LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

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

ENVIRONMENTAL HEALTH DIVISION

NON TRANSFERABLE

PERMIT

ermit

SEWAGE SYSTEM REPAIR

No. 97390055901

Issued 07/21/97
Expires 01/21/98
Revenue Code 18754

Establishment

BILL SYKES
T9N R8E SEC 29

FEES: $50.00

TOTAL $50.00

Permittee

BILL SYKES
8800 S 120 ST
LINCOLN NE 68526

5044

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"

SHIRLEY 470-3100

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

City Ordinance No. 9150 ☐

County Resolution No. 2832 ☒

Bill Sykes residence

Lincoln-Lancaster County HEALTH DEPARTMENT

3140 "N" STREET LINCOLN, NE 68510-1514

FILE NO. _____

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

DATE: 7-11-97

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. 9N; Range 8E; Section 29;
Block _____; Lot PART 17+18; Addition _____
Street Address 8800 S. 120 +/-

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: add 100' @ 4' wide bed. Add riser to septic tank

5. Work to be done by: Owner ☐; or Contractor ☒, Excavating Inc.
Contractor's Name

6. Estimated cost of project:

a. Materials	$ 500	00
b. Labor	$ 700	00
c. Other	$	
TOTAL	$ 1200	00

Bill Sykes
Signature of Applicant (owner or lessee)

8800 S. 120th
Address

(Do not write below this line)

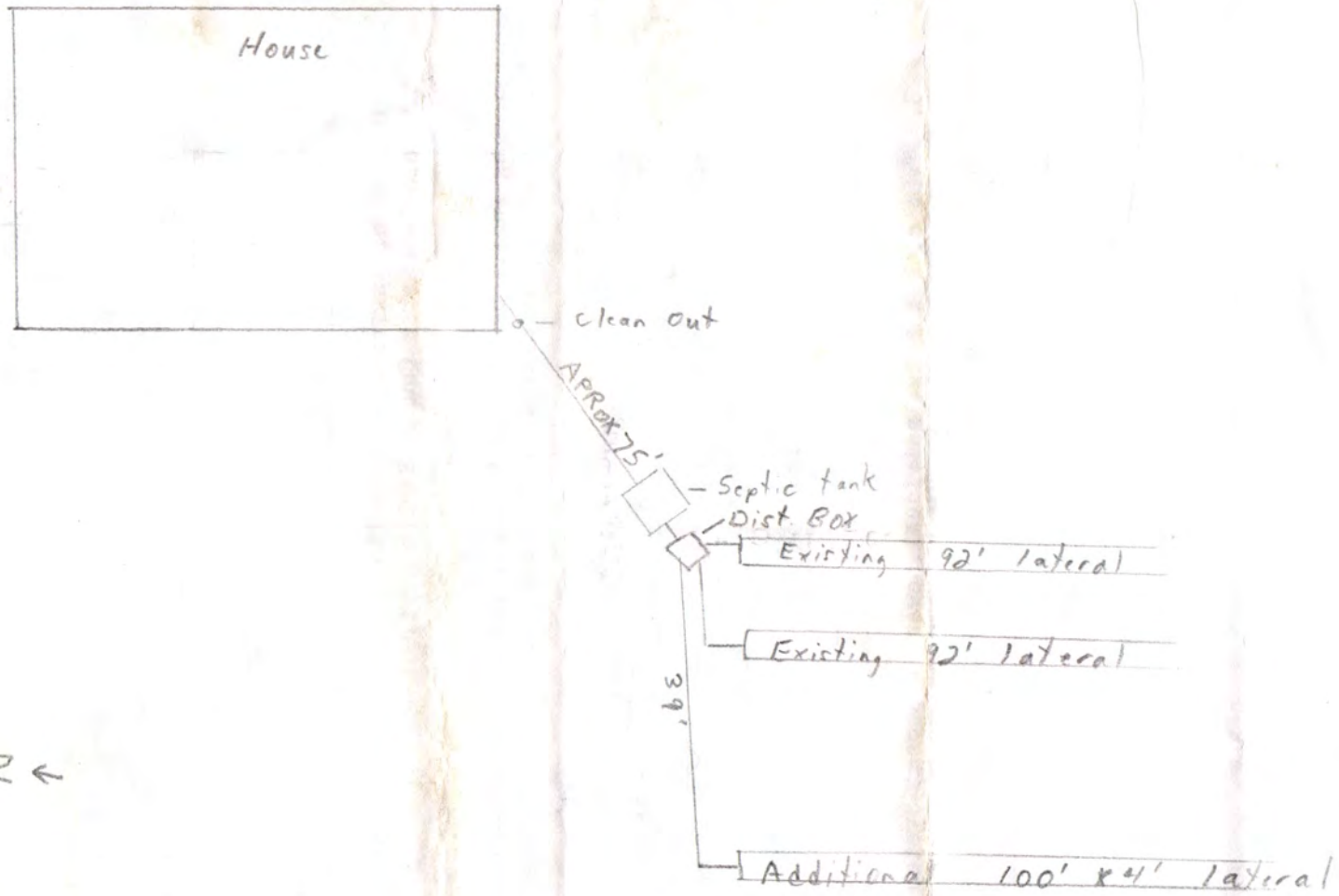
REVIEWING ACTION

1. Date Rec'd: 7/17/97 LS
Filing Fee: $ 50.00 #8340

2. Site Visits:
Date: 7-11-97 by: P.D.
Date: _____ by: _____
Date: _____ by: _____

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

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 7-23-97 by: Paul Johnson


House
clean out
Approx 75'
Septic tank
Dist. Box
Existing 92' lateral
Existing 92' lateral
39'
Additional 100' x 4' lateral
N

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380072301

Issued 06/27/91
Expires 12/27/91

ESTABLISHMENT

MIKE REZAC
T9N R8E SEC 29

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

MIKE REZAC
1830 W BURNHAM
LINCOLN NE 68522

Issued By COUNTY HEALTH

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
6/27/91	PAID

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

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: 6/27/91

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: SEE ATTACHED.

1. Legal description of property: Twp. 9N ; Range 8E ; Section 29 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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: NONE ft. ~~WILL PUT IN WHATEVER SOIL PERC TEST INDICATES~~

Signature of Applicant (Owner or Lessee)

1830 West Burnham. 68522
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/27/91. Date Frwd. 6/27/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 6-27-91. Date Frwd. 6.27.91. ACTION: Approved ☒ Disapproved ☐ Signature: Paul L Bauma
3. City or County Engineer: Date Rec'd. 6/27/91. Date Frwd. 6/27/91. ACTION: Approved ☒ Disapproved ☐ Signature: Don Thomas

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 11/22/91 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/19/92 By: Jerrold Hood

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

FORM 23-43

A tract of land in the NW 1/4 of Section 29, T. 9 N., R. 8 E. of the 6th P.M. more particularly described as follows:

Beginning at a point on the west line of said Section 29, said point being 714.65 feet south of the NW corner of said Section 29 and extending N. 89°-32'-35" E., 1443.84 feet;

thence S. 0°-16'-16" E., 617.50 feet;

thence S. 89°-32'-35" W., 1446.76 feet;

thence N. 0°-00'-00" E., 617.50 feet along said West line to the point of beginning containing 20.49 acres (including Right-of-Way) more or less.

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

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

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED: 8800 S 120th

Location: Township 9 ; Range 8 ; Section & ¼ Section 29 .
Property Dimensions: _____ ft. x _____ ft. Area: _____ acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☑ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐
Dates of Tests: 7/21/91 to 7/22/91 . Weather: Precip. 0 Temp. 87 .
OWNER: Bill Sykes.
Address: 8800 S 120th

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	7/21	9:00	7/22	10:15	7/22	10:45	20"	11:15	19"	30 min	1"	
2	↓	↓	↓	↓	↓	↓	↓	22"	↓	21¼	↓	¾	
3	↓	↓	↓	↓	↓	↓	↓	19"	↓	17¾	↓	1¼	
4	↓	↓	↓	↓	↓	↓	↓	21"	↓	20"	↓	1"	
5	↓	↓	↓	↓	↓	↓	↓	20"	↓	17½	↓	1½	
6	↓	↓	↓	↓	↓	↓	↓	20"	↓	19¼	↓	¾	
7	↓	↓	↓	↓	↓	↓	↓	20"	↓	18⅞	↓	1⅛	

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Don Moses
Signature of Person Conducting Test

Address RFD #8 68526 Phone 483-5773

(Do not write below this line)

REVIEWING ACTION

Remarks: _____
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

_____
Signature of Reviewing Official

FORM 20102-0477
PRELIMINARY PLANS & SPECIFICATIONS FOR SEWAGE DISPOSAL SYSTEM (Annex to Application)
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

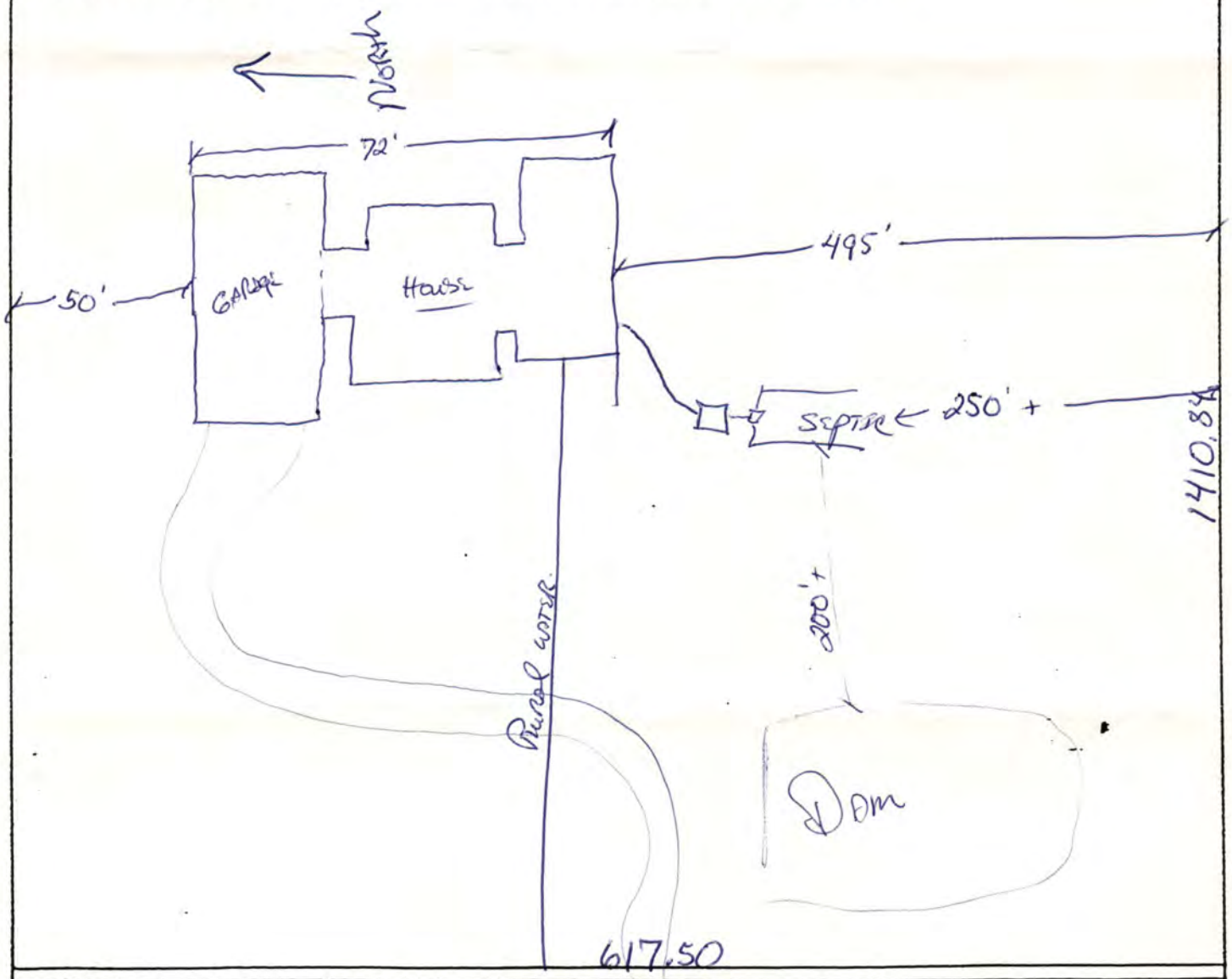
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

Sketch of property showing Percolation Test hole locations, well, residence, direction and property line.

FILE NO. _____

Indicate on sketch if residence and well are exisiting or proposed.



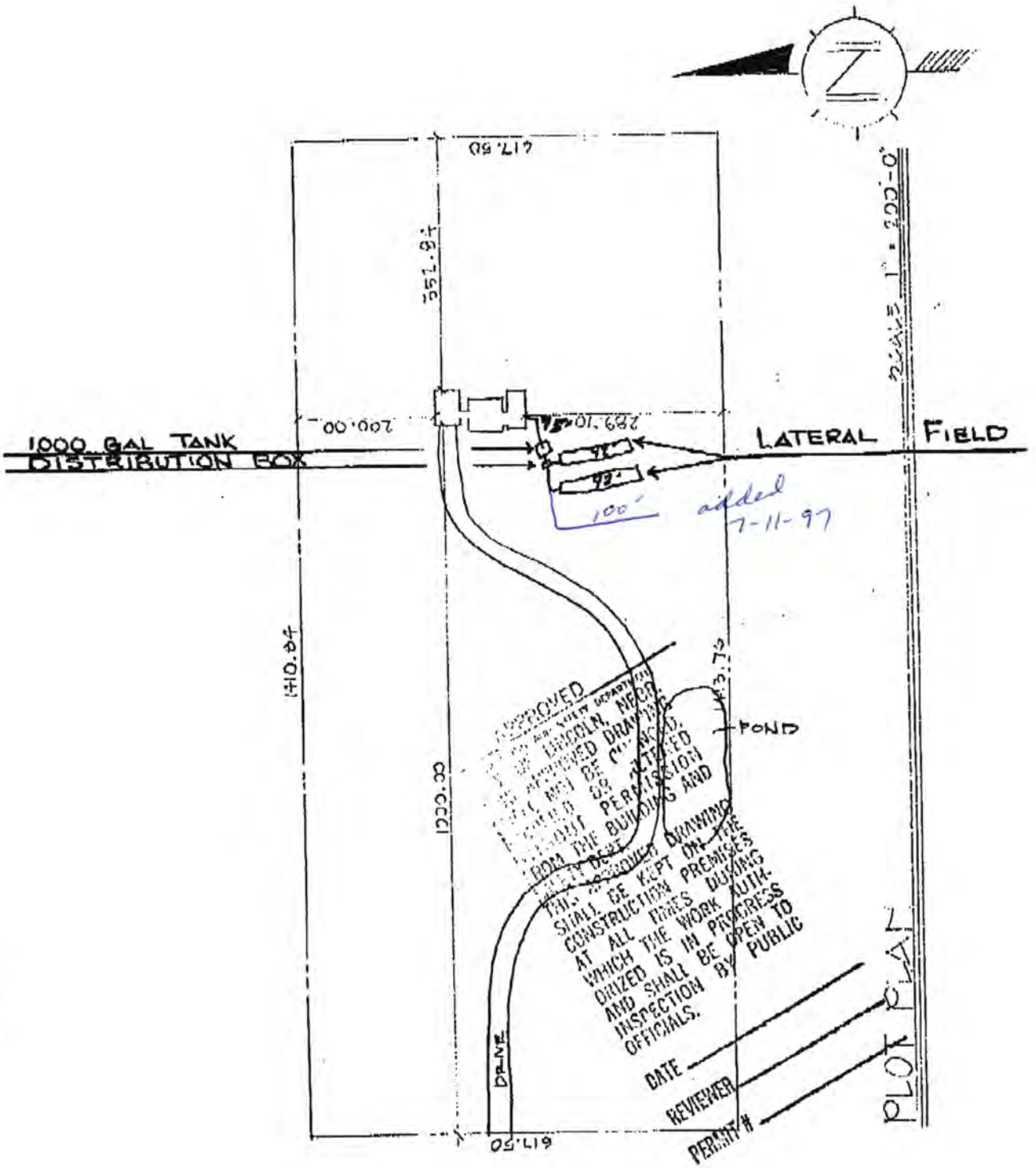
REVIEWING ACTION

Remarks: _____

Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 181 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 725 sq.ft.

_____
Signature of Reviewing Official


617.50
351.8'±
1" = 200'-0"
1000 GAL TANK
DISTRIBUTION BOX
200.00
289.10
LATERAL FIELD
100' added 7-11-97
1410.84
1200.00
POND
APPROVED
THIS APPROVED DRAWING SHALL BE KEPT ON THE CONSTRUCTION PREMISES AT ALL TIMES DURING WHICH THE WORK AUTHORIZED IS IN PROGRESS AND SHALL BE OPEN TO INSPECTION BY PUBLIC OFFICIALS.
DRIVE
DATE
REVIEWER
PERMIT #
PLOT PLAN

Please rush - closing date July 31. Carey 001

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

* Sykes' are on Rural Water

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

3389

Legal Description of Property: Street Address 8800 South 120th

Twp 9N Range 8E Section 29 1/4 1/4 Block Lot Addition A 20.49 Tract in

Directions to Property West of NW'ly - 29-9-8, LLCN

120th & Yankee Hill Road - SE Side

Location of Well Under the Windmill - Center - west end of Pad Tap Location: Inside ☐ Outside ☒

Location of Sewage System SW corner of house - 2 stakes on either side - in high grass Year Installed 1991

Not for drinking

	NAME	ADDRESS	PHONE
Present Owner:	Bill & Karen Sykes	8800 So. 120th Lincoln, Ne. 68526	782-2202
Tenant/Buyer:	Dr. Sushil & Sara Lacy	5920 Norman Rd Lincoln, Ne. 68512	423-2683 432-0566 cell
Return to:	Ann Deck	Woods Bros. - Lincolnshire 7141 A St. - 68510	434-3800 432-0566

Signature of Applicant Carey Anthony Address 3910 South St. Date 6/30/97

488-0484 or 480-6318 Lincoln, Ne 68506

HEALTH DEPARTMENT USE ONLY

RECEIVED		DATA ENTRY	
Date	7/3/97	Date	/ /
Initials	PD	Case No.	
Amount	$150.00	Initials	
Check No.	7498 - NBC		

PRELIMINARY STATUS--By Paul Dostrovsky **DATE:** 7/7/97

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ /ml	☐ /ml
Nitrate	☐ ppm	☐ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☒

Additional Site Visits

Date 7/11/97 by P.D.

Date / / by

Date / / by

Comments: Tank needs to be ck'd to see if pumping is needed. Not pumped in past ~~two~~ years Laterals saturated water comes to surface when probed. Need to add more distribution system 7-11-97 100' of lateral added - PD. ☐ See Attached Letter

FINAL STATUS

WATER SYSTEM: Approved ☒ (Rural water system) **SEWAGE DISPOSAL SYSTEM:** Approved ☒ Provisional Approval ☐

Approved by Paul Dostrovsky Date 7/23/97

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: 10-95