Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS001649

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* _____ City _____, NE Zip _____

Legal Description (no rural route) Sec 19 T10N R5E 6th PM Oak Pause Estates 3rd 2

1/4 1/4 Section Township Range ~~Subdivision~~ Addition Block Lot

PID 0419103002000 *Approx. Address (If to be determined) _____

B. Owner

Name Travis Tonniges Signature _____

Address 7101 Wastewater LN City/State/Zip Lincoln NE 68521

Home Phone _____ Work Phone 402-430-2582

C. Certified Installer

Name: Scott Haes Signature Scott Haes

Address 9800 Breagan Road City/State/Zip Lincoln, NE 68526

Work Phone 402-499-1166

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____

Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.02

Garbage Grinder? ☐ 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

1. Health Department
Site visits _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
_____ Date frwd _____ Signature _____
Comments _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
_____ Date frwd _____ Signature _____

3. City or County Engineer
Comments _____ Date rec'd _____ ACTION ☐ Approved ☐ Disapproved
_____ Date frwd _____ Signature _____

Installation Final Written Approval
By _____
Date _____

Business Office Use Only
Date Received 4-23-18 Amount Paid $405.00
Received By JAO Cash/Check No. 2398

White - Health Department Yellow - Engineer Pink - Building & Safety

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS001649

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/25/2018

Expires: 4/25/2019

Description:

Owner: TONNIGES, TRAVIS J & KELSI E
10315 SPYGLASS DR
OMAHA, NE 68136

Shavonna M. Lausterer, MPH, CPH, Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Shavonna M. Lausterer, MPH, CPH
Health Director

PRO LINE CONSTRUCTION LLC
9721 MARCEL CIR
LINCOLN, NE 68526

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS001649

Onsite Wastewater Treatment System

Inspection Sheet

Date _____ Legal Description _____

¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) _____ City _____

Owner _____ Address _____

Mark One: ❑Dwelling ❑Non-dwelling

❑New System ❑Alteration [❑Tank Only ❑Trench Only] ❑Lateral Only

❑Temporary modification (Describe problem causing discharge and reason for temporary modification): _____

_____

Drainfield Absorption System:

☒ Lateral ❑ Bed ❑ Non-standard (engineer-designed and NDEQ approved) ❑ Holding Tank ❑ Trench

Total square feet of drainfield 2500 Sq. Ft. Tank Size 2000 gals

Total length of laterals 500 Type of Distribution: ☒ Chamber ❑ Perforated Pipe ❑ Other (describe)_____

No. of Absorption Laterals 4 Width 5 No. of Drop Boxes 0 Distribution Box 1

Leveling Method Used laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☒	500 ☒	50 ☒	NA ☒	10 ☒	5 ☒
Field (ft)	100 ☒	500 ☒	50 ☒	4 ☒	25 ☒	5 ☒

Geographical Coordinates to 6 Decimals:

Tank_____

Lateral #1_____ Lateral #3_____

Lateral #2_____ Lateral #4_____

Comments:

Inspections prior to Final Approval
Initial _____ Date _____

Follow-Up _____ Date _____

Follow-Up _____ Date _____

Installation Final Written Approval
By _____

Date 3/5/19

Field Note Drawing (See Reverse Side):

flare
load
shell
50'
400'
4 slits each
5' wide
25'2" apart

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

SCANNED

A

Permit Number HS001649

Onsite Wastewater Treatment System Permit Application

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☐ Septic System ☒ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* _____ City _____, NE Zip _____
(no rural route)

Legal Description Oak Prairie Estates Sec 19 T10N R5E 3rd Add 2
1/4 1/4 Section Township Range ~~Subdivison~~ Addition Block Lot

PID 0419103002000 *Approx. Address (If to be determined) _____

B. Owner

Name Travis Tonniges Signature _____
Address 7101 Wastewater LN City/State/Zip Lincoln NE 68521
Home Phone _____ Work Phone 402-430-2552

C. Certified Installer

Name: Scott Haes Signature Scott Haes
Address 9800 Breezewood Road City/State/Zip Lincoln, NE 68526
Work Phone 402-499-1166

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number: _____
Designer Name _____ Firm _____ Work Phone _____

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 5 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.02
Garbage Grinder? ☐ 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

1. Health Department
Site visits _____
Comments _____
Date rec'd 4/25/18
Date frwd 4/25/18
ACTION ☒ Approved ☐ Disapproved
Signature _____

2. Supt. Bldg. Insp. or Village Clerk
Comments _____
Date rec'd 4-23-18
Date frwd 4-23-18
ACTION ☐ Approved ☐ Disapproved
Signature _____

3. City or County Engineer
Comments _____
Date rec'd 4-23-2018
Date frwd 4-23-2018
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By _____
Date 3/5/19

Business Office Use Only
Date Received 4-23-18 Amount Paid $405.00
Received By JAO Cash/Check No. 2398

White - Health Department Yellow - Engineer Pink - Building & Safety

MAY 17 2018

B

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

Permit Number:

Sewage Disposal System

Soil Absorption Test Data Report

Annex to Application

PLEASE PRINT OR TYPE

System Location (Indicate correct number and street)

Address 1301 Oak Prairie Cir (no rural route) City Lincoln NE, Zip 68528

Owner Travis Tonniges Address

Soil Type (SCS): May Berry Percolation Rate: 47 min./inch

Date of Tests 5-10-2018 to 5-11-2018 Weather: Precipitation 1" Rain Temperature 67°

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 Rates (Min/in)
1	24	5/10	1130	5/11	1030	5/11	1030	6	5/11	230	30	.75	40
2	24	5/10	1130	5/11	1030	5/11	1030	6	5/11	230	30	.63	.47
3	24	5/10	1130	5/11	1030	5/11	1030	6	5/11	230	30	.63	.47

Sum of Percolation Rates: 134
Average of Rates: 45
Rate Used for Calculation: 47

Person Conducting Percolation Tests

Name: Scott Haes
Phone: 402-423-3553
Address 9800 Breegan Rd
Lincoln, NE 68526

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks

Signature of Reviewing Official Date

FORM 23-101 10-96

NOV 30 2018

D Exhibit 4

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Permit Number: HS 001649

Onsite Wastewater Treatment System
As-Built Description and Drawing

Type of Onsite Wastewater System: ☐ Lagoon (Skip to Back Page) ☒ Subsurface Septic ☐ Mound

Onsite Wastewater System Location

Address or Legal Description or Parcel Identification Number (PID) OAK PRAIRIE ESTATES 3rd ADD LOT #2

Owner: TRAVIS JONNIGES Address 1301 OAK PRAIRIE CR

A. Wastewater Piping

1. Material: PVC Diameter: 4 in.
2. Distance between dwelling and septic tank: 97 ft.

B. Septic Tank

1. Material CONCRETE
2. Capacity: 2000
3. Depth to top of tank, below unfinished grade: 30 in.
4. Distance to:
   Well 175 ft.
   Pressure line 75 ft
   Property Line 75 ft.
   Foundation 97 ft.

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: _____ ft. _____

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☒ Chamberless ☐ Other
   Material brand and inside width of Chamberless:
   Q4 30
2. Number of Laterals: 4
3. Length of each lateral (linear): ft 125 ft. 125 ft 125 ft. 125
4. Drainfield size: 2500 sq. ft.
5. Distance to:
   Well 135 ft.
   Pressure line 75 ft.
   Property line 75 ft.
   Depth of Groundwater 710

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☒ No

If Yes, the Certified Professional must sign below for final approval:

I swear and affirm that the system complies with Lincoln Municipal Code (LMC) 24.38 and/or County Resolution R-13-0062 requirements and that the information and documentation submitted are true and accurate.

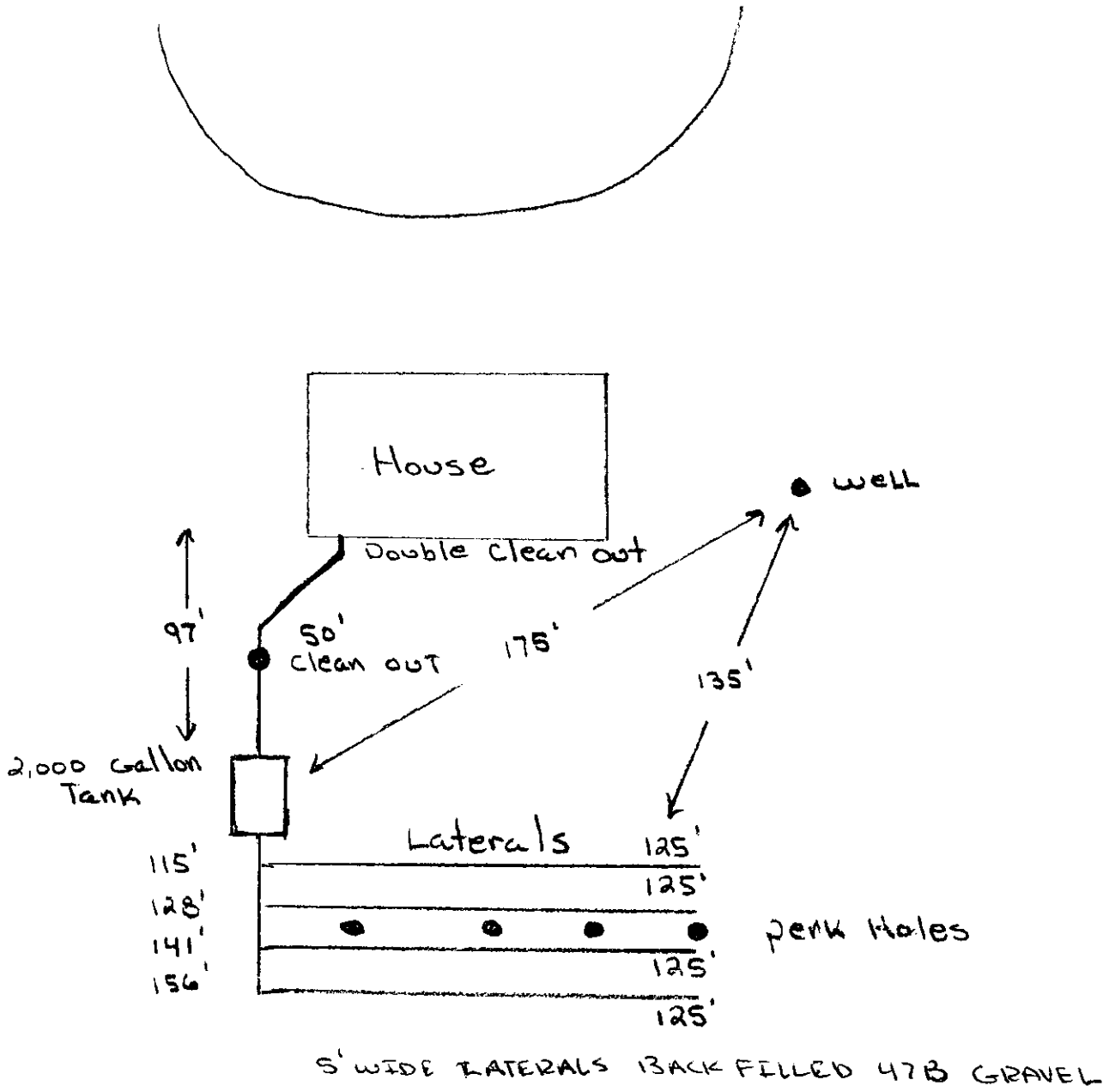
Scott Drew C1361 11-27-2016

Certified Professional Signature: _____ Date: _____

Complete As-Built drawing on the back of this form.

Updated 4/15

DRAWING →



5' WIDE LATERALS BACK FILLED 47B GRAVEL