Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☑ALTER ☐REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 6455 W Mill Rd, Raymond, NE 68428

   Legal Description of Property: Township: 11N Range: 5E Section: 12

   Block _____ Lot _____ SubDivsion Miller Addition Add: _____

   ***Parcel ID** 05 - 12 - 101 - 001 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: _____)
   Number of bedrooms 4 Does the system have a: ☑ Garbage Grinder ☐Large Capacity Tub

3. **Type of Present Individual Disposal System** ☑ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** Disconnect existing drainfield that extends beyond current property boundry and install a new drainfield within property boundary. Installing 320'/1,440sqft of EZFlow based on percolation rate of 60 minutes per inch, using existing 1,500 gallon septic tank.

5. **Current Type of Lateral-** Infiltrator Chambers **Current Linear Ft. Of Lateral -** 356'

   Current Tank Gallonage- 1500g

6. Print Name Natalie Leach Address 6455 W Mill Rd Raymond, NE Phone: 402-430-0783

   Applicant Signature: Natalie Leach Terri Jakoubek #1198

   Terri L. Jakoubek

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☐County Resolution Number 02-30

Date received ____/____/____ REVIEW: ☐ Approved ☐ Disapproved By: _____

Comments (if any): _____

Site visits
Date ____/____/____ By _____
Date ____/____/____ By _____

Installation final written approval
Date ____/____/____ By _____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 9/01/22 Amount $240.00 Check No. 10333 Initials JAC

Revised 4/8/13

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

B

Permit Number: 0038 02166

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6455 W Mill Rd. (no rural route) City Raymond NE, Zip _____

Owner Fowler Const Addresss _____

Soil Type (SCS): Sharpsburg Silty Clay Loam Percolation Rate: _____ min./inch

Date of Tests 4-4 to 4-5-00 Weather: Precipitation — Temperature 76°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Pre-Saturation Period				Percolation Readings					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	32	4-4	12:30	4-5	12:30	4-5	12:30	22 3/4	4-5	1:00	30	1	
2								22 7/8				1/8	
3								19 1/2				3/4	
4								23 3/4				1 3/4	
5								25 3/4				3/4	
6								25 1/2				1/2	

Person Conducting Percolation Tests

Name: Larry Schwarck

Phone: 489 7294

Address 8201 old Denton Rd.

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

6455 W Mill Rd, Raymond, NE 68428

GIS Viewer
CITY OF LINCOLN - LANCASTER COUNTY, NE

City of Lincoln\Lancaster County GIS Map



Printed: 7/22/2022

Map Scale
1: 1,128

N

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 assessor@lancaster.ne.gov and you will be directed to the appropriate department.

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
ALTERATION PERMIT
No. HS002449

System Type: Standard

Situs: No Site Address Specified

Description: MILLER ADDITION, Lot 1

Issued: 8/2/2022

Expires: 8/2/2023

Owner: DEIGHTON, BRIAN & KRISTINA
6455 W MILL RD
RAYMON, NE 68428

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Health Director

Dear Applicant:

The above document is your permit to alter an existing On-site Waste Water System at the location listed. Please contact this office once the alteration is complete to obtain final approval before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

TERRI JAKOUBEK
13800 NW 70TH ST
RAYMOND, NE 68428

SCANNED

HS002449

Application to Alter or Repair an Onsite Wastewater Treatment System

The applicant is applying for a permit to: ☑ALTER ☐REPAIR an existing Onsite Wastewater Treatment System, and agrees to comply with LMC 24.38 or County Resolution 02-0030.

1. **Street Address (No Rural Route):** 6455 W Mill Rd, Raymond, NE 68428

   Legal Description of Property: Township: 11N Range: 5E Section: 12

   Block ____ Lot ____ SubDivsion Miller Addition Add: ____

   ***Parcel ID** 05 - 12 - 101 - 001 - 000 (i.e. 99-99-999-999-999)

2. **Property use:** ☑ Residential ☐ Commercial ☐ Other use (Describe: ____)
   Number of bedrooms 4 Does the system have a: ☑ Garbage Grinder ☐ Large Capacity Tub

3. **Type of Present Individual Disposal System** ☑ septic system ☐ lagoon ☐ other

4. **Description of proposed alteration or repair:** Disconnect existing drainfield that extends beyond current property boundry and install a new drainfield within property boundary. Installing 320'/1,440sqft of EZFlow based on percolation rate of 60 minutes per inch, using existing 1,500 gallon septic tank. (1440 sq'd)

5. **Current Type of Lateral-** Infiltrator Chambers **Current Linear Ft. Of Lateral -** 356'

   Current Tank Gallonage- 1500g

6. Print Name Natalie Leach Address 6455 W Mill Rd Raymond, NE Phone: 402-430-0783

   Applicant Signature Natalie Leach Terri Jakoubek #1198

Please contact LLCHD for the current permit fee for this application
Fee must be included before the application will be processed. Incomplete information will delay processing.

HEALTH DEPARTMENT USE ONLY

☐Municipal Code 24.38 ☒County Resolution Number 02-30

Date received 8/2/22 REVIEW: ☑ Approved ☐ Disapproved By: ____

Comments (if any): System modification

Site visits
Date 8/2/22 By DH
Date ___/___/___ By ____

Installation final written approval
Date 8/2/22 By ____

Return application to:
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street, Lincoln, NE 68510
Phone: (402) 441-8643

Business Office Use Only
Received: Date: 8/01/22 Amount $240.00 Check No. 10333 Initials AC

Revised 4/8/13

Nate C. Hartman

From: Terri Jakoubek <jakoubek63@windstream.net>
Sent: Wednesday, August 24, 2022 12:52 PM
To: Nate C. Hartman
Cc: Doug R. Smith
Subject: 6455 W Mill Rd D-Sheet
Attachments: 6455 W Mill Rd D-Sheet.pdf

6455 W Mill Rd D-Sheet is attached - did not receive a permit number. Was permitted end of July/1st of August.

Thanks,

Terri Jakoubek
Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428
402-783-2663 (Office)
402-890-3870 (Mobile)
jakoubek63@windstream.net

H50024449

D

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: N/A

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☑ Subsurface Septic ☐ Mound

Onsite Wastewater System Location PID = 05-12-101-001-000

Address or Legal Description or Parcel Identification Number (PID) 6455 W Mill RD, Raymond, NE 68428

Owner: Brian & Kristina Deighton Address 6455 W Mill RD, Raymond, NE 68428

A. Wastewater Piping (Existing)

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 70 ft. (Existing)

B. Septic Tank

1. Material Concrete
2. Capacity: 1500g
3. Depth to top of tank, below unfinished grade: 12 In.
4. Distance to:
   Well 150 ft. +
   Pressure line N/A ft +
   Property Line 20 ft. +
   Foundation 50 ft. +

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 86 ft. 5

(Drainfield Control Valve)

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 4 Depth: 2' - 4'
3. Length of each lateral (linear): ft. 80 ft. 80 ft. 80 ft. 80
4. Drainfield size: 1,440 sq. ft.
5. Distance to:
   Well 150 ft. +
   Pressure line N/A ft. +
   Property line 10 ft. +
   Depth of Groundwater > 10'

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ No

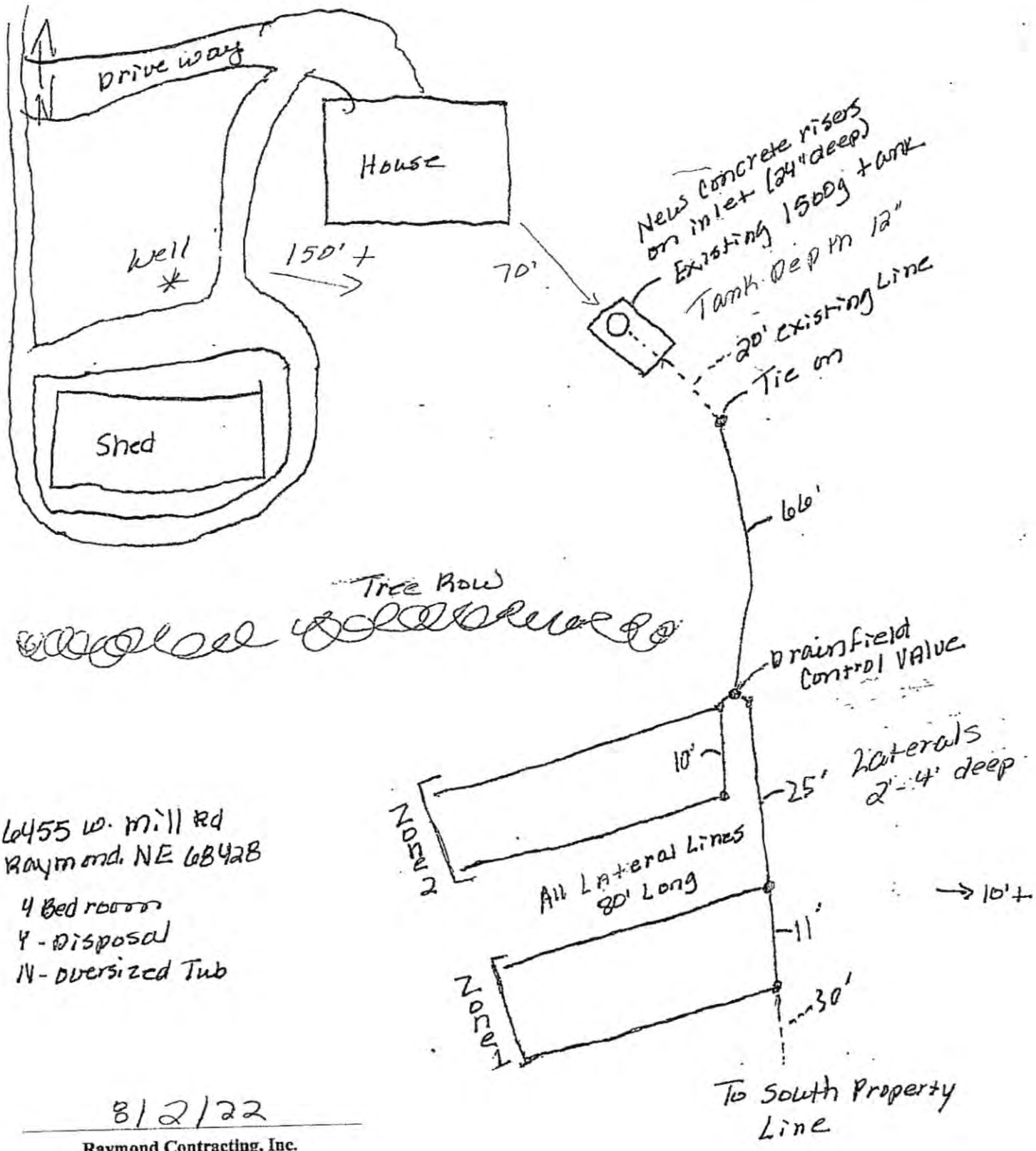
If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature: Neri L. Jahnke Date: 8/2/22

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

W. Mill Rd



6455 W. Mill Rd
Raymond, NE 68428

4 Bed room
4 - Disposal
1N - oversized Tub

8/2/22

Raymond Contracting, Inc.
Lloyd J Jakoubek
13800 NW 70th St
Raymond, NE 68428
402-783-2663

Lincoln-Lancaster County Health Department

ENVIRONMENTAL HEALTH DIVISION
3140 N STREET · LINCOLN, NE 68510-1514 (402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 00380216601

Issued 04/06/00
Expires 10/06/00
Revenue Code 3157

FEES: $150.00

TOTAL: $150.00

Establishment

B & K ENTERPRISES INC
T11N R5E SEC 12
N 1/2 OF LOT 28 LOT 28
6455 W MILL RD-RAYMOND

Permitee

B & K ENTERPRISES INC
6210 S 57 ST
APT B
LINCOLN NE 68516

Leon F. Vinci, MPH, Health Director

• POST IN A PROMINENT PLACE • NOT TRANSFERABLE

012844

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

A

Permit Number: 003802166

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 6455 (no rural route) Mell Rd City Raymond NE, Zip

Legal Description 12 (1/4) 11-N (1/4) 5E (Section, Township, Range) Subdivision Addition No 1/2 Block 28 Lot

Geographical Location (if known): Longitude Latitude

☒ Check if system mail address is not the same as the owner's address

B. Owner

Name B+K Enterprises, Inc. Signature Russ Mayer

Address 6210 So. 57th St. Ste. B City/State/Zip Lincoln, NE 68516

☐ Check if owner designed system Home Phone Work Phone 420-2950

C. Contractor

Name B+K Enterprises, Inc. Company Name B+K Enterprises, Inc.

Address 6210 So. 57th St. Ste B City/State/Zip Lincoln NE 68516

☐ Check if contractor designed system Work Phone 420-2950

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

Designer Name Larry Schwarck Firm Work Phone 4897294

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 Is there a Whirlpool Bathtub 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. 2832

1. **Health Department**	Date rec'd 4/6/00 Date frwd 4/6/00	**ACTION** ☒ Approved ☐ Disapproved Signature Gerald C. Hood	
2. **Supt. Bldg. Insp. or Village Clerk**	Date rec'd 4/13-00 Date frwd 4-13-00	**ACTION** ☒ Approved ☐ Disapproved Signature	
3. **City or County Engineer**	Date rec'd 4/6/00 Date frwd 4/6/00	**ACTION** ☒ Approved ☐ Disapproved Signature	

5-17-00. runs parallel 1250 tank

Installation Final Written Approval

By Paul Daytona

Date 5-19-00

Business Office Use Only

Date Rec'd 04/06/00

Amt Paid 150 CK

Rec'd By LD ~~Cash~~/Check No. 1490

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

B

Permit Number: 0038 02166

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 6455 W Mill Rd. (no rural route) City Raymond NE, Zip _____

Owner Fowler Const Addresss _____

Soil Type (SCS): Shapsburg Silty Clay Loam Percolation Rate: _____ min./inch

Date of Tests 4-4 to 4-5-00 Weather: Precipitation — Temperature 76°

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	32	4-4	12:30	4-5	12:30	4-5	12:30	22 3/4	4-5	1:00	30	1	
2								22 7/8				1/2	
3								19 1/2				3/4	
4								23 3/4				1 3/4	
5								25 3/4				3/4	
6								25 1/2				1/2	

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 60

Person Conducting Percolation Tests

Name: Larry Schwarek

Phone: 489 7294

Address 8200 Old Cheney Rd.

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

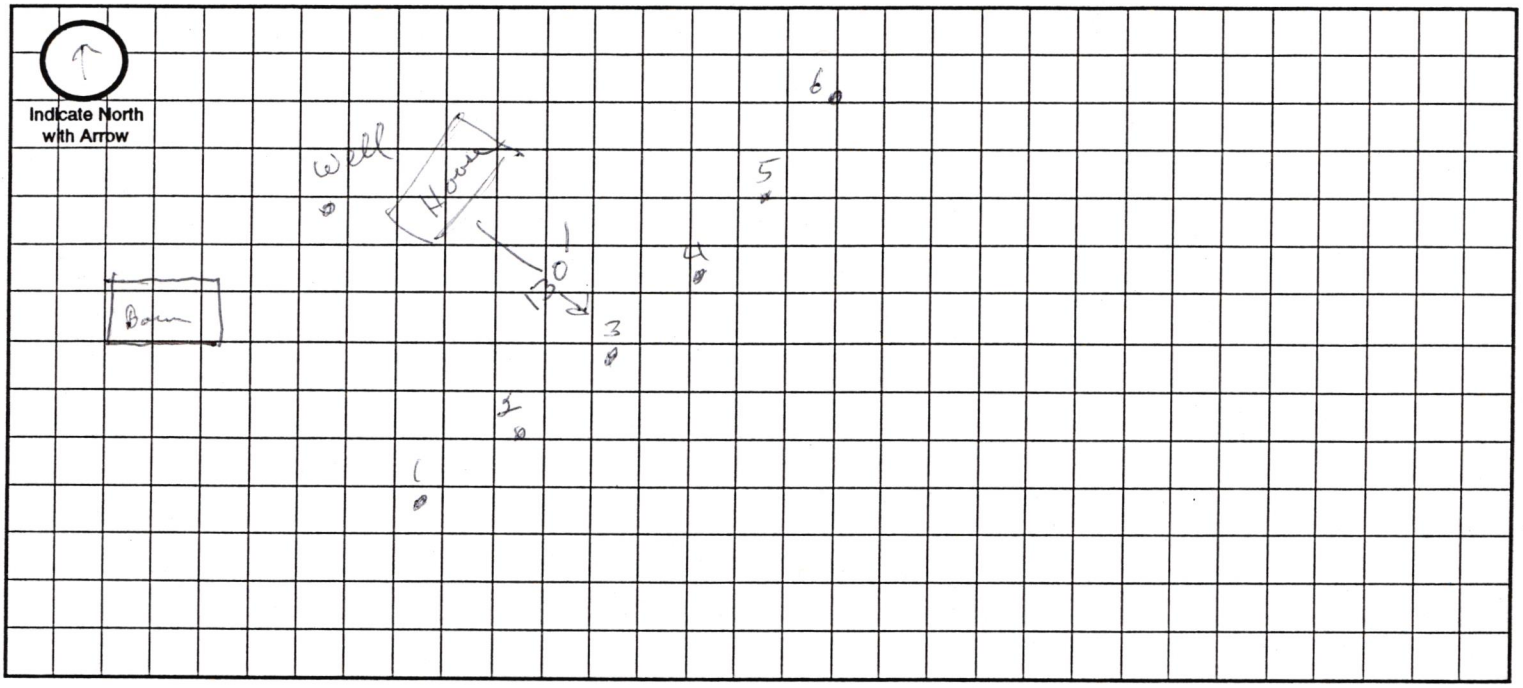
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number: 003802166

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) 6455 w Mill Rd. City Raymond NE, Zip _____

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 60 (min. per inch) Soil Type: Shorsburg Land Slope: 2% - 3% %

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

Total Square Feet of Field Required: 700 sq. ft.

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

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed 1

Total Length of Laterals 175 ft. Number of Trenches 2 Trench Width 4

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

X Home Building Contractor Krisa Mayer Date 4/6/00

Installer Larry Schwarck Date 4-5-2000

FORM 23-102 10-96

Fowler

D

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1614
Phone: 402-441-8022

Permit Number: 00380216 6

Sewage Disposal System
As Built Plans & Specifications

Date 4-26-00

System Location (Indicate correct number and street)

Address 8455 W Mill Rd (no rural route) City _____ NE, Zip _____

A. Building Sewer

1. Material: Class 160 - 4" Diameter: 4" in.
2. Distance above basement floor: _____ in.
   or distance below basement floor: 16 in.
3. Distance between dwelling and septic tank: 70 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

1. Material: precast
   Number of compartments: 1500
2. Capacity: ~~1000~~ 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. Outlet: ☐ baffle ☐ tee
7. Depth to top of tank, below unfinished grade: 12 in.
8. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

C. Distribution Box

1. Material: plastic (3) Dropbox
   Number available outlets: _____
2. Factory built: ☒ Yes ☐ No
3. Distance from septic tank: 2<1 ft.

D. Absorption Field

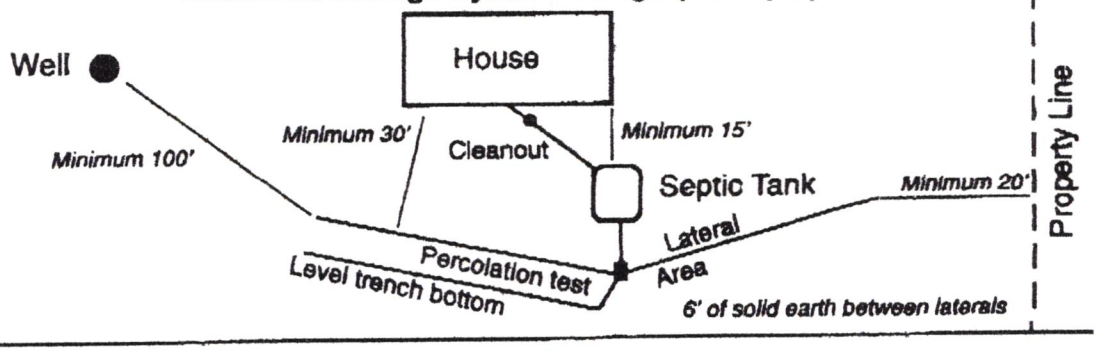
(Provide as-built drawings on back of this form)

1. Type: ☒ Half rounds ☐ Perforated pipe
   Diameter of half round: 15" in Filtrator
   or perforated pipe: _____
   Material: ☐ fiberglass ☒ plastic ☐ concrete
   ☐ other _____
2. Lateral lines: Number ~~100~~ 4
   (105 20) Length of each line: ~~75~~ 100 ft. 75 ft.
   96 ft. 85 ft., _____ ft.
3. Trench dimensions: Width 4 ft.
   Slope 2 in/100 ft.
   Average depth 36 in
4. Filter material: Road Gravel
   Depth of material 16" in.
5. Distances to: Well or suction line _____ ft.
   Stream _____ ft.
   Pressure line _____ ft.
   Property line _____ ft.

Indicate North with Arrow

Complete "As Built" drawing on back of this form.

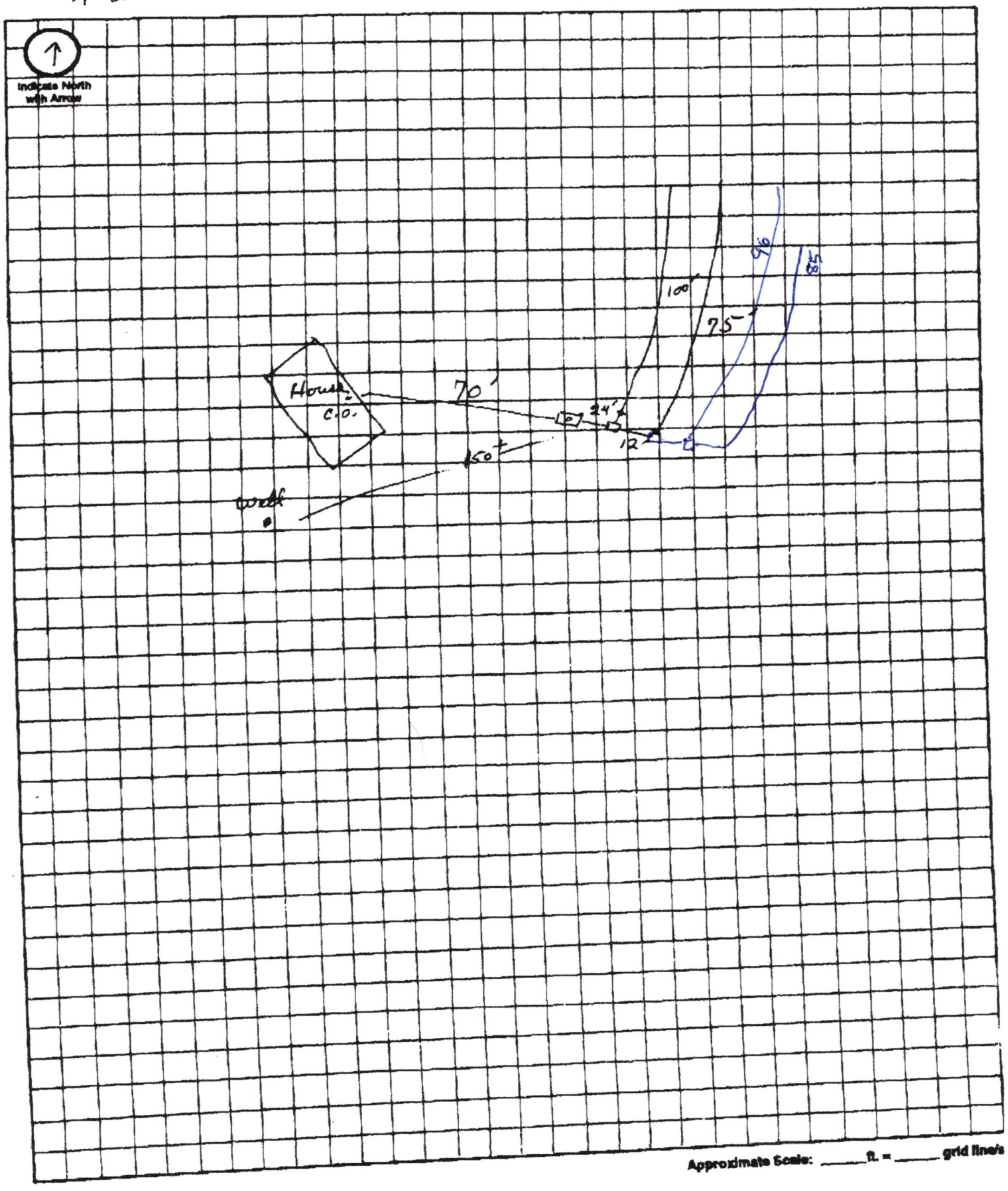
Individual Sewage System Design (Example)



FORM 22-103 10-96

As Built Drawing by Larry Schwarck for Fowler Const.

4-26-00



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 11-5-12 Lot 28 Location 6455 W. Mill Rd

Owner/Requestor Don Miller

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

___ New system, initial
X New system, followup
___ Existing system, repair
___ Existing system, followup
___ Loan approval
___ Consultation
___ Other (Specify)

REMARKS Specs required 1400 ft² of distribution for a 4 bedroom home w/ a 4' wide trench = 350 total feet. An additional two laterals installed on this date (96' and 85'). Removal of 1000 gal tank required and shall be replaced w/ 1250 gal tank

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   A. Leach Field
   B. Septic Tank
   C. Sewer Line
   D. Frost-Proof Hydrant
   E. Lagoon
   F. Accumulated Manure
   G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System X Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

Inspected by: Paul Drotzmann Received by: _____

Date: 5-4-00

WA1002

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Legal Description 11-5-12 Lot 28 Location 6455 W. Mill Rd

Owner/Requestor Larry Schwank

WELL/SEWAGE SYSTEM INSPECTION FORM

Based on an inspection this day, the items circled below identify the violations in construction or operation. Some items may not apply. Components that could not be located are indicated as "unknown".

- X New system, initial
- ___ New system, followup
- ___ Existing system, repair
- ___ Existing system, followup
- ___ Loan approval
- ___ Consultation
- ___ Other (Specify)

REMARKS 1000 gal tank, plastic DBox 175 ft of infiltrator w/ gravel

5-4-00 Approximately 180 ft of infiltrator added to system - PD

Water System

1. Approved Permit; (Permit not applicable)
2. Sanitary Seal
3. Screened Vent/Conduit Sealed
4. Well Casing Material
5. Well House
6. Distance of Well from
   - A. Leach Field
   - B. Septic Tank
   - C. Sewer Line
   - D. Frost-Proof Hydrant
   - E. Lagoon
   - F. Accumulated Manure
   - G. Pit or Depression
7. Pressure Line from Sewage System
8. Other Deficiencies (Specify)

Sewage System X Septic ___ Lagoon

1. Approved Permit; (Permit not applicable)
2. Visible Discharge or Seepage
3. Location from Property Line Building
4. Location from Water System Component
5. Lateral Construction, Length, Drop
6. Septic Tank Size + Installation
7. Distribution box
8. Lagoon Fencing, Warning Signs, Vegetation, Dike Damage, Locked Gate, Water Depth
9. Constructed According to Sizing
10. Septic Tank: Constructed Properly, Maintained
11. Other Deficiencies (Specify)

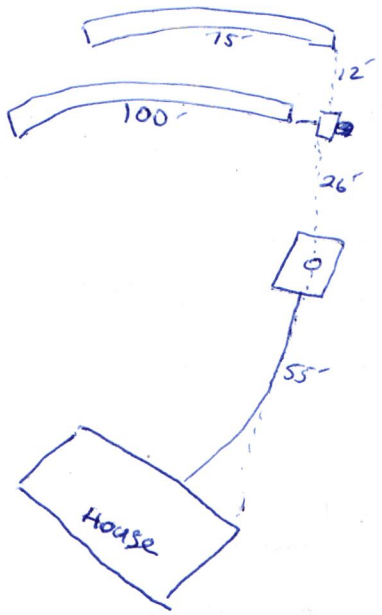
Inspected by: Paul Drotzmann Received by: ___

Date: 4-26-00

WA1002

as Seen on 4-26-00

P.D.



N

well

Shed