FILE #2499

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

NOVEMBER 8, 1987 — THIS LICENSE OR PERMIT EXPIRES

DOUGLAS CHRISTIE — LICENSEE OR PERMITTEE

6201 CODDINGTON AVE. SO. LINCOLN, NE 68523 — ADDRESS

T9N; R6E; Sec 16; NW¼; 6201 Coddington Ave So. — NAME OF ESTABLISHMENT, IF ANY

ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. — Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

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: $ 60.00

FILE NO. 2499

DATE: 5/6/87

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 6E ; Section 16 ;
   Block _____ : Lot _____ : Addition _____ NW¼
   Street Address 6201 Coddington

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.

Douglas Christie
Signature of Applicant (Owner or Lessee)

6201 Coddington
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/8/87. Date Frwd. 5/8/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk Date Rec'd. 5/8/87. Date Frwd. 5/8/87. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Thomas
3. City or County Engineer: Date Rec'd. 5-8-87. Date Frwd. 5-8-87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 7/10/87 by: J. C. H.
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 7/10/87 By: J. C. Hood

FORM 23-43

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. 2499

PROPERTY WHERE SOIL TESTED:

Location: Township 9 ; Range 6 ; Section & ¼ Section _____.
Property Dimensions: EL658 ft. x 657.96 ft. Area: 5.2 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ■ .
Dates of Tests: 5-6-87 to 5-7-87 . Weather: Precip. 0 Temp. 70°.

OWNER: Doug Christie

Address: _____

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"	5-6	7:00 pm	5-7	5:00 pm	5-7	5:00 pm	6"	9:00 pm	5 1/2"	30m	1/2"	.5
2	36"	5-6	7:00 pm	5-7	5:00 pm	5-7	5:00 pm	6"	9:00 pm	5 3/8"	30m	5/8"	.625
3	36"	5-6	7:00 pm	5-7	5:00 pm	5-7	5:00 pm	6"	9:00 pm	3"	30m	3"	3.0
4	36"	5-6	7:00 pm	5-7	5:00 pm	5-7	5:00 pm	6"	9:00 pm	5 1/2"	30m	1/2"	.5
5	36"	5-6	7:00 pm	5-7	5:00 pm	5-7	5:00 pm	6"	9:00 pm	5 1/2"	30m	1/2"	.5
6	36"	5-6	7:00 pm	5-7	5:00 pm	5-7	5:00 pm	6"	9:00 pm	5 3/4"	30m	1/4"	.25

Mike Hoagland
Signature of Person Conducting Test

Address 2525 Cleveland Phone 464-0638

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

(Do not write below this line)

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): Wtc7 Weymore Silty Clay Loam

Date: MAY 8, 1987

Approved Percolation Rate (a)
A. 34 .896 min./inch
B. 32 min./inch
C. _____ min./inch

Jerrold C. Hood
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 ☐

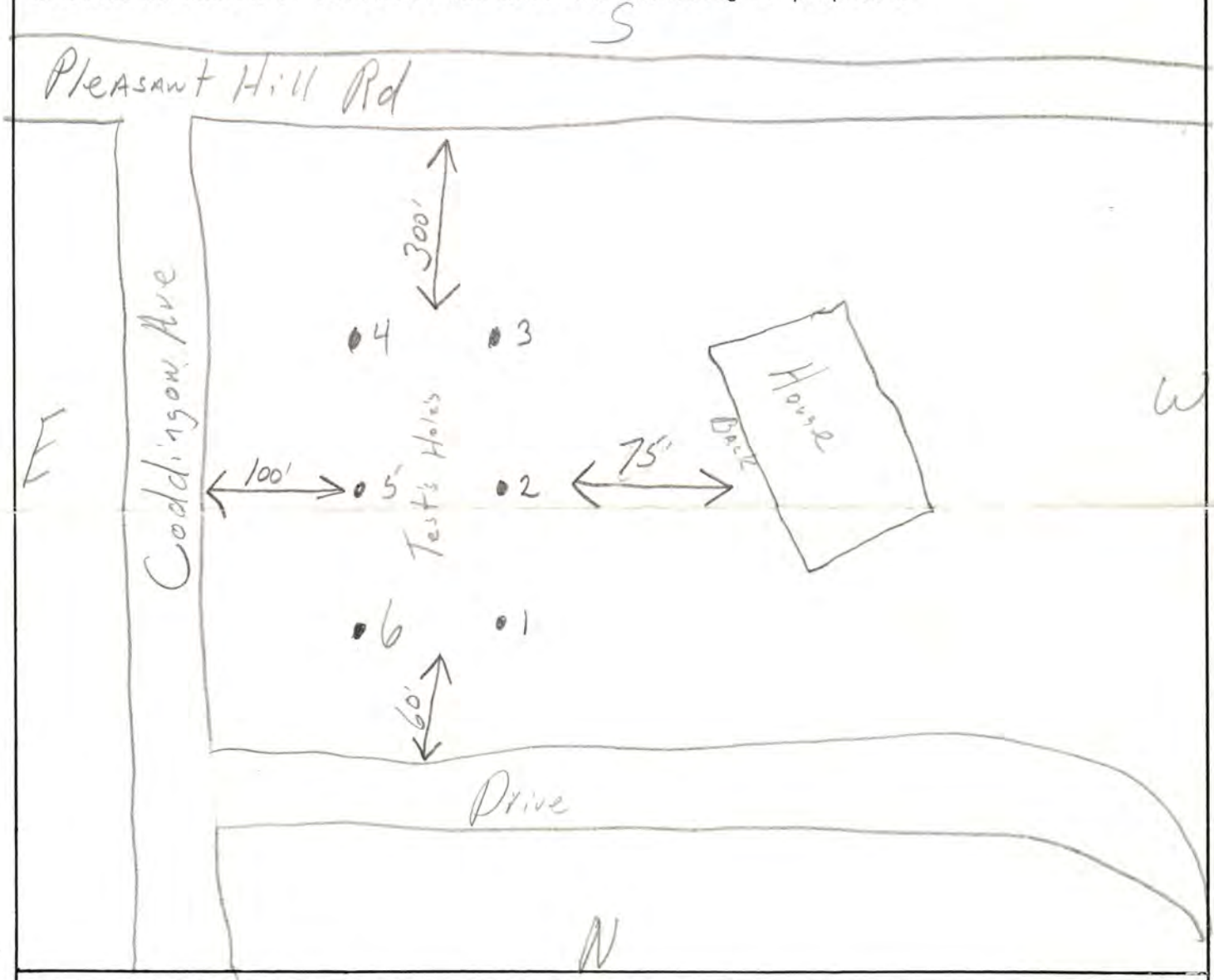
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

C

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

FILE NO. 2499

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



REVIEWING ACTION

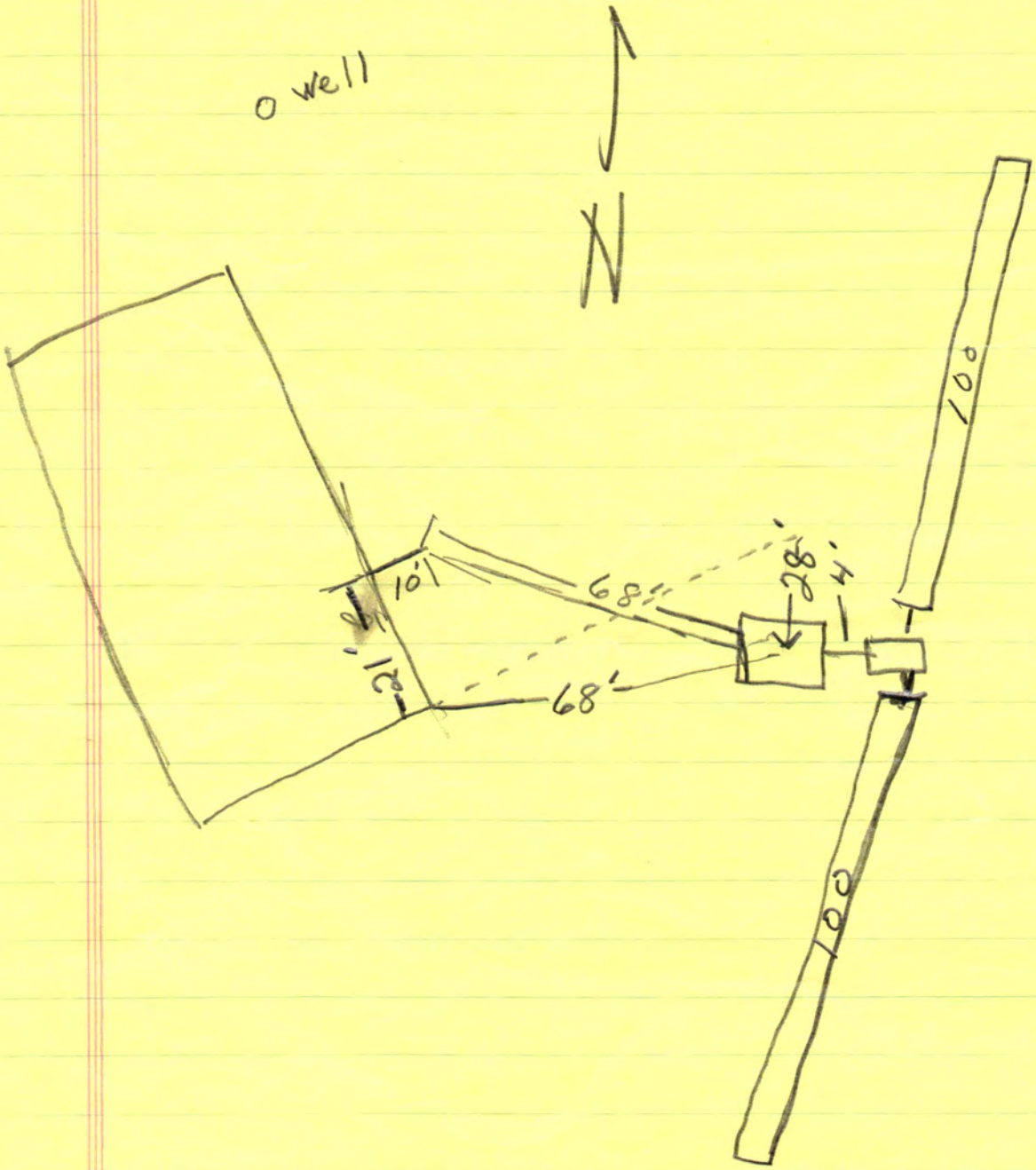
Remarks: _____

Date: MAY 8, 1987

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals _____ ft.
3. With a Trench Width of _____ in.
4. Total Area of Lateral needed 798 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

Doug ChrisTie



Capital City Trenching
7-10-87

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LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

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

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 6-17-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N ; RANGE 6E ; SECTION 16 ; BLOCK ____

LOT 57 ; ADDITION _____ ; Street Address 6201 S Coddington

Directions to Property 3 miles South of Lees Chicken Pool brick house with covered dock West Side of road

Location of Well North of House Tap Location: Inside ☒ Outside ☐

Location of Sewage System Southeast of House Year Installed 1987

	NAME	ADDRESS	PHONE
Present Owner:	Douglas Christe	6201 S Coddington	423-6582 423-4752
Tenant/Buyer:			
Return to:	Douglas Christe	6201 S Coddington	

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Douglas Christe Address 6201 S. Coddington

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 18, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JUNE 19, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☒	Date 6/19/92	by L.C.H.
Bacteria	☒	☐	Provisional:	☐	Date _____	by ____
Nitrate 1.1 RAM	☒	☐	Disapproved:	☐	Date _____	by ____

Comments: IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED.

See Attached Letter ☐

FINAL STATUS

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

APPROVED BY Jerrold C. Hood R.E.H.S. DATE JUNE 29, 1992

Approval or disapproval is based on written 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 operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832