LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2200 St. Marys Ave Lincoln, NE 68502-3785 (402) 441-8000

NON TRANSFERABLE

PERMIT

Permit

SEWAGE INSTALLATION

No. 93380094701

Issued 01/26/93
Expires 07/23/93
Revenue Code 18754

Establishment

EMERY VENIS
T9N R7E SEC 13
HIDDEN VALLEY ACRES BLK 2 LOT 10

FEES: $150.00

TOTAL $150.00

Permittee

EMERY VENIS
RR0001
BOX 0158J
ROCA NE 68430

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 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

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

A

FILING FEE: $ 150.00

FILE NO. _____

DATE: _____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 7E ; Section 13 ;
Block ~~2~~ 2 : Lot 10 : Addition FIRST ADDITION HIDDEN VALLEY ACRES
Street Address 10801 Ellenridge Rd.

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

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

4. Distance to public sewer: _____ ft. WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES

423-1288

Emery G. Voris
Signature of Applicant (Owner or Lessee)

RT 1 Box 158 J ROCA NEB
Address
68430

(Do not write below this double line)

1. Health Department: Date Rec'd. 1/26/93 . Date Frwd. _____ . ACTION: Approved ☑ Disapproved ☐ Signature: Gerald C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 3/31/93 . Date Frwd. 3/31/93 . ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

3. City or County Engineer : Date Rec'd. 1-26-93 . Date Frwd. 1-26-93 . ACTION: Approved ☑ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL RURAL WATER DISTRICT

Site Visits:
Date: 8-17-93 by: PD
Date: _____ by: _____
Date: _____ by: _____

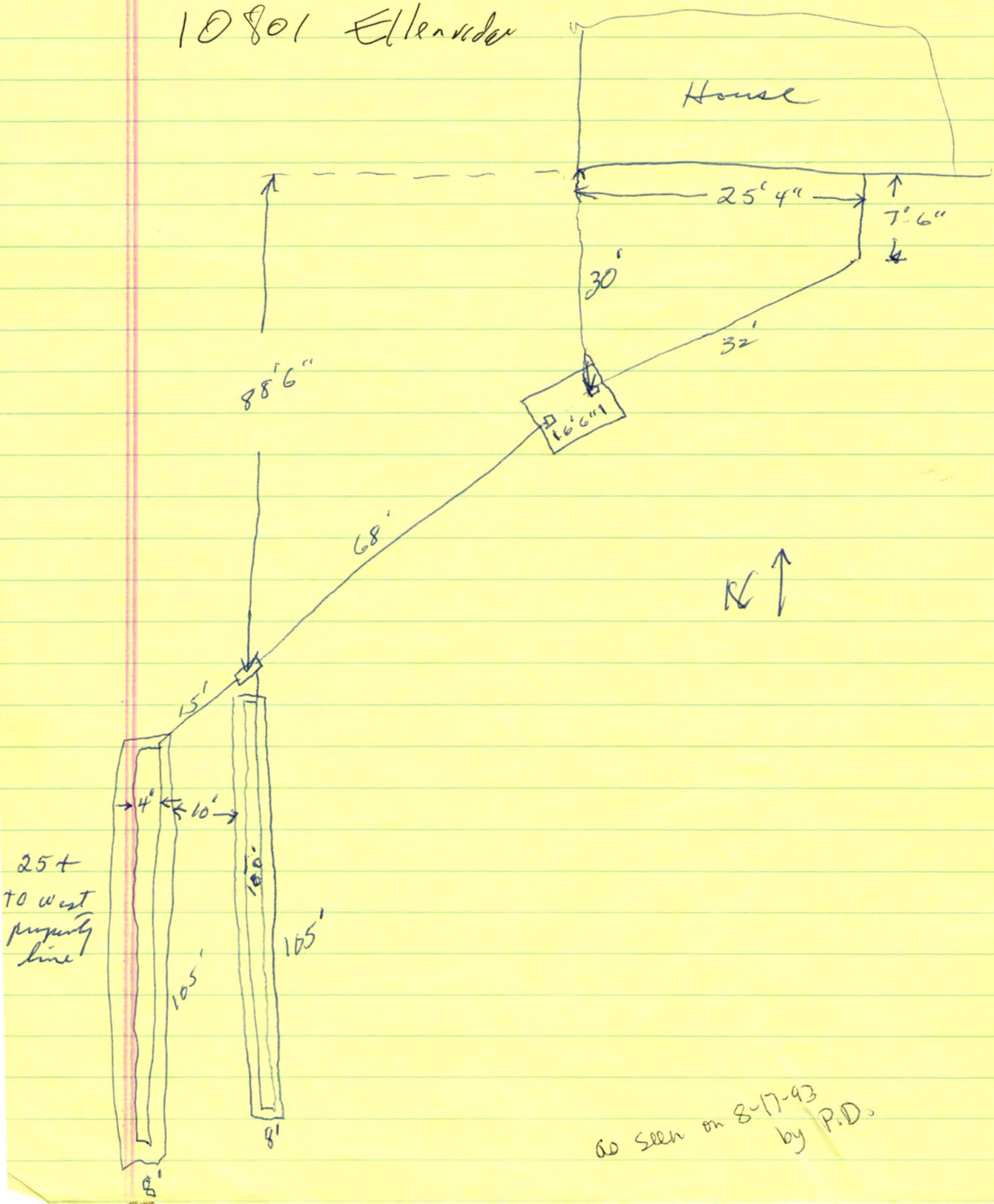
INSTALLATION FINAL WRITTEN APPROVAL *
Date: 8-17-93 By: [illegible]

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

* EXPERIMENTAL SYSTEM
PROVISIONAL APPROVAL

FORM 23-43

10801 Ellenridge



As seen on 8-17-93 by P.D.