LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FILE NO. 816-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — November 10, 1976
TYPE OF PERMIT — THIS PERMIT EXPIRES

Philip Troupe — RFD, Adams, NE 68301
ISSUED TO — ADDRESS

T7N; R8E; Sec. 15; Lot 1 I.T.; LAGOON
LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 30.00	$	$	$ 30.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY — DATE — AMOUNT

HEALTH DEPARTMENT
ISSUING OFFICER

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

FORM HD-40(73) REQUEST FOR SITE CLEARANCE 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: 475-6221)

FILE NO. 816-C

TO: Division of Environmental Health
Lincoln-Lancaster County Health Dept.

DATE: March 25, 1976

The undersigned hereby requests SITE CLEARANCE to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

East 360 ft of ~~S~~ 606 ft of No. 1188 feet 5.008 ac

1. Legal description of property: Twp. 7N ; Range 8East ; Section 15
   Block ____; Lot I.T.; Addition ____
   Street Address ____

2. Property Use: Residential ____ ☒ ; Commercial ____ ☐
   No. of Bedrooms 3 . Describe: ____
   Other Use ____ ☐
   Describe: ____

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

4. Distance to public sewer: ____ ft.

Mr & Mrs Phil Troyer
Signature of Applicant (Owner or Lessee)

R7D Adams, Nebr 68301
Address

(Do not write below this double line)

REVIEWING ACTION

1. Health Department: Date Rec'd. 5/13/76 . Date Frwd. 5/13/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoob

2. Supt. Bldg. Insp.: Date Rec'd. ____ . Date Frwd. ____ . ACTION: Approved ☐ Disapproved ☐ Signature: ____

3. City or County Engineer: Date Rec'd. 5/13/76 . Date Frwd. 5/13/76 . ACTION: Approved ☒ Disapproved ☐ Signature: Henry Graff

REMARKS OR REASONS FOR DISAPPROVAL ____

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

FORM HD-42(73) APPLICATION FOR PERMIT TO CONSTRUCT 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: 475-6221)

FILE NO. 816-C

DATE: 5/12/76

TO: Director of Health
Lincoln-Lancaster County Health Dept.

The undersigned hereby applies for a permit to construct an Individual Sewage Disposal System in conformance with appropriate Ordinance or Resolution, as described in this application and the annexed forms attached hereto.

1. Legal description of property: Twp. 7 ; Range 8 ; Section 15 ; Block ; Lot II I ; Addition .
Street Address 23700 South State Highway 43

2. Property Use: Residential ☒ ; Commercial ☐
No. of Bedrooms 3
Other Use
Describe:

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

4. Plans and Specifications of Proposed System. (See FORM HD-45(73) PLANS & SPECIFICATIONS, SEWAGE DISPOSAL SYSTEM, attached hereto.)

5. Soil Absorption Properties. (See FORM HD-43(73) SOIL ABSORPTION TEST DATA REPORT, attached hereto).

G. Mitty C. Lupa
Signature of Applicant (owner or lessee)

RFD ADAMS
Address

(Do not write below double line)

REVIEWING ACTION

1. Date Rec'd; 5-13-76
Filing Fee: $ 30 . 00

2. Site Visits:
Date: 6-8-76 by:
Date: by:
Date: by:

3. Date: Approved ☒ ; Disapproved ☐ 5/13/76
by: Jerrold C. Hood

4. INSTALLATION FINAL WRITTEN APPROVAL
Date: 6-8-76 by:

RECD MAR 26 1976

Phil Troupe
RFD
Adams, Nebraska
68301

Dear Sirs,

Following is the test data from the perculation test conducted on my land this past weekend. The instructions were followed precisely, however when it came to taking the reading for the actual perculation, I found the instructions vague, ambiguous, and not reflecting the actual perculation. Water remained in the test holes following the overnight soaking, and had to be bailed out of the holes to achieve the six inch level. The first reading showed almost no drop, but subsequent readings dropped varying amounts. Over the four hours the temperature rose 10 degrees.

All times in A.M.

Hole #	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	
1	6	6	5½	5½	5½	5½	5½	5	5	.125/30min .0042/min
2	6	5¼	4	3 3/4	3¼	2¼	1 3/4	3/4	5 3/4	.6875/30min .023/min
3	6	5	4	3¼	2	1¼	0	5	4	1/30min. .033/min
4	6	5½	5½	5¼	4 3/4	4½	4¼	3½	3½	.3125/30min .0104/min
5	6	6	56	5 3/4	5½	5½	5¼	5	5	.125/30min .0042/min
6	6	5½	5½	5¼	5	4 3/4	4½	4	4	.2813/30min .0094/min

Please use these figures in whatever way necessary to complete the test application and notify me at once as to the results.

Sincerely,

Phil Troupe

FORM HD- 43(73) 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 475-6221)

FILE NO. 816-C

PROPERTY WHERE SOIL TESTED:
Location: Township 7; Range 8 East
Section & ¼ Sect. 15 East ½ of the NE¼
Property Dimensions: 360 ft. x 406 ft.
Area: _____ acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ☐; Silty Clay Loam ☐; Sandy Loam ☐
Silty Loam ☐; Clay Loam ☒; Sandy Clay ☐

Owner: Mr. & Mrs. Orbit Troupe
Address RFD Adams Neb 68301

Dates of Tests: 3/19 to 3/20, Weather: Precip. No Temp. 32 F

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				
Hole 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. Min.)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./inch)
1	36	3/19	6 PM	3/20	7 AM	3/20	7 AM	6					
2	36	3/19	6 PM	3/20	7 AM	3/20	7AM	6					
3	36	3/19	6 PM	3/20	7 AM	3/20	7AM	6					
4	36	3/19	6 PM	3/20	7 AM	3/20	7AM	6					
5	36	3/19	6 PM	3/20	7 AM	3/20	7AM	6					
6	36	3/19	6 PM	3/20	7 AM	3/20	7AM	6					

Signature of Person Conducting Test

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

Address RFD Adams Neb 68301
Phone: 763-3855

(Do not write below this line)

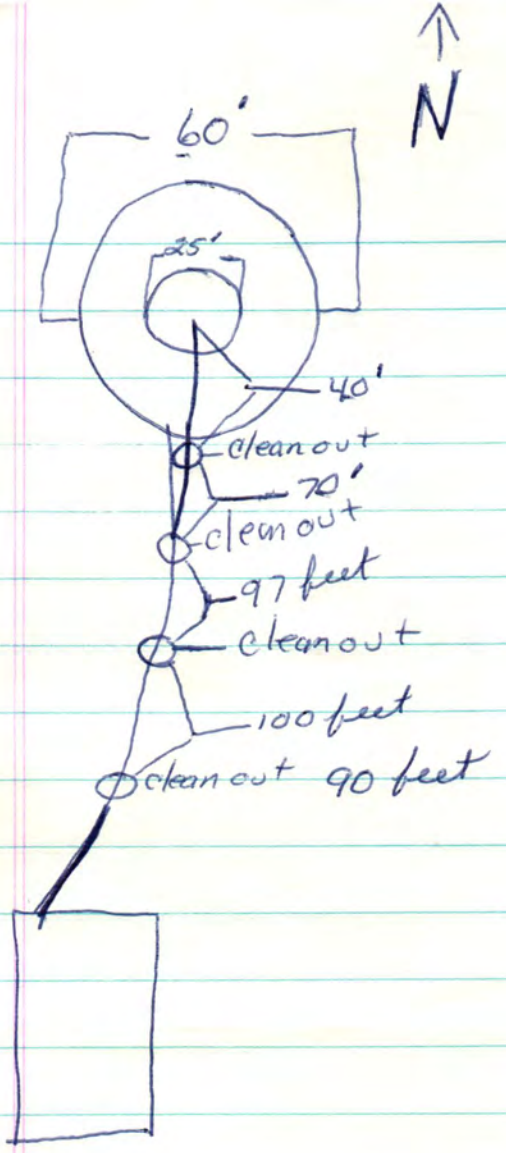
REVIEWING ACTION

REMARKS: _____

Approved Percolation Rate(s)
A. _____ min./inch
B. _____ min./inch
C. _____ min./inch

DATE: _____

Signature of Reviewing Official



110
70
40

over all length pipe line
397 feet

6-8-76

Terry Bouma

Phil Troupe