FILE #2541

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

FEBRUARY 4 1988 — THIS LICENSE OR PERMIT EXPIRES

ROBERT A. MOOK — LICENSEE OR PERMITTEE

ROUTE #2 LINCOLN, NE 68506 — ADDRESS

T10N; R8E; Sec 29; Lot 1 I.T. — 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

SEP 28 1987

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. 2541

DATE: August 2, 1987

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. 10N ; Range 8E ; Section 29 ; Block _____ : Lot 1&2 I.T. : Addition _____
   Street Address _____

2. Property Use: Residential ☐ ; Commercial ☐ Other Use ☒
   No. of Bedrooms _____. Describe Auxiliary building, home office

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

4. Distance to public sewer: NA ft.

Robert A. Mook
Signature of Applicant (Owner or Lessee)

Robert A. Mook
Route 2, Lincoln, NE 68506
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 9/28/87. Date Frwd. 9/29/87. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 9/30/87. Date Frwd. 9/30/87. ACTION: Approved ☒ Disapproved ☐ Signature: Gary M. Thomas

3. City or County Engineer: Date Rec'd. 9/29/87. Date Frwd. 9/29/87. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL No Commercial Use allowed! Hobby-Shop accessory or other permitted Use Only

Site Visits:
Date: 8-4-87 by: rmm
Date: _____ by: _____
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10-1-87 By: Ron Maynard

FORM 23-43

AUG 4 1987

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
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B

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PROPERTY WHERE SOIL TESTED:

Location: Township SC 29 ; Range 10 ; Section & ¼ Section 8 Lot 1 & 2
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: 7-31 to 8-2 . Weather: Precip. — Temp. 100 .

OWNER: Robert Mook

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	32	7-31	10:00 AM	8-2	7:00 AM	8-2	10:05	13¼	11:05	1¼	60	1"	
2	11							11¾		12⅝		5/8	
3								11½		12⅝		1⅛	
4	"							11⅛		12⅛		1	
5								13		14⅛		1⅛	
6								10¾		11½		½	

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

Larry Schwank
Signature of Person Conducting Test

Address 8200 Old Cheney Phone 423-7294

(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

AUG 4 1987

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

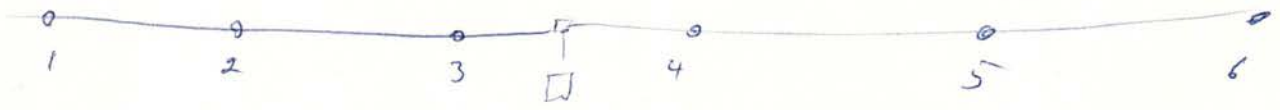
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
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Lincoln, Nebraska 68502
Phone: 471-7800

C

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

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



N

Old School House

Robert Mook

600 Sq. 120

Well

REVIEWING ACTION

Remarks: _____

Date: _____

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

_____
Signature of Reviewing Official

N

3x100 75
80
20



Larry Schwarek Trenching

Well



100' +

