LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

PERMIT

Permit
SEWAGE INSTALLATION

No. 94380117901

Issued 06/08/94
Expires 12/08/94
Revenue Code 18754

Establishment
RODGER HEMPEL
T9N R7E SEC 29
KENSINGTON ESTATES BLK 4 LOT 3

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

FILING FEE: $ 150.00

FILE NO. _____

DATE: 6-6-94

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 4 : Lot 3 : Addition Kensington Estates #1
   Street Address Johnson Rd - Address UNKnown

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: None ft.

Rocky D Hupel
Signature of Applicant (Owner or Lessee)

3035 Bonacum Dr - city
Address
Mobile 432-5075

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/7/94 . Date Frwd. 6/8/94 . ACTION: Approved ☒ Disapproved ☐ Signature: Gerrold C. Hood

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/8/94 . Date Frwd. 6/8/94 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

3. City or County Engineer: Date Rec'd. 6-8-94 . Date Frwd. 6-8-94 . ACTION: Approved ☒ Disapproved ☐ Signature: [illegible]

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 9-20-94 by: [illegible]
Date: _____ by: _____
Date: _____ by: _____

PROVISIONAL EXPERIMENTAL SYSTEM

INSTALLATION ~~FINAL~~ WRITTEN APPROVAL
Date: 9-21-94 By: Ron Maynard

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

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 Kensington Estates Lot 3 Blk 4

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: 5-28-94 to 5-29-94. Weather: Precip. 0 Temp. 65°.

Holes-2-3-5-6 had water in From Pre-Test

OWNER: Rodger Hempel

Address: _____ 423-6747

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"	5-28	1:00 PM	5-29	8:00 AM	5-29	8:00 AM	6"	8:30 AM	5 3/4"	30m	1/4"	
2	36"	5-28	1:00 PM	5-29	8:00 AM	5-29	8:00 AM	6"	8:30 AM	5 7/8"	30m	1/8"	
3	36"	5-28	1:00 PM	5-29	8:00 AM	5-29	8:00 AM	6"	8:30 AM	5 7/8"	30m	1/8"	
4	36"	5-28	1:00 PM	5-29	8:00 AM	5-29	8:00 AM	6"	8:30 AM	5 3/4"	30m	1/4"	
5	36"	5-28	1:00 PM	5-29	8:00 AM	5-29	8:00 AM	6"	8:30 AM	6"	30m	0"	
6	36"	5-28	1:00 PM	5-29	8:00 AM	5-29	8:00 AM	6"	8:30 AM	5 7/8"	30m	1/8"	

Mike Hoagland
Signature of Person Conducting Test

Address 2700 DAW Ave Lincoln, NE. Phone 464-0638
PreCast

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

(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 ☐

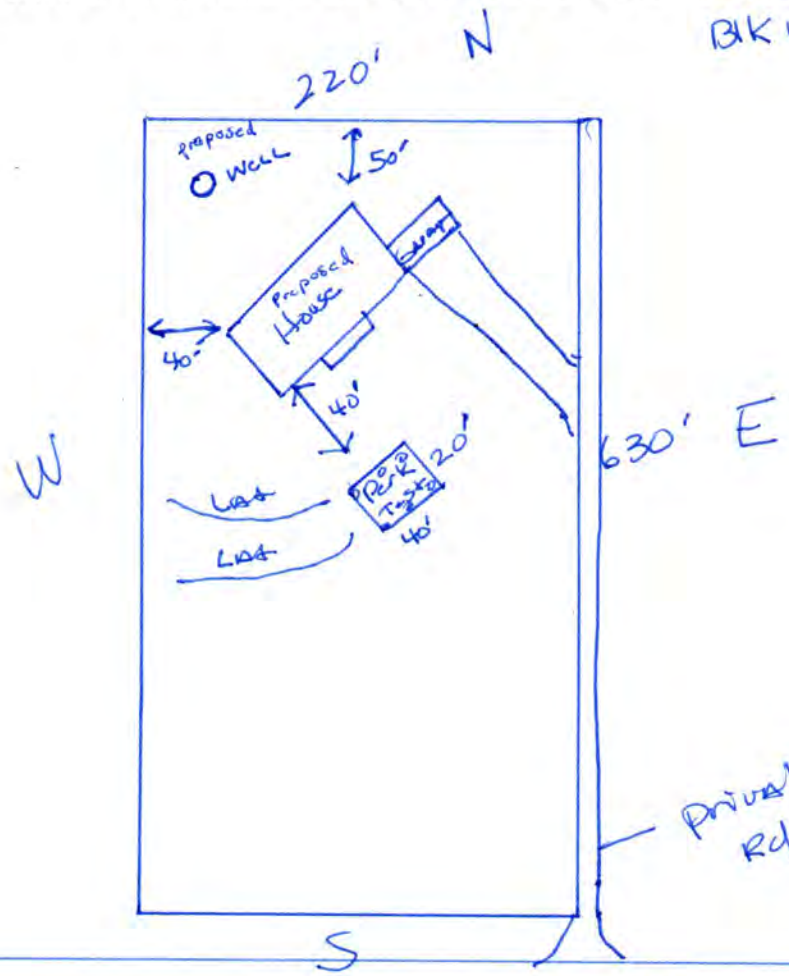
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

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 _____ 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

FORM 20104-0477
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

D

DATE: _____

FILE NO. _____

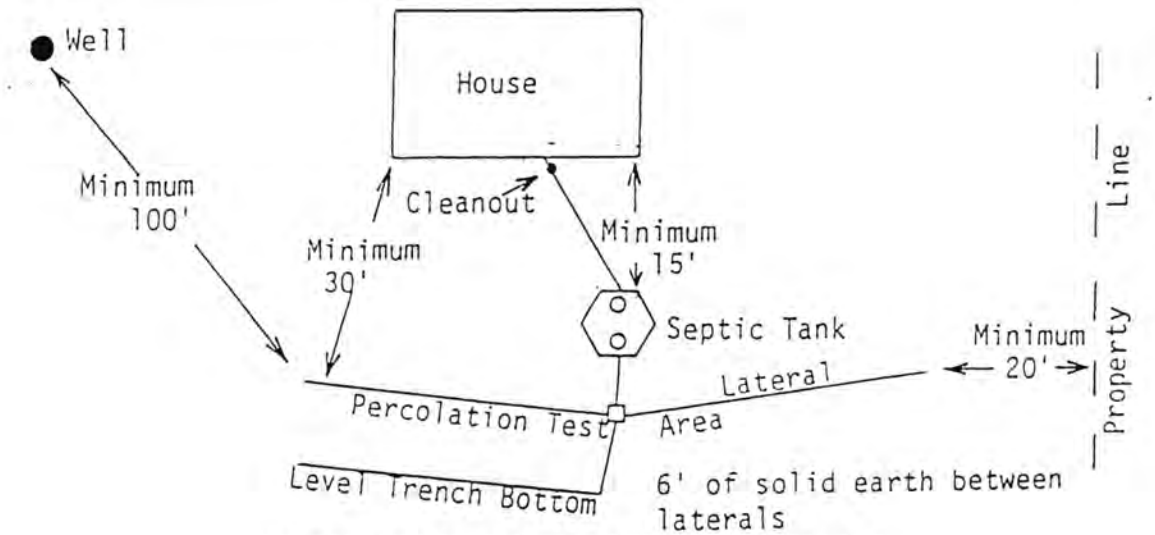
SPECIFICATIONS AS BUILT

A. BUILDING SEWER:
1. Material PVC ; Diameter 4 in.
2. Distance above basement floor ____ in., or below basement floor 18 in.
3. Distance between dwelling and septic tank 96 ft.
4. Number of clean-outs 1 .
5. Distances to:
Well or Suction Line 100+ ft.; Stream 200+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

B. SEPTIC TANK:
1. Material Concrete ; No. of compartments 1 .
2. Capacity 1250 gals.;
3. Factory Built: Yes ☒ No ☐
(Company Pre-Cast)
4. Manholes: Over Inlet; diam. 6 in.
Over Outlet; diam. 8 in.
Riser Above ☐ Below ☐ Grade ____ in.
5. Inlet: Baffle ☒ ; or Tee ☐
6. Outlet: Baffle ☒ ; or Tee ☐
7. Depth of top of tank below finished grade 12 in.
8. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 100+ ft.

C. DISTRIBUTION BOX:
1. Material Concrete ; Number - available outlets ____ .
2. Factory Built: Yes ☒ No ☐
(Company Pre Cast)
3. Distance from Septic Tank 17 ft.

D. ABSORPTION FIELD: (Provide as built drawings on back of this form)
1. Type: Half Rounds ☒ Perforated Pipe ☐
Diameter of Half Round 22" or Perforated Pipe ____ .
Material: fiberglass ☐ ; plastic ☐ ; concrete ☒ ; other ____ .
2. Lateral Lines:
Number 3 ; Length of each line 84 , 84 , 84 , ____ , ____ ft.;
Total length of laterals 252 ft.;
Distance between lateral lines 14 ft.
3. Trench dimensions: Width 8 ft.;
Slope 2 in/100 ft.; Average Depth 33 in.
4. Filter Material: Gravel
Depth of Material 30 in.
5. Distances to:
Well or Suction Line 100+ ft.; Stream 100+ ft.; Pressure Line 100+ ft.; Property Line 25 ft.



TYPICAL INDIVIDUAL SEWAGE SYSTEM DESIGN

PLEASE PROCESS AT YOUR EARLIEST CONVENIENCE - ~~EARLY CLOSING~~ QUICK CLOSING

Lincoln-Lancaster County Health Department

98091 0007

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

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

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Buyer's check is for $160.00 - please refund overage - thank you.

CR 3769

Legal Description of Property: Street Address 4940 Johnson Rd., Lincoln, Ne. 68516

Twp 9N Range 7E Section 29 1/4 ___ 1/4 ___ Block 4 Lot 3 Addition Kensington Estates 1st

Directions to Property So. on 56th St. to Rebel Dr., right on Rebel Dr. apprx. 2 blocks, then right on Johnson Rd., 2nd House (only one with long gravel drive)

Location of Well rear right corner of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System lid apprx 60' SE of S front porch - maybe a stake Year Installed 1995
field farther down slope marked by 3 white vent pipes

	NAME	ADDRESS	PHONE
Present Owner:	Bruce & Jeanne Marquis	407 Rosebay Lane Hudson, Iowa 50643	319-988-9349
Tenant/Buyer: X	John & Sheila McKeegan	2818 Brummond Ln # B Lincoln, Ne. 68516	420-7389
Return to:	Capitol Title ATTN: Londi Rutan	Box 6577 Lincoln, Ne. 68506	434-3737

Capitol Title

Signature of Applicant Londi Rutan Address Box 6577 Date 8 / 27 / 98

AOV John + Sheila McKeegan Lincoln, Ne. 68506

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 9 / 1 / 98

Initials ___

Amount $160.00 cc

Check No. NONE

DATA ENTRY

Date ___/___/___

Case No. ___

Initials ___

PRELIMINARY STATUS--By John Chen **DATE:** 9 / 10 / 98

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ 0 /ml	☐ ___ /ml
Nitrate	☑ 2.1 ppm	☐ ___ ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☐
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Non-presence of surfaced discharge. House vacant. Tall vegetation growing over lateral fields. If the septic tank has not been pumped recently, it should be checked to see if it is needed.

See Attached Letter ☐

FINAL STATUS

EXP system

WATER SYSTEM: Approved ☑ **SEWAGE DISPOSAL SYSTEM:** Approved ☑ Provisional Approval ☒

Approved by John J Chen Date 9 / 10 / 98

Approval or disapproval is based on State and local 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 operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

per telephone in HHS Lab

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

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

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☒ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 4940 Johnson Road

Twp 9N Range 7E Section 29 1/4 ___ 1/4 ___ Block 4 Lot 3 Addition Kensington Estates 1st Addn.

Directions to Property Hwy 2 + 56th turn South - turn west on Rebel Drive in Kensington Estates - winds to Johnson Rd - 2nd house on right

Location of Well Rear right corner of house Tap Location: Inside ☐ Outside ☒

Location of Sewage System Lid approx 60' SE of S front porch Year Installed 1994

	NAME	ADDRESS	PHONE
Present Owner:	Jack & Sheila McKeegan	6000 Woodstock Lincoln NE 68516	420-7389
Tenant/Buyer:	~~Paul~~ Dwight + Mary Wininger	6709 Leesburg Ct. Lincoln NE 68516	421-6709
Return to:	Londi - Capitol Title	4645 Normal Blvd Suite 150 Lincoln, NE 68506	434-3727

Signature of Applicant _____ Address 6709 Leesburg Ct Date 3/16/00
Lincoln, NE 68516

HEALTH DEPARTMENT USE ONLY

RECEIVED
Date 3/16/00
Initials LO
Amount $150.00
Check No. 7005

DATA ENTRY
Date ___/___/___
Case No. _____
Initials _____

PRELIMINARY STATUS--By John Chen **DATE:** 3/22/2000

WATER SYSTEM:	Approved	Disapproved
Construction	☒	☐
Bacteria	☐ ___/ml	☐ ___/ml
Nitrate	☒ 3 ppm	☐ ___ppm

SEWAGE SYSTEM
Approved ☐
Provisional ☒
Disapproved ☐

Additional Site Visits
Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: If the septic tank has not been pumped recently it should be checked & pumped if necessary. Topo should be placed on the record as the House will Vacant. System is not the traditional type, hence the provisional approval
See Attached Letter ☐

FINAL STATUS

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

Approved by John J Chen Date___/___/___

Approval or disapproval is based on State and local 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 operations.

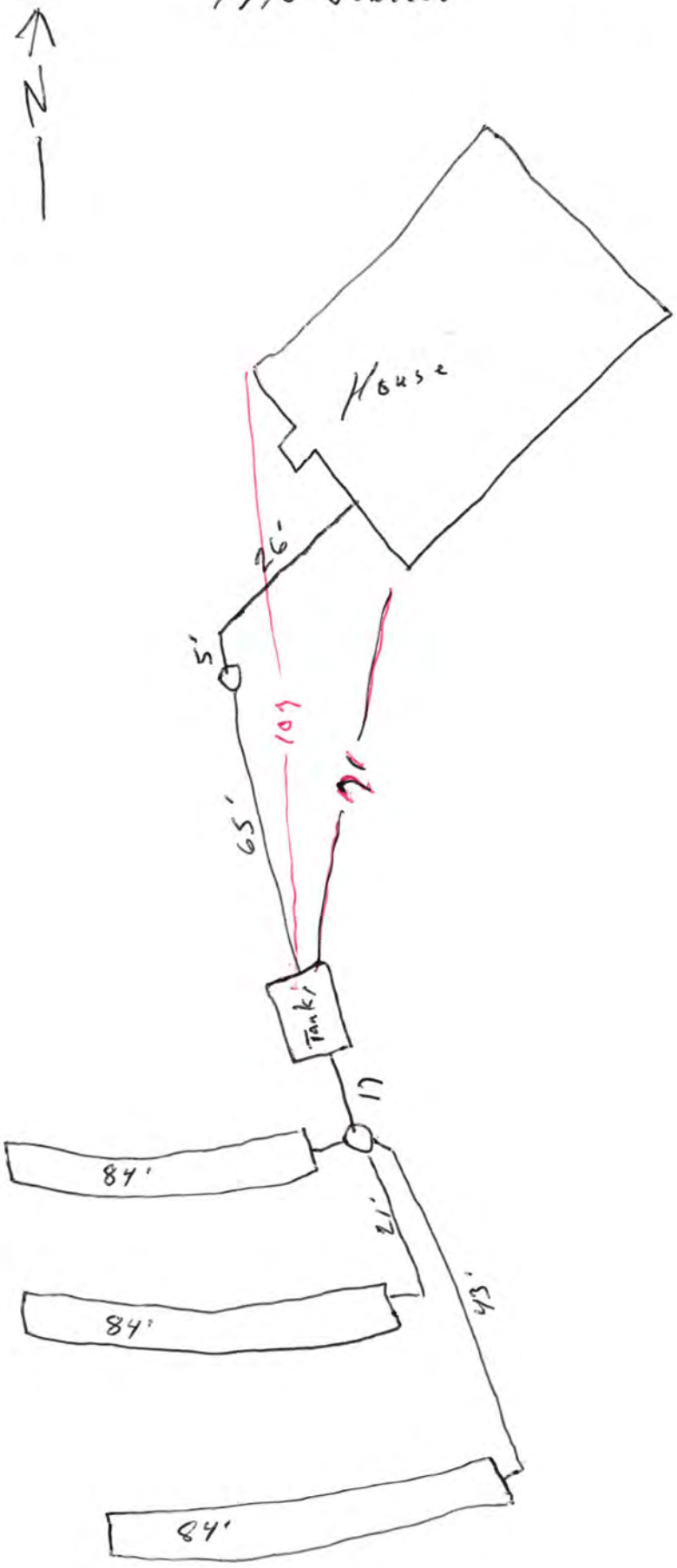
3/22 P15087-38

...nt after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

Hegel Const. 4940 Johnson Installed By Vogt Excavat:
9-20-94
560-4267

29-9-7



LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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

NON TRANSFERABLE

P E R M I T

Permit
WATER WELL

No. 94400043601

Issued 06/08/94
Expires 12/08/94
Revenue Code 19851

Establishment
RODGER HEMPEL
T9N R7E SEC 29
KENSINGTON ESTATES BLK 4 LOT 3

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 $ 75.00

FILE NO. _____

DATE: 6-6-94

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 4 : Lot 3 : Addition Kensington Estates - #1
2. Well use: Residential ☒ ; Commerical ☐ ; Other Use ☐
   Describe _____
3. Distance to Public Water Supply: ____ Ft. - 52nd Yankee Hill Rd Appox 6 Blocks
4. Intended use of well Single Family Resident

Richard Hupe
Signature of Applicant (owner or lessee)

3035 Bonacum Dr - city
Address
mobile 432-5075

Sewage Permit Applied For Yes ☒ No ☐ Not Applicable ☐

1. Health Department: Date Rec'd 6/7/94. Date Frwd. 6/8/94. Action: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: Date Rec'd 6/8/94. Date Frwd. 6/8/94. Action: Approved ☒ Disapproved ☐ Signature: Gary Spurr
3. City or County Engineers: Date Rec'd 6/7/94. Date Frwd. _____. Action: Approved ☐ Disapproved ☐ Signature: L Ekas

REMARKS OR REASONS FOR DISAPPROVAL _____

3.0 3/22/00

Site Visits:
Date: 8/30/96 by Jerrold Hood
Date: 3/22/00 by JH
Date: _____ by _____

Nitrate Level < 0.1 PPM
Bacteriological Analysis Satisfactory
Yes ☒ No ☐
3/22/00

INSTALLATION FINAL WRITTEN APPROVAL
Date: 3/27/00 By: John

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

4940 JOHNSON ROAD

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 4 Lot 3 Addition KENSINGTON ESTATES 1ST ADD.
Owner ROGER HEMPEL (MARQUIS) Address 3035 BONACUM DRIVE
LINCOLN, NE 68502

LOG OF WELL	
	Description
Depth Ft. to	
0- 10	BRN/RED CLAY
10- 15	SAND
15- 33	YLW CLAY
33- 50	RED & BLUE SHALE
50- 65	BLUE SHALE
65- 75	SANDY VRY RED SHALE
75- 95	MED ORANGE SANDSTONE
95-150	MED FINE SANDSTONE
150-167	MED SANDSTONE
167-175	DARK RED & BLUE CLAY

WELL COMPLETION RECORD

Drilling Method: ROTO
Depth (from ground level), Ft. 167
Date Completed 7-18-94

Casing: Length, Ft. 147 ; Dia. In. 4"
Wall Thickness, Inc. 200# type PVC

Screen: Length, Ft. 20 Dia. In. 4"
Type 10'wop/10'slt Slot Size .030/.025

Drop Pipe: Length, Ft. ____ Dia. In. ____

Water Level, Surface to top of water, Ft.:
Static 86', Pumping ____

Yield: 50 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 /s/ Bill Moser
(Signed)

Address P. O. BOX 308
HICKMAN, NE 68372

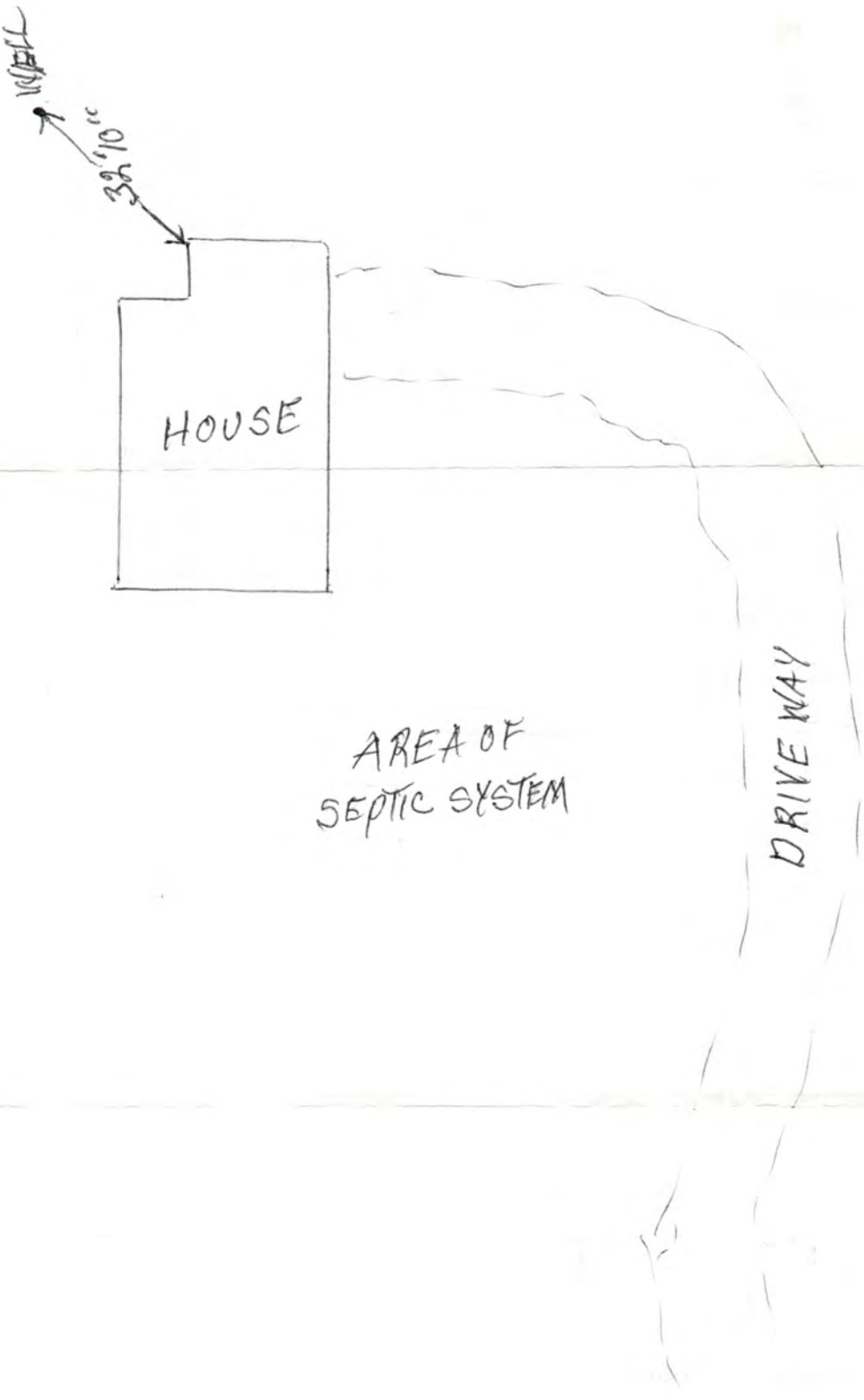
Date 23 August 1994

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


WELL
39'10"
HOUSE
AREA OF
SEPTIC SYSTEM
DRIVE WAY