LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

Division of Environmental Health
2200 St. Marys Ave Lincoln, NE 68502 (402) 471-8000

NON TRANSFERABLE

PERMIT

SEWAGE INSTALLATION

No. 91380068301

Issued 04/01/91
Expires 10/01/91

ESTABLISHMENT

TODD BOELLSTORFF
T7N R8E SEC 10

FEES: Permit 018754 $150.00

Total $150.00

PERMITTEE

TODD BOELLSTORFF
RR0001
BOX 00117
TALMAGE NE 68448

Issued By COUNTY HEALTH

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE	
DATE	AMOUNT
4/1/91	PAID

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

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FILING FEE: $ 150

FILE NO. ~~3/28/91~~

DATE: 3/28/91

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. 7N ; Range 8E ; Section 10 ;
   Block _____ : Lot _____ : Addition _____
   Street Address _____

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

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

4. Distance to public sewer: 3000 ft.

D. Todd Bockstoth
Signature of Applicant (Owner or Lessee)

Rt. 1 Box 117 Talmage, NE 68448
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 3/29/91. Date Frwd. 3/29/91. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hoerl

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 28 Mar 91. Date Frwd. 28 Mar 91. ACTION: Approved ☒ Disapproved ☐ Signature: Kathy Harrop

3. City or County Engineer: Date Rec'd. 3-29-91. Date Frwd. 3-29-91. ACTION: Approved ☒ Disapproved ☐ Signature: Terry Uebel

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: _____ by: _____
Date: _____ by: _____
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: _____ By: _____

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

FORM 23-43

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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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: March 29, 1991

Minimum Design Requirement
1. Capacity of Septic Tank 1000 gals.
2. Total Length of Laterals 94 ft.
3. With a Trench Width of 48 in.
4. Total Area of Lateral needed 375 sq.ft.

Jerrold C. Hood
Signature of Reviewing Official

ATTACHMENT C.

SOIL ABSORPTION TEST DATA REPORT

PROPERTY WHERE SOIL TESTED: 36 Owner: D. Todd Boellstorff
Location: Township ____
Section & 1/4 Sect. 10-7-8 NW¼ Address: Rt. 1 Box 117 Talmage, NE 68448
Property Dimensions: 100 ft. x 630 ft
Area: 1.4 acres. (Attach sketch of property showing hole location).
Soil Type: Silty Clay ___: Silty Clay Loam ___: Sandy Loam ___
(Judson) Silty Loam X: Clay Loam ___: Sandy Clay ___
Dates of Tests: 3/9/91 to 3/10/91. Weather: Precip. -0- Temp. 60°

PERCOLATION TEST DATA FILE

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	48"	3/9	5:00pm	3/10	8:00am	3/10	10:00am	14"	10:30am	8"	30 min	6"	5 min/inch
2	48"	3/9	5:30pm	3/10	8:00am	3/10	10:05am	15"	10:35am	8"	30 min	7"	4.29 min/inch
3	48"	3/9	6:00pm	3/10	8:00am	3/10	10:10am	12"	10:40am	5"	30 min	7"	4.29 min/inch

D. Todd Boellstorff
Signature of Person Conducting Test

Address Rt. 1 Box 117 Talmage, NE 68448
Phone (402) 264-4165

Sum of Percolation Rates 13.58 min/3in
Average of Rates: ____
Inches per Minute: ____
4.53 min/inch
5