Drain: JACOB EHMAN Drain #: 98

Improvement/Arm: RELOCATION

Operator: J. LIVING STON Date: 12-9-03

Drain Classification: Urban Rural Year Installed: 1998

GIS Drain Input Checklist

•	Pull Source Documents for Scanning	- fur
•	Digitize & Attribute Tile Drains	Sim
•	Digitize & Attribute Storm Drains	
•	Digitize & Attribute SSD	- d/m
•	Digitize & Attribute Open Ditch	1/10
•	Stamp Plans	sim
•	Sum drain lengths & Validate	port
•	Enter Improvements into Posse	Juf /sem
•	Enter Drain Age into Posse	- J/18
•	Sum drain length for Watershed in Posse	
•	Check Database entries for errors	_ furf
		00

Gasb 34 Footages for Historical Cost Drain Length Log

Drain-Improvement:_	JACO	B EHMAN -	RELOCATION	1		
Drain Type:	Size:	Length (Length (DB Query)	Length Reconcile	Price:	Cost:
rcp	12"	402'				10000.
				<u> </u>		
	Sum:	Una '	402'			
		700	906	· · · · · · · · · · · · · · · · · · ·		10,000:
Final Report: 40	12'					
Comments:						
					<u></u>	
				7.11		





Kenton C. Ward, Surveyor Phone (317) 776-8495 Fax (317) 776-9628

To: Hamilton County Drainage Board

Re: Jacob Ehman Drain

Suite 146 One Hamilton County Square Noblesville, Indiana 46060-2230

May 27, 1997

Attached is a petition for Partial relocation of the Jacob Ehman Drain. This petition was filed by Dave Dodd for the relocation of the tile drain on Parcel Number 01-01-12-00-00-006.008.00 This is to be done on the Petitioners property at the Petitioners expense.

The relocation will consists of rerouting approximately 310 feet of the Arm #1 to Arm #1 of the Jacob Ehman Drain. This is to be done per attached plan as prepared by Miller Surveying. The relocation will consist of 384 feet of 12" concrete tile with risers at both ends of the new tile, where it intersects with the original. This will add approximately seventy-four (74') feet to the drain. Petitioner has submitted a bond for this work.

Because this work is being done on the petitioner's property at his expense and abutting properties will not be adversely affected by construction nor additional easement I believe the project falls under the provisions of IC 36-9-27-52.5. I therefore recommend approval of this petition.

Kenton C. Ward

Hamilton County Surveyor

KCW/no

STATE OF INDIANA) BEFORE THE HAMILTON COUNTY OUNTY OF HAMILTON) NOBLESVILLE, INDIANA IN THE MATTER OF THE) RECONSTRUCTION OF THE) Jacob Ehman DRAIN)								
FINDINGS AND ORDER								
The matter of the proposed Reconstruction of the								
Evidence was heard on the Reconstruction report. There were no objections.								
The Board having considered the evidence has upon motion made, seconded and unanimously carried, found and determined that the costs, damages and expenses of the proposed Reconstruction will be less than the benefits to the landowners and issued this order declaring that this Reconstruction fund be established.								
DATED THIS 27th DAY OF May 199 7.								
HAMILTON COUNTY DRAINAGE BOARD								
President Sharper Clack								
Member								
ATTEST: Amyllen Oldania Administrative Secretary								

Revised 12/95



LICENSE OR PERMIT BOND

THE AETNA CASUALTY AND SURETY COMPANY Hartford, Connecticut 06156

KNOW ALL MEN BY THESE PRESENTS

WHOSE MEN BY THESE PRESENTS:	(CONF)
THAT WE, David Dodd, DBA Dodd Custom Carpentry, Atlanta and THE AETNA CASUALTY AND SURETY COMPANY, a corporation duly incomof Connecticut, and authorized to do business in the State of Indiana ly bound unto the Hamilton County Commissioners, Noblesville sum of Ten Thousand dollars and no/100 (\$ 10,000.00 which we hereby bind ourselves, our heirs, executors and administrators, joint	rporated under the laws of the State IN, as Surety, are held and firming the penal Dollars, for the payment of the severally by these presents.
THE CONDITIONS OF THIS BOND ARE SUCH, that the said Principal Inderground Drainage Tile Jacob Edman Visitin accordance with of said Hamilton County Commissioners harmless from engaging in said business.	has applied for a license as/for the requirements of the ordinance , and has agreed to hold said n any damage by reason of his/her
NOW, THEREFORE, if said Principal shall faithfully perform all the duties of amilton County Commissioners according to the recommissioners, and protect said from any damage as hereinbefore stated, then this obligation to remain in full force and effect.	quirements of the ordinance of said
Provided, However, that this bond may be continued at the option of the Surety Continuation Certificate.	by the issuance of a non-cumulative
This bond becomes effective on the $14th$ day of May the $14th$ day of May , 19 98	, 19 97 , for a period ending on
DATED: May 14, 1997 BOARD OF COMMISSIONERS OF THE COUNTY OF HAMILTON By Warid N	Podd Custom Carpentry Principal Owner
THE ASTNA CAS	DALTY AND SURETY COMPANY
DATE	Attorney-in-Fact
S-2151-A (1-93) ATTEST:	entrothey and aut

BOND REPORT FORM Bond Field Office Number 27S101120399BCM Indianapolis Producer Song/Ehrman 8220 PRINCIPAL'S Address 28579 Dunbar Road. Atlanta. IN Years of experi Net Years of experience Occupation Worth \$ 1 Principal's □ Indemnity Agreements Papers attached ☐ Financial Statement We have personally known principal for years and recommend him/her unqualifiedly

Company Copy - Green; Agent's Copy - Pink; Principal's Copy - Canary - green

POWER OF ATTORNEY AND CERTIFICATE OF AUTHORITY OF ATTORNEY(S)-IN-FACT

KNOW ALL MEN BY THESE PRESENTS, THAT AETNA CASUALTY & SURETY COMPANY OF AMERICA, a corporation duly organized under the laws of the State of Connecticut, and having its principal office in the City of Hartford, County of Hartford, State of Connecticut, hath made, constituted and eppointed, and does by these presents make, constitute and appoint James D. Sorg or Michael C. Ehrman - -

of Indianapolis, IN , its true and lawful Attorneys-in-Fact, with full power and authority hereby conferred to sign, execute and acknowledge, at any place within the United States, or, if the following line be filled in, within the area there designated , the following instrument(s):

by his sole signature and act, any and all bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any and all consents incident thereto

not exceeding the sum of TWO HUNDRED FIFTY THOUSAND (\$250,000.00) DOLLARS -

and to bind AETNA CASUALTY & SURETY COMPANY OF AMERICA, thereby as fully and to the same extent as if the same were signed by the duly authorized officers of AETNA CASUALTY & SURETY COMPANY OF AMERICA, and all the acts of said Attorneys-in-Fact, pursuent to the authority herein given, are hereby ratified and confirmed.

This appointment is made under and by authority of the following Standing Resolutions of said Company which Resolutions are now in full force and effect: VOTED: That each of the following officers: President, Any Executive Vice President, Any Senior Vice President, Any Vice President, Any Assistant Vice President, Any Secretary, Any Assistant Secretary, may from time to time appoint Resident Vice Presidents, Resident Assistant Secretaries, Attorneys-in-Fact, and Agents to act for and on behalf of the Company and may give any such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors may at any time remove any such appointes and revoke the power and authority given him or her.

VOTED: That any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, an Executive Vice President, a Senior Vice President, a Vice President, an Assistant Vice President or by a Resident Vice President, pursuant to the power prescribed in the certificate of authority of such Resident Vice President, and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary or by a Resident Assistant Secretary, pursuant to the power prescribed in the certificate of authority of such Resident Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact pursuant to the power prescribed in his or her certificate or their certificates of authority.

This Power of Attorney and Certificate of Authority is signed and sealed by facsimile under and by authority of the following Standing Resolution voted by the Board of Directors of AETNA CASUALTY & SURETY COMPANY OF AMERICA which Resolution is now in full force and effect:

VOTED: That the signature of each of the following officers: President, Any Executive Vice President, Any Senior Vice President, Any Vice President, Any Assistant Vice President, Any Secretary, Any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such power of attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seaf shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, AETNA CASUALTY & SURETY COMPANY OF AMERICA has caused this instrument to be signed by its Vice President, and its corporate seal to be hereto affixed this 27th day of October , 19 95

AETNA CASUALTY & SURETY COMPANY OF AMERICA

State of Connecticut

County of Hartford On this 27th

day of October

, 19.95 , before me personally came TERRY F. LUKOW to me known, who, being by me duly sworn, did depose and say: that he/she is Vice President of AETNA CASUALTY & SURETY COMPANY OF AMERICA, the corporation described in and which executed the above instrument; that he/she knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; and that he/she executed the said instrument on behalf of the corporation by authority of his/her office under the Standing Resolutions thereof.

CERTIFICATE

1, the undersigned, Assistant Secretary of AETNA CASUALTY & SURETY COMPANY OF AMERCIA, a stock corporation of the State of Connecticut, DO HEREBY CERTIFY that the foregoing and attached Power of Attorney and Certificate of Authority remains in full force and has not been revoked; and furthermore, that the Standing Resolutions of the Board of Directors, as set forth in the Certificate of Authority, are now in force.

Signed and Sealed at the Home Office of the Company, in the City of Hartford, State of Connecticut. Dated this

Rose Gonsaulin

or's Office; On Adulatarit Sociota Square, Ste. 188, Noblesville, In 46060

This copy printed from the Digital Archive of the Hamilton Count S-2422 (7-95)

CERTIFICATE	OF INS	SURANC	E CITCHOM			(MM/DD/YY)		
DUCER PRG/EHRMAN INSURANCE 09 NORTH SHADELAND AVE	od	CUSTOMER # 13178 05/14/97 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE						
DIANAPOLIS, IN 46219								
	CC	COMPANY A GENERAL CASUALTY						
RED	CC	COMPANY B AETNA CAS & SURETY						
VID DODD DBA DD CUSTOM CARPENTRY	CC	OMPANY C	VA CAS & S	BURETY				
579 DUNBAR ROAD	co	COMPANY D						
LANTA, IN 46031								
ERAGES	CC	MPANY E						
HIS IS TO CERTIFY THAT THE POLICIES OF INSURANC IDICATED, NOTWITHSTANDING ANY REQUIREMENT, TI ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIN	INCHIDANIOE A	FFORDED BY THE AY HAVE BEEN RED	POLICIES DESCRI DUCED BY PAID CL	BED HEREIN IS SUBJECT	THE P ECT TO TO AL	OLICY PERIOD O WHICH THIS L THE TERMS,		
TYPE OF INSURANCE POLICY NU	MBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	rs			
ENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY	4364	12/03/96	12/03/97	GENERAL AGGREGATE PRODUCTS-COMP/OP AGG.	\$	500,000		
CLAIMSMADE X OCCUR.		,,	12,00,00,	PERSONAL & ADV. INJURY	\$	500,000 500,000		
OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$	500,000		
				FIRE DAMAGE (Any one fire)	\$	50,000		
JTOMOBILE LIABILITY				MED.EXPENSE (Any one person	\$	5,000		
ANY AUTO				COMBINED SINGLE LIMIT	\$			
ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$			
HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$			
GARAGE LIABILITY				PROPERTY DAMAGE	\$			
CESS LIABILITY	<u>-</u>			EACH OCCURRENCE	\$	······································		
UMBRELLA FORM				AGGREGATE	\$			
OTHER THAN UMBRELLA FORM								
WORKER'S COMPENSATION				STATUTORYLIMITS				
AND				EACH ACCIDENT	\$	···		
EMPLOYERS' LIABILITY				DISEASE-POLICY LIMIT	\$			
HER				DISEASE-EACH EMPLOYEE	\$			
JRETY BOND 27S1011	20399	05/14/97	05/14/98	\$10,000				
DERGROUND DRAINAGE TILE FOR	28579 I		D, ATLANT.	A, IN 46031				
FICATE HOLDER ILTON COUNTY COMMISSIONERS	385	ANCELLATION SHOULD ANY OF T	HE ABOVE DESCRI	BED POLICIES BE CANCELL	ED BE	FORE THE		

HAMILTON CTY COURTHOUSE NOBLESVILLE, IN

46060

EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL $30\,$ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUT ORIZED REPRESENTATIVE

Square, Ste. 188, Noblesville, In 46060

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CERTIFICATE OF COMPLETION AND COMPLIANCE

To: Hamilton County Surveyor	
Re: JACOB EHMAN DRAIN - DODD RELO	CATION
I hereby certify that:	
1. I am a Registered Land Surveyor or Engineer in the	State of Indiana.
2. I am familiar with the plans and specifications for the	e above referenced subdivision.
3. I have personally observed and supervised the complabove referenced subdivision .	etion of the drainage facilities for the
4. The drainage facilities within the above referenced si information and belief have been installed and comspecifications.	•
Signature: Leland Dmuly I	
Type or Print Name: LELAND D. MILL	ER JR.
Business Address: 948 CONNER 57	
NOBLESVILLE IN	46060
Telephone Number: 773-2644	_
No. No. No.	NA REGISTRATION NUMBER





Kenton C. Ward, Surveyor

Phone (317) 776-8495

Fax (317) 776=9628

Suite 146 One Hamilton County Square Noblesville, Indiana 46060-2230

To: Hamilton County Drainage Board

January 28, 1998

Re: Jacob Ehman Drain Relocation

Attached are as-builts, certificate of completion & compliance, and other information for the Jacob Ehman Drain Relocation. An inspection of the drainage facilities for this section has been made and the facilities were found to be complete and acceptable.

During construction, changes were made to the drain which will alter the plans submitted with my report for this drain dated May 27, 1997. The changes are as follows: Str1-2 12"Concrete Tile lengthened from 384' feet to 402' feet.

The additional length of the drain due to the changes described above is now 92' feet.

No addititonal easement was necessary for the relocation of the drain and the petitioner did not request a non-enforcement.

The bond or letter of credit from Aetna Casualty and Surety Company, number27S101120399BCM; dated May 14,1997; in the amount of \$10,000.00; was released January 12, 1998.

I recommend the Board approve the drains construction as complete and acceptable.

Sincerely.

Kepton C. Ward,

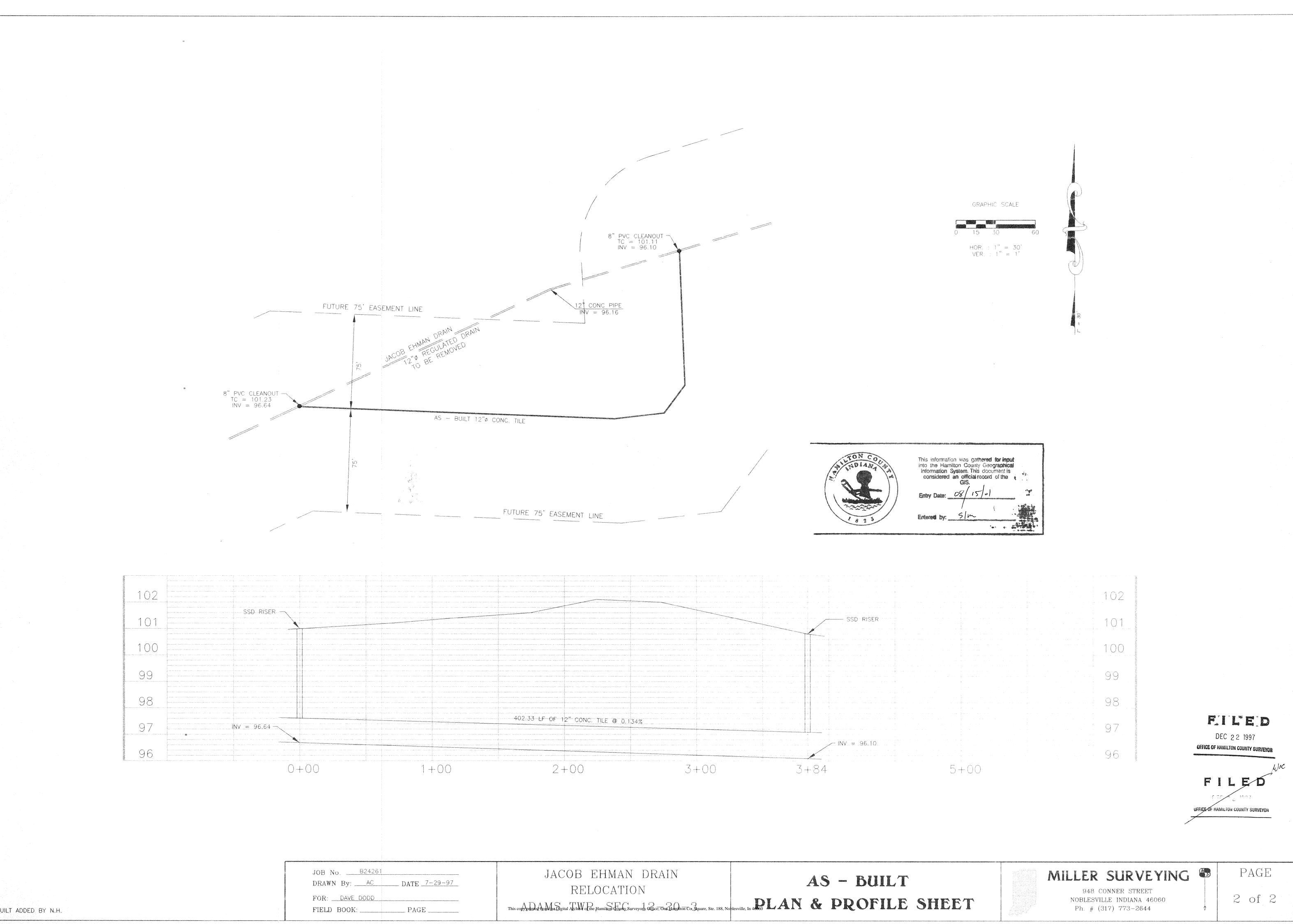
Hamilton County Surveyor

KCW/slm

Asbuilt Structures

	Project:	JACO	3 Ehne	en Dra	12	
Structure:	T.C.:	I.E.:	Pipe:	Length:	Original Plans:	Difference:
RISER#1	101.23	96104				1
Riser #2	101.11	96.10	12"ct	402.	FRM 304'	+18'
				100.	ICM SET	110
						
				· · · · · · · · · · · · · · · · · · ·		
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6" SSD Streets:				<u></u>	CH 00D /	
o oob olicets.	 				6" SSD Lots:	
						<u> </u>
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Total:					Total:	
RCP Pipe Totals:						
				ĺ		**
					Other Drain:	
<u>.</u>				Ì		

Total Length of Drain:



AS - BUILT ADDED BY N.H.

