Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003755

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380275801

Issued 12/31/03
Expires 06/30/04
Revenue Code 3157

Establishment

CHARLES & LIA LANGSTON
T8N R6E SEC 34 QTR NE
SW1/4 OF NE1/4 LOT 26&36
505 W SPRAGUE RD-ROCA

FEES: $200.00

Permittee

CHARLES & LIA LANGSTON
830 RUTLAND DR
APT 618
LINCOLN NE 68512

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

DEC 4 2003

Permit Number: 033802750 01

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 505 ~~E 56th~~ West Sprague Rd (no rural route) City ~~Sprague~~ Roca NE, Zip 68430

Legal Description SW¼ NE ¼ lots 26 & 36 of 34-8-6
(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 Charles & Lia Langston Signature Lia Langston

Address 830 Rutland Dr #618 City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 402-430-3468 Work Phone 402-474-4759

C. Contractor

Name Paul Weber Company Name Weber Well Co.

Address 10133 Willow Cove Ln City/State/Zip Firth, NE. 68358

☐ Check if contractor designed system Work Phone 402-580-8311

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

Designer Name _____ Firm _____ Work Phone _____

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 12/31/03 Date frwd 12/31/03 ACTION ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-4-03 Date frwd _____ ACTION ☒ Approved ☐ Disapproved Signature Carl Nielsen
3. **City or County Engineer** Date rec'd 1-2-04 Date frwd 1-2-04 ACTION ☒ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By [signature] Date 4/12/04

Business Office Use Only
Date Rec'd 12-26-03
Amt Paid #200 00
Rec'd By MF Cash/Check No. 1021

123-100 10-96 White - Health Dept. Yellow - Engineer Pink - Bldg. Inspector

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

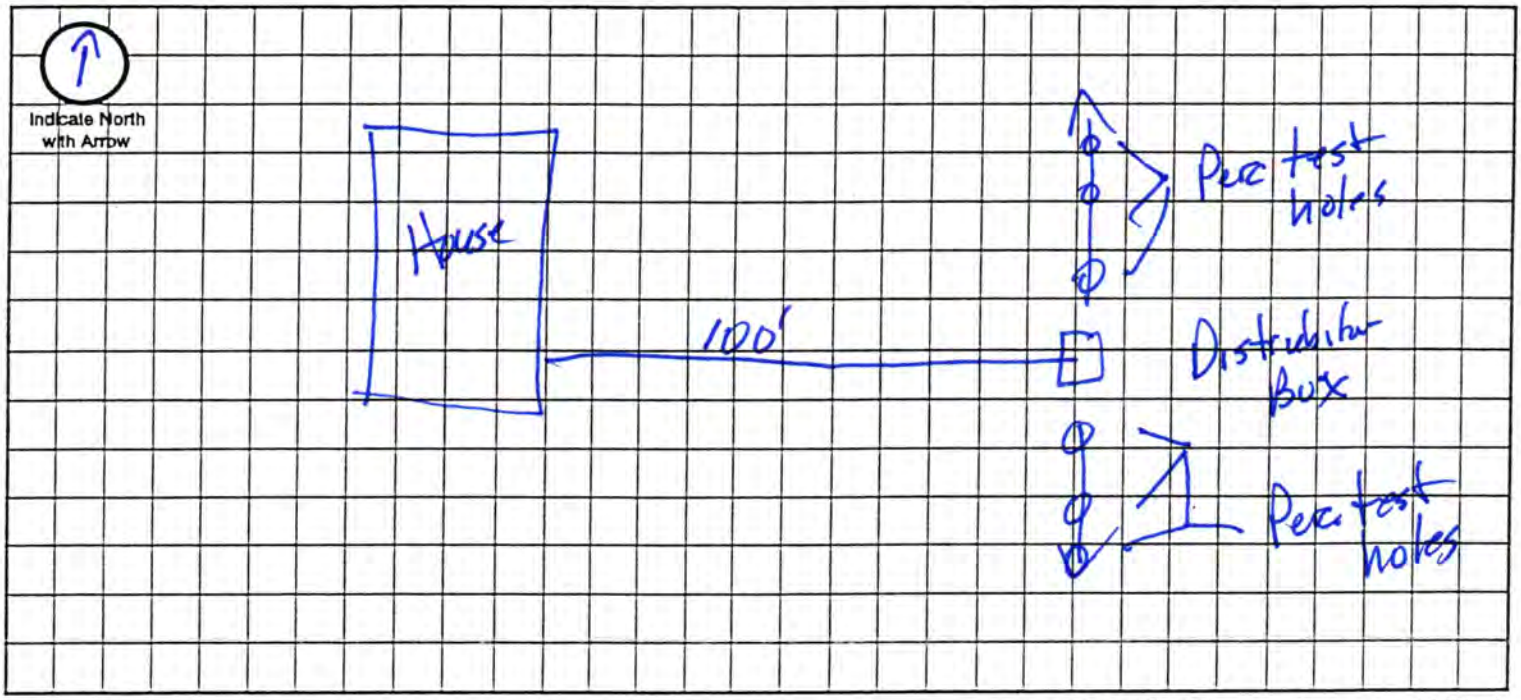
DEC 2 4 2003

Permit Number: 033802758

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) 505 West Sprague Rd City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 11 (min. per inch) Soil Type: STEINAUER LOAM & SHELBY CLAY LOAM IN AREA Land Slope: _____ %

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

Total Square Feet of Field Required: 630 sq. ft.

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

Capacity of Septic Tank 1500 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals _____ ft. Number of Trenches _____ Trench Width 4

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 Lia Longston Date 12-19-03

Installer Paul Weber - Weber Well Date 12-19-03

FORM 23-102 10-95

DEC 2[illegible] 2003

B

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

Permit Number: 03802758

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address East of Sprague NE (no rural route) City Sprague NE, Zip 68430

ordered By Paul Webber

Owner Mat Langston Addresss 505 west Sprague Road Raw. NE

Soil Type (SCS): Bhart V to sandy clay Percolation Rate: _____ min

Date of Tests 10-6 to 17th Weather: Precipitation Dry Temperature 80

Left to Right

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation R (Min/in)
1	36"	10-6	10.30	10-6	3.30	10.7	10.30	6"	10.7	11.00	30	3"	10
2	36"	10-6	10.30	10-6	3.30	10.7	10.30	6"	10.7	11.00	30	2½	12
3	36"	10-6	10.30	10-6	3.30	10.7	10.30	6"	10.7	11.00	30	4½	7
4	36"	10-6	10.30	10-6	3.30	10.7	10.30	6"	10.7	11.00	30	2"	15
5	36"	10-6	10.30	10-6	3.30	10.7	10.30	6"	10.7	11.00	30	4½	7
6	36"	10-6	10.30	10-6	3.30	10.7	10.30	6"	10.7	11.00	30	2"	15

Numbers start at North Location ~

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 11 MIN/IN

Person Conducting Percolation Tests

Name: Carl Weis

Phone: 1-402-787-2070

Address 26201 SW 29th

Martell NE 68404

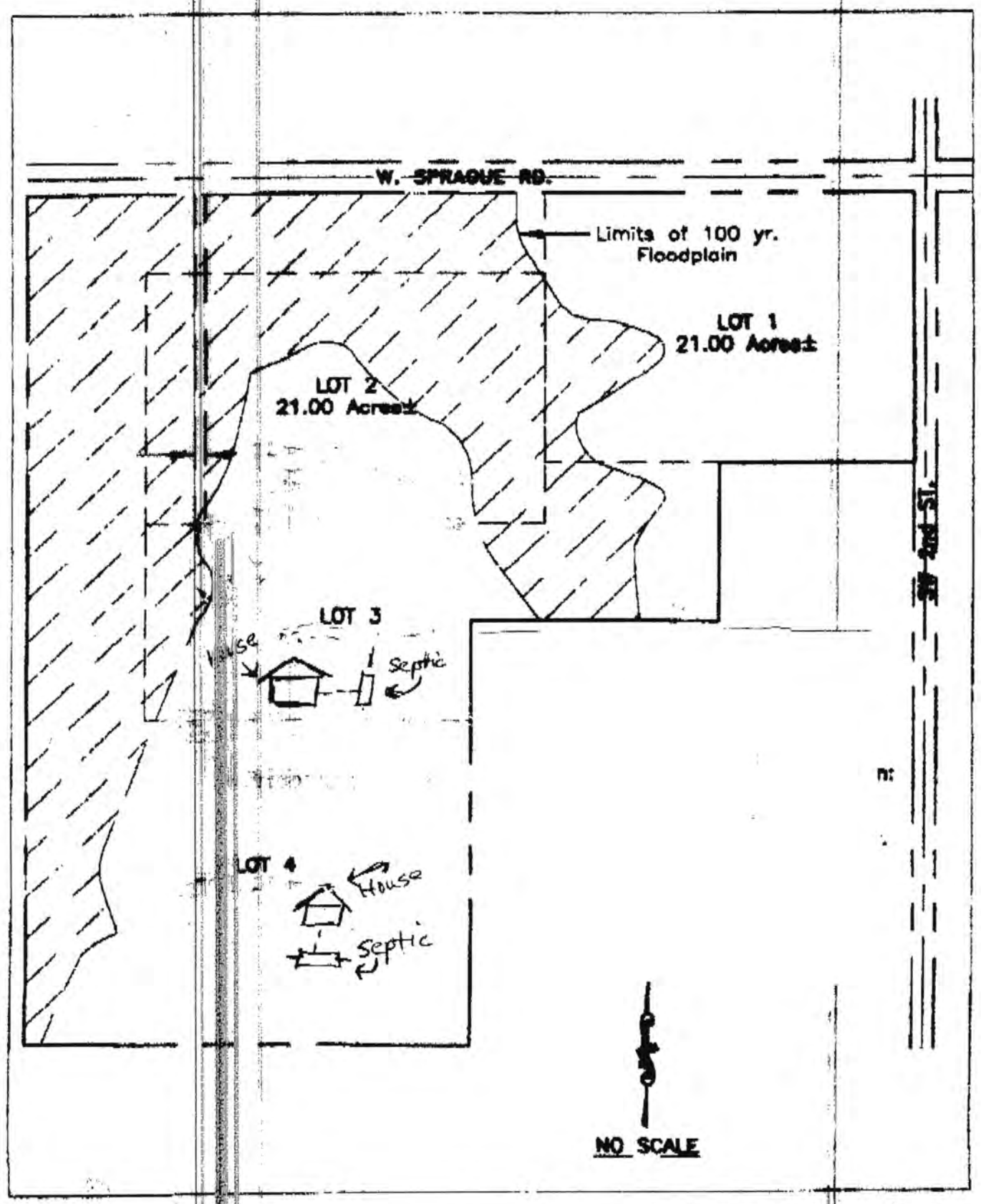
DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official Gerald C. Hood R.E.H.S. Date 12/31/03

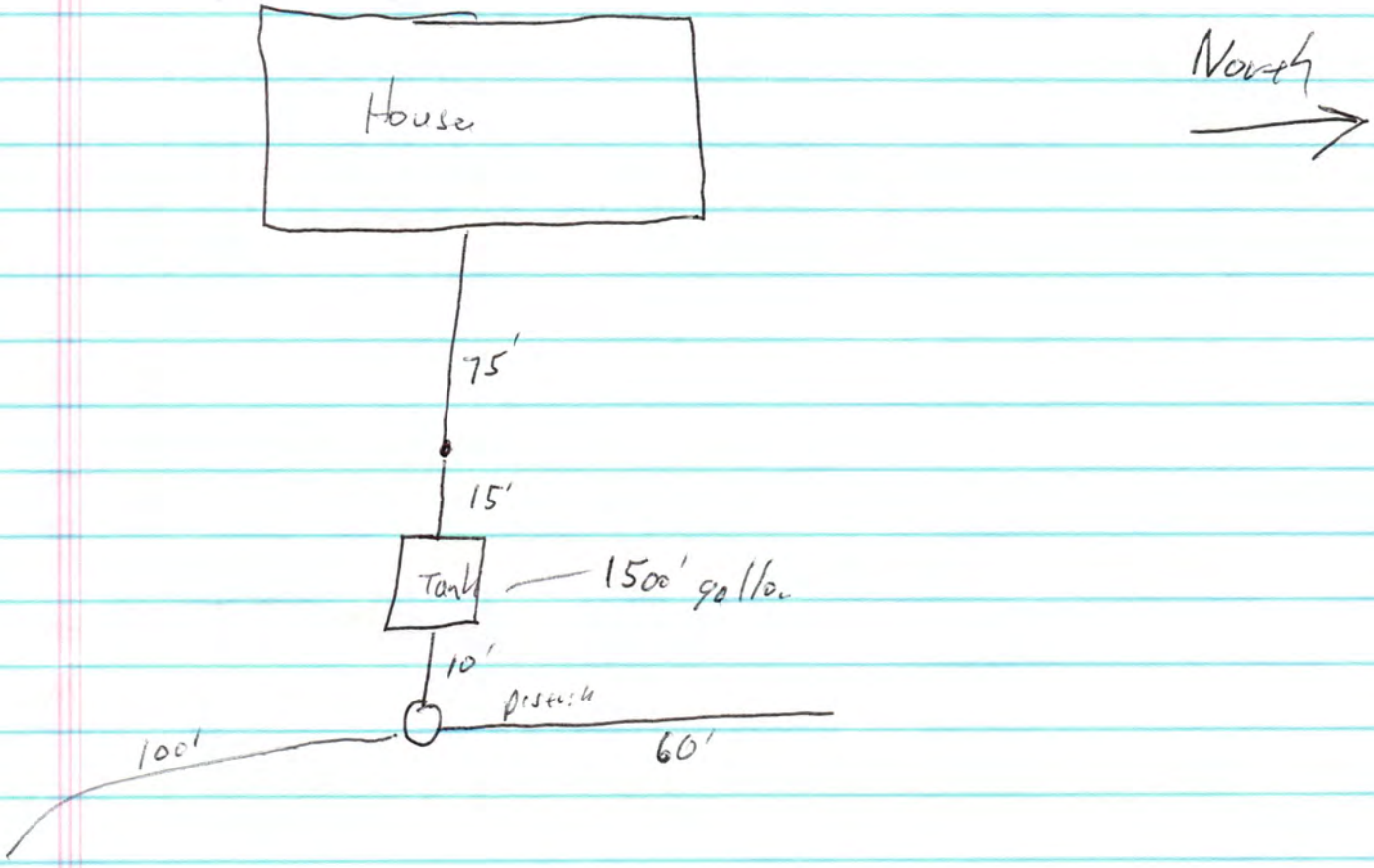
FORM 23-101 10-96



Lia Langston
430-3468

Well

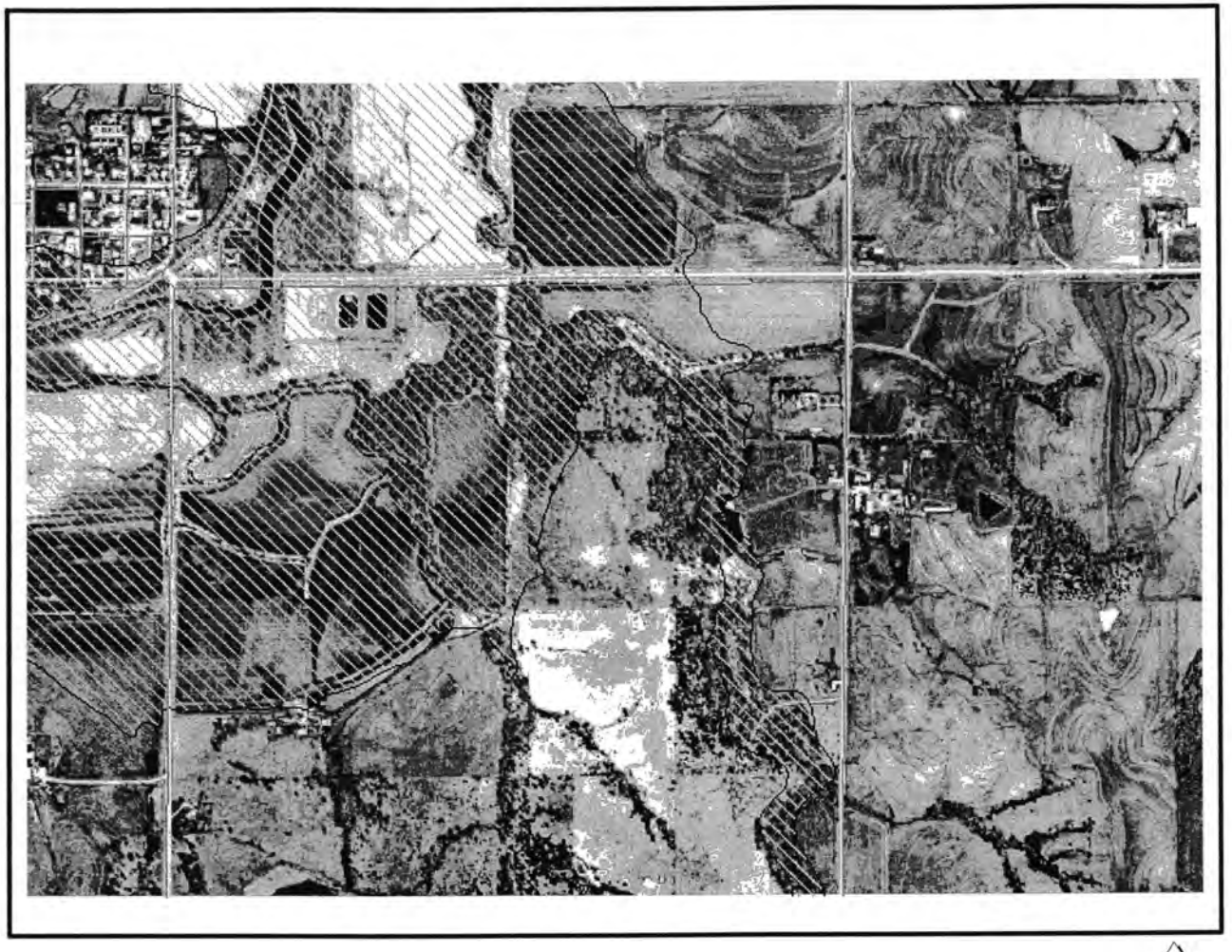
505 W. Spruce



field notes by D.S.

ESRI ArcExplorer 2.0

sw1/4ne1/4 & lots 26 &36 I.T.



Friday, Jan 2 2004

Lincoln-Lancaster County Health Department

ENVIRONMENTAL PUBLIC HEALTH DIVISION

3140 N STREET · LINCOLN, NE 68510-1514

003756

(402) 441-8000

Permit

SEWAGE INSTALLATION
SEPTIC SYSTEM

Permit # 03380275901

Issued 12/31/03
Expires 06/30/04
Revenue Code 3157

Establishment

CHARLES & LIA LANGSTON
T8N R6E SEC 34 QTR NE
SW 1/4 OF NE 1/4-IT LOT 26&36
511 W SPRAGUE RD-ROCA

FEES: $200.00

Permittee

CHARLES & LIA LANGSTON
830 RUTLAND DR
APT 618
LINCOLN NE 68512

TOTAL: $200.00

Bruce D. Dart

Bruce D. Dart, Health Director

EPH COPY

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

DEC 24 2003

Permit Number: 03380275901

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 511 West Sprague Rd (no rural route) City ~~Sprague~~ Roca NE, Zip 68430

Legal Description SW¼ NE¼ & lots 26 & 36 of 34-8-6
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 Charles & Lia Langston Signature Lia Langston

Address 830 Rutland Dr #618 City/State/Zip Lincoln, NE 68512

☐ Check if owner designed system Home Phone 402-430-3468 Work Phone 402-474-4759

C. Contractor

Name Paul Weber Company Name Weber Well Co

Address 10133 Willow Cove Ln City/State/Zip Firth, NE 68358

☐ Check if contractor designed system Work Phone 402-580-9311

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

Designer Name _____ Firm _____ Work Phone _____

E. This System Will Serve a

☒ Residential Dwelling Number of Bedrooms 2 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 12/31/03 Date frwd 12/31/03 **ACTION** ☒ Approved ☐ Disapproved Signature Jerrold C. Hood
2. **Supt. Bldg. Insp. or Village Clerk** Date rec'd 11-4-03 Date frwd _____ **ACTION** ☒ Approved ☐ Disapproved Signature Carl Ahrens
3. **City or County Engineer** Date rec'd 1-2-04 Date frwd 1-2-04 **ACTION** ☒ Approved ☐ Disapproved Signature [signature]

Installation Final Written Approval

By Doug Ahrens

Date 4/12/04

Business Office Use Only
Date Rec'd 12-26-03
Amt Paid $200.00
Rec'd By rdp Cash/Check No. 1021

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

DEC 2 4 2003

B

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

Permit Number: 03302759

Sewage Disposal System
Soil Absorption Test Data Report
Annex to Application

PLEASE PRINT OR TYPE

Ordered By Paul Webber

System Location (Indicate correct number and street)

Address East of Sprague NE (no rural route) City Sprague NE NE, Zip 68430

Owner Lia Langston Addresss ordered By Paul Webber West Sprague Rd Raca NE

Soil Type (SCS): Black to sandy clay Rocky Percolation Rate: _____ min.

Date of Tests 10-6 to 7 Weather: Precipitation Dry Temperature 80

~~North~~ South location

Percolation Test Data Table

A.	B.	C. D. E. F. Pre-Saturation Period				G. H. I. J. K. Percolation Readings					L. M. N. Results		
		Start		End		Start			End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time (Min)	Water Level Drop (in)	Percolation R (Min/in)
1	36"	10-6	11.00	10-6	4.00	10-7	11.00	6"	10.7	11.30	30	3"	10
2	36"	10-6	11.00	10-6	4.00	10-7	11.00	6"	10.7	11.30	30	1"	30
3	36"	10-6	11.00	10-6	4.00	10-7	11.00	6"	10.7	11.30	30	1"	30
4	36"	10-6	11.00	10-6	4.00	10-7	11.00	6"	10.7	11.30	30	2½	12
5	36"	10-6	11.00	10-6	4.00	10-7	11.00	6"	10.7	11.30	30	4"	7.5
6	36"	10-6	11.00	10-6	4.00	10-7	11.00	6"	10.7	11.30	30	3"	12

← 2 Numbers short at ~~North~~ East location

Sum of Percolation Rates: _____

Average of Rates: _____

Rate Used for Calculation: 30 MIN/IN.

Person Conducting Percolation Tests

Name: Carl Weis

Phone: 1-402-787-2070

Address Mitchell NE 68404

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

FORM 23-101 10-96

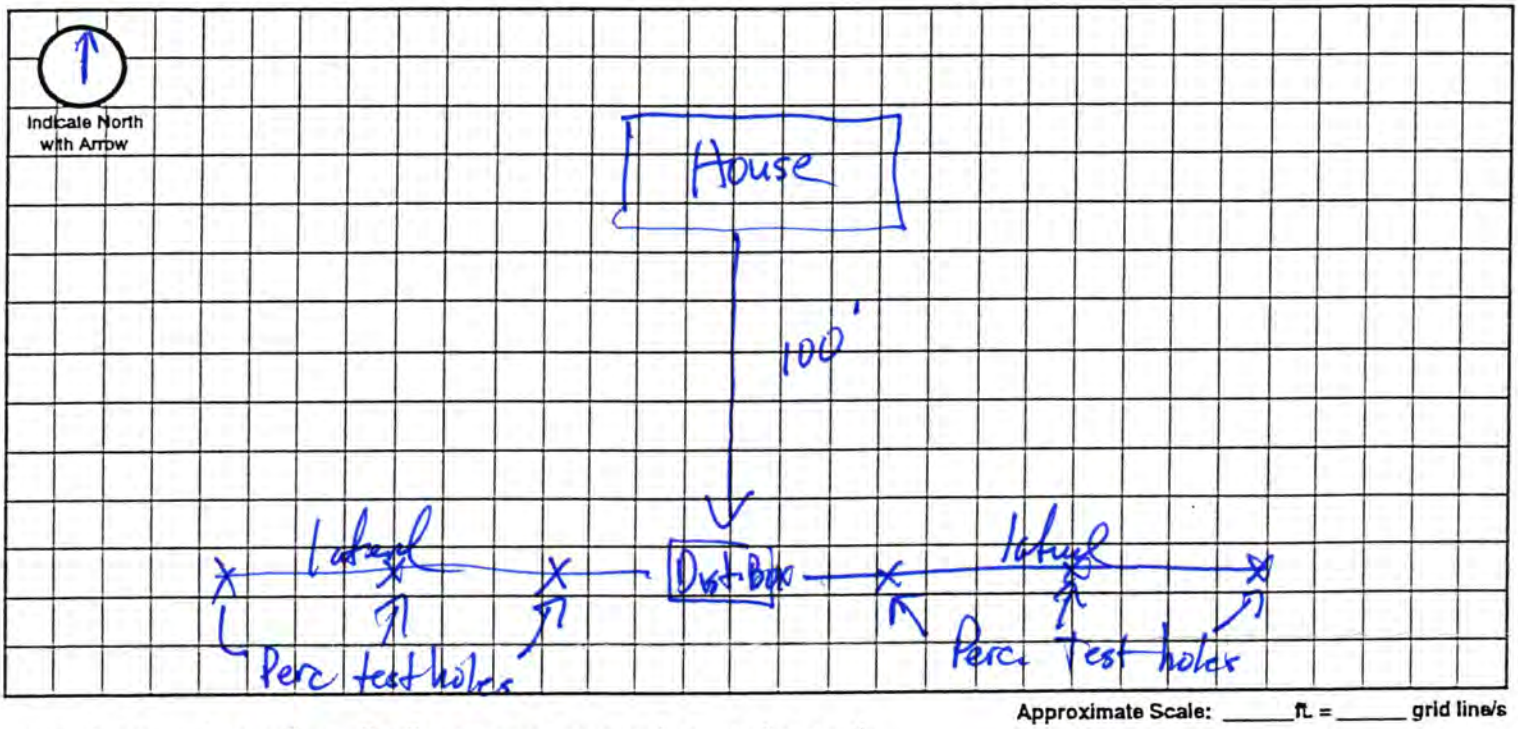
Lincoln-Lancaster County Health Department
Environmental Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

DEC 4 2003

Permit Number: 033802759

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) 511 West Sprague Rd City Roca NE, Zip 68430

B. Proposed Septic Tank/s

Tank Material: ☒ Concrete ☐ Plastic ☐ Other _____

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

Percolation Rate 30 (min. per inch) Soil Type: _____ Land Slope: _____ %

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

Total Square Feet of Field Required: 500 sq. ft.

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

Capacity of Septic Tank 1250 gals Number of Absorption Beds: _____ Number of Distribution Laterals per Bed _____

Total Length of Laterals 125 ft. Number of Trenches _____ Trench Width 4'

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

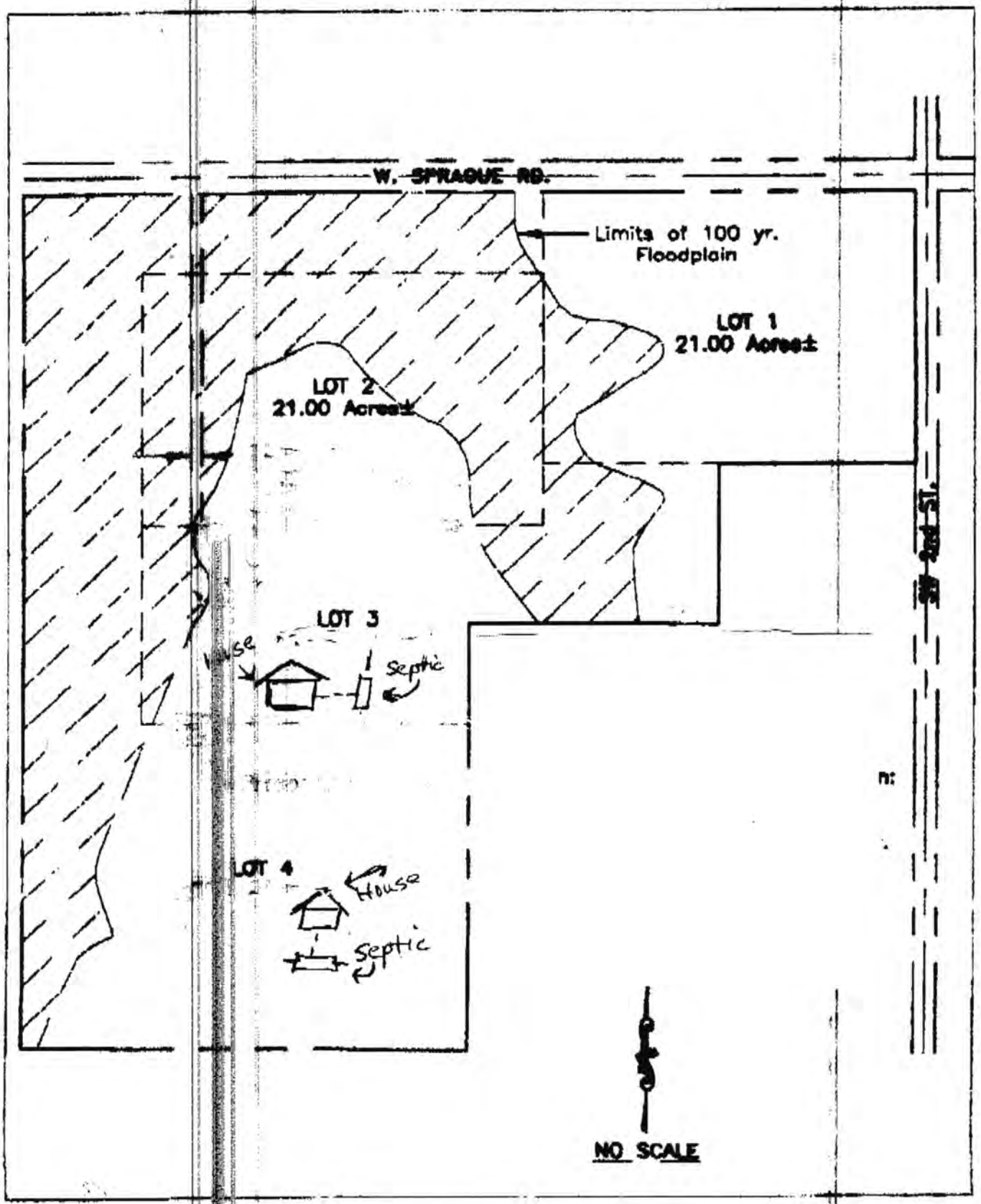
Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☒	500 ☐	50 ☒	NA ☐	25 ☒	20 ☒	15 ☒	25 ☒	☒
Field (ft)	100 ☒	500 ☐	50 ☒	4 ☐	30 ☒	20 ☒	30 ☒	40 ☒	☒
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐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

E. Required Signatures

Home Building Contractor Lia Lonepten Date 12-19-03

Installer Paul Weber - Weber Well Date 12-19-03

FORM 23-102 10-96



Lia Langston
430-3468

ESRI ArcExplorer 2.0

sw1/4ne1/4 & lots 26 &36 I.T.

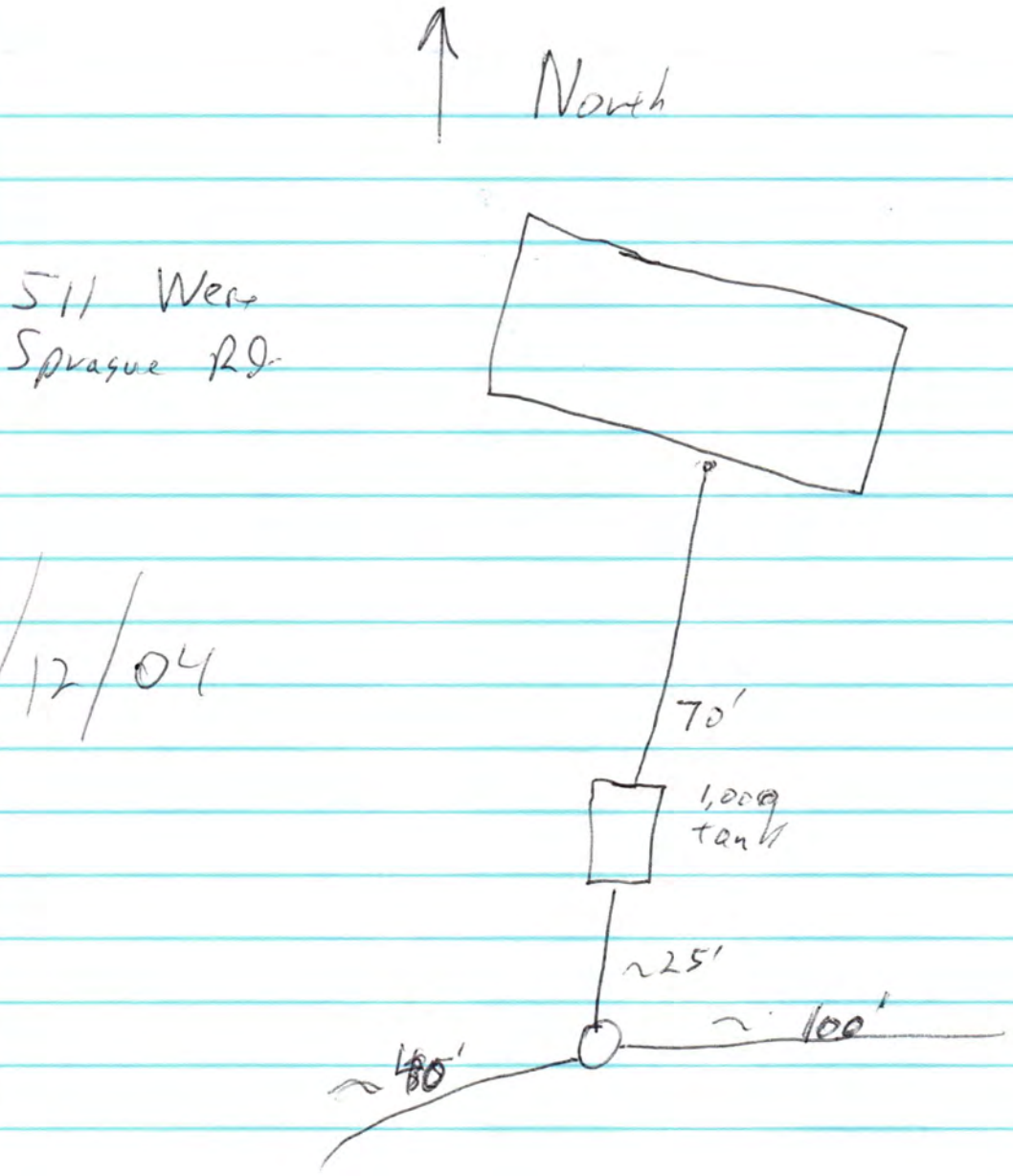


streets

flood1

N

Friday, Jan 2 2004



4/12/04

Field Notes by D.S