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. 93380107401

Issued 10/06/93
Expires 04/06/94
Revenue Code 18754

Establishment
ROBERT BENES
T9N R7E SEC 13
HIDDEN VALLEY 1ST BLK 4 LOT 3
11008 ASPEN CANYON ROAD

FEES: $150.00

TOTAL $150.00

Permittee
ROBERT BENES
5910 S 58 ST
APT B-2
LINCOLN NE 68516

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: $_____

FILE NO._____

DATE: 10-5-93

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 4 : Lot 3 : Addition Hidden Valley 1st
   Street Address 11008 Aspen Canyon 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 ASPEN Homes

Robert Y Bam Res
Signature of Applicant (Owner or Lessee)

5910 SO 58 B-2
Address
68516

(Do not write below this double line)

1. Health Department: Date Rec'd. 10/5/93. Date Frwd. 10/6/93. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 10/6/93. Date Frwd. 10/6/93. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Lyon

3. City or County Engineer: Date Rec'd. 10-6-93. Date Frwd. 10-6-93. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL_____

Site Visits:
Date: 11-22-93 by: P.D
Date: 11-23-93 by: P.D need fence drawing
Date: 2/21/95 by: L.C.H. Need sign

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

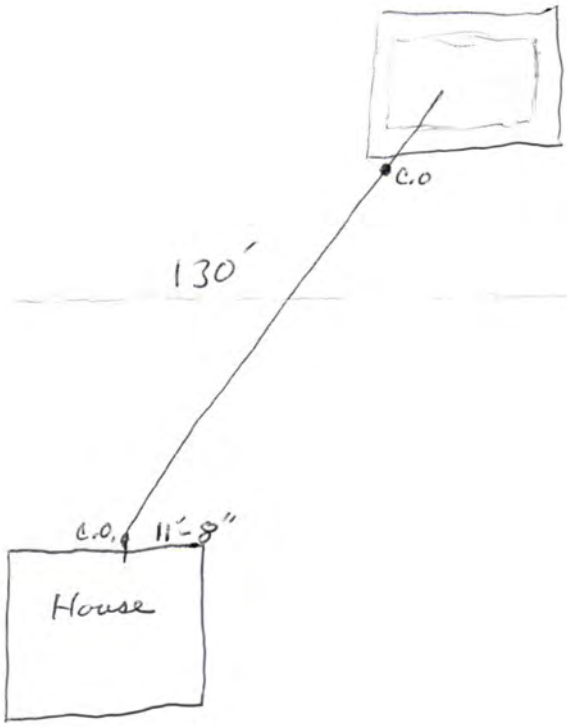
INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/28/95 By: Jerrold C. Hood

FORM 23-43

Aspen Canyon Rd. Lot 3 Blk 4
Hidden Valley Acres

N

RECEIVED DEC 07 1993



T-9 - 7 - 13

SEP 25 2000

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☑ Enclosed is $200.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 11008 Aspen Canyon Rd

Parcel ID 16 - 13 - 409 - 003 - 000 (i.e. 99-99-999-999-999)

Twp____ Range____ Section____ 1/4____ 1/4____ Block____ Lot____ Addition____

Directions to Property____

Location of Well____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System____ Year Installed____

Site Hazards (dogs, etc.)____

	NAME	ADDRESS	PHONE
Present Owner:	Gerald Parriott		
Tenant/Buyer:	Shane + Sarah Roberts	8301 Chestnut Ln Lincoln NE 68510	488-1424
Return to:	Brett Joseph	6940 "O" St. #300 Lincoln NE 68510	432-6064 467-4455 (Fax)

Signature of Applicant____ Address 8301 Chestnut Lincoln, NE 68510 Date 9/22/00

HEALTH DEPARTMENT USE ONLY

RECEIVED Date 09/26/00 Amount 200 Check No. 4619 Initials ____

DATA ENTRY Date____/____/____ Case No.____ Initials____

PRELIMINARY STATUS--By Doug Smith **DATE:** 9/27/00

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	Rural ☐____/ml	☐____/ml
Nitrate	Water ☐____ppm	☐____ppm

SEWAGE SYSTEM		**Additional Site Visits**
Approved	☐	Date____/____/____ by____
Provisional	☐	Date____/____/____ by____
Disapproved	☐	Date____/____/____ by____

Comments: Lagoon needs no "trespassing sign"; Reeds located in lagoon are being removed - removal needs to be completed. Contacted Brett Joseph w/results 9/27/00

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☐ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☐

Approved by____ Date____/____/____

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 9-00