## INFRASTRUCTURE INVENTORY FORM St. Tammany Parish Government

| ACQUISITION TYPE: Donation, Accept/Correct, Other (Specify)  Accept |             |   |                                     |            |           |      |                              |                             |      | PREPARED BY: Becky Mizell/Joey Lobrano |         |     |     |            |                                    |                               |  |
|---|-------------|---|-------------------------------------|------------|-----------|------|------------------------------|-----------------------------|------|--|---------|-----|-----|------------|------------------------------------|-------------------------------|--|
|   |             | PROPERTY TYPE:                          | COMMUNITY/                          | CITY/TOWN  | WARD DIST |      | SECTION<br>TOWNSHIP<br>RANGE | CLOSEST<br>STATE<br>HIGHWAY | BARN | ESTIMATED CONSTRUCTION YEAR            |         | D   | ATA |            | TYPE/MATERIAL:                     | SEGMENT DESCRIPTION (To/From) |  |
| PROPERTY NAME   | PROPERTY ID | Road, Lateral, Pond,<br>Other (Specify) | GENERAL LOCATION: Subdivision, etc. |            |           | DIST |                              |                             |      |  | STATION |     |     | DEPTH (in) | Asphalt, Concrete,<br>Gravel, etc. |                               |  |
| Ozone Place   | R04E319     | Road                                    | Town Of Mandeville                  | Mandeville | 4 7       |      | 7-8-11                       | 1088                        | 1545 | 2024                                   | 0       | 355 | 20  | 2          | Concrete                           | runs N off Joan St            |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  | 355     |     | 20  |            |                                    | ends                          |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  | 333     |     | 20  |            | Concrete                           | Citus                         |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            |                                    |                               |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            |                                    |                               |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            |                                    |                               |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            |                                    |                               |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            |                                    |                               |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            |                                    |                               |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            |                                    |                               |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            |                                    |                               |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            |                                    |                               |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            |                                    |                               |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            |                                    |                               |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            |                                    |                               |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            |                                    |                               |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            |                                    |                               |  |
|   |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            | _                                  |                               |  |
| ROW:  |             |   |                                     |            |           |      |                              |                             |      |  |         |     |     |            |                                    |                               |  |

Ord. #:

Ord. Date:

FORM REV: Apr 2023