LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380126401

Issued 12/20/94
Expires 06/20/95
Revenue Code 18754

Establishment
RODGER HEMPEL
T9N R7E SEC 29
KENSINGTON ESTATES BLK 3 LOT 6

FEES: $150.00

TOTAL $150.00

Permittee
RODGER HEMPEL
3035 BONACUM DR
LINCOLN NE 68502

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 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: $_____

FILE NO. _____

DATE: Dec 17, 94

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 7E ; Section 29 ;
   Block 3 : Lot 6 ; Addition Kensington Estates #1
   Street Address 9535 80.53 ~~Johnson Road 9535 80.~~

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

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

4. Distance to public sewer: UNKNOWN ft. WILL INSTALL WHATEVER SOIL PERCOLATION TEST INDICATES

Rodger D Angel
Signature of Applicant (Owner or Lessee)

3035 Bonacum D 68502
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 12/20/94. Date Frwd. 12/20/94. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 12/20/94. Date Frwd. 12/20/94. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]
3. City or County Engineer: Date Rec'd. 12-20-94. Date Frwd. 12-20-94. ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 4-28-95 by: PD sewer line & tank
Date: 5/17/95 by: L.C.H.
Date: _____ by: _____

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

INSTALLATION FINAL WRITTEN APPROVAL
Date: 5/17/95 By: Jerrold C. Hood *

* PROVISIONAL APPROVAL
EXPERIMENTAL SYSTEM

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

Test Location
9535 So. 53rd

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: 3-22-95 to 3-23-95. Weather: Precip. 0 Temp. 46°.

All Holes had water in From Pre-Test

OWNER: Rodger Hempel Contractor

Address: 3035 Bonacum Lincoln, NE. 68502

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"	3-22	6:00 Pm	3-23	7:00 Am	3-23	7:00 Am	6"	7:30 Am	5 7/8"	30m	1/8"	
2	36"	3-22	6:00 Pm	3-23	7:00 Am	3-23	7:00 Am	6"	7:30 Am	5 7/8"	30m	1/8"	
3	36"	3-22	6:00 Pm	3-23	7:00 Am	3-23	7:00 Am	6"	7:30 Am	5 3/4"	30m	1/4"	
4	36"	3-22	6:00 Pm	3-23	7:00 Am	3-23	7:00 Am	6"	7:30 Am	6"	30m	0"	
5	36"	3-22	6:00 Pm	3-23	7:00 Am	3-23	7:00 Am	6"	7:30 Am	5 7/8"	30m	1/8"	
6	36"	3-22	6:00 Pm	3-23	7:00 Am	3-23	7:00 Am	6"	7:30 Am	6"	30m	0"	

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

Mike Hoogland
Signature of Person Conducting Test

Address 2700 Dan Ave Lincoln, NE. Phone 464-0638
Precast Products INC.

(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 ☐

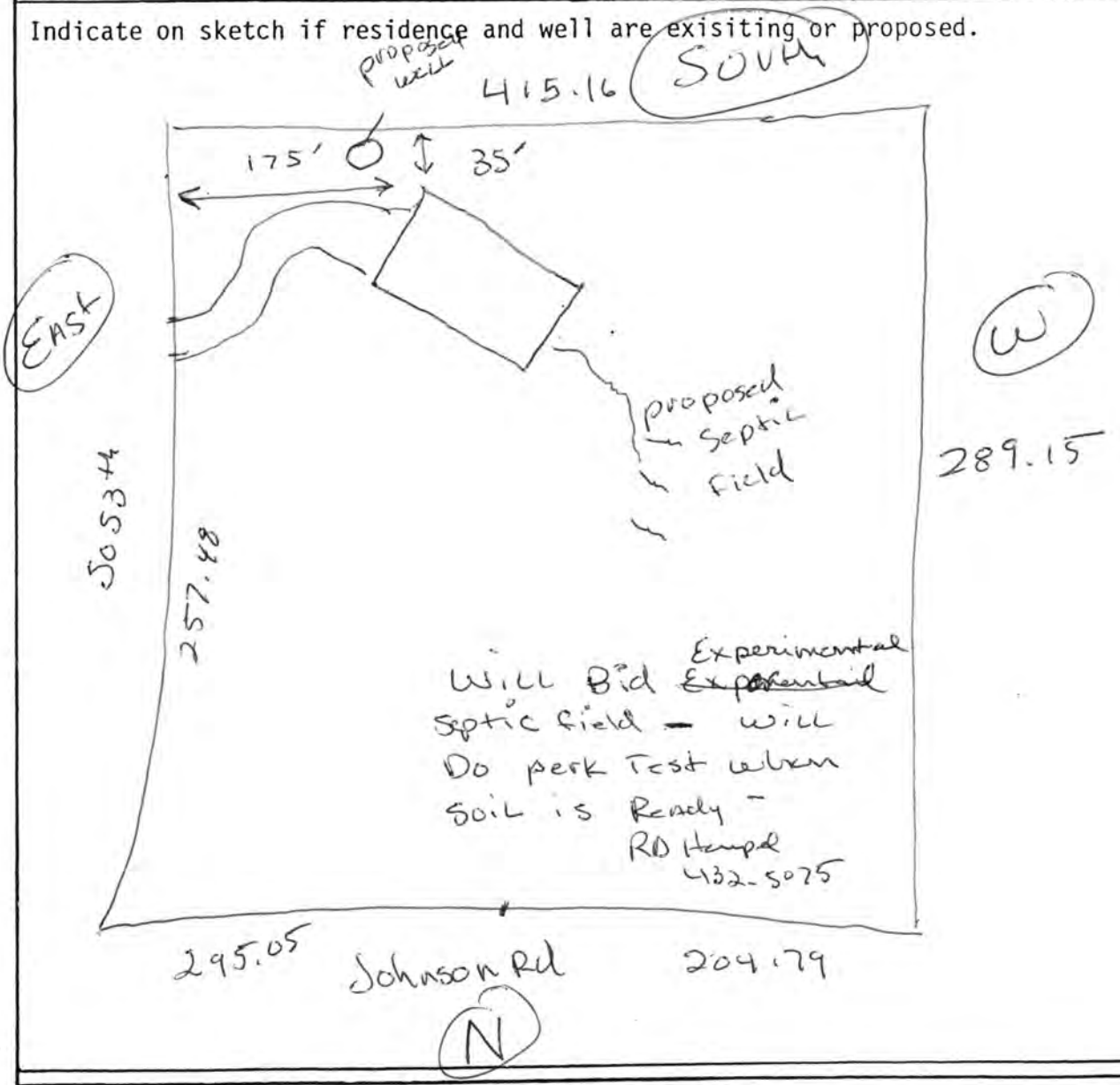
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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: _____

_____

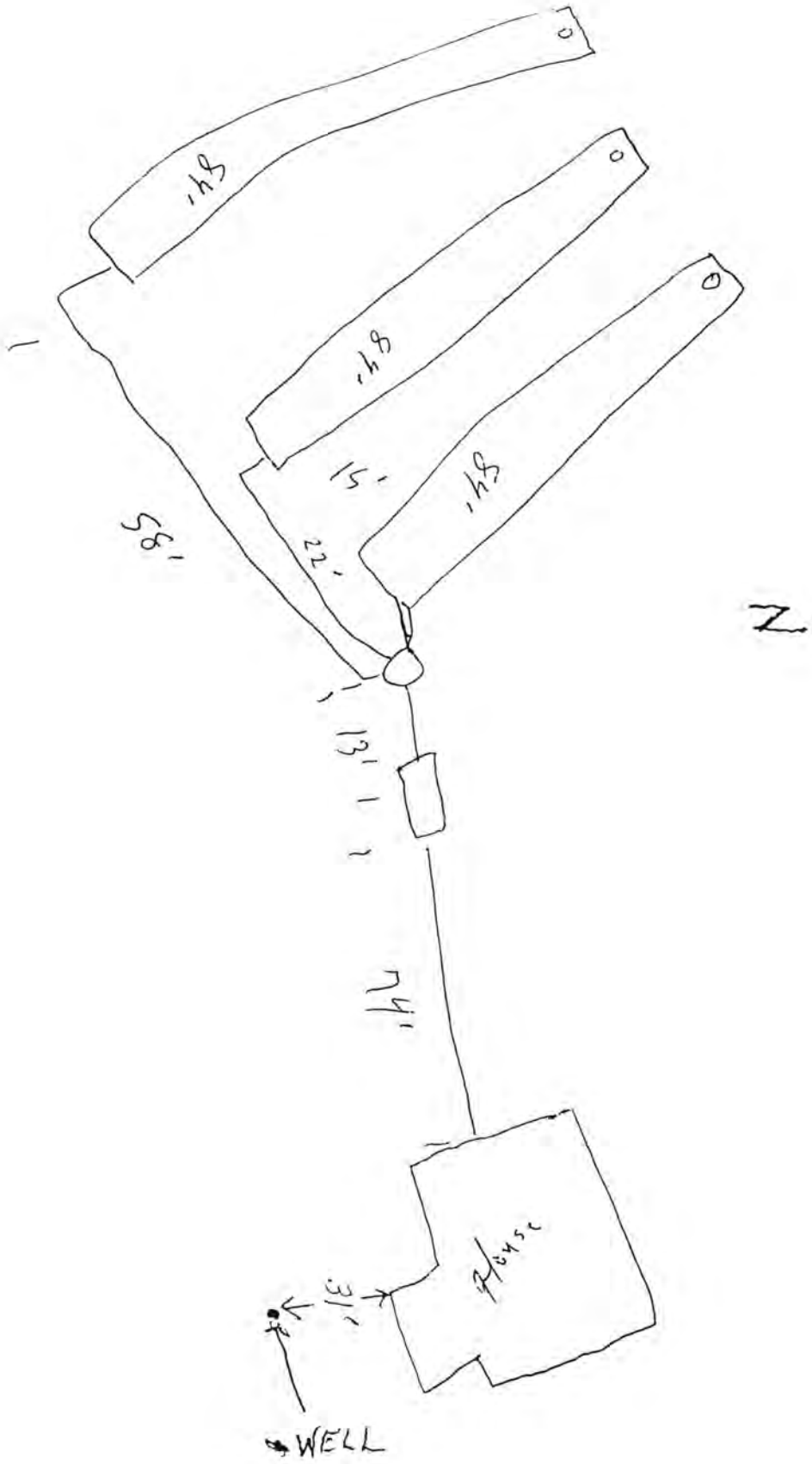
Date: _____

Minimum Design Requirement
1. Capacity of Septic Tank 1250 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

Installed By Vogt T+T
5-17-95

9535 50 53rd
Hempel Const.



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
WATER WELL

No. 94400046301

Issued 12/20/94
Expires 06/20/95
Revenue Code 19851

Establishment
RODGER HEMPEL
T9N R7E SEC 29
KENSINGTON ESTATES BLK 3 LOT 6

FEES: $75.00

TOTAL $75.00

Permittee
RODGER HEMPEL
3035 BONACUM DR
LINCOLN NE 68502

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: 20222-0483
REQUEST FOR SITE CLEARANCE AND PERMIT FOR INDIVIDUAL WATER WELL

LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN, NEBRASKA 68502
PHONE: 471-7800

FILING FEE $_____

FILE NO._____

DATE: _____

The undersigned hereby requests: Site Clearance and Permit to construct a new individual water well ☒ ; Permit existing well ☐ ; well repair or alteration involving opening of well ☐ ; in conformance with appropriate ordinance, as described herein:

1. Legal description of property: Twp. 9N : Range 7E : Section 29
   Block 3 : Lot 6 : Addition Kensington 1ST
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe 9535 So. 53RD ST.
3. Distance to Public Water Supply: ____Ft. Unknown - Yankee Hill Rd
4. Intended use of well— New House —

RD Hyde
Signature of Applicant (owner or lessee)

3035 Bonacum Dr
Address

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 12/20/94. Date Frwd. 12/20/94. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 12/20/94. Date Frwd. 12/20/94. Action: Approved ☒ Disapproved ☐ Signature: [signature]
3. City or County Engineers: Date Rec'd 12/20/94. Date Frwd. _____. Action: Approved ☒ Disapproved ☐ Signature: [signature]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 10/5/95 by Jerrold C. Hood
Date: _____ by _____
Date: _____ by _____

Nitrate Level 0.2 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐

INSTALLATION FINAL WRITTEN APPROVAL
Date: 10/11/95 By: J.C. Hood

Health Department copy: White
Engineers Copy: Light Green
Building Inspectors Copy: Light Blue

FORM 23-13

FORM: 20223-0483
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL WATER WELL
CITY ORDINANCE NO. 13553
FILE NO. _____

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
2200 ST. MARYS AVENUE
LINCOLN NE 68502
Phone: 471-7300

DATA SHEET FOR WATER WELLS

Legal Description: Sec. 29 T. 9 R. 7 Block 3 Lot 6 Addition KENSINGTON
Owner RODGER HEMPEL Address 9535 S. 53RD ST.

LOG OF WELL	
	Description
Depth Ft. to	
0- 40	YEL CLAY
40- 60	RED & YEL SHALE
60- 75	BLUE & RED SHALE
75- 80	BLUE & BLK SHALE
80- 95	RED & ORNG FINE SNDY SHALE
95-150	FINE SS & SNDY SHALE
150-165	MED FINE WHTE SS
165-194	MED-MED CRS YEL SS
194-200	SHALE

WELL COMPLETION RECORD

Drilling Method: ROTO
Depth (from ground level), Ft. 194
Date Completed 2-1-95

Casing: Length, Ft. 174 ; Dia. In. 4"
Wall Thickness, Inc. 200#; type PVC

Screen: Length, Ft. 20' Dia. In. 4"
Type 10' WOP, slot Size .030
10' Slotted .025
Drop Pipe: Length, Ft. 160 Dia. In. 1¼"

Water Level, Surface to top of water, Ft.:
Static 100', Pumping _____

Yield: 15 ggm, Measured ☒, Est. ☐
Chlorination Completed Yes ☒ No ☐

The above information including "Log of Well" is a true record of the job performed by me.

Driller Bill Moore
(Signed)

P. O. BOX 308
Address HICKMAN, NEBRASKA 68372

Date 7 February 1995

REMARKS NITRATE NITROGEN 0.2 PPM.
BACTERIOLOGICAL O.K.

DO NOT WRITE BELOW THIS DOUBLE LINE

Health Department forwarded copy of record to Nebraska Conservation and Survey Department for Scientific Record ☒

FORM 23-4