CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

FILE NO. 1076

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — December 13, 1977

TYPE OF LICENSE OR PERMIT — THIS LICENSE OR PERMIT EXPIRES

Ronald Lowery — Route 8, Lincoln, NE 68516

LICENSEE OR PERMITTEE — ADDRESS

T9N, R7E, Section 29 SW¼ NW¼, Block 2, Lot 1 Tower Acres

NAME OF ESTABLISHMENT, IF ANY — ADDRESS

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	LICENSE	TOTAL
$ 30.00	$	$	$	$ 30.00

ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
624-1535	110.16	148.14	6-2

SERIAL NO.	DATE	AMOUNT
45247	JN13 77	30.00 -

VALID RECEIPT ONLY IF MACHINE RECEIPTED IN THIS SPACE

APPLICATION
HEALTH

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 1076

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

DATE: June 13, 1977

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

1. Legal description of property: Twp. 7N ; Range 7E ; Section 29-SW¼-NW¼
Block 2 ; Lot 1 ; Addition Tower Acres Rt 8, Lincoln Nebr 68516
Street Address _____

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

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

4. Distance to public sewer: _____ ft.

Mr. & Mrs. Ronald Lowrey
Signature of Applicant (Owner or Lessee)

Rt 8, Highland Acres, Lincoln Nebr, 68516
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 6/13/77 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 6/13/77 . Signature: Jerrold C. Hood

2. Supt. Bldg. Insp.: Date Rec'd. _____ . ACTION: Approved ☒ Disapproved ☐
Date Frwd. _____ . Signature: R. Lipsky

3. City ~~or County~~ Engineer : Date Rec'd. 6-13-77 . ACTION: Approved ☒ Disapproved ☐
Date Frwd. 6-13-77 . Signature: A. Long

REMARKS OR REASONS FOR DISAPPROVAL _____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT INDIVIDUAL SEWAGE DISPOSAL SYSTEM

City Ordinance No. 9150 [X]
County Resolution No. 2832 [ ]

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502 (Phone: 475-6221)

FILE NO. 1076

DATE: June 13, 1977

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 7 N ; Range R7E ; Section SW¼-NW¼ 29 ; Block 2 ; Lot 1 ; Addition Seven Acres Rts Lincoln Ne. 68516
Street Address _____.

2. Property Use: Residential _____ [X]; Commercial _____ [ ]
No. of Bedrooms 3 Describe: _____
Other Use _____ [ ]
Describe: _____

3. Type of Individual Sewage Disposal System: Septic Tank [X]; Other [X]

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

Mr & Mrs Ronald Lowery
Signature of Applicant (owner or lessee)

Rt 8 - Highland Acres Lincoln Nebr 68516
Address

(Do not write below double line)

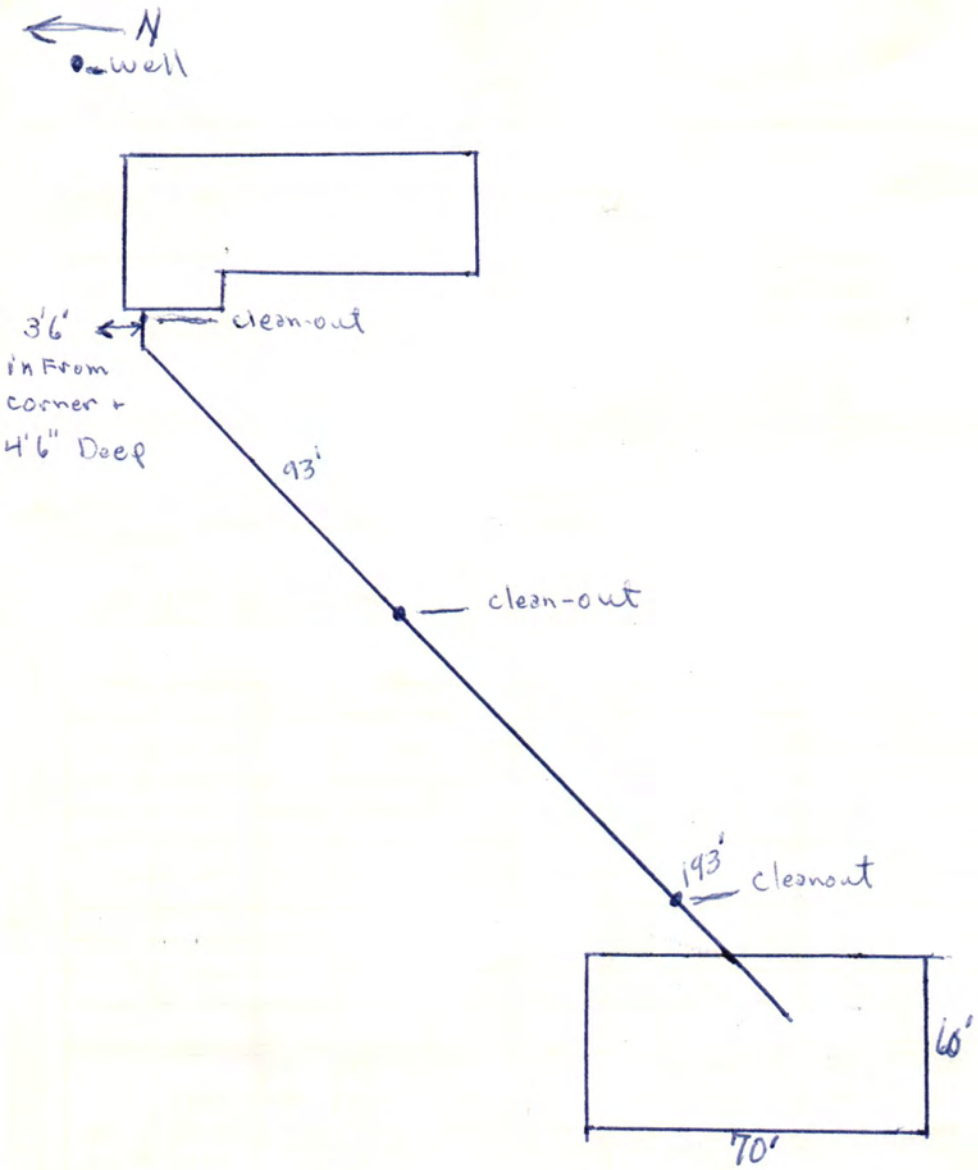
REVIEWING ACTION

1. Date Rec'd; _____
Filing Fee: $ 30.00

2. Site Visits:
Date: 10-11-77 by: _____
Date: 11-3-77 by: _____
Date: _____ by: _____

3. Date: Approved [X]; Disapproved [ ] 6/13/77
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 11-16-77 by: James Wenker


N
well
3'6"
in From
corner +
4'6" Deep
clean-out
93'
clean-out
193'
cleanout
66'
70'

Contact Marilyn Coupe listing agent on property before doing inspection

002

Lincoln-Lancaster County Hea[illegible] Department

2200 St. Mary's Avenue, Lincoln, Nebraska 6[illegible]

ORIGINAL LOAN APPROVAL FILE
PREVIOUS HISTORY UNKNOWN

REAL ESTATE TRANSFER/LOAN A.

560-5352 or 486-1365 or 434-3800

This form must be completed and returned to request a real estate transfer insp-

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

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

☒ Evaluation of the Individual Water System ☒ Evaluation of the ~~Sewage Disposal System~~ Lagoon

Legal Description of Property: Street Address 8901 Swing Circle

Twp 9N Range 7E Section 29 1/4 ___ 1/4 ___ Block 2 Lot 1 Addition Tower Acres

Directions to Property South on 56th Street to Yankee Hill Road, West to 52nd, South to Music Lane, and West to Swing Circle

Location of Well North of house Tap Location: Inside ☒ Outside ☒

Location of ~~Sewage~~ System SW corner Year Installed 1977
Lagoon

	NAME	ADDRESS	PHONE
Present Owner:	Sony Lowrey	8901 Swing Circle Lincoln, NE 68516	423-1590
Tenant/Buyer:	Roger and Carolyn Cunningham	812 Prairie View Drive West Des Moines, IA 50266	489-3992 (him @ work
Return to:	Sheryl Oldham	ATI Title Co., Box 67069 Lincoln, NE 68506	68506 434-3260

FAX 434-3268

Signature of Applicant Sheryl Oldham Address 3883 Normal Blvd. Suite 108, Lincoln, NE 68506 Date 1/24/95

HEALTH DEPARTMENT USE ONLY

Date Received 1/25/95 Received $150.00 ✓ Check ☑ #7364 Cash ☐

PRELIMINARY STATUS--By Jerrold C. Hood **DATE:** 1/30/95

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM	Additional Site Visits
Construction	☒	☐	Approved ☐	Date 2/2/95 by J.C.H.
Bacteria	☒ 0 /ml	☐ ___ /ml	Provisional ☐	Date ___/___/___ by ___
Nitrate	☒ <0.1 ppm	☐ ___ ppm	Disapproved ☒	Date ___/___/___ by ___

Comments: GATE IS GONE, NEED LOCKED GATE. NEED WARNING SIGNS ON FENCE. NEED CATAILS KILLED OUT OR REMOVED (CAN'T BE DONE UNTIL WARM WEATHER). (BOLT MISSING OUT OF WELL HEAD.) See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved: ☒ **SEWAGE DISPOSAL SYSTEM** Approved: ☒ WHEN CATAILS KILLED OUT.
Provisional Approval: ☐

Approved by Jerrold C. Hood R.E.H.S. Date 2/2/95

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.

H86-1365
560-5352
434-3800