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

JUN 0 9 2016

A

Permit Number
#S001275

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 6757 S 114 Ct City Lincoln NE, NE Zip 68526
(no rural route)

Legal Description 18 9 8
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-18-201-004-000 SB

B. Owner

Name RC Krueger Development Signature

Address 8200 Cody DR. City/State/Zip Lincoln NE

Home Phone Work Phone

C. Certified Installer

Name: Kevin Lewis Signature Mel Gagan

Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523

Work Phone 402 310 9160

D. Engineer

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

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

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 Date rec'd **ACTION** ☐ Approved ☐ Disapproved
Date frwd Signature
Comments

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 6-9-16 Amount Paid $385.00
Received By SB Cash/Check No. 8239

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

797-7475

JUN 09 2016

B

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

Permit Number: #S001275

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5757 S 114th Ct (no rural route) City Lincoln NE, Zip 68526

Owner RC Krueger Development Address 8200 Cody Dr Lincoln

Soil Type (SCS): 7684 Wymore Percolation Rate: 59 min./inch

Date of Tests 7/2/14 to 7/3/14 Weather: Precipitation 0 Temperature 80

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	29	7/2	7:00p	7/3	5:30p	7/3	9:00p	12	7/3	9:30p	30	1/2	60
2	29	7/2	7:00	7/3	5:30	7/3	9:00	12	7/3	9:30	30	3/4	40
3	29	7/2	7:00	7/3	5:30	7/3	9:00	12	7/3	9:30	30	3/4	40
4	29	7/2	7:00	7/3	5:30	7/3	9:00	12	7/3	9:30	30	1/2	60
5	29	7/2	7:00	7/3	5:30	7/3	9:00	12	7/3	9:30	30	3/4	40
6	29	7/2	7:00	7/3	5:30	7/3	9:00	12	7/3	9:30	30	5/8	48

Person Conducting Percolation Tests

Name: Jason Kubik

Phone: 402-440-7606

Address: 105 Locust St

Hickman NE 68372

Sum of Percolation Rates: 288

Average of Rates: 48

Rate Used for Calculation: 59

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-56

JUN 0 9 2016

C

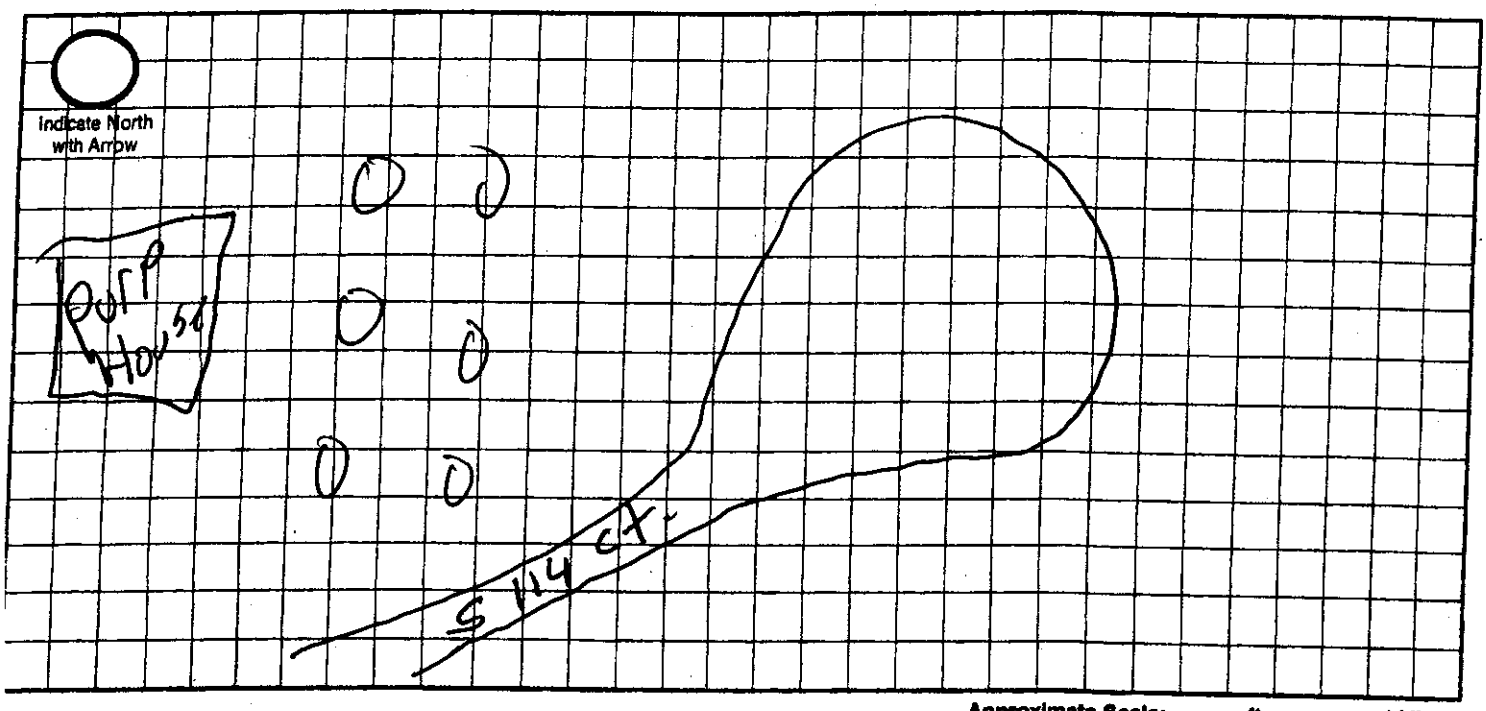
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS001275

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 5757 S 114th ct City lincoln NE NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap 2000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 59 (min/inch = mpi) No. of Bedrooms 5 Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

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

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

F. Required Signatures

Home Building Contractor_____ Date _____

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. HS001275

System Type: Standard

Situs: 5757 S 114 CT, RURAL, NE

Issued: 6/14/2016

Expires: 6/14/2017

Description: WHISPERING CREEK ADDITION, BLOCK 1, Lot 4

Owner: HANSON, DARIN & DONNA
3303 CROWN POINTE RD
LINCOLN, NE 68506

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

GAGNER CONSTRUCTION COMPANY INC
4810 W CLAIRE AVE
LINCOLN, NE 68523

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

Exhibit 5

Permit Number: HS001275

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/1/16

Legal Description Whispering Creek 18 / 9 / 18 Blk 1 Lot 4
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 5757 S 114 Ct. City _____

Owner _____ Address _____

Mark One: ☐ Dwelling ☐ Non-dwelling

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

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

Drainfield Absorption System:

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

Total square feet of drainfield 1,754 Sq. Ft. Tank Size 2,000 gals Two - 1,000 gal. tanks Installed

Total length of laterals 484' Type of Distribution: ☒ Chamber ☐ Perforated Pipe ☐ Other (describe) _____

No. of Absorption Laterals 5 Width _____ No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☑	500 ☑	50 ☑	NA ☐	10 ☑	5 ☑
Field (ft)	100 ☑	500 ☑	50 ☑	4 ☑	25 ☑	5 ☑

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 N/A Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DC Date 10/17/16
Follow-Up DC Date 10/18/16
Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Amick
Date 11/1/16

Field Note Drawing (See Reverse Side):

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

D

Permit Number: H5001275

Onsite Wastewater Treatment System

As Built Plans & Specifications

Date _____ Legal Description _____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route) 5757 S 114th Ct. City Lincoln NE, Zip _____

Owner Wilderness Constr. Address _____

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 40 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line Over 50 ft.
   stream " ft.
   pressure line " ft.
   property line " ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Poly
   Number of compartments: 2
2. Capacity: 2000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 6 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: 24 in.
8. Distances to: Well or suction line Over 100 ft.
   Stream " ft.
   Pressure line " ft.
   Property line " ft.

C. ☒ Distribution Box ☐ Drop Boxes

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

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 11' ft.

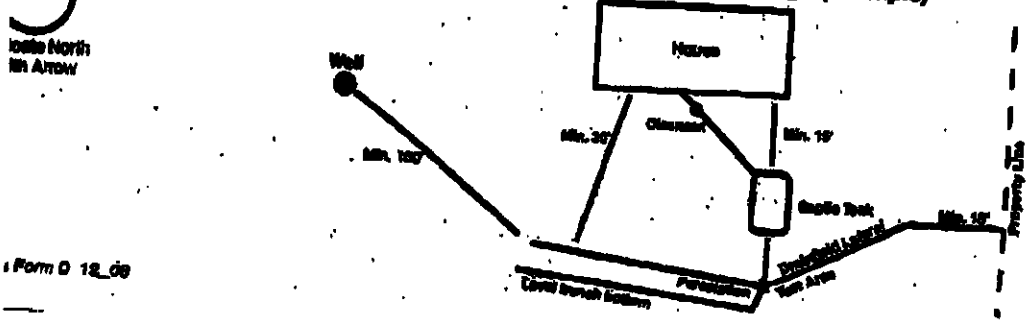
D. Drainfield Absorption

☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 29"
   Number of distribution lines in bed 5
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 5
   Length of each line: 108 ft. 100 ft.
   92 ft. 92 ft., 92 ft.
3. Drainfield dimensions: Width 3.625 ft.
   Distribution Pipe Slope 1/4 in/100 ft.
   Average depth 34 in
4. Filter material: n/a
   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 to this form.

Onsite Wastewater System Design (Example)



SCANNED

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

JUN 09 2016

A

Permit Number
#S001275

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 5757 S 114 Ct (no rural route) City Lincoln Ne, NE Zip 68526

Legal Description 18 9 8 Whispering Creek 1, 4
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 22-18-201-004-000 SB

B. Owner

Name RC Krueger Development Signature

Address 8200 Cody DR. City/State/Zip Lincoln Ne

Home Phone Work Phone

C. Certified Installer

Name: Kevin Lewis Signature Mel Gagan

Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523

Work Phone 402 310 9160

D. Engineer

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

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 600

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 10/12 & 10/18/16
Comments
Date rec'd 6/14/16
Date frwd 6/14/16
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd 6-14-16
Date frwd 6-14-16
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd 6-16-16
Date frwd 6-16-16
ACTION ☒ Approved ☐ Disapproved
Signature Jim Plouzek

Installation Final Written Approval
By
Date 11/4/16

Business Office Use Only
Date Received 6-9-16 Amount Paid $385.00
Received By SB Cash/Check No. 8239

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

Form A Updated: 1/13

SCANNED

797-7475

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

JUN 09 2016

B

Permit Number: #S001275

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 5757 S 114th Ct (no rural route) City Lincoln NE, Zip 68526

Owner RC Krueger Development Addresss 8200 Cody Dr Lincoln

Soil Type (SCS): 7684 Wymore Percolation Rate: 59 min./inch

Date of Tests 7/2/14 to 7/3/14 Weather: Precipitation 0 Temperature 80

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation Rates (Min/in)
1	29	7/2	7:00p	7/3	5:30p	7/3	9:00p	12	7/3	9:30p	30	1/2	60
2	29	7/2	7:00	7/3	5:30	7/3	9:00	12	7/3	9:30	30	3/4	40
3	29	7/2	7:00	7/3	5:30	7/3	9:00	12	7/3	9:30	30	3/4	40
4	29	7/2	7:00	7/3	5:30	7/3	9:00	12	7/3	9:30	30	1/2	60
5	29	7/2	7:00	7/3	5:30	7/3	9:00	12	7/3	9:30	30	3/4	40
6	29	7/2	7:00	7/3	5:30	7/3	9:00	12	7/3	9:30	30	5/8	48

Person Conducting Percolation Tests

Name: Jason Kubik
Phone: 402-440-7606
Address: 105 Locust St
Hickman NE 68372

Sum of Percolation Rates: 288
Average of Rates: 48
Rate Used for Calculation: 59

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-56

SCANNED JUN 0 9 2016

C

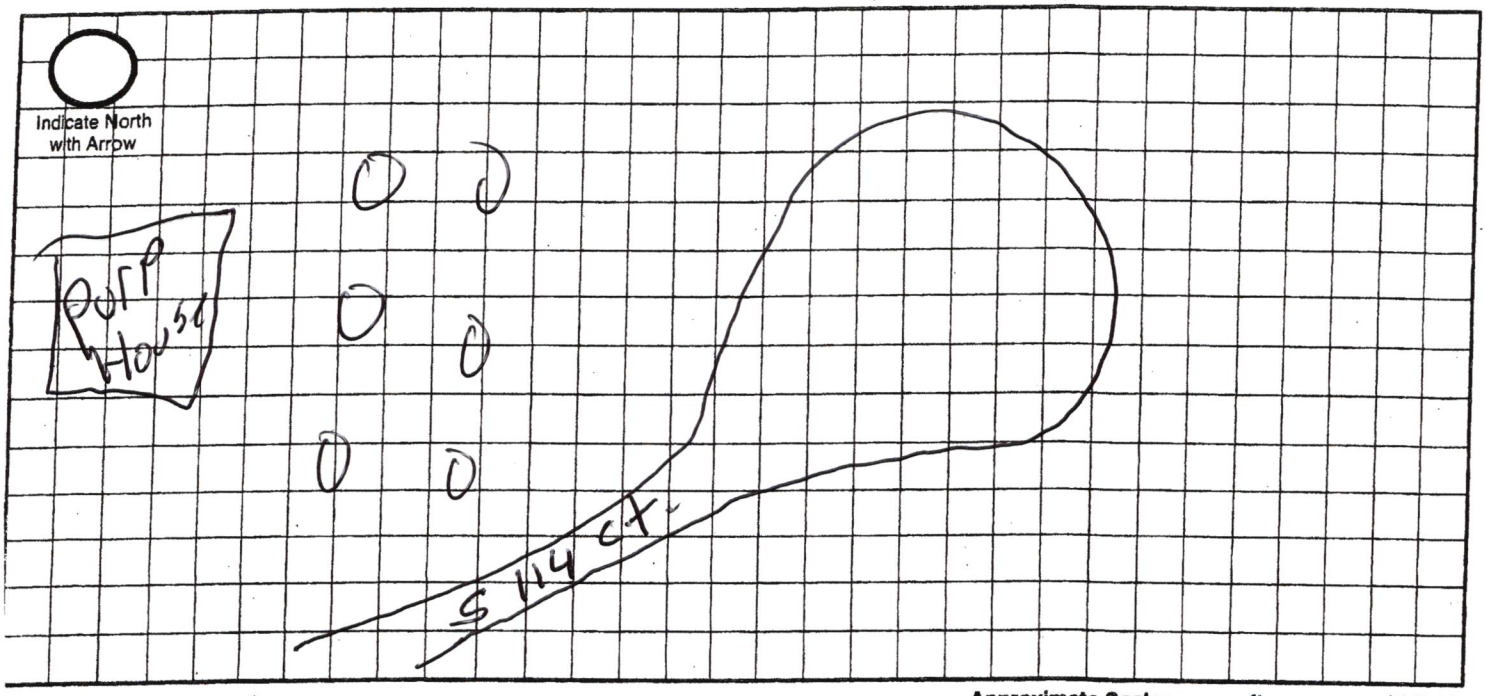
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS001375

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 5757 S 114th ct City Lincoln NE NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap 2000 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 59 (min/inch = mpi) No. of Bedrooms 5 Soil Type_____ Land Slope_____%

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

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

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

F. Required Signatures

Home Building Contractor _____ Date _____

SCANNED

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

D

Permit Number: HS001275

Onsite Wastewater Treatment System
As Built Plans & Specifications

Date _____ Legal Description _____ 1/4 1/4 Section Township Range

Onsite System Location

Address (no rural route): 5757 S 114th Ct. City: Lincoln NE, Zip _____

Owner: Wilderness Const. Address _____

A. Sewer Pipe

1. Material: PVC
   Diameter: 4 in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 12 in.
3. Distance between dwelling and septic tank: 40 ft.
4. Number of clean-outs: 2
5. Distances to: well or suction line Over 50 ft.
   stream " ft.
   pressure line " ft.
   property line " ft.

B. Septic Tank

☐ Label with Manufacturer, address and gallon capacity

1. Material: Poly
   Number of compartments: 2
2. Capacity: 2000 gal.
3. Factory built: ☒ Yes ☐ No
4. Manholes: Over inlet, diameter 24 in.
   Over outlet, diameter 24 in.
   Riser: ☒ above ☐ below grade 6 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: 24 in.
8. Distances to: Well or suction line Over 100 ft.
   Stream " ft.
   Pressure line " ft.
   Property line " ft.

C. ☒ Distribution Box ☐ Drop Boxes

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

1. Material: Plastic
   Number available outlets: 5
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 11' ft.

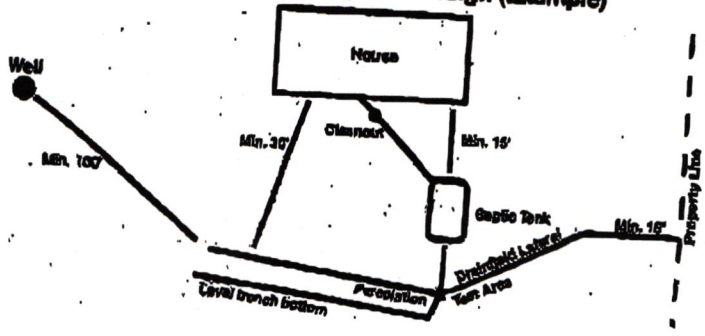
D. Drainfield Absorption

☒ Trench ☐ Bed ☐ Level Bottom

1. Type: ☐ Half rounds ☐ Perforated pipe ☒ Chambers
   Diameter or width: 29"
   Number of distribution lines in bed 5
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Drainfield Laterals: Number 5
   Length of each line: 108 ft. 100 ft.
   92 ft. 92 ft., 92 ft.
3. Drainfield dimensions: Width 3.625 ft.
   Distribution Pipe Slope 1/4 in/100 ft.
   Average depth 34 in
4. Filter material: N/A
   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.

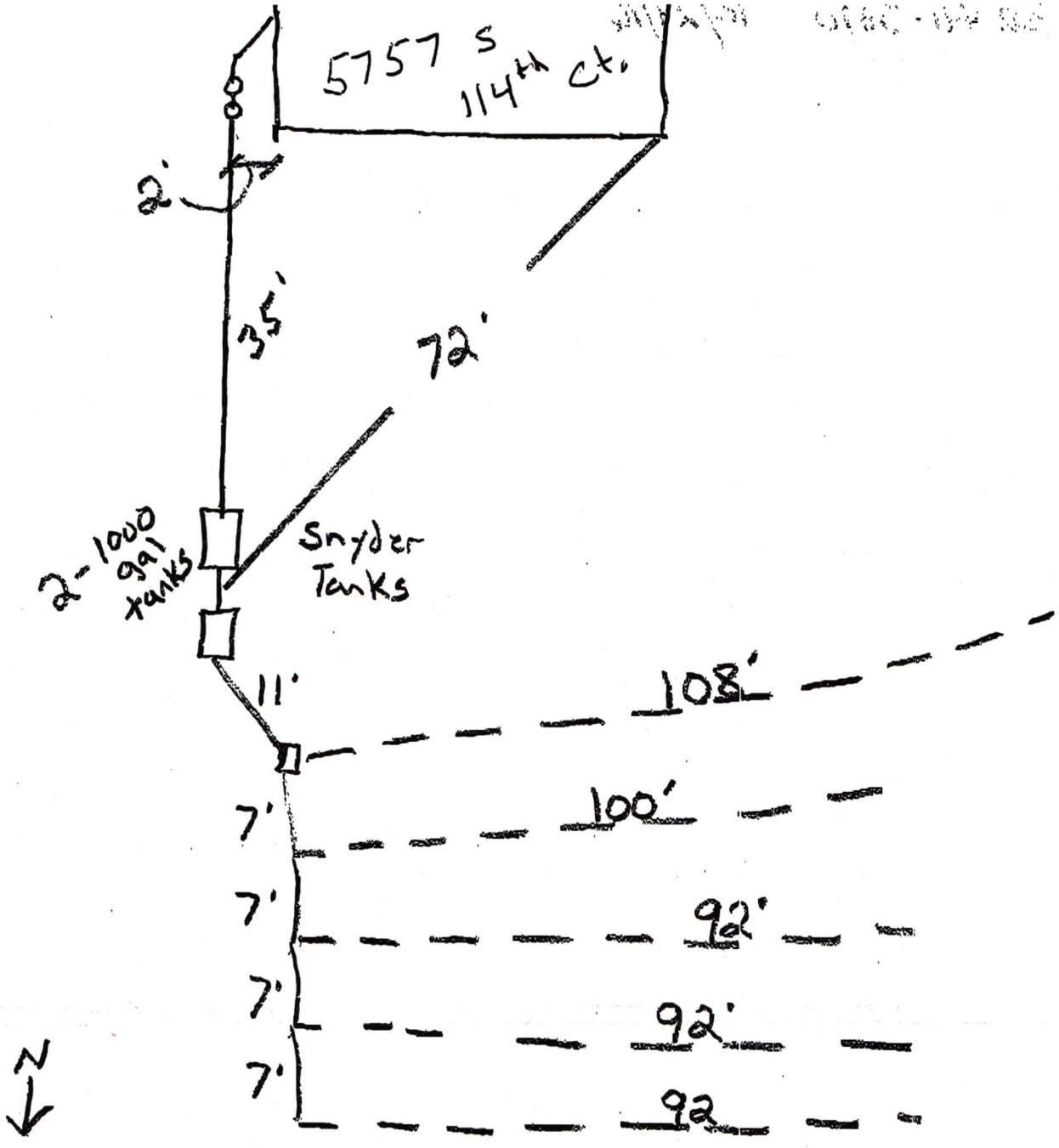
Complete As-Built drawing on the back to this form.

Onsite Wastewater System Design (Example)



Locate North with Arrow

Form D 12_09



484' Infiltrator Quick 4 Plus

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

SCANNED
11/1/16

Exhibit 5

Permit Number: HS001275

Onsite Wastewater Treatment System

Inspection Sheet

Date 11/1/16

Legal Description Whispering Creek 18 / 9 / 18 Blk 1, Lot 4
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 5757 S 114 Ct. City _____

Owner _____ Address _____

Mark One: ❑ Dwelling ❑ Non-dwelling

☒ New System ❑ Alteration [❑ Tank Only ❑ Trench Only] ❑ Lateral Only

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

Drainfield Absorption System:

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

Total square feet of drainfield 1,754 Sq. Ft. Tank Size 2,000 gals Two - 1,000 gal. tanks Installed

Total length of laterals 484' Type of Distribution: ☒ Chamber ❑ Perforated Pipe ❑ Other (describe) _____

No. of Absorption Laterals 5 Width _____ No. of Drop Boxes _____ Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ❑	500 ❑	50 ☒	NA ❑	10 ☒	5 ☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	25 ☒	5 ☒

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 N/A

Lateral #2 _____

Lateral #3 _____

Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DS. Date 10/17/16
Follow-Up DS. Date 10/18/16
Follow-Up _____ Date _____

Installation Final Written Approval
By Doug Smith
Date 11/1/16

Field Note Drawing (See Reverse Side):