JUL 15 2016

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

A

Permit Number HS001308

New Construction

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 Arbor Rd (no rural route) City Lincoln, NE Zip 68517

Legal Description SE (1/4) 27 (Section) 11N (Township) 7E (Range) ____ (Subdivison) ____ (Addition) 57 (Block) ____ (Lot)

PID 18-27-400-011-000

B. Owner

Name Abbott Sports Complex/Craig Fritz Signature [signature]

Address 7600 N 70th St City/State/Zip Lincoln, NE 68517

Home Phone ____ Work Phone 402-429-9797

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature [signature]

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

Work Phone 402-890-6009 or 402-783-2663

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 ____ Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 66.10

Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify Office with restroom/5 person max. Design flow in gallons per day <200

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 7-15-16 Amount Paid $385
Received By SB Cash/Check No. 8950

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

Form A Updated: 1/13

JUL 15 2016

B

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

Permit Number: HSD01308

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 7600 N 70th St (no rural route) City Lincoln NE, Zip 68517

Owner Craig Fritz/Motocross Address 7600 N 70th, Lincoln, NE 68517

Date of Tests 12/9/15 to 12/10/15 Weather: Precipitation 0 Temperature 35°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	37	12/9	1:00p	12/9	5:00p	12/10	4:00p	6	12/10	4:10p	10	1-1/2	7
2	31	"	"	"	"	"	"	6	"	"	"	1-1/8	9
3	28	"	"	"	"	"	"	6	"	"	"	1-3/8	7
4	24	"	"	"	"	"	"	6	"	"	"	2	5
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-6009

Address 13800 NW 70th St

Raymond, NE 68428 Cert #1198

Sum of Percolation Rates: 28

Average of Rates: 7

Rate Used for Calculation: 7

Soil type (NRCS Maps/Other) Zook Silt Loam

Groundwater Depth >7'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

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

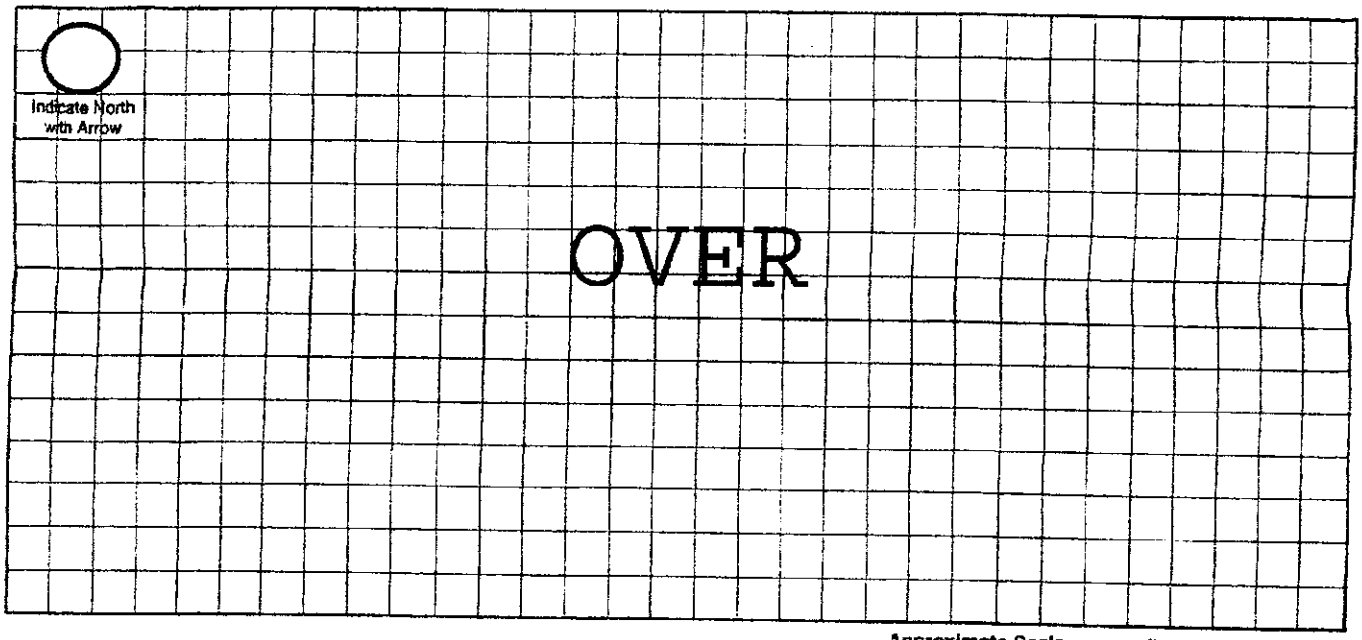
C

Permit Number: HS001308

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) Arbor Rd City Lincoln NE, Zip 68517

B. Proposed Septic Tank/s

Septic Tank Cap. 1,000 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 7 (min/inch = mpi) No. of Bedrooms N/A Soil Type Zook Silt Loam Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 362 sq.ft.

Total length of laterals 100 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 40" No. of drop boxes 1 Distrubtion Box_____

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

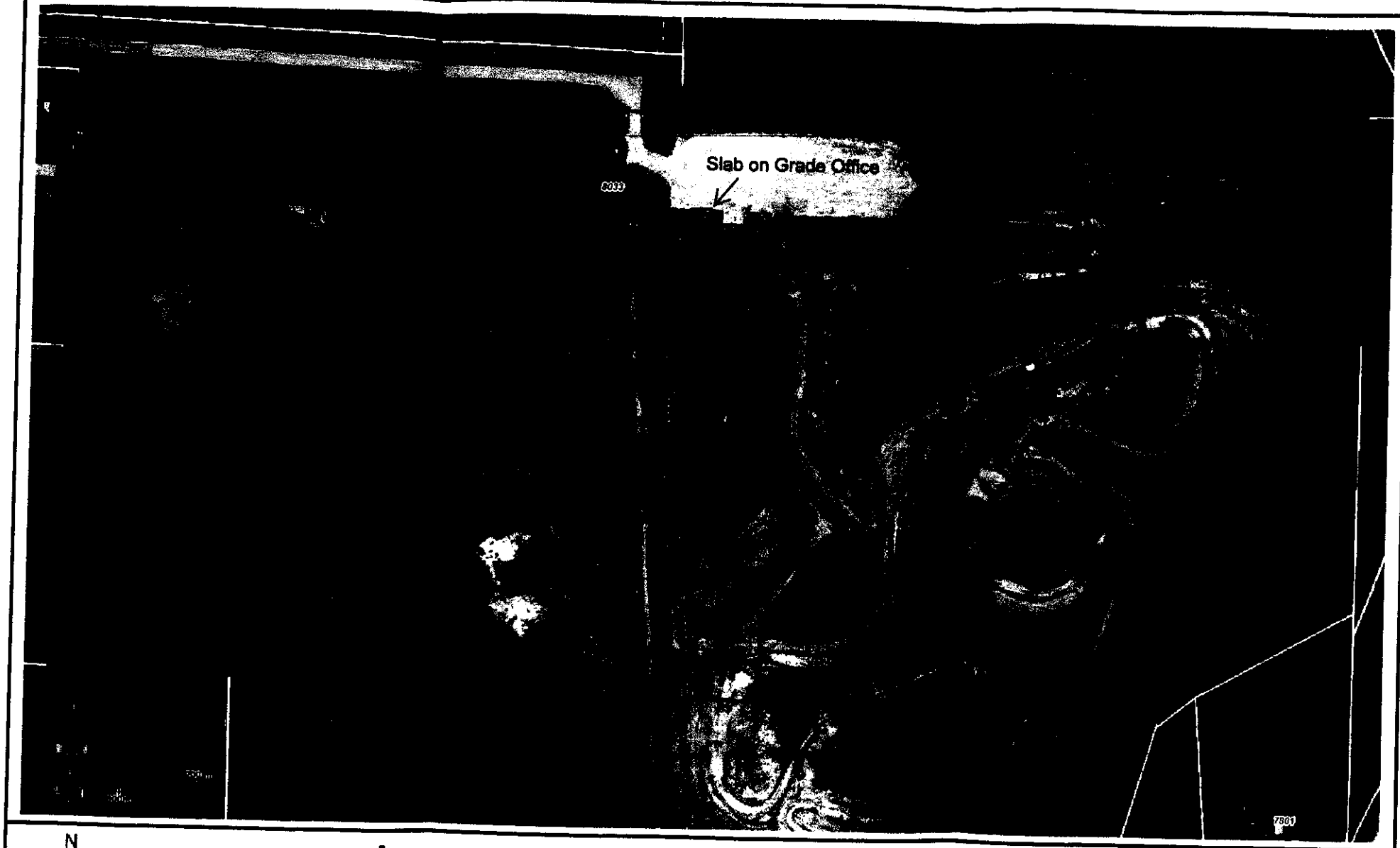
E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

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 Craig Dirk Date 7-11-16

Installer Ron L Johnson Date 7/13/16



N
W E
S

Lancaster County/City of Lincoln GIS Map

Abbott Sports Complex - Motocross Office

Printed: Jul 11, 2016

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.

HS 06/308

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. HS001308

System Type: Standard

Situs: No Site Address Specified

Issued: 10/24/2016

Expires: 10/24/2017

Description: S27, T11, R7, 6th Principal Meridian, LOT 57 SE

Owner: ABBOTT, ETHELL S FOUNDATION
PO BOX 81407
LINCOLN, NE 68501-1407

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

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

16
OV 10-21-16
9

Exhibit 5

Permit Number: 45001308

Onsite Wastewater Treatment System

Inspection Sheet

Date 10/24/16

Legal Description 11-7-27
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 8033 Yoder Rd. 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 N/A Sq. Ft. Tank Size 2000 gals

Total length of laterals N/A Type of Distribution: ❑ Chamber ❑ Perforated Pipe ❑ Other (describe) N/A

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

Leveling Method Used _____

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

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

N/A

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DH Date 10/21/16

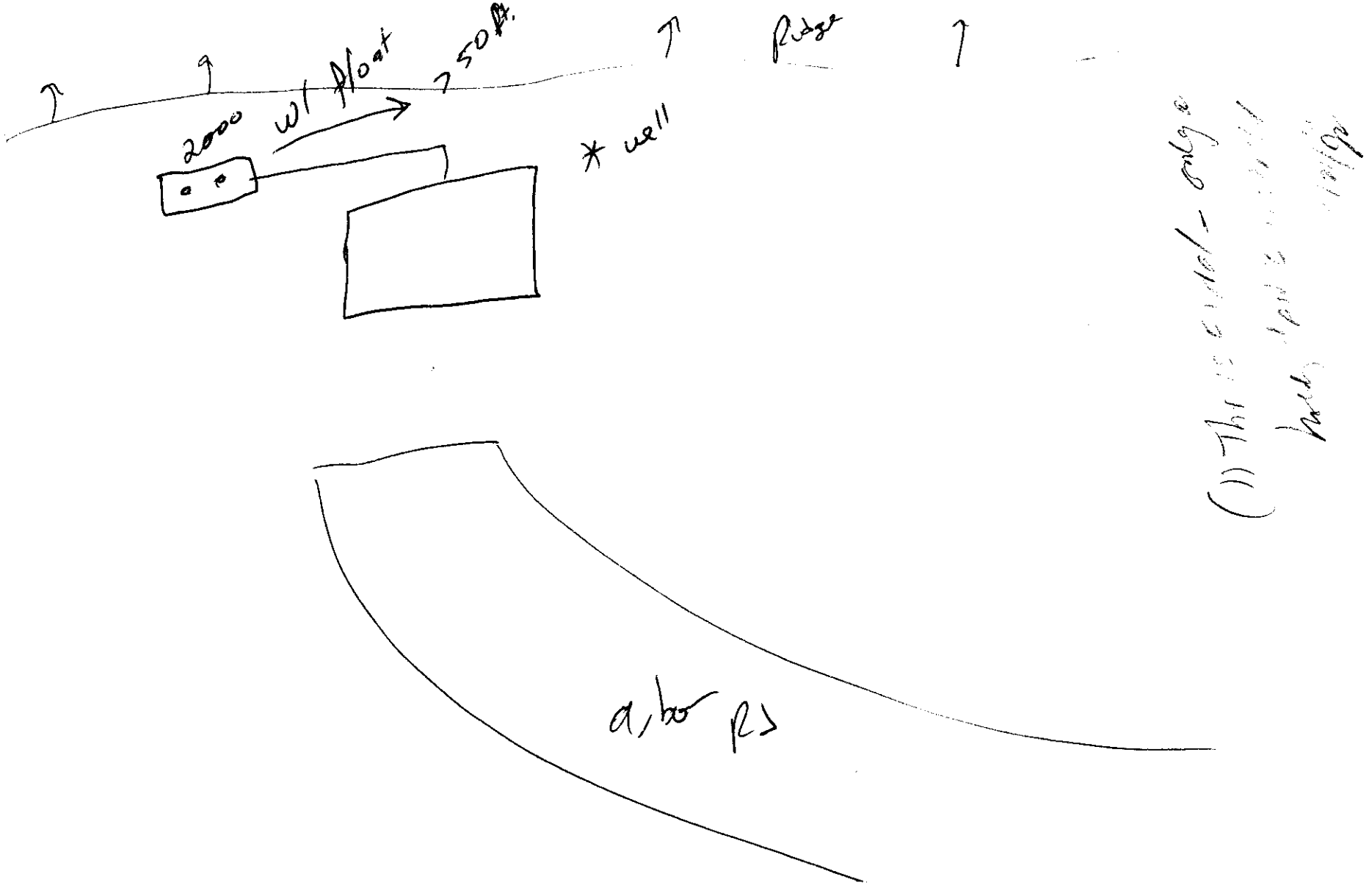
Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 10/24/16

Field Note Drawing (See Reverse Side):


2000 w/ float
750 ft.
Ridge
* well
a/bo pz

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

A

Permit Number
45-0013-08

New Construction

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 8033 Arbor Rd (no rural route) City Lincoln NE Zip 68517

Legal Description SE 27 11N 7E

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

PID 18-27-400-011-000

B. Owner

Name Abbott Sports Complex/Craig Fritz Signature Craig Fritz

Address 7600 N 70th St City/State/Zip Lincoln, NE 68517

Home Phone Work Phone 402-429-9797

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd Jakoubek

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

Work Phone 402-890-6009 or 402-783-2663

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 66.10
Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify: Office with restroom/5 person max Design flow in gallons per day 40

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process ☒ Municipal Code 24.38 ☐ County Resolution No.

1. Health Department
Site visits
Comments
Date rec'd 10/21/16
Date fwd 10/21/16
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date fwd
ACTION ☒ Approved ☐ Disapproved
Signature see attached

3. City or County Engineer
Comments
Date rec'd
Date fwd
ACTION ☒ Approved ☐ Disapproved
Signature see attached

Installation Final Written Approval
By
Date 10/24/16

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

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

Form A Updated 1/13

SCANNED

JUL 15 2016

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

A

Permit Number
HS001308

New Construction

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 8033 Arbor Rd (no rural route) City Lincoln, NE Zip 68517

Legal Description SE (1/4) 27 (Section) 11N (Township) 7E (Range) (Subdivison) (Addition) (Block) 57 (Lot)

PID 18-27-400-011-000

B. Owner

Name Abbott Sports Complex/Craig Fritz Signature Craig Fritz

Address 7600 N 70th St City/State/Zip Lincoln, NE 68517

Home Phone Work Phone 402-429-9797

C. Certified Installer

Name: Lloyd Jakoubek, Raymond Contracting Inc Signature Lloyd K. Jakoubek

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

Work Phone 402-890-6009 or 402-783-2663

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 66.10

Garbage Grinder? ☐ Yes ☐ No

☒ Commercial Establishment/Other Facility Specify Office with restroom/5 person max. Design flow in gallons per day <200

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 7-15-16 Amount Paid $385
Received By SB Cash/Check No. 8950

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

Form A Updated: 1/13

SCANNED

JUL 15 2016

B

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

Permit Number: HSO01308

Onsite Wastewater Treatment System

Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 7600 N 70th St (no rural route) City Lincoln NE, Zip 68517

Owner Craig Fritz/Motocross Address 7600 N 70th, Lincoln, NE 68517

Date of Tests 12/9/15 to 12/10/15 Weather: Precipitation 0 Temperature 35°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	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 Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	37	12/9	1:00p	12/9	5:00p	12/10	4:00p	6	12/10	4:10p	10	1-1/2	7
2	31	"	"	"	"	"	"	6	"	"	"	1-1/8	9
3	28	"	"	"	"	"	"	6	"	"	"	1-3/8	7
4	24	"	"	"	"	"	"	6	"	"	"	2	5
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Terri L Jakoubek, Raymond Contracting, Inc.

Phone: 402-783-2663 or 402-890-6009

Address 13800 NW 70th St

Raymond, NE 68428 Cert #1198

Sum of Percolation Rates: 28

Average of Rates: 7

Rate Used for Calculation: 7

Soil type (NRCS Maps/Other) Zook Silt Loam

Groundwater Depth >7'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

SCANNED

C

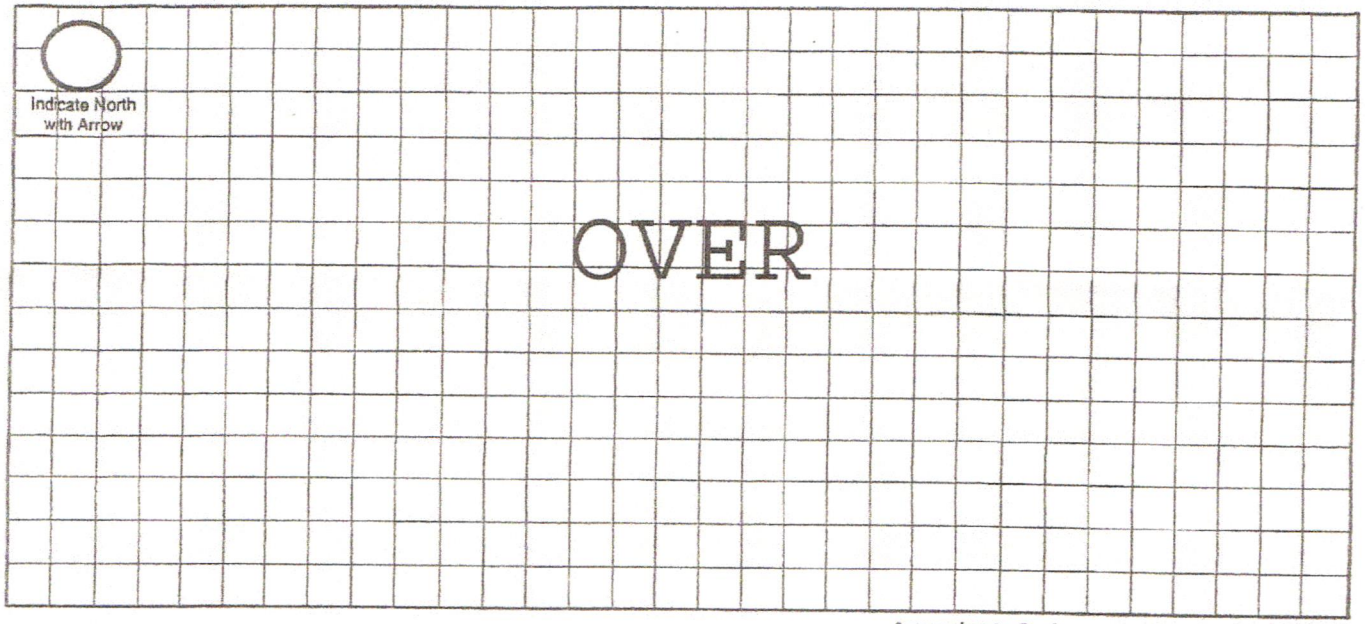
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

Permit Number: HS001308

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) Arbor Rd City Lincoln NE, Zip 68517

B. Proposed Septic Tank/s

Septic Tank Cap. 1,000 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 7 (min/inch = mpi) No. of Bedrooms N/A Soil Type Zook Silt Loam Land Slope_____%

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 362 sq.ft.

Total length of laterals 100 Type of distribution: ☐ Perforated pipe ☐ Half-Round ☒ Chamber ☐ Other

No. of absorption trenches 2 Width 40" No. of drop boxes 1 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 Craig Dirks Date 7-11-16

Installer Ronald L. Johnson Date 7/13/16



N
W E
S

Lancaster County/City of Lincoln GIS Map

Abbott Sports Complex - Motocross Office

Printed: Jul 11, 2016

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.

HS 001308

HORIZON ENVIROTECH, LLC
26720 Elkhorn Oaks Cir
Arlington, NE 68002
Office: (402) 720-9209
Email: jeffhet@1791.com

October 12th, 2016

RE: Verification of Accurate Concrete 2,000 gallon precast septic tank compliance with FEMA requirements of withstanding hydrodynamic and hydrostatic forces in a flood-prone area.

Definitions of these forces by FEMA are as follows:

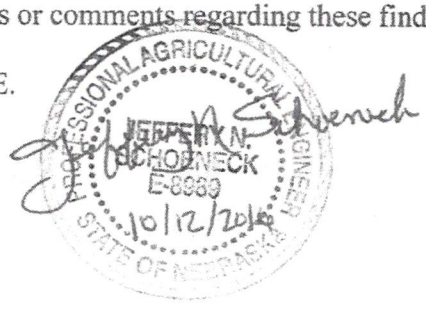
- **Hydrodynamic Forces** - Hydrodynamic forces are imposed on an object, such as a building, by water flowing against and around it. Among the forces are positive frontal pressure against the structure, drag effect along the sides, and negative pressure in the downstream side.
- **Hydrostatic Forces** - Standing water or slowly moving water can induce horizontal hydrostatic forces against a structure, especially when floodwater levels on different sides of a wall are not equal. Also flooding can cause vertical hydrostatic forces, or flotation.

Hydrodynamic Forces – septic tanks, per NDEQ Title 124 requirements, are required to be buried a minimum of 12 inches below the surface, therefore this would eliminate any effects of hydrodynamic forces acting upon the tank structure. The access risers and lids could be affected by hydrodynamic forces. To eliminate the effect, the riser and lid should be installed flush with the ground (if lid is other than standard Accurate-supplied, it must be securely fastened). Another option is to mound or elevate the surrounding soil, along with the riser and lid, to a height of 12" above the base flood elevation.

Hydrostatic Forces – I have reviewed the material specifications, steel reinforcement placement and construction techniques of the Accurate Concrete precast 2,000 gallon septic tank. I have also field-verified conditions in which an empty tank, (fully submerged and subjected to forces by the water and saturated soil conditions), withstood the horizontal hydrostatic forces, with no signs of cracking or damage. To resist flotation, due to vertical hydrostatic forces, in a prolonged submerged condition of an empty tank, it would be necessary to provide a minimum of 3 feet of native soil cover, or cover tank with a minimum of 1.25 feet of clean sand or gravel, plus a minimum 6 inches of native soil. Other known combinations of soil or materials to provide a submerged weight of 4,540 lbs may be used to counter net vertical hydrostatic force. The weight of each section of Accurate Concrete standard concrete riser and lid is heavy enough to counter vertical hydrostatic force from water submergence. The wire-reinforced concrete risers will also withstand the horizontal hydrostatic forces from water submergence or saturated soil.

If you have any questions or comments regarding these findings, please contact me.

Jeffery N. Schoeneck P.E.



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

OK 10/21/16

Exhibit 5

Permit Number: 45001308

Onsite Wastewater Treatment System

Inspection Sheet

SCANNED

Date 10/24/16

Legal Description 11-7-27
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 8033 Arbor Rd. 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 N/A Sq. Ft. Tank Size 2000 gals

Total length of laterals N/A Type of Distribution: ❑ Chamber ❑ Perforated Pipe ❑ Other (describe) N/A

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

Leveling Method Used _____

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

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

N/A

Geographical Coordinates to 6 Decimals:

Tank _____

Lateral #1 _____ Lateral #3 _____

Lateral #2 _____ Lateral #4 _____

Comments:

Inspections prior to Final Approval
Initial DH Date 10/21/16

Follow-Up _____ Date _____

Follow-Up _____ Date _____

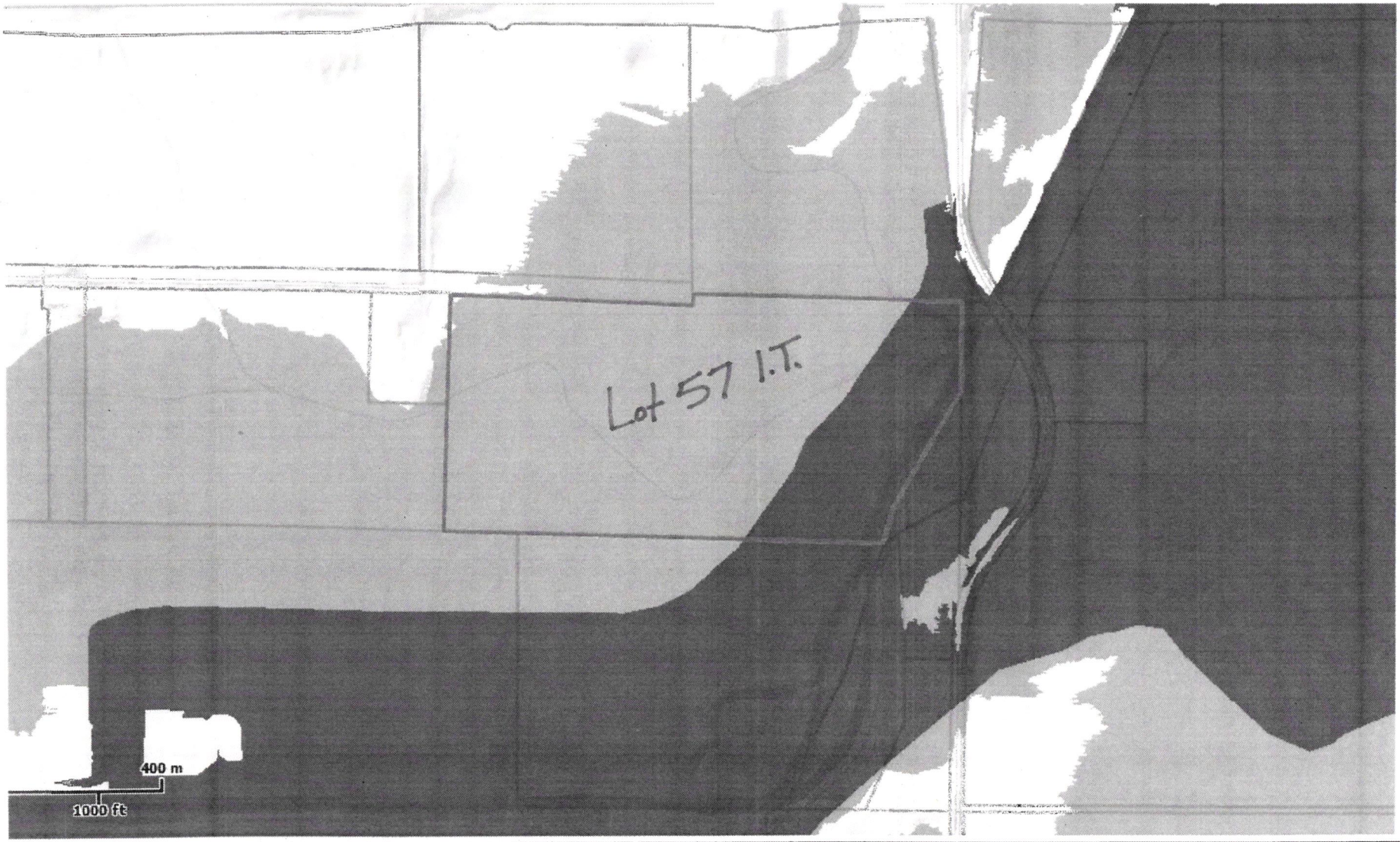
Installation Final Written Approval
By _____

Date 10/24/16

Field Note Drawing (See Reverse Side):

(1) This is final - only a building permit is needed

10/31/16



N
W E
S

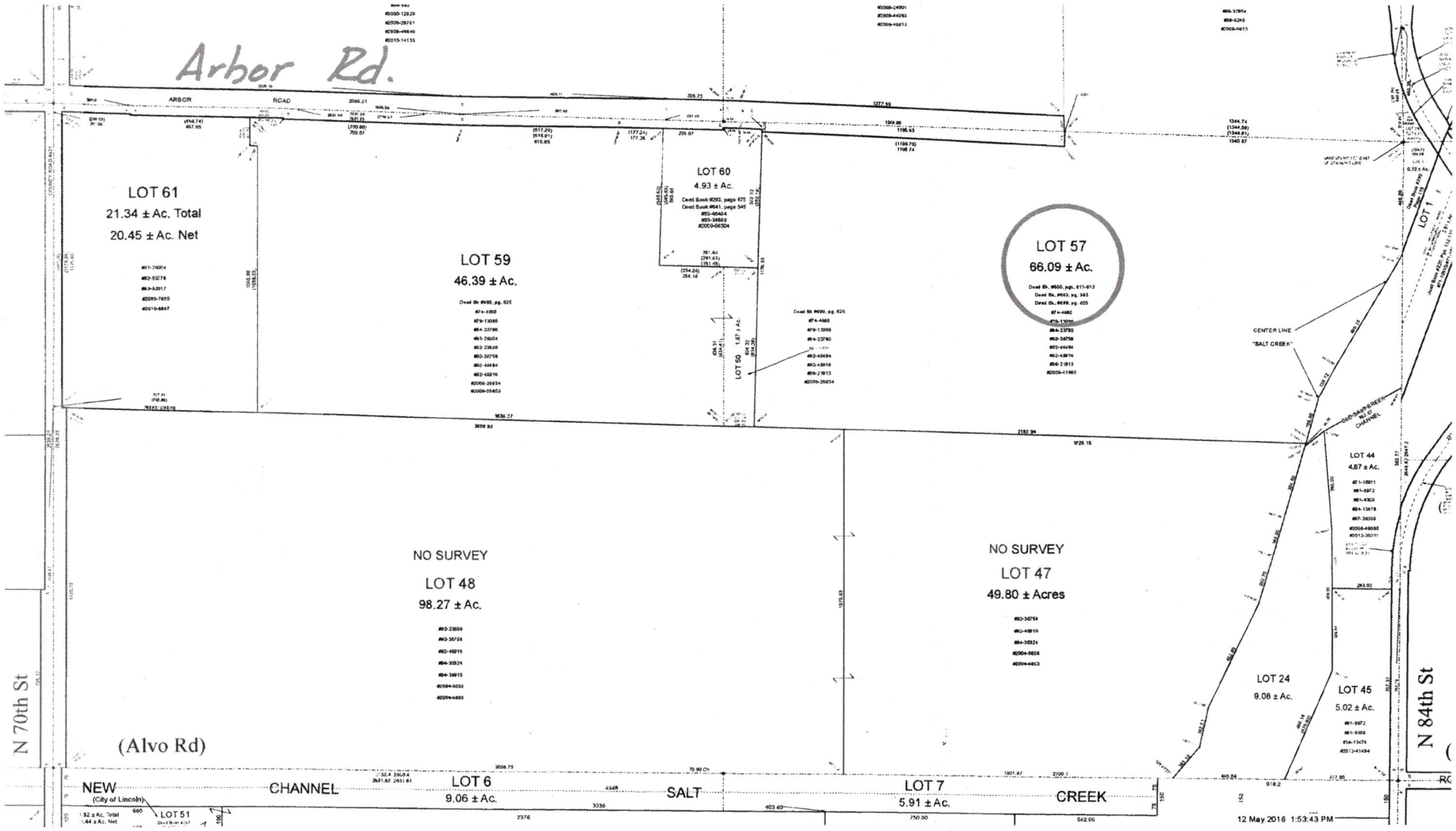
Lancaster County/City of Lincoln GIS Map

Sec. 27 (11-7)

Printed: Oct 21, 2016

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. 27 (11-7)


Arbor Rd.
ARBOR ROAD
LOT 61
21.34 ± Ac. Total
20.45 ± Ac. Net
LOT 59
46.39 ± Ac.
LOT 60
4.93 ± Ac.
LOT 57
66.09 ± Ac.
LOT 50
1.87 ± Ac.
CENTER LINE "SALT CREEK"
OLD SALT CREEK CHANNEL
LOT 44
4.87 ± Ac.
LOT 1
NO SURVEY
LOT 48
98.27 ± Ac.
NO SURVEY
LOT 47
49.80 ± Acres
LOT 24
9.08 ± Ac.
LOT 45
5.02 ± Ac.
N 70th St
N 84th St
(Alvo Rd)
NEW CHANNEL
(City of Lincoln)
LOT 51
52 ± Ac. Total
44 ± Ac. Net
LOT 6
9.06 ± Ac.
SALT CREEK
LOT 7
5.91 ± Ac.
12 May 2016 1:53:43 PM