LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE SYSTEM REPAIR

No. 94390038501

Issued 04/22/94
Expires 09/22/94
Revenue Code 18751

Establishment
JUDY COZINE
T9N R6E SEC 9
LOT 12
5301 S CODDINGTON STREET

FEES: $50.00

TOTAL $50.00

Permittee
JUDY COZINE
5301 S CODDINGTON ST
LINCOLN NE 68523

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: April 20, 1994

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.
(09-09-300-007-000 YANKEE -000-012 LOT 12 SW 9-9-6)

1. Legal description of property: Twp. 9N; Range 6E; Section 09;
Block _____; Lot 12 I.T.; Addition _____
Street Address 5301 S. Coddington

2. Property Use: Residential Yes ☒; Commercial _____ ☐
No. Bedrooms 4 Describe _____
Other Use ☐
Describe _____

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

4. Description of proposed alteration, extension or repair: Changing from a lagoon system to a ~~septic tank~~ system
EXPERIMENTAL

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

6. Estimated cost of project:

a. Materials	$
b. Labor	$
c. Other	$
TOTAL	$3,000.00

Judy Cozine
Signature of Applicant (owner or lessee)

5301 S. Coddington, Lincoln NE 68523
Address

(Do not write below this line)

REVIEWING ACTION

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

2. Site Visits:
Date: 5/26/94 by: L.C.H.
Date: _____ by: _____
Date: _____ by: _____

3. Date: Approved ☒; Disapproved ☐
by: Jerrold E. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/26/94 by: J.E. Hood

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:

Location: Township 9 ; Range 6 ; Section & ¼ Section _____.
Property Dimensions: 285.15 ft. x 763.96 ft. Area: 5 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-17-94 to 4-18-94 . Weather: Precip. 0 Temp. 80° .

Legal Desc. 09-09-300-007-000
YANKHI -000-012
Lot 12 SW 9-9-6

OWNER: Mark & Judy Cozine
Address: 5301 S. Coddington

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				
Hole 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	30"	4/17	11:30	4/18	11:30	4/18	3:00	20"	3:30	19.5	30	.5"	60 min/in
2										19.75		.25"	120/in
3										19.625		.375"	80/in
4										19.75		.25"	120/in
5										19.25		.75"	40/in
6										19.75		.25"	120/in
7										19.75		.25"	120/in
8	"							"		19.75	"	.25"	120/in

Judy Cozine
Signature of Person Conducting Test

Address 5301 S. Coddington Phone 423-5855

Sum of Percolation Rates: 780/8in
Average of Rates: 97.5/in
Mean of Rates: _____

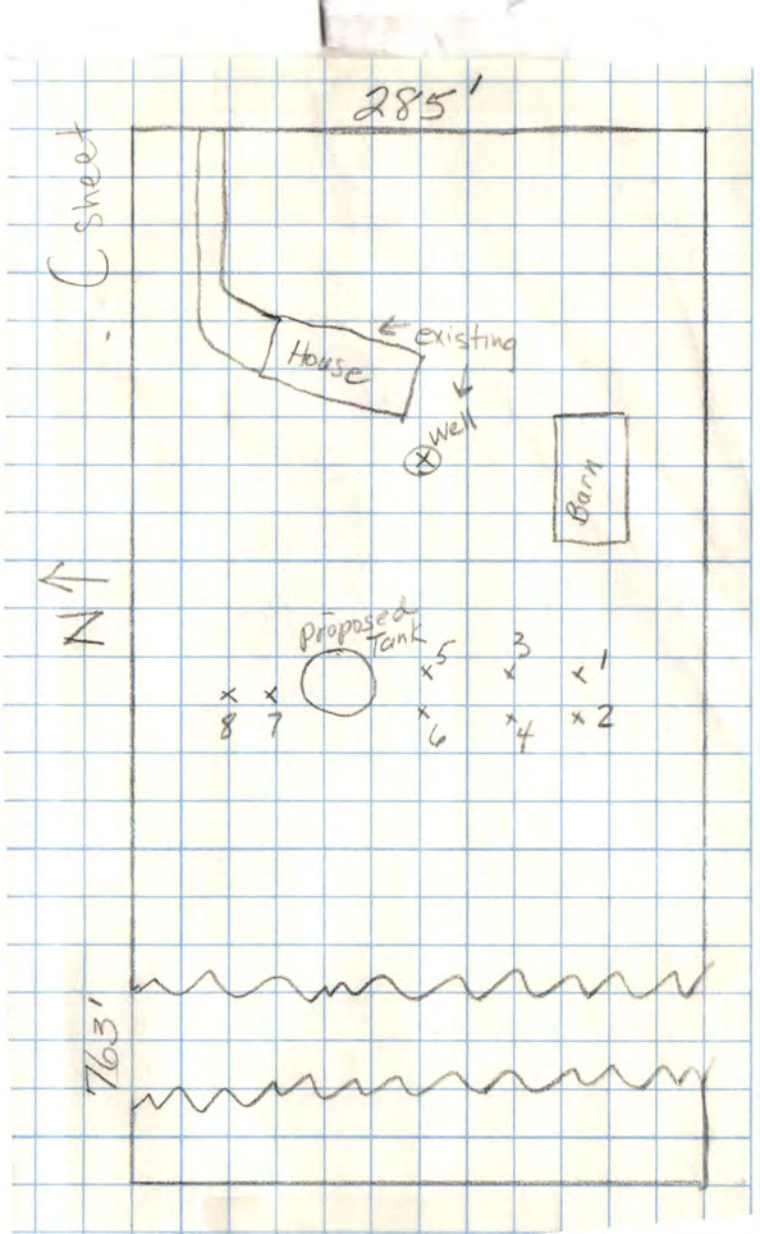
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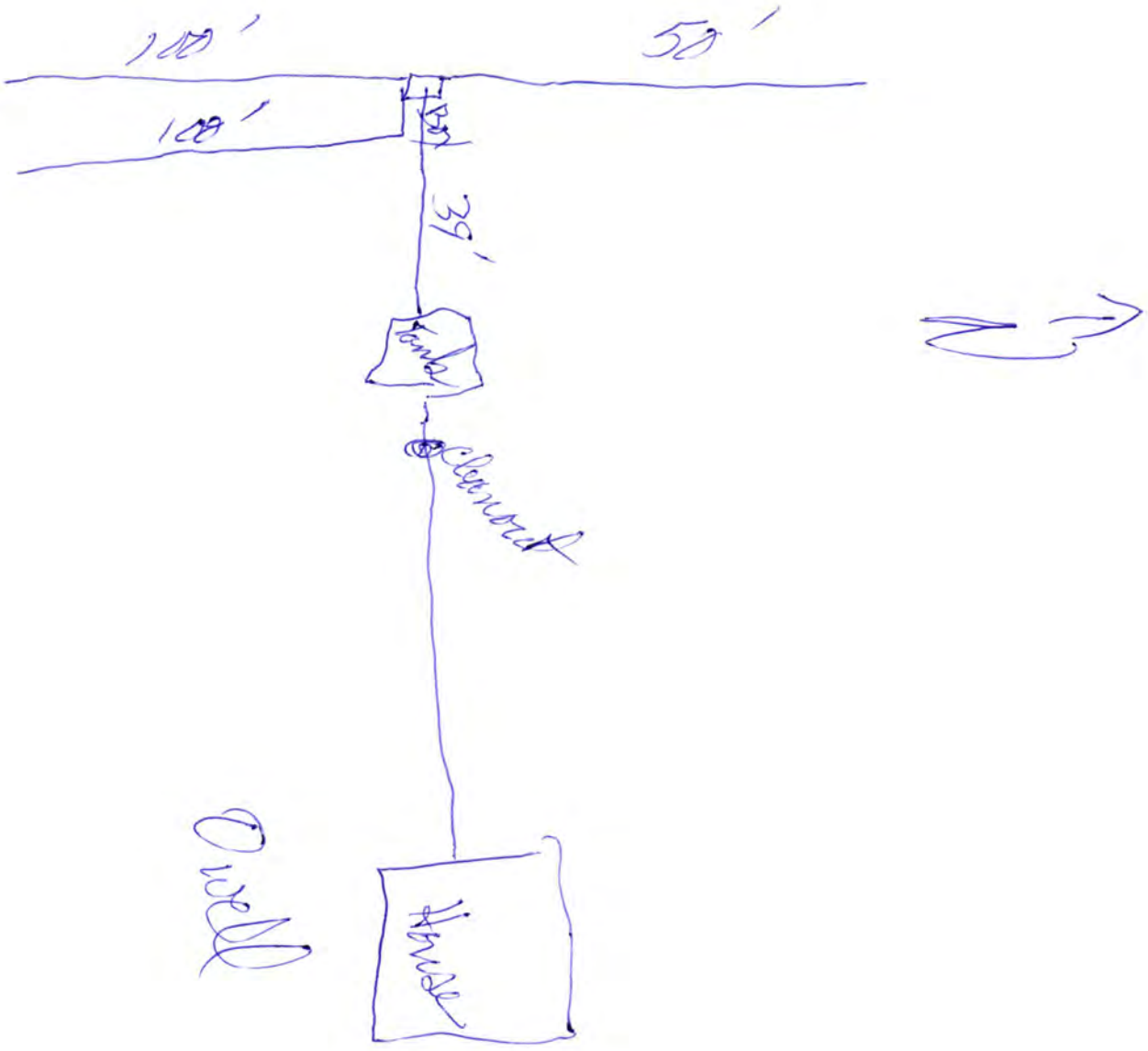
REVIEWING ACTION

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

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

_____
Signature of Reviewing Official


285'
C sheet
House
existing
well
Barn
N
Proposed Tank
8
7
6
5
4
3
2
1
763'


100'
50'
100'
39'
tank
clearwell
well
house