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

A

Permit Number
#500 1755

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* 2733 (no rural route) Jacs Lane City Lincoln, NE Zip 68523

Legal Description S17 T9 R6 Twin Pines 3 3 (Lot)
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-17-403-003-000 *Approx. Address (If to be determined)

B. Owner

Name Josh Jennifer Bunstak Signature

Address 3121 Browning Street City/State/Zip Lincoln NE 68516

Home Phone 360-204 6173 Work Phone

C. Certified Installer

Name: Troy Ross Signature

Address 2215 Lothrop Lake Cir City/State/Zip Crete NE 68333

Work Phone 402-610-1809

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
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
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 10-16-18 Amount Paid $420.00
Received By AO Cash/Check No. 2229

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. HS001755

System Type: Lagoon

Situs: 2733 JACS LN, LINCOLN, NE 68523

Issued: 10/17/2018

Expires: 10/17/2019

Description: TWIN PINES ADDITION, BLOCK 3, Lot 3

Owner: BUNSTOCK, JOSHUA E SR &
JENNIFER I
486 NW STENDAHL CT
POULSBO, WA 98370

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

TROY ROSS
2215 LOTHROP LAKE CIR
CRETE, NE 68333

#5001755

Darcie Ross

From: Darcie Ross
Sent: Monday, November 5, 2018 2:37 PM
To: nhartman@lincoln.ne.gov
Cc: Darcie Ross
Subject: Bunstock
Attachments: bunstock perc.pdf

Nate

I came in and pulled the permit on this house as a lagoon so that Ben could get started on the house. Troy got the perc Test done (attached). Will you please have the permit changed from lagoon to septic?
Thank you
Darcie Ross
Ross Plumbing

Get Outlook for iOS

Nebraska DEQ

Onsite Wastewater Treatment System
Soil Percolation Test Data Sheet

Owner Name Josh Bunstock Phone _____

Address 2733 Jacs LN (City) Lincoln (State) NE (Zip) _____

Location (Attach a sketch of the property showing test hole locations)

__ ¼ __ ¼ Section __ Township __ Range __ County

Lot # _____ Subdivision _____

Soil Type (Check one)

Sand ___ Silt ___ Clay ___ Sandy Clay ___ Loamy Sand ___ Silty Clay ___

Silty Clay Loam ✓ Sandy Loam ___ Silt Loam ___

Dates of Test

Start Date 10-23 to End Date 10-24, 2018

Weather Conditions

Precipitation -0- Avg. Temp 50 °F

Percolation Test Measurements and Data

Hole No.	Hole Depth (in.)	Pre-saturation Period: Start Date (Mo./Day)	Pre-saturation Period: Start Time (Hr./Min)	Pre-saturation Period: End Date (Mo./Day)	Pre-saturation Period: End Time (Hr./Min)	Percolation Readings (last period): Start Date (Mo./Day)	Percolation Readings (last period): Start Time (Hr./Min)	Percolation Readings (last period): Start Water Level (inch)	Percolation Readings (last period): End Time (Hr./Min)	Percolation Readings (last period): End Water Level Drop (inch)	Results: Elapsed Time (minutes)	Results: Drop in Water Level (inches)	Results: Percolation Rate (m ÷ l) (Minutes per inch)
1	30"	10-23	1:00	10-24	8:15	10-24	8:15	17"	8:45	13 3/4	30	3 1/4	9.2
2	"	"	"	"	"	"	"	16 1/2"	"	13 1/2	"	3	10
3	"	"	"	"	"	"	"	20 1/2	"	18 1/4	"	2 1/4	13.3

Tests must be performed by a certified professional, a professional engineer or a registered environmental health specialist.

Signature _____

Certificate or License # 2705

Address 2215 Lothrop Lake Cir.

City Crete St. NE Zip 68333

Phone 402-610-1809

Sum of Percolation Rates = 32.53

Avg. of Percolation Rates* = 10.84
(sum of rates ÷ number of tests)
(minutes per inch)

* If rates vary by more than 20 min/in., do not average. Use slowest rate measured for sizing soil absorption area.

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

SCANNED

A

Permit Number
#500 1755

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* 2733 (no rural route) Jacs Lane City Lincoln, NE Zip 68523

Legal Description S17 T9 R6 Twin Pines 3 3 840

1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 09-17-403-003-000 *Approx. Address (If to be determined)

B. Owner

Name Josh Jennifer Bunstak Signature

Address 3121 Browning Street City/State/Zip Lincoln NE 68516

Home Phone 360-204 6173 Work Phone

C. Certified Installer

Name: Troy Ross Signature

Address 2215 Lathrop Lake Cir City/State/Zip Crete NE 68333

Work Phone 402-610-1809

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

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 10/17/18
Date frwd 10/17/18
ACTION ☑ Approved ☐ Disapproved
Signature

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

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

Installation Final Written Approval
By
Date 10/29/19

Business Office Use Only
Date Received 10-16-18 Amount Paid $420.00
Received By Cash/Check No. 2229

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

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

D

Permit Number:

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) 2733 Jacs LN

Owner Josh Bunstock Address 2733 Jacs LN Lincoln NE

A. Wastewater Piping

1. Material: PVC Diameter: 4" in.
2. Distance between dwelling and septic tank: 40 ft.

B. Septic Tank

1. Material: Plastic
2. Capacity: 1500 gal.
3. Depth to top of tank, below unfinished grade: 28 in.
4. Distance to:
   - Well 200+ ft.
   - Pressure line 50 ft.
   - Property line 150 ft.
   - Foundation 20 ft

C. Distribution Box or Drop Box

Distance and Direction from septic tank: 23 ft.

D. Drainfield/Absorption Field (circle one)

(Trench) Bed

1. Type: Perforated Pipe Chamberless Other

Material brand and inside width of Chamberless: Infiltrator, EZ-Flow

2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 80 ft. 80 ft. 80 ft. ____ ft. ____
4. Drainfield size: 1050 sq. ft.
5. Distance to:
   - Well 250 ft.
   - Pressure line 100 ft.
   - Property line 40' ft.
   - Depth of Groundwater ____

Was the Onsite Waste Water System covered prior to LLCHD inspection? (YES) NO

Allowed to cover while in Process

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 02-0030 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature _____ Date 4-29-19

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



Nate C. Hartman

From: Darcie Ross <darcie@rossplumbingco.com>
Sent: Friday, October 25, 2019 1:46 PM
To: Nate C. Hartman
Subject: Jacs Lane Form d
Attachments: 2733 jacsln.pdf

Nate,
I'm sorry I thought I had already sent this in to your office. Please confirm receipt.
Thanks!
Darcie

REC'D MAY 22 2019

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

D

Permit Number: HS001755

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) 2733 Jacs LN

Owner Josh Bunstock Address 2733 Jacs LN Lincoln NE

A. Wastewater Piping

1. Material: PVC Diameter: 4" in.
2. Distance between dwelling and septic tank: 40 ft.

B. Septic Tank

1. Material: Plastic
2. Capacity: 1500 gal.
3. Depth to top of tank, below unfinished grade: 28 in.
4. Distance to:
   - Well 200+ ft.
   - Pressure line 50 ft.
   - Property line 150 ft.
   - Foundation 20 ft

C. Distribution Box or Drop Box

Distance **and** Direction from septic tank: 23 ft.

D. Drainfield/Absorption Field (circle one)

(Trench) Bed

1. Type: Perforated Pipe Chamberless Other

Material brand and inside width of Chamberless: Infiltrator

2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 80 ft. 80 ft. 80 ft. ____ ft. ____
4. Drainfield size: 1050 sq. ft.
5. Distance to:
   - Well 250 ft.
   - Pressure line 100 ft.
   - Property line 40' ft.
   - Depth of Groundwater ____

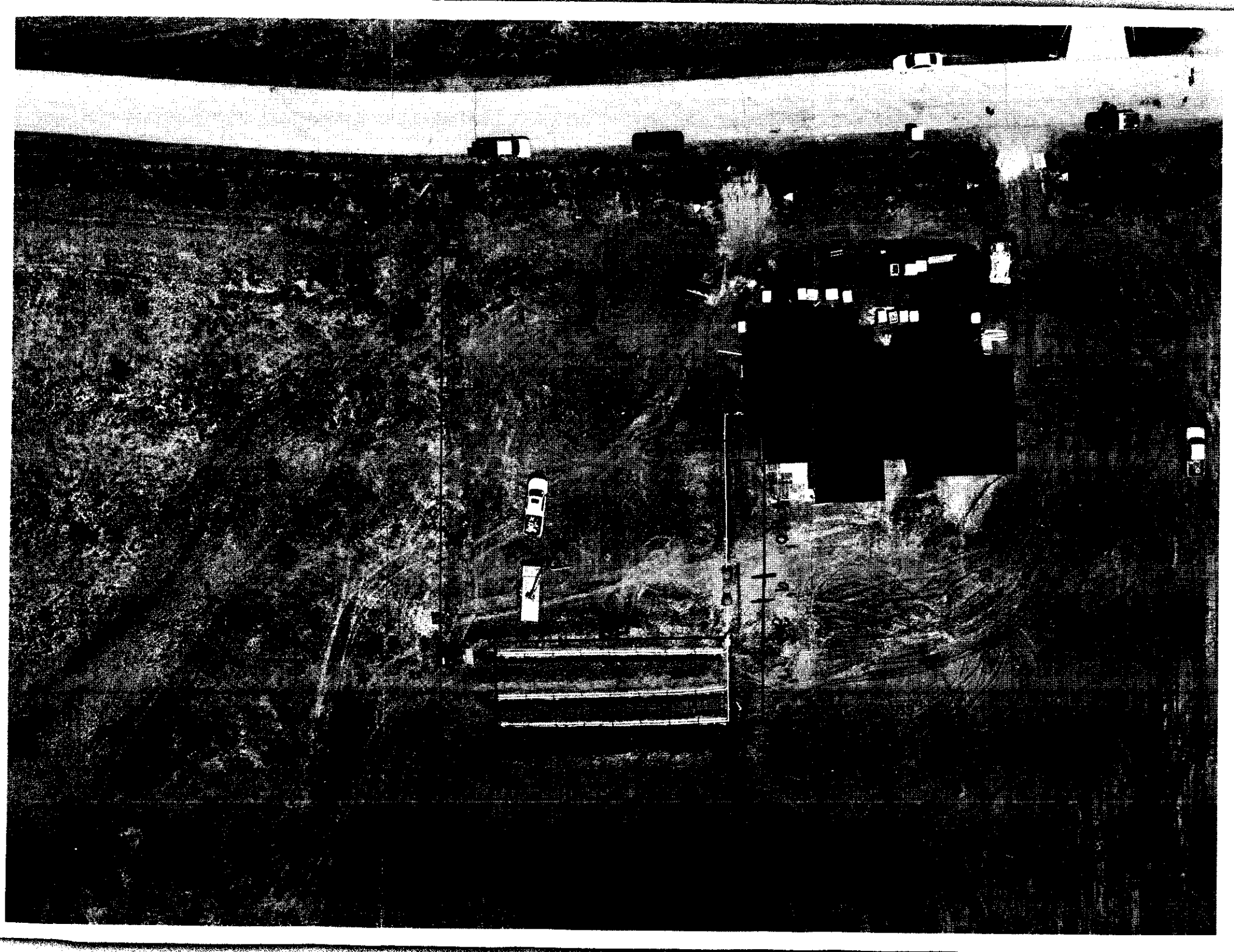
Was the Onsite Waste Water System covered prior to LLCHD inspection? (YES) NO

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 02-0030 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature [signature] Date 4-29-19

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



SCANNED

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

D

Permit Number:

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) 2733 Jacs LN

Owner Josh Bunstock Address 2733 Jacs LN Lincoln NE

A. Wastewater Piping

1. Material: PVC Diameter: 4" in.
2. Distance between dwelling and septic tank: 40 ft.

B. Septic Tank

1. Material: Plastic
2. Capacity: 1500 gal.
3. Depth to top of tank, below unfinished grade: 28 in.
4. Distance to:
   - Well 200+ ft.
   - Pressure line 50 ft.
   - Property line 150 ft.
   - Foundation 20 ft

C. Distribution Box or Drop Box

Distance **and** Direction from septic tank: 23 ft.

D. Drainfield/Absorption Field (circle one)

(Trench) Bed

1. Type: Perforated Pipe Chamberless Other

Material brand and inside width of Chamberless: Infiltrator, EZ-Flow

2. Number of Laterals: 3
3. Length of each lateral (linear): ft. 80 ft. 80 ft. 80 ft. 80 ft. ____
4. Drainfield size: 1050 sq. ft.
5. Distance to:
   - Well 250 ft.
   - Pressure line 100 ft.
   - Property line 40' ft.
   - Depth of Groundwater ____

allowed to cover while in field - PH

Was the Onsite Waste Water 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 02-0030 requirements and that the information and documentation submitted are true and accurate.

Certified Professional Signature _____ Date 4-29-19

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

SCANNED

