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

A

Permit Number H5000736

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 _____ (no rural route) City Raymond, NE Zip 68428

Legal Description SE 33 12 6 Brock Estates Add 2 1
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 13-33-402-001-000

B. Owner

Name Drew Boysen Signature _____

Address 6400 Cornflower Dr City/State/Zip Lincoln, NE, 68504

Home Phone 402-309-0013 Work Phone 402-610-0268

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Lloyd Jakoubek for Lloyd

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 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 4/3/13
Date frwd 4/3/13
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4-2-13
Date frwd 4-2-13
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 4/3/13
Date frwd 4/3/13
ACTION ☒ Approved ☐ Disapproved
Signature See attached

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

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

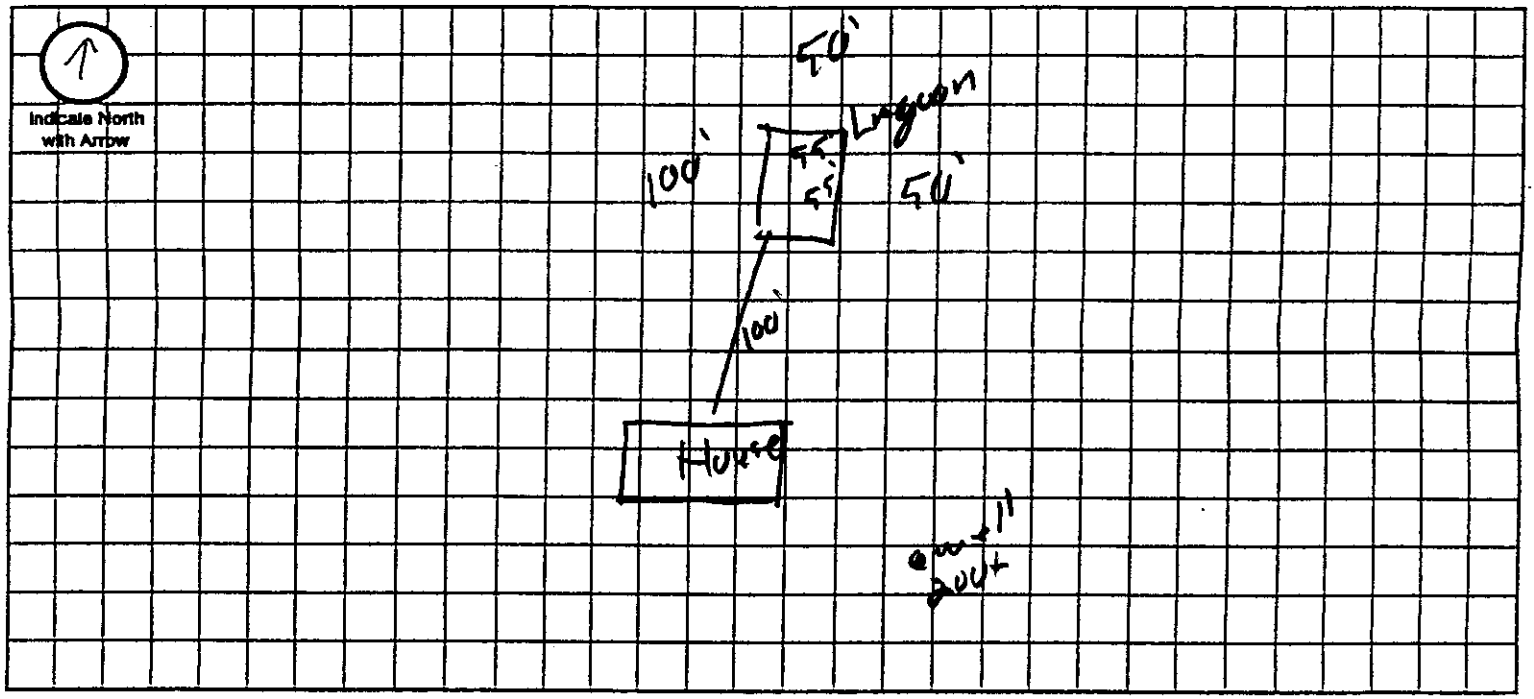
C

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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

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

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

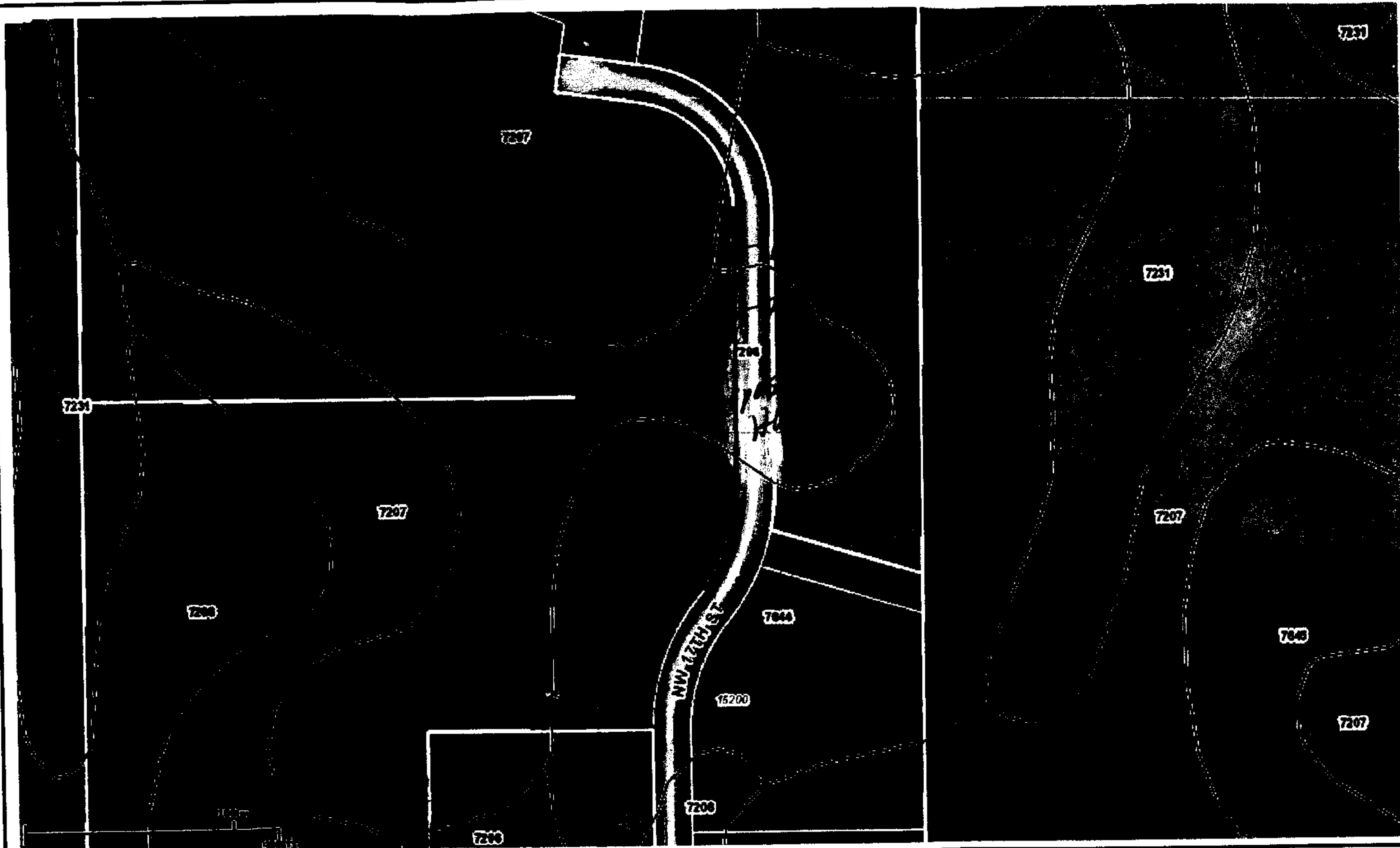
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☑	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

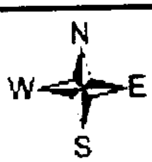
Home Building Contractor _____ Date 4-1-13

Installer _____ Date 4-1-13

FORM 23-102 10-96

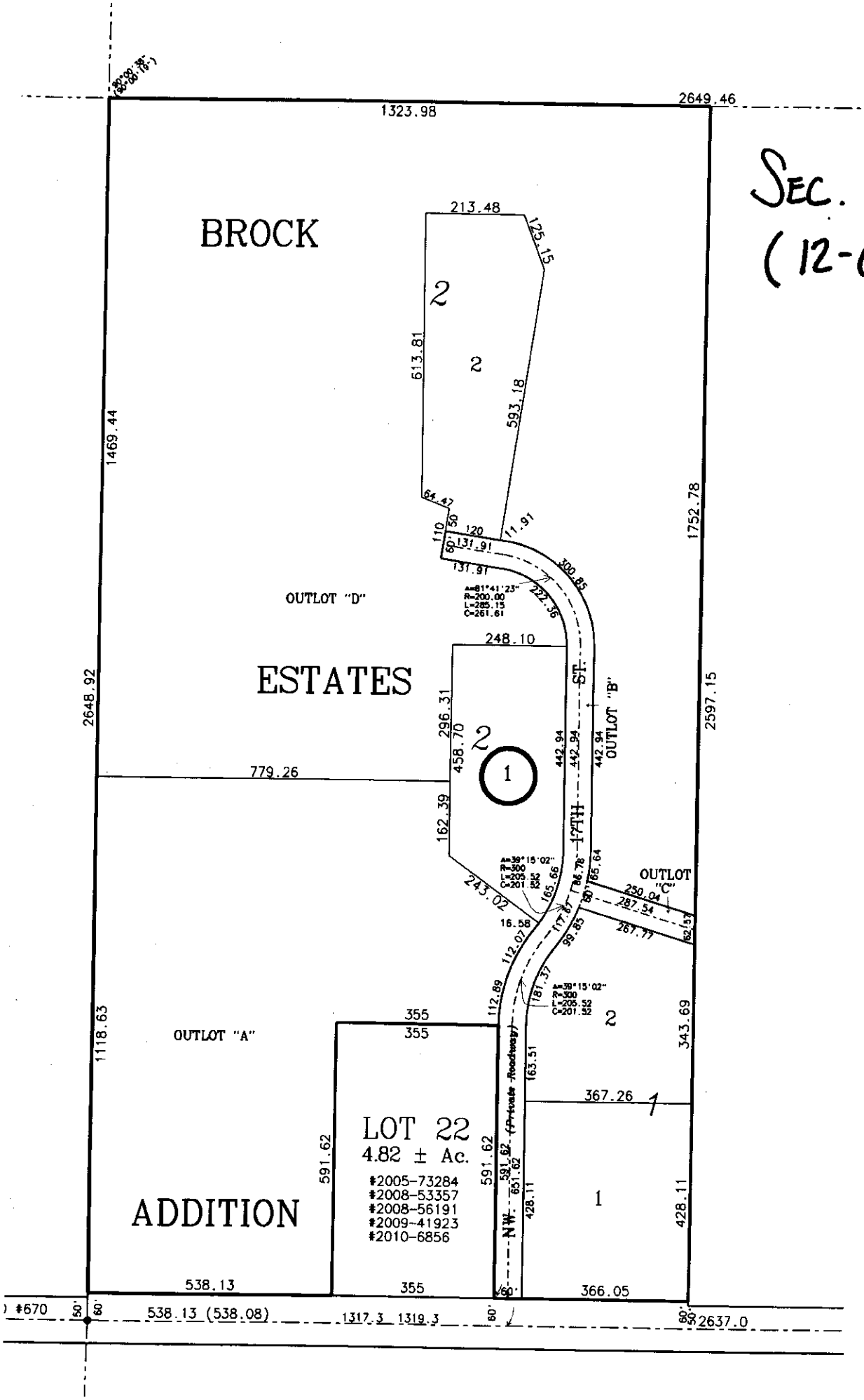


Lancaster County/City of Lincoln GIS Map



Printed: Apr 01, 2013

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.


SEC. 33
(12-6)
BROCK
ESTATES
ADDITION
OUTLOT "A"
OUTLOT "B"
OUTLOT "C"
OUTLOT "D"
LOT 22
4.82 ± Ac.
#2005-73284
#2008-53357
#2008-56191
#2009-41923
#2010-6856
1323.98
2649.46
213.48
125.15
613.81
593.18
64.47
131.91
300.85
248.10
296.31
458.70
779.26
162.39
243.02
442.94
165.66
165.64
250.04
287.54
261.77
112.07
99.85
112.89
181.37
163.51
367.26
343.69
1469.44
1752.78
2648.92
2597.15
1118.63
355
591.62
651.62
428.11
538.13
366.05
538.13 (538.08)
1317.3
1319.3
2637.0
#670
NW.
(Private Roadway)
17TH ST.

Nate C. Hartman

From: Ken D. Schroeder
Sent: Wednesday, April 03, 2013 8:25 AM
To: Nate C. Hartman
Subject: Sewage disposal systems
Attachments: sec 17-12-5.pdf; sec 33-12-6.pdf

Nate,
Lancaster County Engineering Department indicates approval for a sewage disposal system for lot 1, Block 2, Brock Estates Addition" located in the SE 1/4 of Section 33, T12N, R6E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of "sec 33-12-6")*

AND

Lancaster County Engineering Department indicates approval for a sewage disposal system for lot 20 irregular tracts located in the S 1/2 of the SE 1/4 of Section 17, T12N, R5E of the 6th P.M., Lancaster County, Nebraska. *(see attached part of "sec 17-12-5")*

As always, both approvals are subject to confirmation of and compliance with any floodplain elevation requirements prior to construction.
Ken

Kenneth D. Schroeder, RLS
Lancaster County Surveyor
444 Cherrycreek Road, Bldg. "C"
Lincoln, Nebraska 68528
kschroeder@lancaster.ne.gov
Phone (402) 441-7681
Fax (402) 441-8692

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

A

Permit Number H5000736

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 _____ (no rural route) City Raymond, NE Zip 68428

Legal Description SE 33 12 6 Brock Estates Add 2 1
(1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot)

PID 13-33-402-001-000

B. Owner

Name Drew Boysen Signature _____

Address 6400 Cornflower Dr City/State/Zip Lincoln, NE, 68504

Home Phone 402-309-0013 Work Phone 402-610-0268

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Lloyd Jakoubek for Lloyd

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 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 4/3/13
Date frwd 4/3/13
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4-2-13
Date frwd 4-2-13
ACTION ☒ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 4/3/13
Date frwd 4/3/13
ACTION ☒ Approved ☐ Disapproved
Signature See attached

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 4-4-13 Amount Paid 355.00
Received By B. Hall Cash/Check No. 8078

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

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

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS000736

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/5/2013

Expires: 4/5/2014

Description: BROCK ESTATES ADDITION, BLOCK 2, Lot 1

Owner: FREDRICK, LINDA D
1700 W RAYMOND RD
RAYMOND, NE 68428

Judith A Halstead
Judith A. Halstead, MS, 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.

Judith A Halstead
Judith A. Halstead, MS
Health Director

RAYMOND CONTRACTING
13800 NW 70TH
RAYMOND, NE 68428

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

SCANNED

A

Permit Number H5000736

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 _____ (no rural route) City Raymond, NE Zip 68428

Legal Description SE 33 12 6 Brock Estates ~~Add~~ Add 2 1

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

PID 13-33-402-001-000

B. Owner

Name Drew Boyson Signature _____

Address 6400 Cornflower Dr City/State/Zip Lincoln, NE, 68504

Home Phone 402-309-0013 Work Phone 402-610-0268

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Signature Lloyd Jakoubek for Lloyd

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-890-6009

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 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 line + lagoon

Site visits 10/8/13 Needs fence

Comments _____

Date rec'd 4/3/13 Date frwd 4/3/13

ACTION ☒ Approved ☐ Disapproved Signature _____

2. Supt. Bldg. Insp. or Village Clerk

Comments _____

Date rec'd 4-2-13 Date frwd 4-2-13

ACTION ☒ Approved ☐ Disapproved Signature _____

3. City or County Engineer

Comments _____

Date rec'd 4/3/13 Date frwd 4/3/13

ACTION ☒ Approved ☐ Disapproved Signature See attached

Installation Final Written Approval

By _____

Date 11/12/13

Business Office Use Only

Date Received 4-4-13 Amount Paid 355.00

Received By B. Hill Cash/Check No. 8078

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

SCANNED

C

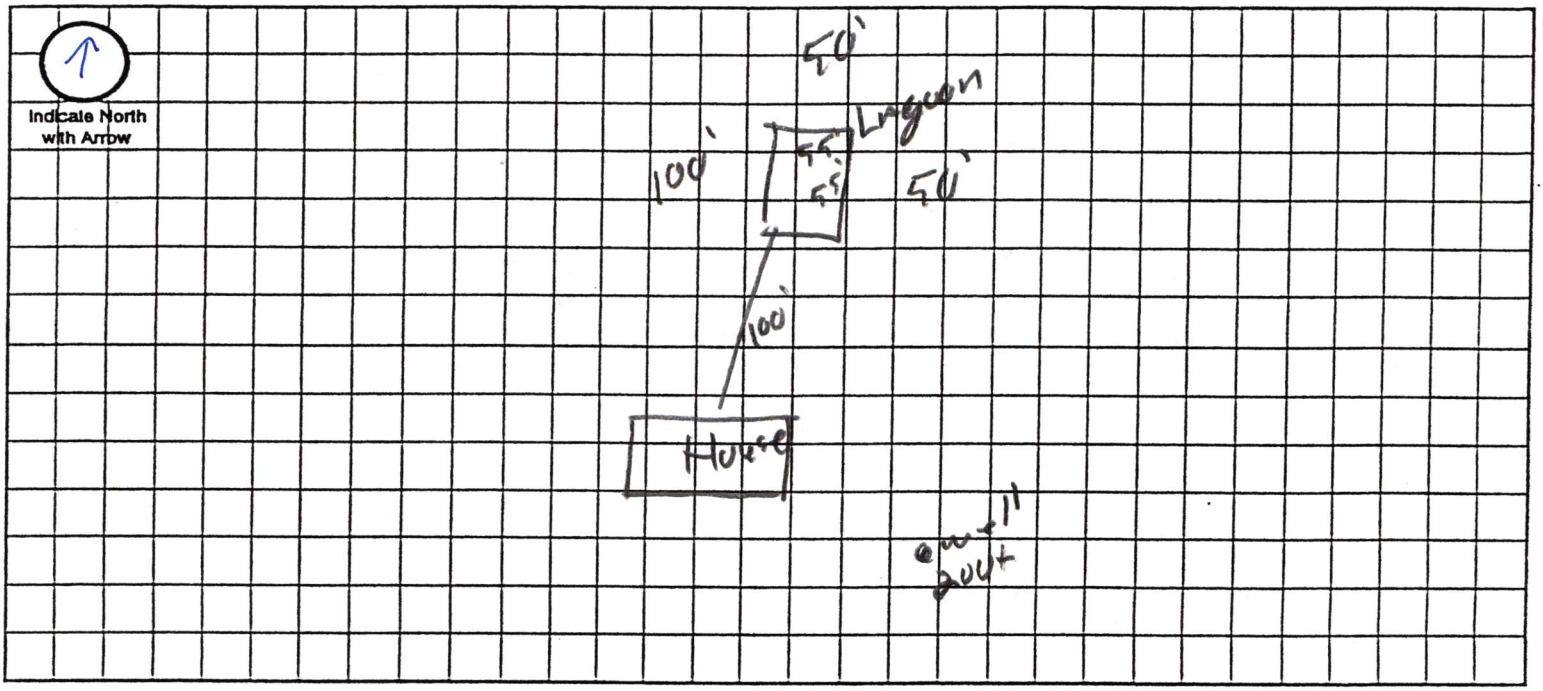
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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) _____ City _____ NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☐ Concrete ☐ Plastic ☐ Other _____

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

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

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

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

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

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

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

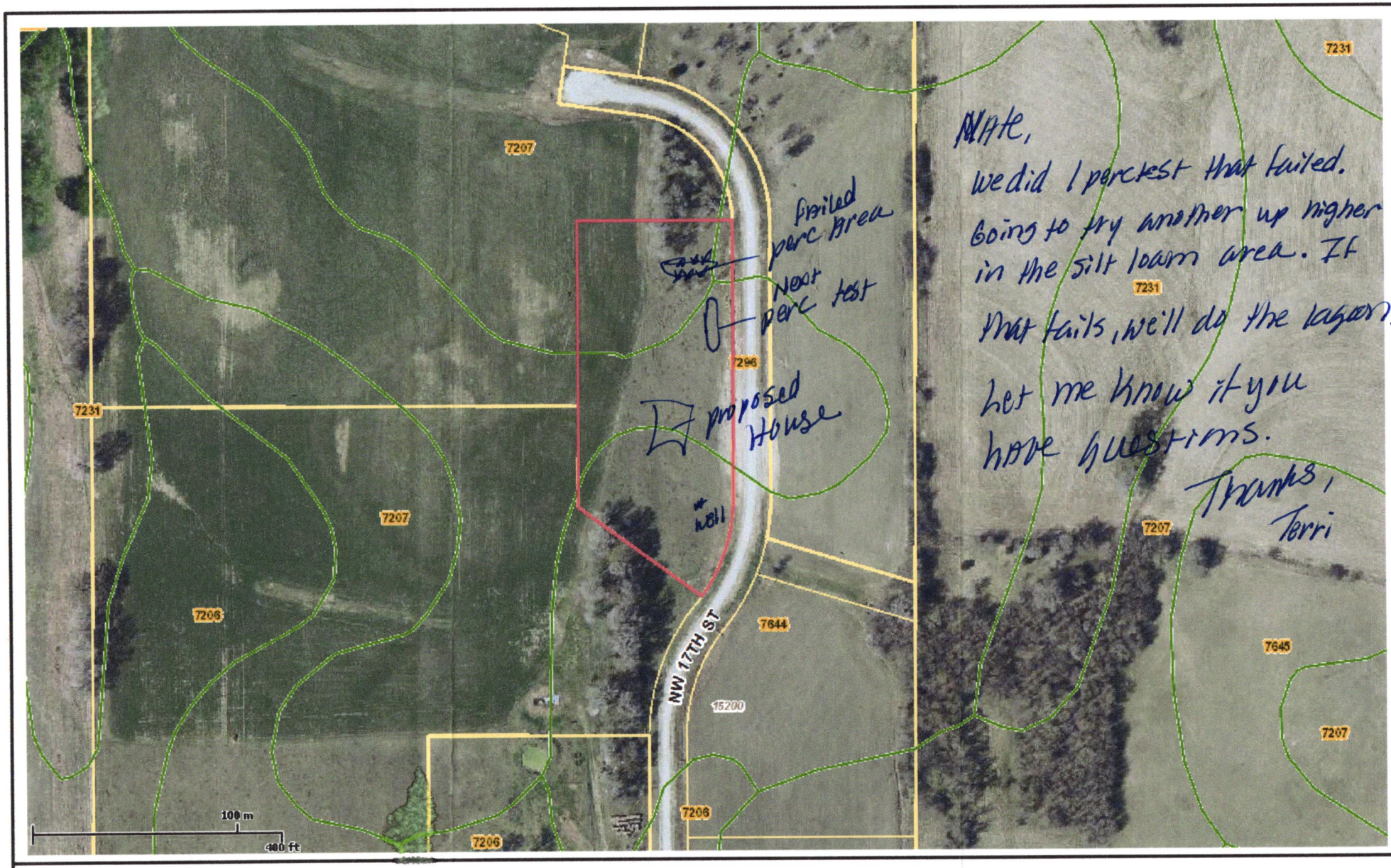
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☒	500 ☒	50 ☒	N/A ☐	30 ☒	50 ☒	100 ☒	200 ☒	☒

E. Required Signatures

Home Building Contractor _____ Date 4-1-13

Installer Kirk A. Johnson Date 4-1-13

FORM 23-102 10-96



Lancaster County/City of Lincoln GIS Map

N
W E
S

Printed: Apr 01, 2013

DISCLAIMER: The information is presented on a best-efforts basis, and should not be relied upon for making financial, survey, legal or other commitments. If you have questions or comments regarding the data displayed on this map, please email ags@lincoln.ne.gov and you will be directed to the appropriate department.

OCT 0 9 2013

D

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

Permit Number: HS600736

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date 10/7/2013 Legal Description SE (1/4) SE (1/4) 33-12N-6E (Section Township Range) Brock Estates Add Block 2 Lot 1

Onsite System Location

Address (no rural route) 15311 NW 17th St City Raymond NE, Zip 68428

Owner Drew Boyson Address 6400 Cornflower Dr Lincoln NE 68504

A. Sewer Pipe

1. Material: SDR26
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 166' ft.
4. Number of clean-outs: 3
5. Distances to: well or suction line 100' ft.
   stream 100' ft.
   pressure line 100' ft.
   property line 55' 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

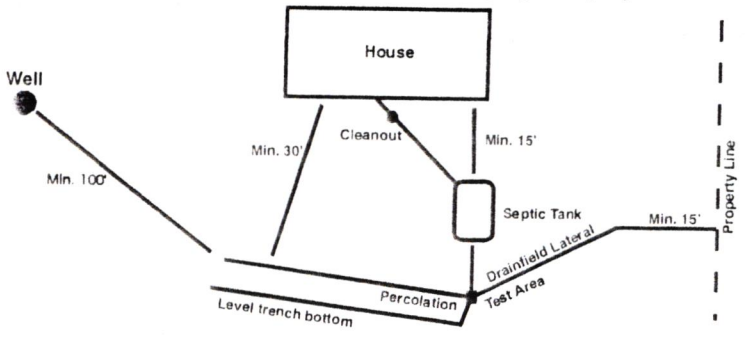
☐ Trench ☐ Bed ☐ Level Bottom

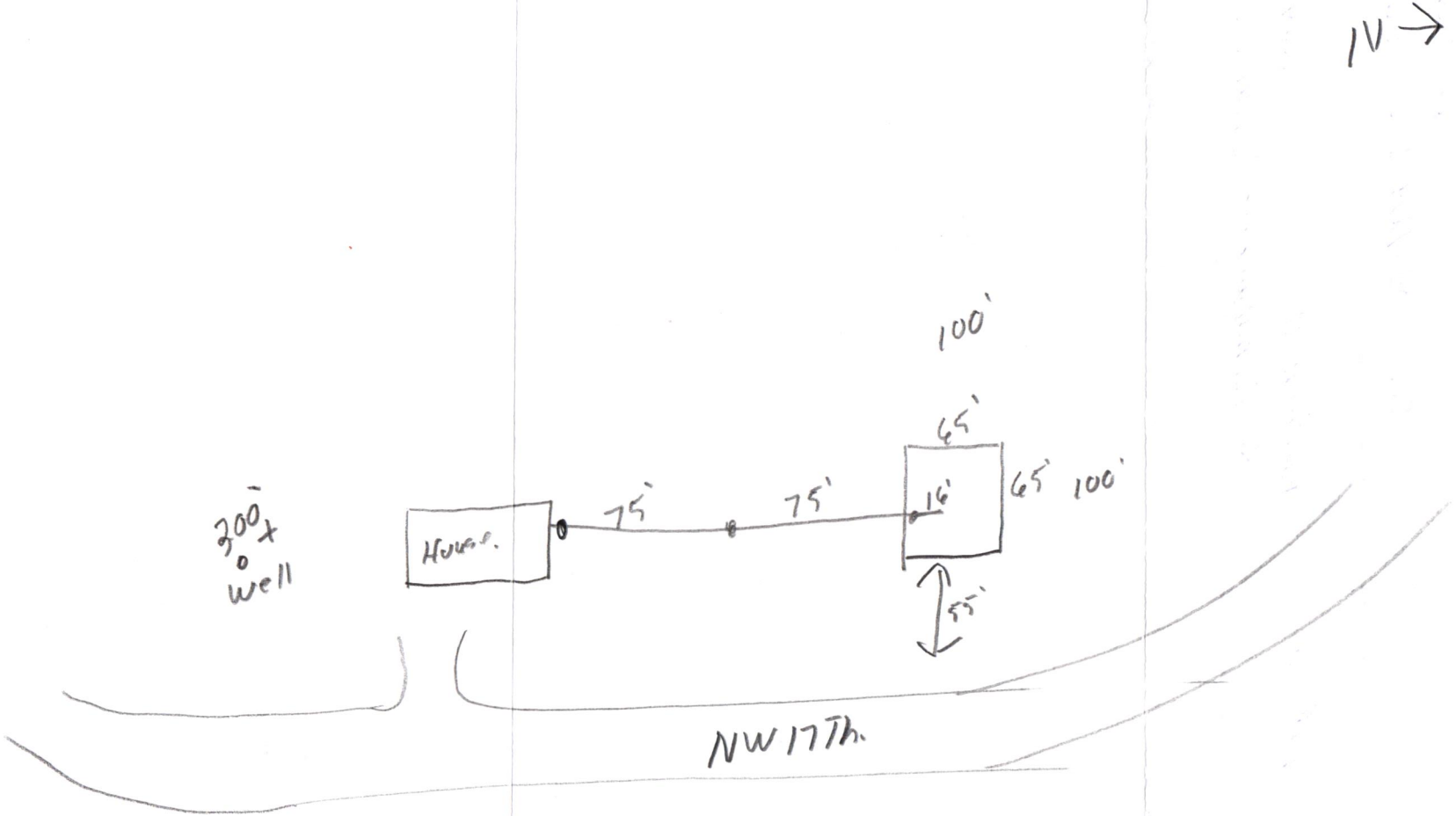
1. Type: ☐ Half rounds ☐ Perforated pipe ☐ Chambers
   Diameter or width: _____
   Number of distribution lines in bed _____
   Material: ☐ fiberglass ☐ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number _____
   Length of each line: _____ ft. _____ ft.
   _____ ft. _____ ft., _____ ft.
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.

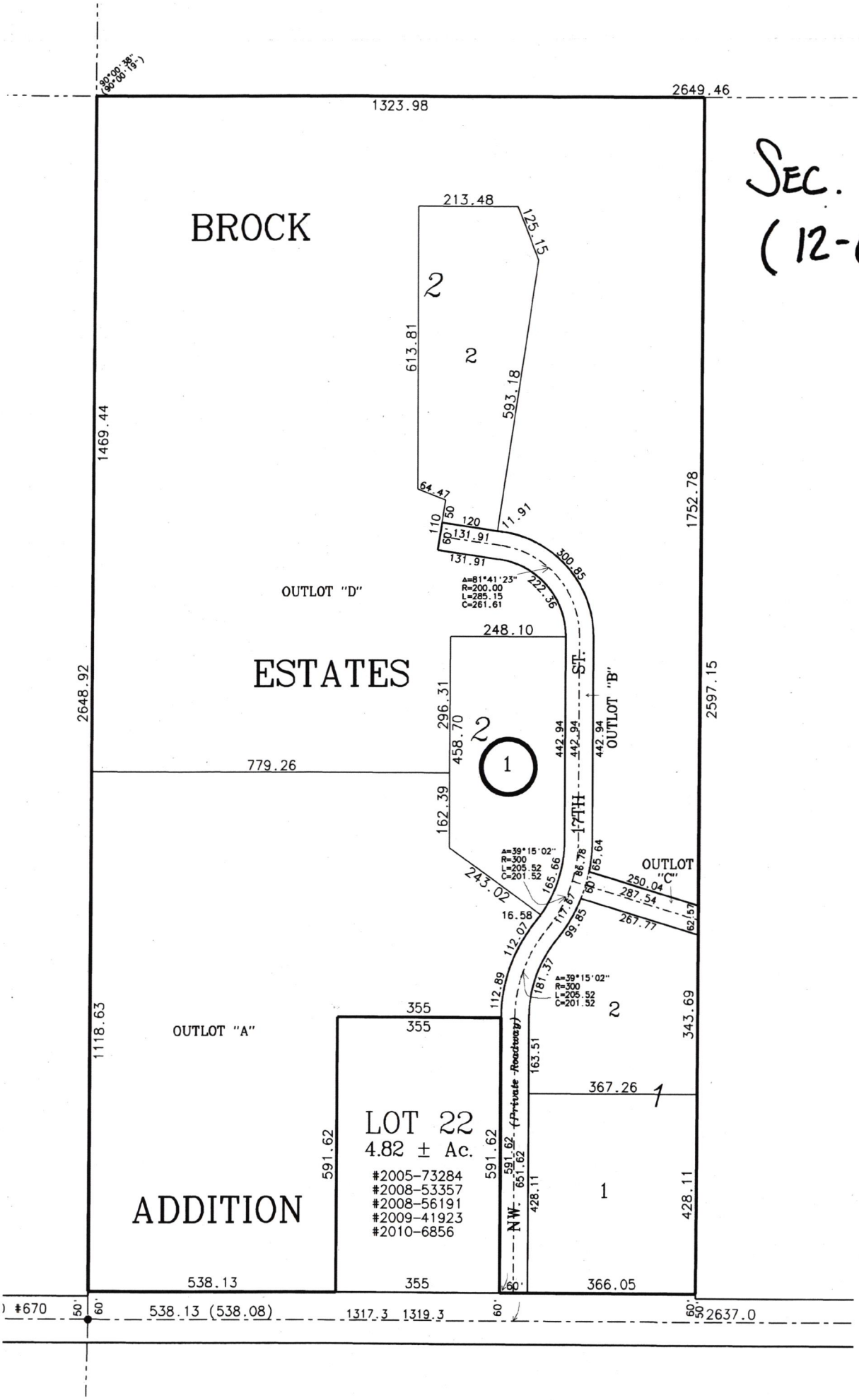
Complete As-Built drawing on the back fo this form.

Indicate North with Arrow

Onsite Wastewater System Design (Example)




N →
100'
65'
65'
100'
16'
75'
75'
55'
House
300'
well
NW 17th.


SEC. 33
(12-6)
BROCK
ESTATES
ADDITION
LOT 22
4.82 ± Ac.
#2005-73284
#2008-53357
#2008-56191
#2009-41923
#2010-6856
OUTLOT "A"
OUTLOT "B"
OUTLOT "C"
OUTLOT "D"
17TH ST.
(Private Roadway)
NW.
2649.46
1323.98
1469.44
1752.78
2648.92
2597.15
1118.63
213.48
125.15
613.81
593.18
64.47
11.91
131.91
300.85
222.36
Δ=81°41'23"
R=200.00
L=285.15
C=261.61
248.10
296.31
458.70
442.94
779.26
162.39
243.02
165.66
Δ=39°15'02"
R=300
L=205.52
C=201.52
16.58
112.07
112.89
181.37
99.85
117.87
86.78
65.64
250.04
287.54
267.77
62.57
355
591.62
651.62
163.51
367.26
343.69
428.11
366.05
538.13
538.13 (538.08)
1317.3
1319.3
2637.0

SCANNED

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street ◆ Lincoln, NE 68510-1514
Phone: 402-441-8030

Permit No. HW000931

Request for Site Clearance and Permit or Repair of Individual Water Well

HS000736

The undersigned hereby requests:
- [x] Site Clearance and Permit to construct a new individual water well
- [ ] Permit to repair or alter existing well involving opening of well

1. Well Site Address 15311 NW 17th City RAYMOND, NE Zip 68428
(No Rural Route Please)
Township 12 Range 6 Section 33 1/4 Section
Block 2 Lot 1 Addition BROOK ESTATES
Parcel ID 13 - 33 - 402 - 001 - 000 (i.e. 99-99-999-999-999)

2. Well use: [x] Potable [ ] Non-Potable Describe RESIDENTIAL - SINGLE FAMILY HOME

3. Connection to Public Water Supply [ ] Yes [ ] No

Signature of Owner [signature] Print Name DREW BORSEN
Current Address 6400 CORNFLOWER DR, LINCOLN, NE 68504
Current Home Phone 402-309-0013 Work Phone 402-610-0268

Signature of Applicant [signature] Print Name DREW BORSEN
Address SAME AS ABOVE
Home Phone Work Phone Cellular Phone

Water Well Contractor: EARNEST WELL

Sewage Permit Applied for: [x] Yes [ ] No [ ] Not applicable

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

REMARKS OR REASONS FOR DISAPPROVAL:

Site Visits
Date: 1/29/14 By [signature]
Date: / / By
Date: / / By

Nitrate Level 4.1 mg/L
Chloride Level mg/L
Bacteriological Analysis Satisfactory [x] Yes [ ] No
Other

Installation Final Written Approval
Date: 2/4/14 By [signature]

Business Office Use Only
Received: Date: 4/17/13 Amount $190.00 VISA 3986 ~~Check No.~~ 015907 Initials BM

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street ◆ Lincoln, NE 68510-1514
Phone: 402-441-8030

Permit No. HW000931

COPY

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(No Rural Route Please)

Township ____ Range ____ Section ____ 1/4 Section ____
Block 2 Lot 1 Addition BROOK ESTATES
Parcel ID 13 - 33 - 402 - 001 - 000 (i.e. 99-99-999-999-999)

2. Well use: ☒ Potable ☐ Non-Potable Describe RESIDENTIAL - SINGLE FAMILY HOME

3. Connection to Public Water Supply ☐ Yes ☐ No

Signature of Owner _____ Print Name DREW BORSEN
Current Address 6400 CORNFLOWER DR, LINCOLN, NE 68504
Current Home Phone 402-309-0013 Work Phone 402-610-0268

Signature of Applicant _____ Print Name DREW BORSEN
Address SAME AS ABOVE
Home Phone ____ Work Phone ____ Cellular Phone ____

Water Well Contractor: EARNEST WELL

Sewage Permit Applied for: ☒ Yes ☐ No ☐ Not applicable

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

REMARKS OR REASONS FOR DISAPPROVAL: _____

Site Visits
Date: ____/____/____ By ____
Date: ____/____/____ By ____
Date: ____/____/____ By ____

Nitrate Level ____ mg/L
Chloride Level ____ mg/L
Bacteriological Analysis Satisfactory ____ Yes ____ No
Other ____

Installation Final Written Approval
Date: ____/____/____ By ____

Business Office Use Only
Received: Date: ____/____/____ Amount ____ Check No. ____ Initials ____

Water Well Permit Area: HW000931



0 260 520 1,040 Feet

April 15, 2013

Source Enterprise GIS
F/FILES/ENV

Legend

- NDNR_Wells_18OCT12
- Legal Description
- City Limits Aug 2012
- ARCIMS_BUFFER_3MILE_01272011
- **townshippoly**
- **Sec T R**
- **streets arc**
- GIS.WSM.LocalApprovedFloodprone

GIS.WSM.FEMA_Floodplain_02182011
FLD_ZONE, FLOODWAY

- Flood Plain
- FLOODWAY

N
W E
S
HEALTH DEPARTMENT

Brock Estates

Water Well Permit Area: HW000931 NW



0 260 520 1,040 Feet

April 15, 2013

1/29/14 JM

Source Enterprise GIS
F/FILES/ENV

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- Flood Plain
- FLOODWAY

N 268439

Q 268401

E

S

4/13 APP


HW000679a
G-155055
HW000679b
33-12-06
NW 12TH
34-12-06
G-166605
G-166606
G-166128
G-093047
NW 17TH
G-169788
W RAYMOND
G-093908
04-11-06
03-11-06
GIS