LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

3140 "N" STREET ENVIRONMENTAL HEALTH DIVISION (402) 441-8000
NON TRANSFERABLE Lincoln, NE 68510-1514
PERMIT

Permit No. 97380157001

SEWAGE INSTALLATION
SEPTIC SYSTEM

Issued 04/15/97
Expires 10/15/97
Revenue Code 18754

Establishment

JOHN KLIMPEL
T9N R7E SEC 29
KENNSINGTON EST 1ST BLK 4 LOT 5

FEES: $150.00

TOTAL $150.00

Permittee

JOHN KLIMPEL
BOX85761
BOX 85761
LINCOLN NE 68501

4407

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"

Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

A

Permit Number:

Sewage Disposal System

Request for Site Clearance and Permit

Include Form B, Form C and Applicable Fees with this Application.

☑ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

PLEASE PRINT OR TYPE

A. System Location (Indicate correct number and street)

Address 5401 CARLISLE court (no rural route) City Lincoln NE, Zip 6

Legal Description 29 9N 7E Kensington 1ST 4 5
1/4 1/4 Section Township Range Subdivision Addition Block Lot

Geographical Location (if known): Longitude _____ Latitude _____

☐ Check if system mail address is not the same as the owner's address

B. Owner

Name JOHN KLIMPEL Signature John E. Klimpel

Address P.O. BOX 85761 City/State/Zip Lincoln, NE 68501

☑ Check if owner designed system Home Phone 475-3244 Work Phone 475-9160

C. Contractor

Name JOHN KLIMPEL Company Name SAME

Address P.O. BOX 85761 City/State/Zip LINCOLN NE 68501

☑ Check if contractor designed system Work Phone 475-9160

D. Engineer/Installer ☐ Check and complete if engineer designed system

Designer Name SELF Firm _____ Work Phone 475-9160

E. This System Will Serve a

☑ Residential Dwelling Number of Bedrooms 3 Is there a Whirlpool Bathtub (YES) NO

☐ Commercial Establishment/Other Facility Specify _____

Design flow in gallons per day _____ Type of Wastewater: ☑ Domestic ☐ Non-Domestic.

DO NOT WRITE BELOW THIS LINE

Approval Process ☒ Municipal Code 24.38 ☐ County Resolution No. 2832

1. **Health Department** Date rec'd 4/15/97 Date frwd 4/15/97 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 4/15/97 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature _____
3. **City or County Engineer** Date rec'd 4-15-97 Date frwd 4-15-97 ACTION ☒ Approved ☐ Disapproved Signature _____

Installation Final Written Approval

By Jerrold C. Hood R.E.H.S.

Date OCTOBER 21, 2002

Business Office Use Only 3220

Date Rec'd 04/15/97

Amt Paid 150 ck

Rec'd By _____ Cash/Check No. 3844

FORM 23-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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
3140 N Street
Lincoln NE 68510
(402)-441-8022

B

FILE NO. _____

PROPERTY WHERE SOIL TESTED:

Location: Township _____; Range _____; Section & ¼ Section _____.
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: 12-15 to 12-16-95. Weather: Precip. — Temp. 40°.

X OWNER: _____

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~~ Drop	Time (Hr./ Day)	~~Water Level~~ Drop	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	20-28	15th	2:30	16th	7:30		9:30	¼	10:00	½	30	½	60
2								1		1		1	30
3								3		1¾		1¾	17
4								1		⅞		⅞	46
5								½		½		½	60
6								¾		1		1	30
7								¼		¼		¼	120
8								1¼		¾		¾	40
9								10		3		3	10
10								5		3		3	10

Sum of Percolation Rates: 243
Average of Rates: 40.5
Mean of Rates: _____

L. Schwarck Trenchless Dan Crichton
Signature of Person Conducting Test

Address 8200 old Cheney Rd Phone Lincoln 489-7294

(Do not write below this line)

Here 1 THRU 6 USE 60 m/i FOR CALCULATIONS

REVIEWING ACTION

Remarks: _____

Soil Type (SCS): _____

Date: _____

Approved Percolation Rate (a)
A. 60 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 ☐

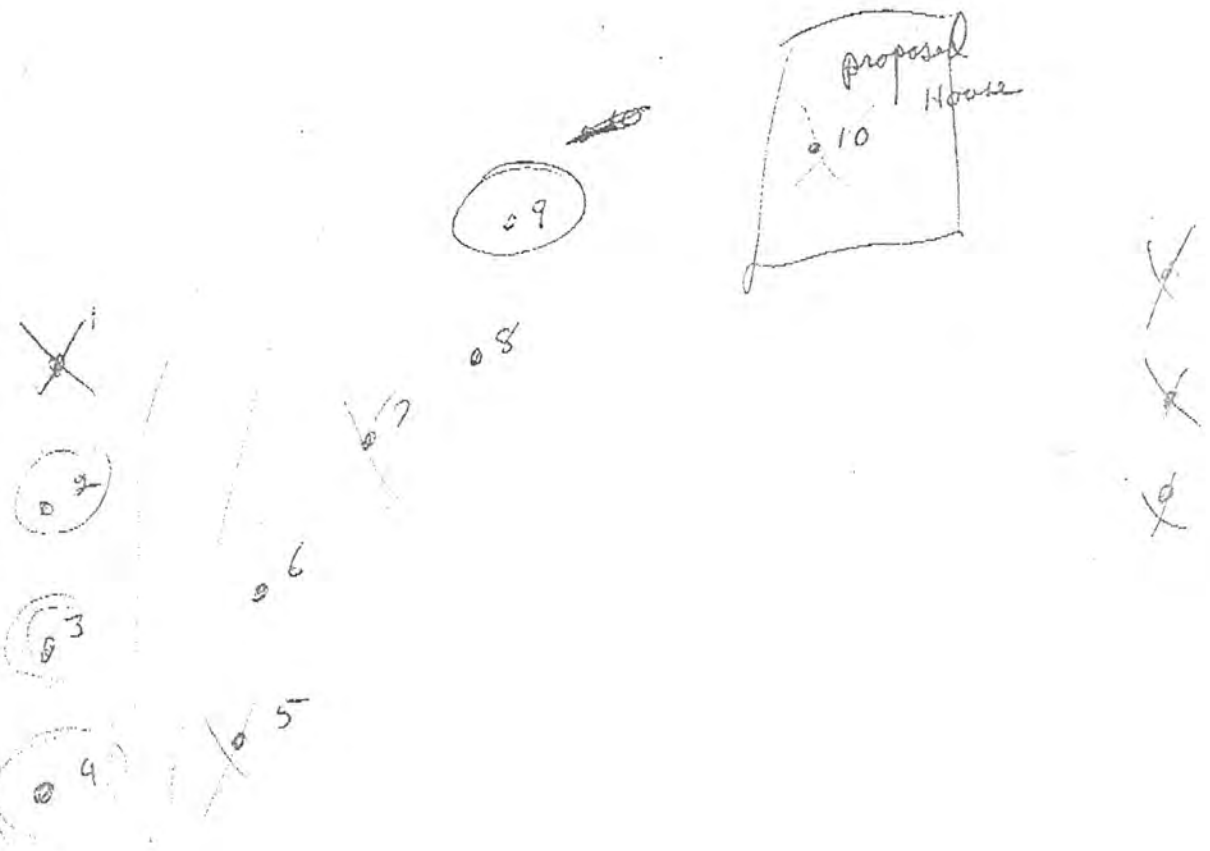
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3140 N Street
Lincoln NE 68510
(402)-441-8022

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_____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

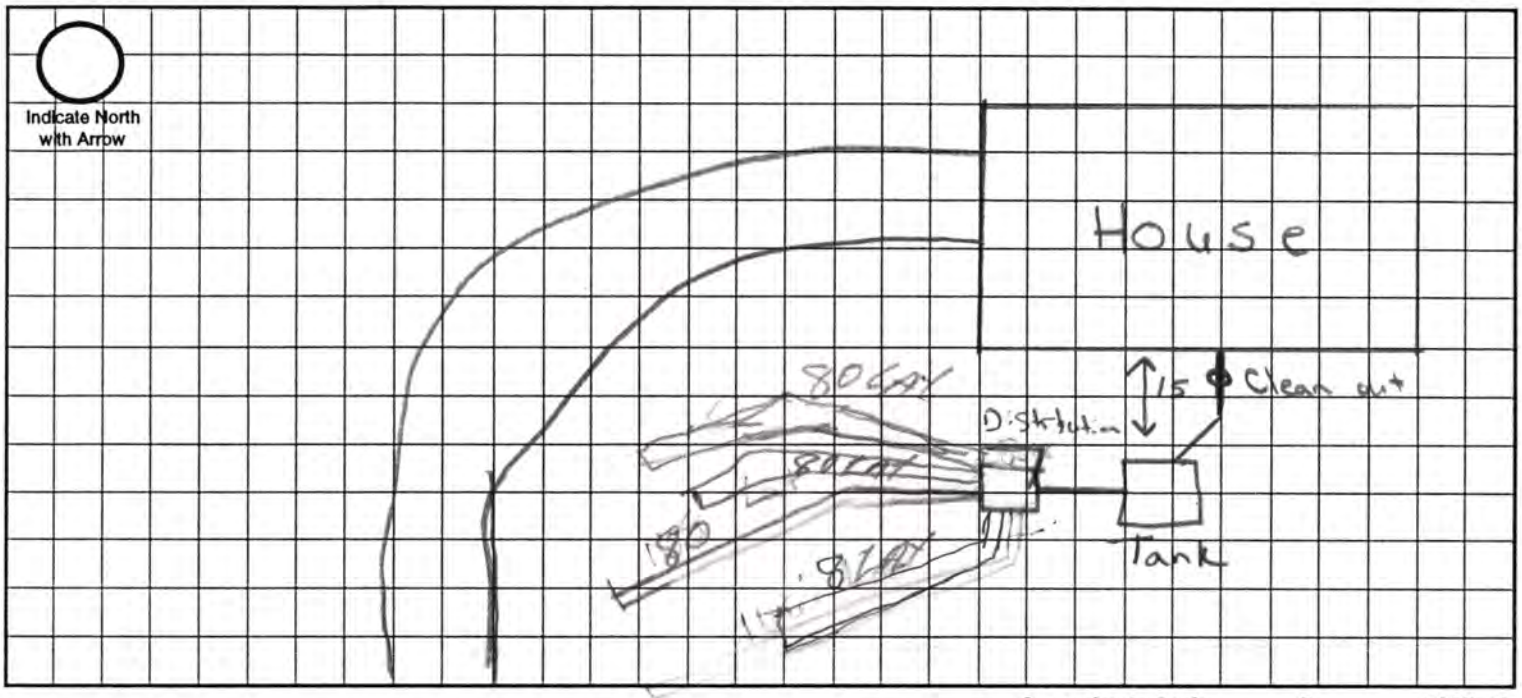
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

C

Permit Number:

Sewage Disposal System
Preliminary Plan Specifications

Draw a plot plan showing system location, lines, distribution box, tank and laterals, percolation test hole locations, well, residence, compass direction and property lines. Indicate on drawing if residence and well are existing or proposed.



Approximate Scale: _____ ft. = _____ grid line/s

A. System Location (Indicate correct number and street)

Address (no rural route) 5401 CARLISLE Ct. City Lincoln NE, Zip 685

B. Proposed Septic Tank/s

Tank Material: ☑ Concrete ☐ Plastic ☐ Other _____

C. Proposed Absorption System (See Form B for Percolation Information)

Percolation Rate 60 (min. per inch) Soil Type: WYMORE SILTY CLAY LOAM Land Slope: _____ %

Type of Absorption System: ☒ Trench ☐ Bed ☐ Other _____

Total Square Feet of Field Required: _____ sq. ft.

Type of Lateral: ☐ Half-Moon ☑ Perforated Pipe ☐ Other Lateral Material: _____

Capacity of Septic Tank 1000 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 330 Ln ft. Number of Trenches _____ Trench Width _____

D. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

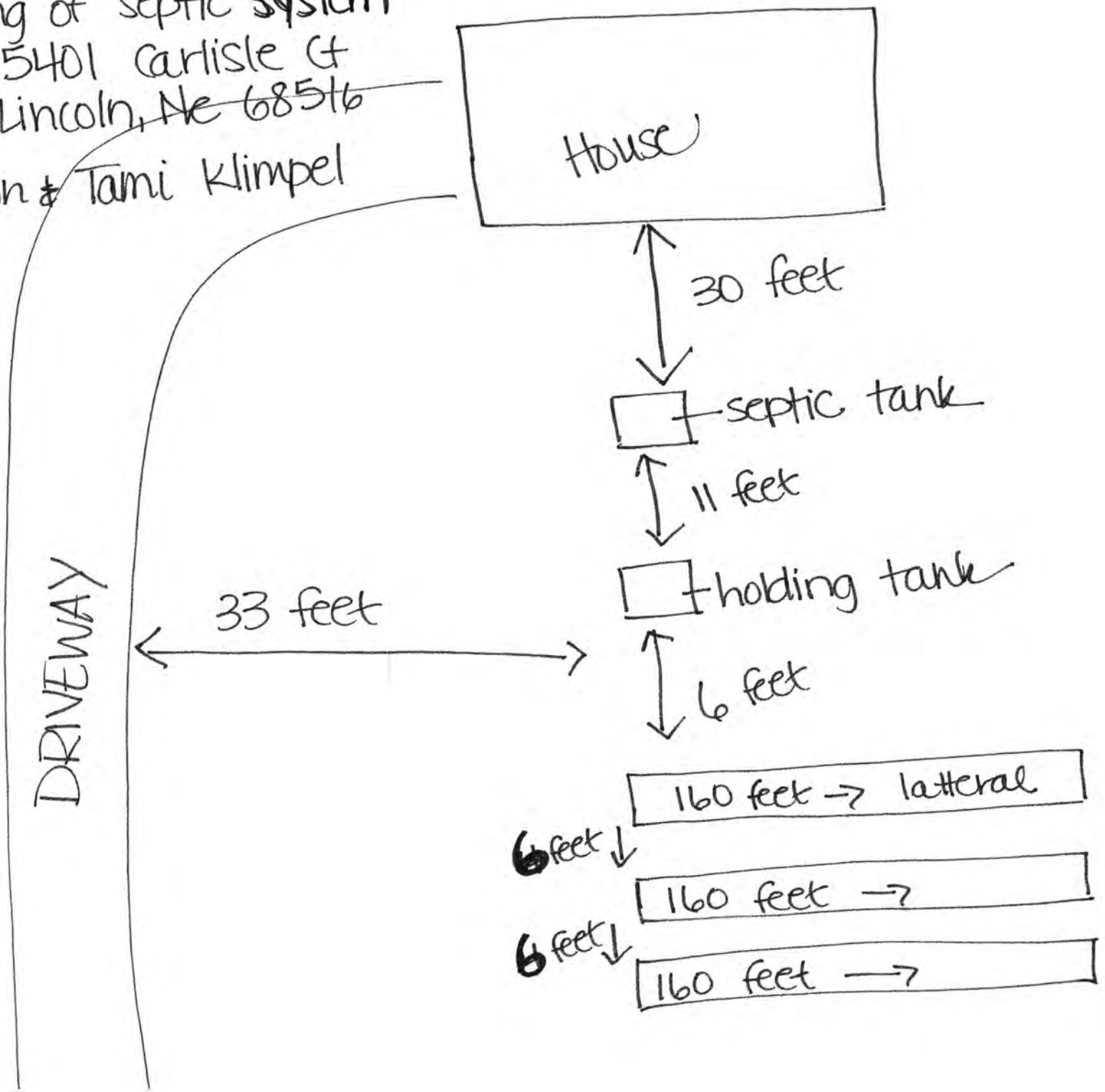
E. Required Signatures

Home Building Contractor John E. Klimpel Date 4-11-97

Installer John Klimpel John E. Klimpel Date 4-11-97

FORM 23-102 10-96

Drawing of Septic System
for: 5401 Carlisle Ct
Lincoln, ~~Ne~~ 68516
John & Tami Klimpel



OCT 18 2002