LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

3140 "N" STREET Lincoln, NE 68510-1514 (402) 441-8000

NON TRANSFERABLE

PERMIT

No. 94390042701

Permit
SEWAGE SYSTEM REPAIR

Issued 12/05/94
Expires 06/05/95
Revenue Code 18754

Establishment
SCOTT DENISON
T7N R7E SEC 1
LOT 40
10800 PANAMA ROAD

FEES: $50.00

TOTAL $50.00

Permittee
SCOTT DENISON
10800 PANAMA RD
HICKMAN NE 68372

Issued By M. Jane Ford
Health Director

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW "POST IN A PROMINENT PLACE"

FORM HD-41(73) APPLICATION FOR PERMIT TO ALTER, EXTEND OR REPAIR INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Ave.
Lincoln, Nebraska 68502 (Phone: 471-7800)

FILE NO. _____

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: _____

The undersigned hereby applies for a permit to ALTER ☐, EXTEND ☐, or REPAIR ☐ an existing Individual Sewage Disposal System, in conformance with appropriate Ordinance or Resolution, as described in this application and drawings attached hereto.

1. Legal description of property: Twp. 7N; Range 7E; Section 1;
Block _____; Lot 40 F.I.; Addition _____
Street Address 10800 Panama Rd.

2. Property Use: Residential _____ ☒; Commercial _____ ☐
No. Bedrooms 3
Describe _____
Other Use ☐
Describe _____

3. Type of existing Individual Sewage Disposal System: Septic Tank ☒; Other ☐

4. Description of proposed alteration, extension or repair: Build Lagoon

5. Work to be done by: Owner ☐; or Contractor ☒, Existing well + plbg
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 700	
b. Labor	$ 1000	
c. Other	$	
TOTAL	$ 1700.	00

Scott Dennison
Signature of Applicant (owner or lessee)

10800 PANAMA ROAD
Address HICKMAN, NEBRASKA 68372

(Do not write below this line)

REVIEWING ACTION

1. Date Rec'd: _____
Filing Fee: $ 50.00

2. Site Visits:
Date: 11/29/74 by: J.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ by: _____

Lincoln-Lancaster County
HEALTH DEPARTMENT

COPY

3140 "N" STREET
LINCOLN, NE 68510-1514
402-441-8000
TDDY 402-441-6284

December 4, 1997

Mr. Scott Denison
10800 Panama Rd.
Hickman, NE 68372

Re: Sewage Installation Permit #943900427

Dear Mr. Denison:

The Lincoln-Lancaster County Health Department (LLCHD) has completed its review of sewage installation permits that never received final approval. This file indicates that the Sewage Repair Permit expired June 5, 1995.

Please contact this office within 30 days if you wish to have this permit extended for another six months. If LLCHD is not contacted, the permit will be considered expired and the file closed.

Since this sewage system has not received final approval by LLCHD, future loan approvals or repair permits may be disapproved.

If you have any questions, please contact me at 441-8029.

Sincerely,

Jerrold C. Hood

Jerrold Hood, REHS
Environmental Health Specialist
Environmental Health Division

cc: EH File

Lincoln-Lancaster County
HEALTH DEPARTMENT

3140 "N" STREET
LINCOLN, NE 68510-9804
402-441-8000
M. JANE FORD, HEALTH DIRECTOR

November 23, 1994

CERTIFIED

Scott Denison
10800 Panama Road
Hickman, NE 68372

Dear Mr. Denison:

It has come to the attention of the Lincoln-Lancaster County Health Department that you apparently are installing a sewage lagoon on your property described as Lot 40 Irregular Tract in Section 1, T7N, R7E without benefit of a permit or inspection. Enclosed is a permit application to alter any existing sewage disposal system. If the cost of the work and materials exceed $400.00 then there is a permit fee of $50.00. Please make checks payable to the Lincoln-Lancaster County Health Department. If it costs less than $400.00 then the permit application must be filled out and returned but no permit fee is required. Inspection of the installation is required.

If you install a individual sewage disposal system and fail to obtain a permit then you are subject to court action.

If there are any questions, please contact the Lincoln-Lancaster County Health Department.

Sincerely,

Jerrold C. Hood

Jerrold C. Hood, R.E.H.S.
Environmental Health Specialist
Environmental Health Division

JCH:dl
SEP2501/3

Enclosure(s)

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

RECEIVED NOV 05 2004

A

Permit Number: 04380292501

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 10800 PANAMA RD. (no rural route) City Hickman NE, Zip 68372

Legal Description 1 7N 7E 56 Lot
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

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

B. Owner

Name SCOTT & JANET DENTSON Signature Scott Denison

Address 10800 PANAMA RD City/State/Zip Hickman NE 68372

☐ Check if owner designed system Home Phone _____ Work Phone _____

C. Contractor

Name REZAC CONST Company Name _____

Address 140 N 1ST City/State/Zip 68508

☐ Check if contractor designed system Work Phone 477-8844 - cell 610-2746

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

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 3 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 11/5/04, Date frwd 11/5/04 — ACTION ☒ Approved ☐ Disapproved — Signature Jerrold C. Hood
   4-18-05 ok need fence + door
2. **Supt. Bldg. Insp. or Village Clerk** — Date rec'd 11-8-04 NOT IN, Date frwd 11-8-04 FP — ACTION ☒ Approved ☐ Disapproved — Signature Shawn Johnson
3. **City or County Engineer** — Date rec'd 11-8-04, Date frwd 11-8-04 — ACTION ☒ Approved ☐ Disapproved — Signature Jim Blaugh

~~3/1/05 flood warning sign + lock on gate, Inc. #~~

Installation Final Written Approval

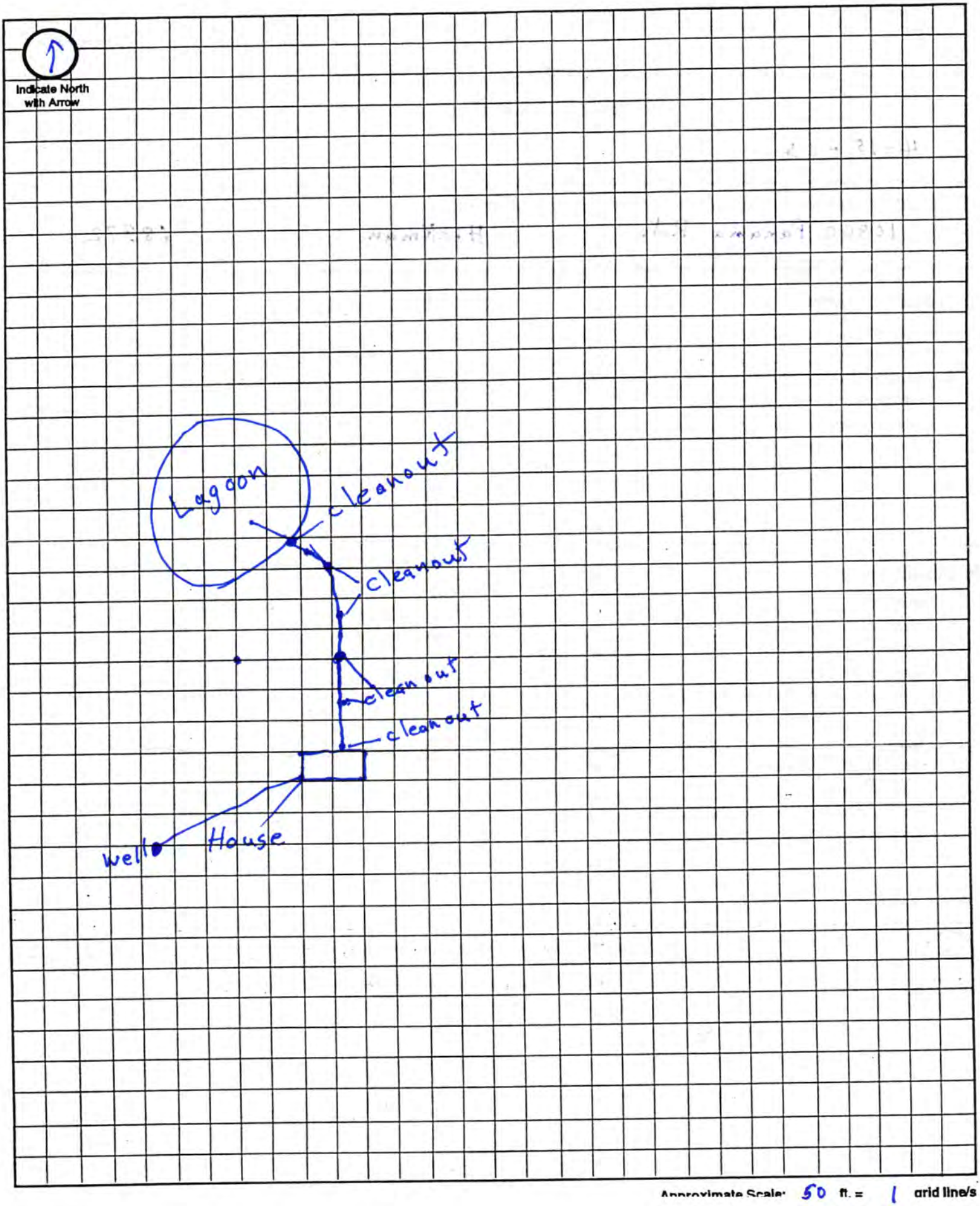
By Jerrold C. Hood R.E.H.S.

Date MARCH 15, 2006

Business Office Use Only
Date Rec'd 11/05/04
Amt Paid 200.00
Rec'd By _____ ~~Cash~~/Check No. 6396

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

As Built Drawing



Approximate Scale: 50 ft. = 1 grid line/s

Lincoln-Lancaster County Health Department
ENVIRONMENTAL PUBLIC HEALTH DIVISION

005835

3140 N STREET · LINCOLN, NE 68510-1514

(402) 441-8000

Permit
SEWAGE INSTALLATION
LAGOON

Permit # 04380292501

Issued 11/05/04
Expires 05/05/05
Revenue Code 3157

Establishment
SCOTT & JANET DENISON
T7N R7E SEC 1
LOT 40
10800 PANAMA ROAD-HICKMAN

FEES: $200.00

Permittee
SCOTT & JANET DENISON
10800 PANAMA RD
HICKMAN NE 68372

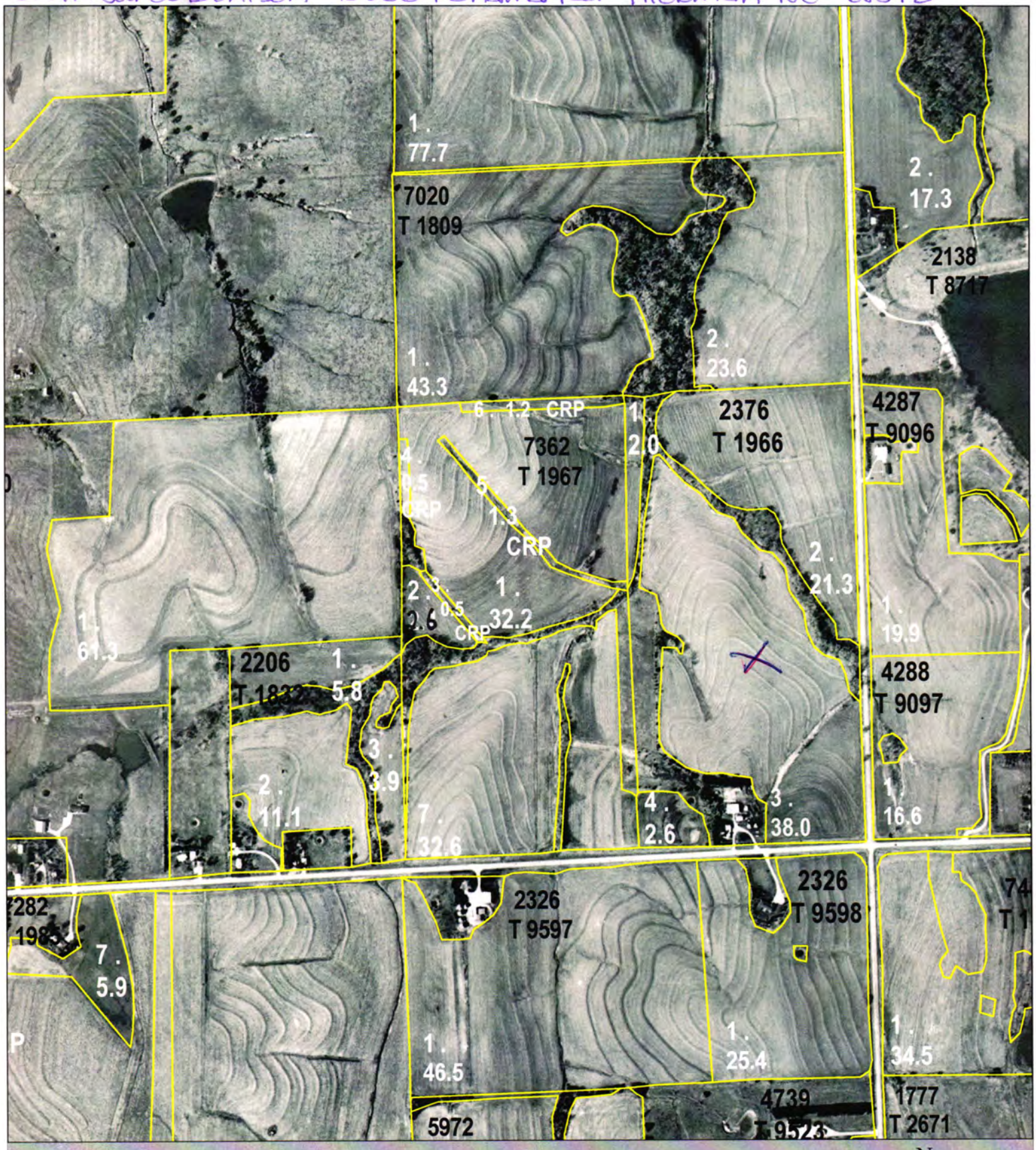
TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

Scott & Janet Denison 10800 Panama Rd Hickman NE 68372



T-7-N R-7-E
Section 1

United States Department of Agriculture

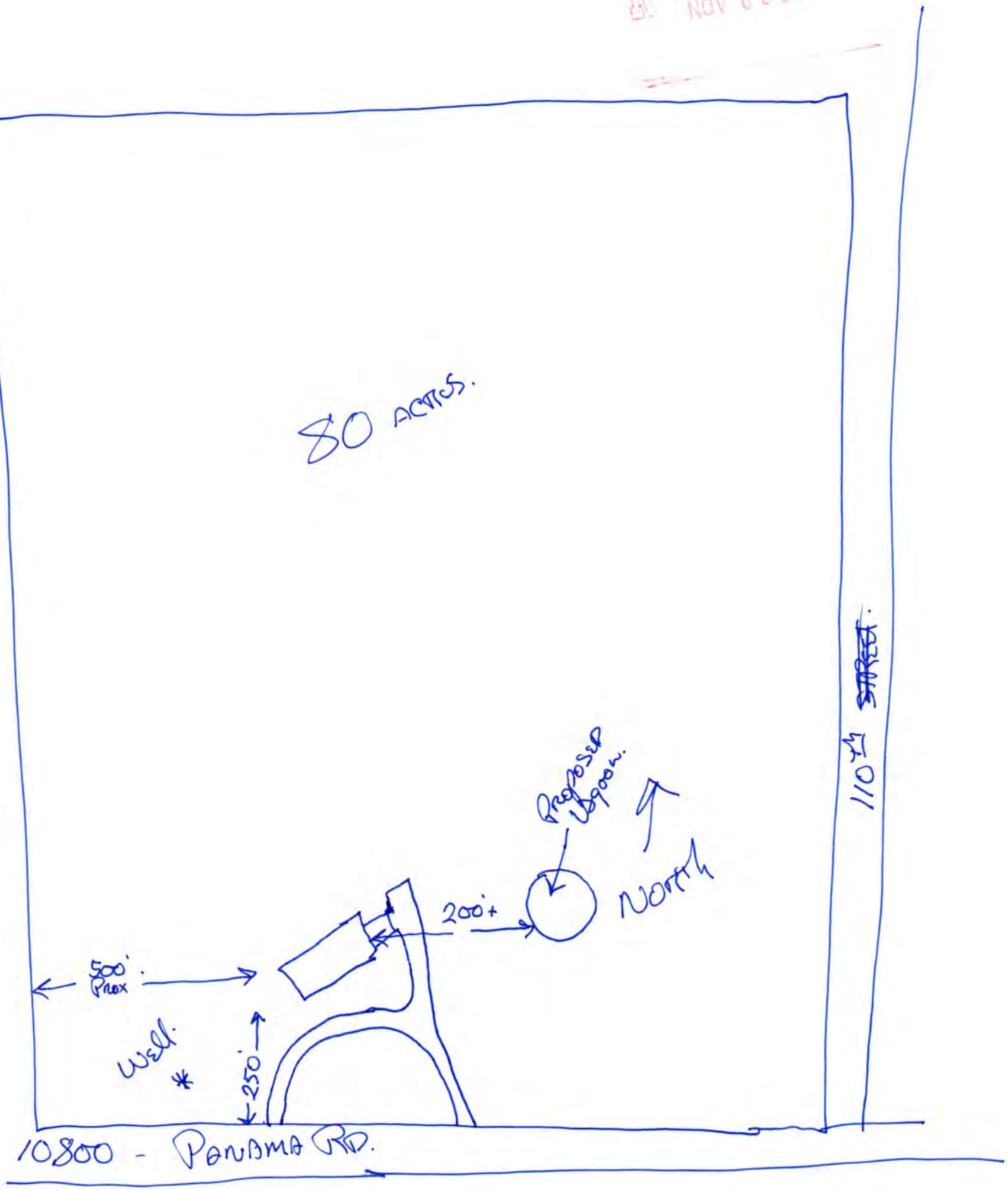
Farm Service Agency

Lancaster County

February 18, 2004

1999 Digital Orthophotography - Not to Scale

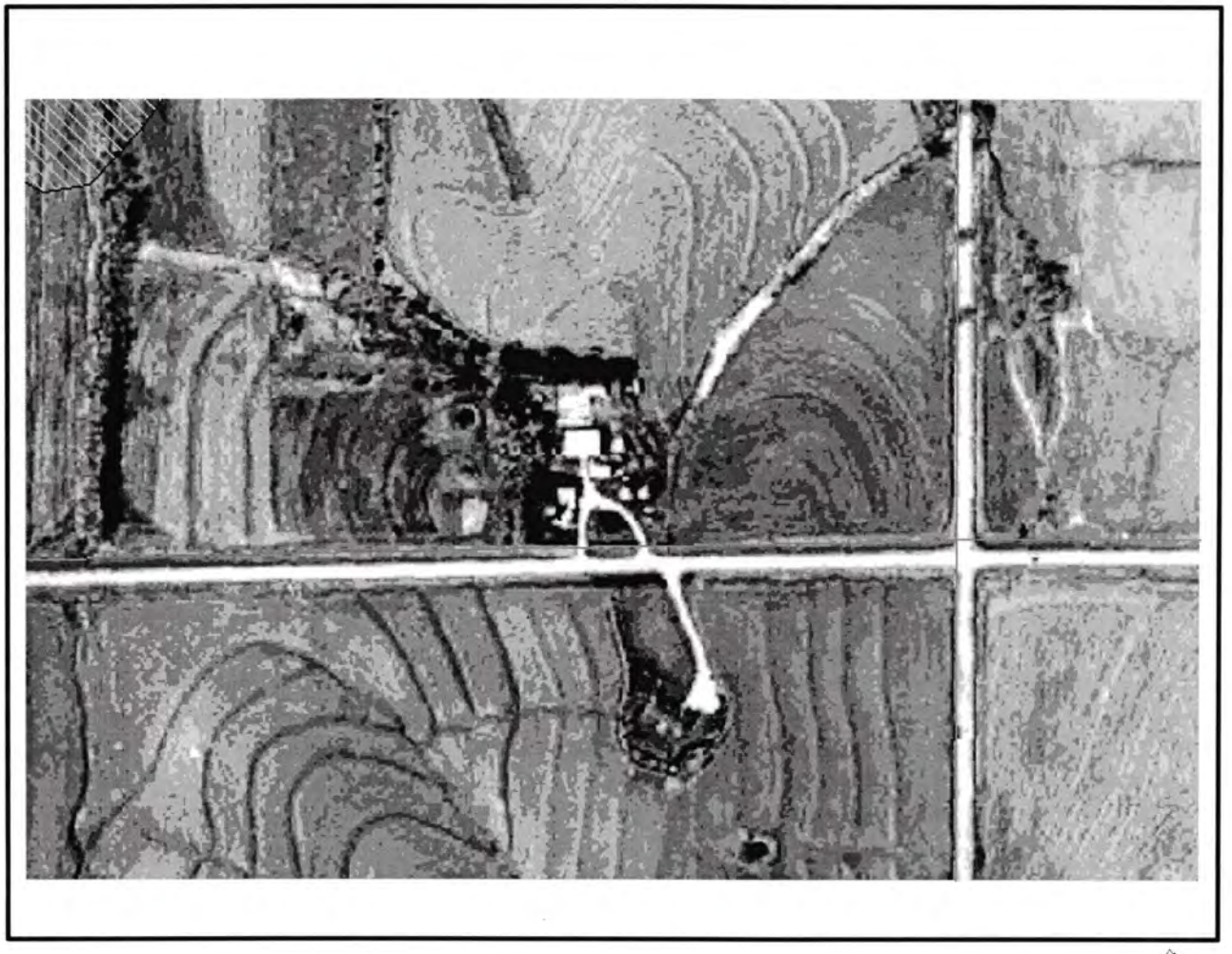
NOV 05 2004


80 acres.
Proposed Lagoon.
North
200'+
500' Prox.
Well
250'
110th Street.
10800 - Ponoma Rd.

#04280275

ESRI ArcExplorer 2.0

10800 Panama Road



streets
flood1

N

Friday, Nov 5 2004

ESRI ArcExplorer 2.0

10800 Panama Road



streets
flood1

N

Friday, Nov 5 2004