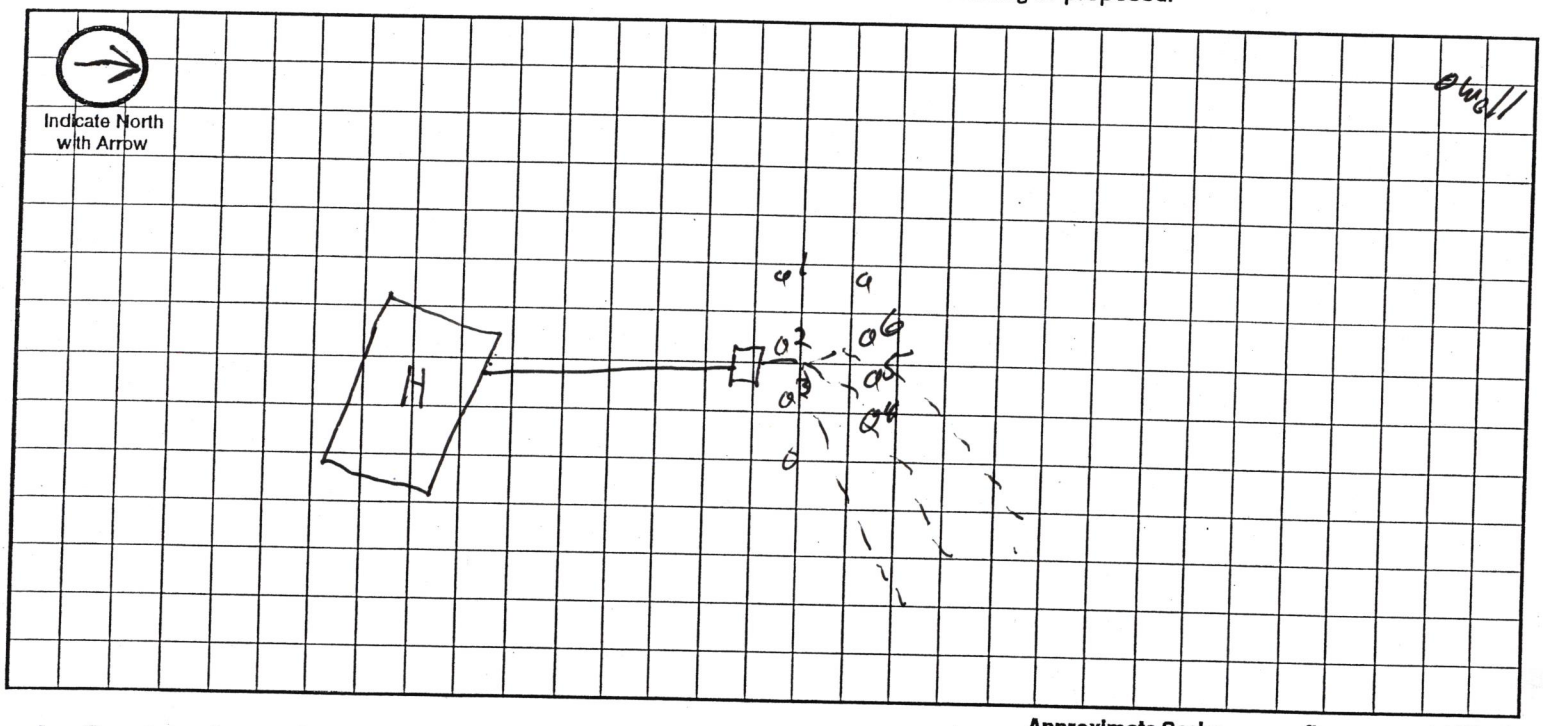
SCANNED

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) SW 77 City Denton NE, Zip 68339

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 40 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 990 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 250 ft. Number of Trenches 3 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 _____ Date _____

Installer Brad Smith Date 4/30/09

FORM 23-102 10-96

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 SOUTHWEST 11 9 NORTH
1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 5641 SW 77TH STREET City DENTON NE, Zip 68339

Owner GREG R. & LYNN J. PETERSON Address P.O. BOX 457 DENTON NE. 68339

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.

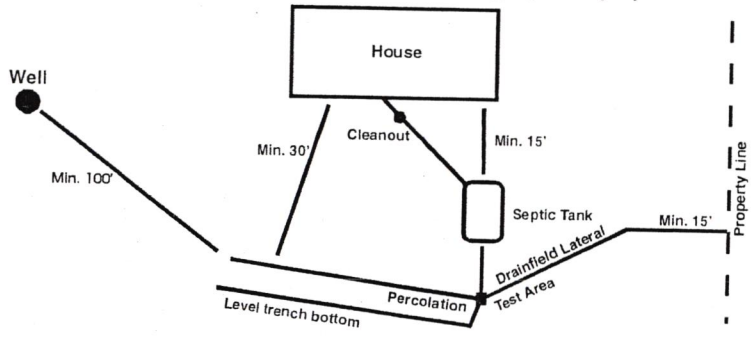
D. Drainfield Absorption

☐ 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.

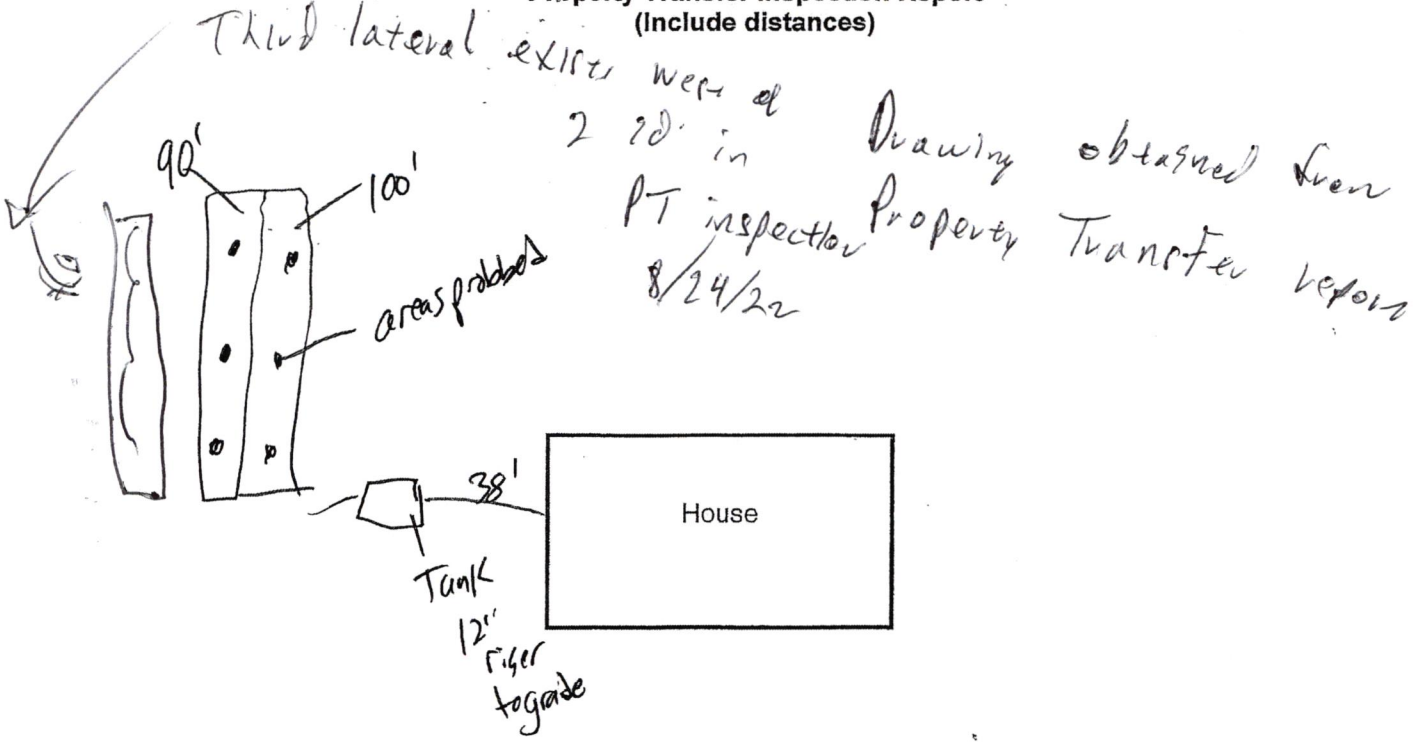
Complete As-Built drawing on the back fo this form.

Onsite Wastewater System Design (Example)



Indicate North with Arrow

Onsite Wastewater Treatment System Layout
Property Transfer Inspection Report
(Include distances)



1. Indicate location of septic tank (distance and direction from house).
2. Indicate location and distance of wastewater lagoon.
3. Indicate location and distance of closest building foundations.
4. Indicate location of well.
5. Indicate number of laterals. Indicate approximate areas of probing.
6. Age of system (if known) _____

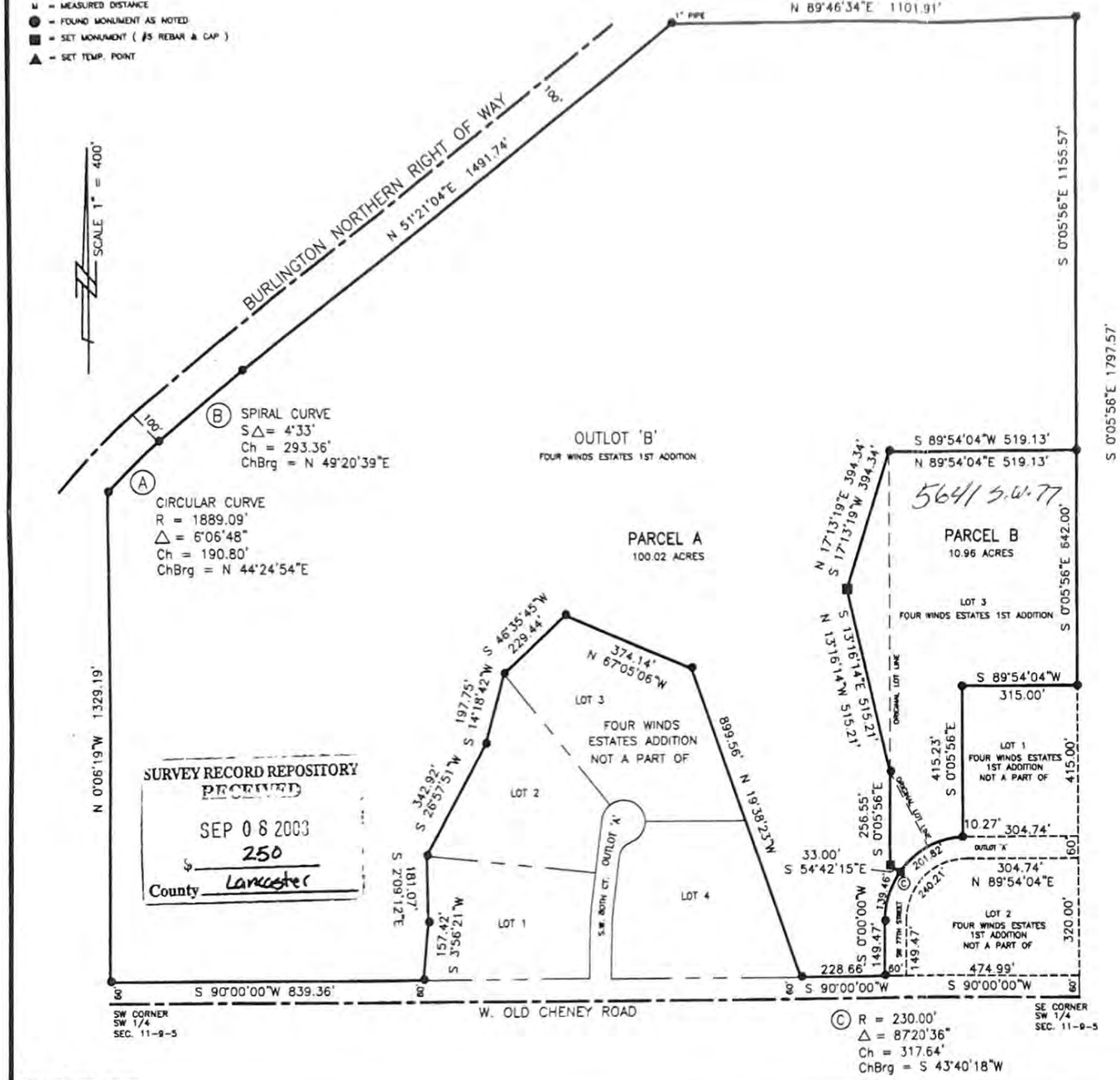
General Comments:

Meets all setbacks, no visable sign of failure.

GREG PETERSON - 452-4461 P.O. BOX 457 DENTON NE. 68339
EMAIL - GEPETERSON1NC @ WINDSTREAM . NET

BOUNDARY SURVEY

SW 1/4, SEC. 11, T 9 N, R 5 E
LANCASTER COUNTY, NEBRASKA



564/ S.W. 77

SURVEY RECORD REPOSITORY
RECEIVED
SEP 08 2003
250
County Lancaster

LEGAL DESCRIPTION

PARCEL "A"
THAT PART OF OUTLOT "B", FOUR WINDS ESTATES 1st ADDITION, LOCATED IN THE SOUTHWEST QUARTER OF SECTION 11, TOWNSHIP 9 NORTH, RANGE 5 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF SAID OUTLOT "B"; THENCE NORTHERLY ON THE WEST LINE OF SAID OUTLOT 'B' AND THE WEST LINE OF SAID SOUTHWEST QUARTER ON AN ASSIGNED BEARING OF N 0°06'19"W, A DISTANCE OF 1329.19', TO A POINT ON THE SOUTHERLY RIGHT-OF-WAY LINE OF BURLINGTON NORTHERN RAILROAD, SAID POINT BEING ON A CIRCULAR CURVE TO THE RIGHT, HAVING A RADIUS OF 1889.09' AND A CENTRAL ANGLE OF 6°06'48"; THENCE NORTHEASTERLY ON THE CHORD OF SAID CURVE, N 44°24'54"E 190.80', TO A POINT ON A SPIRAL CURVE; THENCE NORTHEASTERLY ON THE CHORD OF SAID SPIRAL CURVE, N 49°20'39"E 293.36'; THENCE N 51°21'04"E 1491.74', TO A POINT ON THE NORTH LINE OF SAID SOUTHWEST QUARTER; THENCE EASTERLY ON SAID NORTH LINE, N 89°46'34"E 1101.91', TO THE NORTHEAST CORNER OF SAID OUTLOT "B"; THENCE SOUTHERLY ON THE EAST LINE OF OUTLOT "B", S 0°05'56"E 1155.57', TO THE NORTHEAST CORNER OF LOT 3, FOUR WINDS ESTATES 1st ADDITION; THENCE WESTERLY ON THE NORTH LINE OF SAID LOT 3, S 89°54'04"W 519.13', THE NORTHWEST CORNER OF SAID LOT 3; THENCE SOUTHERLY, S 17°13'19"W 394.34'; THENCE SOUTHERLY, S 13°16'14"E 515.21'; THENCE SOUTHERLY, S 0°05'56"E 256.55'; THENCE SOUTHEASTERLY, S 54°42'15"E 33.00', TO A POINT ON THE WESTERLY LINE OF OUTLOT "A", SAID FOUR WINDS 1st ADDITION, SAID POINT BEING ON A CIRCULAR CURVE TO THE LEFT, HAVING A RADIUS OF 230.00' AND A CENTRAL ANGLE OF 35°17'45"; THENCE SOUTHWESTERLY ON THE CHORD OF SAID CURVE, S 17°38'52"W 139.46', TO THE POINT OF TANGENCY; THENCE SOUTHERLY ON SAID TANGENT, S 0°00'00"W 149.47', TO A POINT ON THE NORTH LINE RIGHT OF WAY LINE FOR WEST OLD CHENEY ROAD; THENCE WESTERLY ON SAID NORTH RIGHT OF WAY LINE, S 90°00'00"W 228.66', TO THE SOUTHEAST CORNER OF LOT 4, FOUR WINDS ESTATES ADDITION; THENCE ON THE EASTERLY LINE OF LOTS 3 AND 4, FOUR WINDS ESTATES ADDITION, N 19°38'23"W 899.56'; THENCE ON THE NORTHERLY LINE OF SAID LOT 3 FOR THE NEXT TWO (2) COURSES, N 67°05'06"W 374.14'; THENCE S 46°35'45"W 229.44'; THENCE ON THE WEST LINE OF LOTS 1 AND 2, FOUR WINDS ESTATES ADDITION FOR THE NEXT FOUR (4) COURSES, S 14°18'42"W 197.75'; THENCE S 26°57'51"W 342.92'; THENCE S 2°09'12"E 181.07'; THENCE S 3°56'21"W 157.42', TO A POINT ON THE NORTH RIGHT OF WAY LINE FOR WEST OLD CHENEY ROAD; THENCE WESTERLY ON SAID NORTH RIGHT OF WAY LINE, S 90°00'00"W 839.36', TO THE POINT OF BEGINNING, SAID TRACT CONTAINING AN AREA OF 100.02 ACRES, MORE OR LESS.

PARCEL "B"
ALL OF LOT 3, AND THAT PART OF OUTLOT "B", FOUR WINDS ESTATES 1st ADDITION, LOCATED IN THE SOUTHWEST QUARTER OF SECTION 11, TOWNSHIP 9 NORTH, RANGE 5 EAST OF THE 6TH P.M., LANCASTER COUNTY, NEBRASKA AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHEAST CORNER OF SAID LOT 3; THENCE SOUTHERLY ON THE EAST LINE OF SAID LOT 3, ON AN ASSIGNED BEARING OF S 0°05'56"E 642.00', TO THE NORTHEAST CORNER OF LOT 1, FOUR WINDS ESTATES 1st ADDITION; THENCE WESTERLY ON THE NORTH LINE OF SAID LOT 1, S 89°54'04"W 315.00', TO THE NORTHWEST CORNER OF SAID LOT 1; THENCE SOUTHERLY ON THE WEST LINE OF SAID LOT 1, S 0°05'56"E 415.23', TO A POINT ON THE WESTERLY LINE OF OUTLOT "A", SAID FOUR WINDS 1st ADDITION, SAID POINT BEING ON A CIRCULAR CURVE TO THE LEFT, HAVING A RADIUS OF 230.00' AND A CENTRAL ANGLE OF 52°02'51"; THENCE SOUTHWESTERLY ON THE CHORD OF SAID CURVE, S 61°19'10"W 201.82'; THENCE NORTHWESTERLY, N 54°42'15"W 33.00'; THENCE NORTHERLY, N 0°05'56"W 256.55'; THENCE NORTHERLY, N 13°16'14"W 515.21'; THENCE NORTHERLY, N 17°13'19"E 394.34', TO THE NORTHWEST CORNER OF SAID LOT 4; THENCE EASTERLY ON THE NORTH LINE OF SAID LOT 4, N 89°54'04"E 519.13', TO THE POINT OF BEGINNING, SAID TRACT CONTAINING AN AREA OF 10.96 ACRES, MORE OR LESS.

SURVEYOR'S CERTIFICATE

I, THE UNDERSIGNED, A DULY REGISTERED LAND SURVEYOR IN AND FOR THE STATE OF NEBRASKA, DO HEREBY CERTIFY THAT I CAUSED A SURVEY TO BE MADE OF THE FORGOING DESCRIBED PROPERTY, AND THAT THE RESULTS OF SAID SURVEY ARE TRULY AND ACCURATELY DEPICTED HEREON, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

IN TESTIMONY WHEREOF WITNESS MY HAND AND SEAL THIS 25th DAY OF JUNE, 2008.

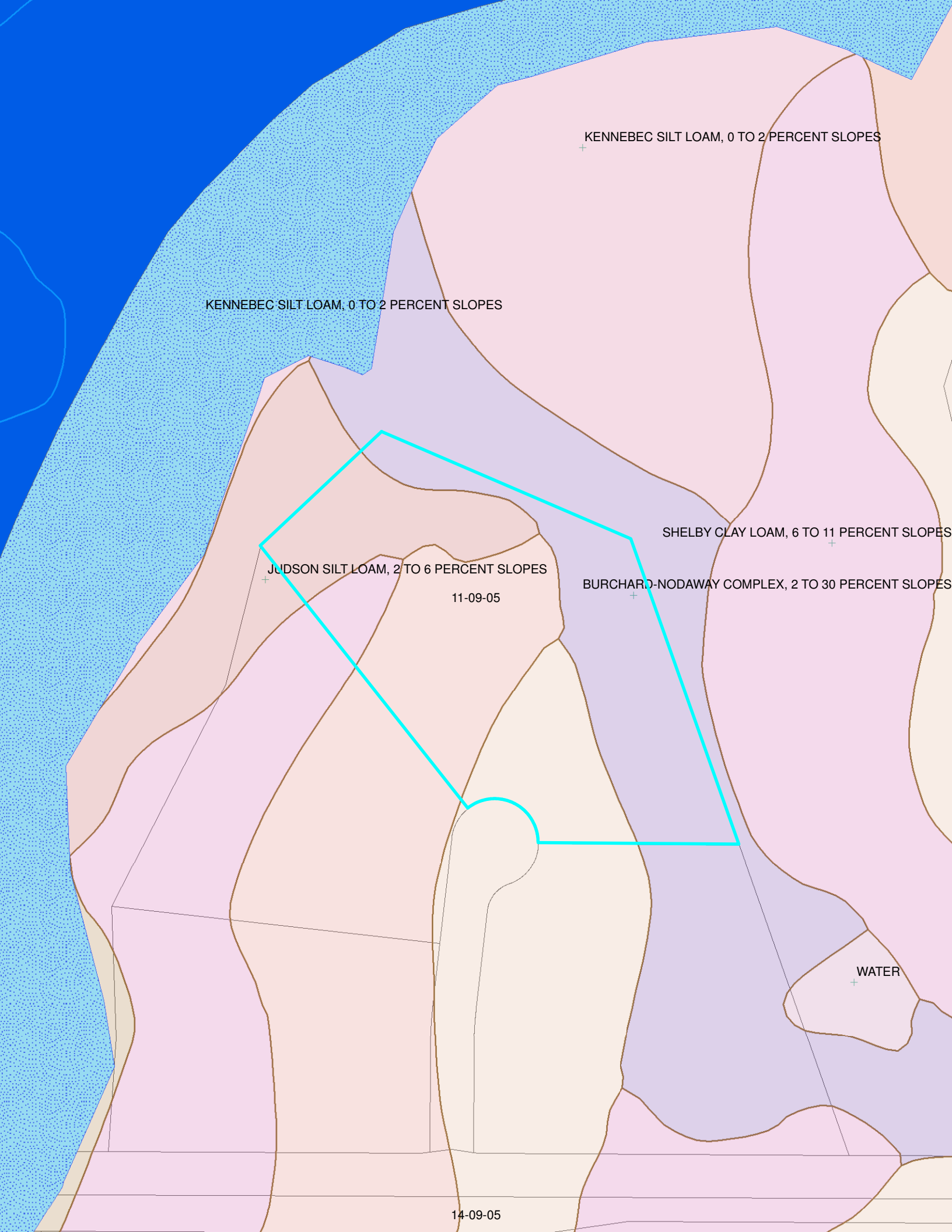
NEBRASKA REGISTERED LS-483 LAND SURVEYOR BILLY JOE KERR

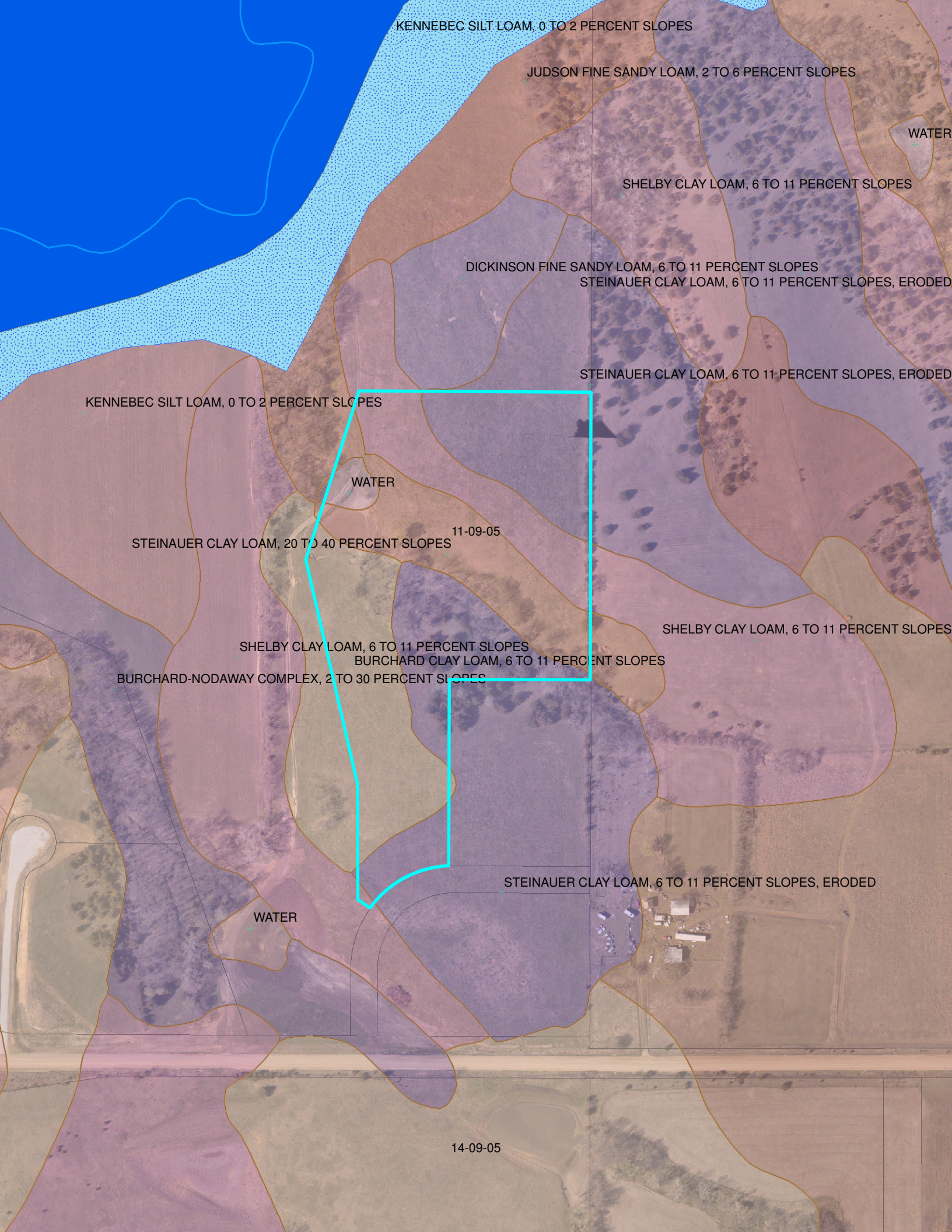
BILLY JOE KERR, LS #483

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PROJ. # 0707-4WINDS

879-819


KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
JUDSON SILT LOAM, 2 TO 6 PERCENT SLOPES
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
11-09-05
WATER
14-09-05


KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
JUDSON FINE SANDY LOAM, 2 TO 6 PERCENT SLOPES
WATER
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
DICKINSON FINE SANDY LOAM, 6 TO 11 PERCENT SLOPES
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
KENNEBEC SILT LOAM, 0 TO 2 PERCENT SLOPES
WATER
11-09-05
STEINAUER CLAY LOAM, 20 TO 40 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
SHELBY CLAY LOAM, 6 TO 11 PERCENT SLOPES
BURCHARD CLAY LOAM, 6 TO 11 PERCENT SLOPES
BURCHARD-NODAWAY COMPLEX, 2 TO 30 PERCENT SLOPES
STEINAUER CLAY LOAM, 6 TO 11 PERCENT SLOPES, ERODED
WATER
14-09-05