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

A

Permit Number HS002204

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* 20090 NW 167th ST (no rural route) City Raymond NE Zip 68428

Legal Description S13 T12 R5 Coyote Ridge 2 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 0613302002000 *Approx. Address (If to be determined)

B. Owner

Name Vasyliy Novoselov Signature Vasyliy

Address 5327 W. Cleveland City/State/Zip 68524

Home Phone (402) 6014334 Work Phone (402) 6014334

C. Certified Installer

Name: Harry Muhlbach Signature Harry Muhlbach

Address 1427 N 56th City/State/Zip Lincoln, Ne 68514

Work Phone 402-430-7304

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 6 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 700 gpd

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 Amount Paid
Received By Cash/Check No.

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

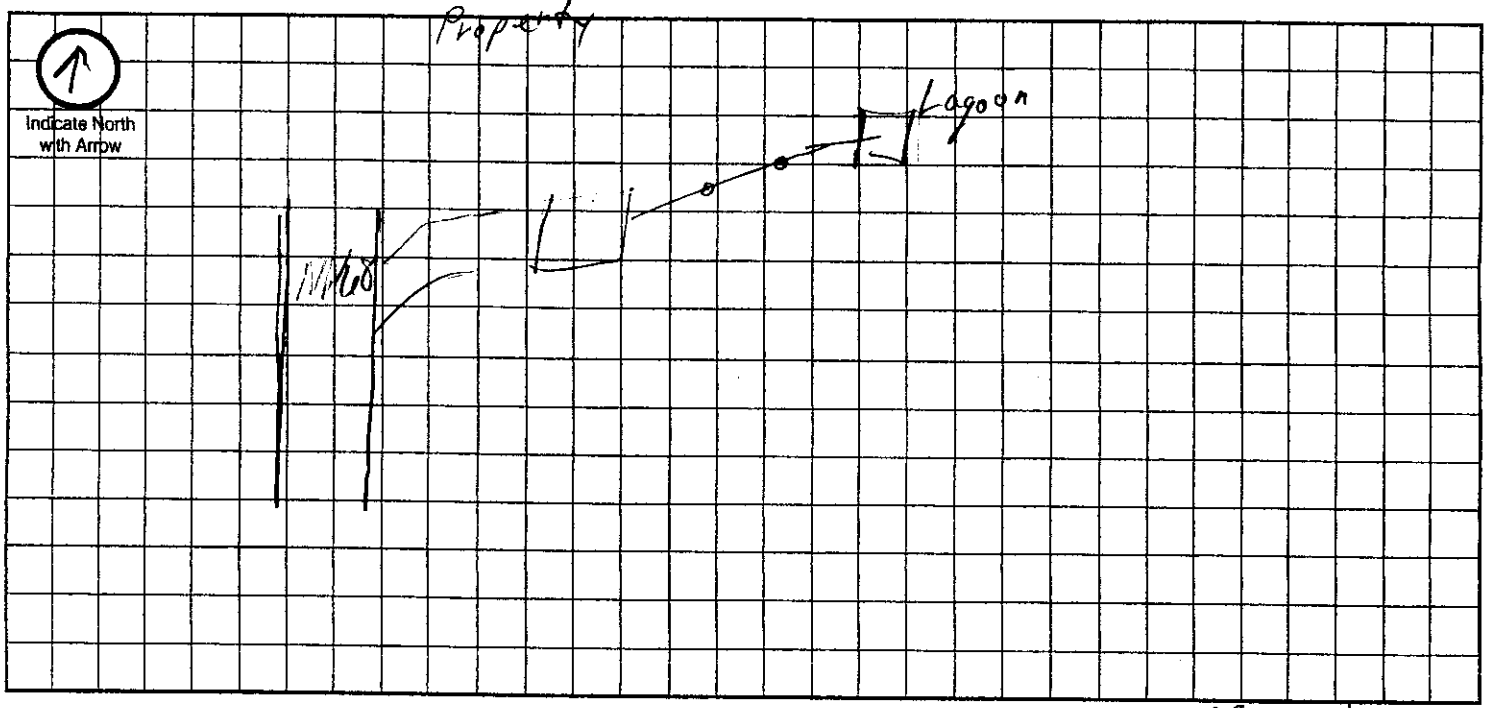
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: 25 ft. = 1 grid line/s

A. Onsite System Location

Address (no rural route) NW 68 City _____ NE, Zip _____

B. Proposed Septic Tank/s

Septic Tank Cap._____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other_____ ☒ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percoloation test required) ☒ Lagoon

D. Drainfield Absorption System

Percolation Rate_____ (min/inch = mpi) No. of Bedrooms_____ Soil Type Sharpburg/Judson Land Slope 3 %

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield_____sq.ft.

Total length of laterals_____ Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☐ Other

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. 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 ☒	☒

F. Required Signatures

Home Building Contractor Aleksandr Kosirskiy Date 4/14/21

Installer Harry Millbrandt Date 4-14-21

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. HS002204

System Type: Lagoon

Situs: No Site Address Specified

Issued: 4/26/2021

Expires: 4/26/2022

Description: COYOTE RIDGE ADDITION, BLOCK 2, Lot 2

Owner: NOVOSELOV, VASILIY & INNA
5327 W CLEVELAND AVE
LINCOLN, NE 68524

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Interim 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.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

ALEX KOSINSKIY
5200 W MILL RD
RAYMOND, NE 68428

DEPARTMENT 3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

EXHIBIT 5

Permit Number: HS0022204

Onsite Wastewater Treatment System

Inspection Sheet

Date 1/13/22 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 20090 NW 67th 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 1,651 Sq. Ft. Tank Size 2 tanks - each 1,500 3,000 gals

Total length of laterals 367' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☐ Other (describe) ____

No. of Absorption Laterals 4 Width 4.5 Factor No. of Drop Boxes ____ Distribution Box ____

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 ____ NA

Lateral #1 ____ Lateral #3 ____

Lateral #2 ____ Lateral #4 ____

Comments:

Inspections prior to Final Approval
Initial ____ Date 12/19/21

Follow-Up ____ Date ____

Follow-Up ____ Date ____

Installation Final Written Approval
By ____

Date 1/13/22

Id Note Drawing (See Reverse Side):

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 20093 NW 67th St (no rural route) City Raymond NE, Zip 68428

Owner Vern Hausdorfer Address Same

Date of Tests 9-23-21 to 9-24-21 Weather: Precipitation Dry Temperature 85°

Percolation Test Data Table

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	M.	N.
		Saturation/Swelling Time				Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					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)	Initial Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	24"	9/23	8:00	9/23	5:00	9/24	11:00	6	9/24	9:30	30 min	.75	40
2	24"	"	8:20	"	5:05	"	11:05	6	"	9:35	"	1.00	30
3	24"	"	8:10	"	5:00	"	11:00	6	"	9:40	"	.50	45
4	24"	"	8:15	"	5:00	"	11:00	6	"	9:35	"	1.00	30
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Steve Ruhlack

Phone: 402-435-9304

Address 14217 W Sc 22 Lincoln NE 68523

Soil type (NRCS Maps/Other) Shrewsbury-Judson silty clay loams

Groundwater Depth 15 plus ft

Sum of Percolation Rates: 147

Average of Rates: 37

Rate Used for Calculation: 30 - 40

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.) _____

Signature of Reviewing Official _____ Date _____

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

D Exhibit 4

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) 20090 NW 69

Owner: Vasily Novosel Address Raymond, Ne 68428

A. Wastewater Piping

1. Material: PVC Sed 40 Diameter: 4 in.
2. Distance between dwelling and septic tank: 110 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 3000 gals
3. Depth to top of tank, below unfinished grade: 12 in.
4. Distance to:
   Well 230 ft.
   Pressure line 100 ft
   Property Line ____ ft.
   Foundation 110 ft.

C Distribution Box or Drop Box

Distance and Direction from septic tank: 50 ft. East

D. Drainfield/Absorption Field

☒ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☒ Other
   Material brand and inside width of Chamberless: EZ Flow 36"
2. Number of Laterals: 4
3. Length of each lataral (linear): ft. 150 ft. 150 ft. 70 ft. 60
4. Drainfield size: 1650 sq. ft.
5. Distance to:
   Well 200 + ft.
   Pressure line 100 ft.
   Property line 100 ft.
   Depth of Groundwater 15 plus ft

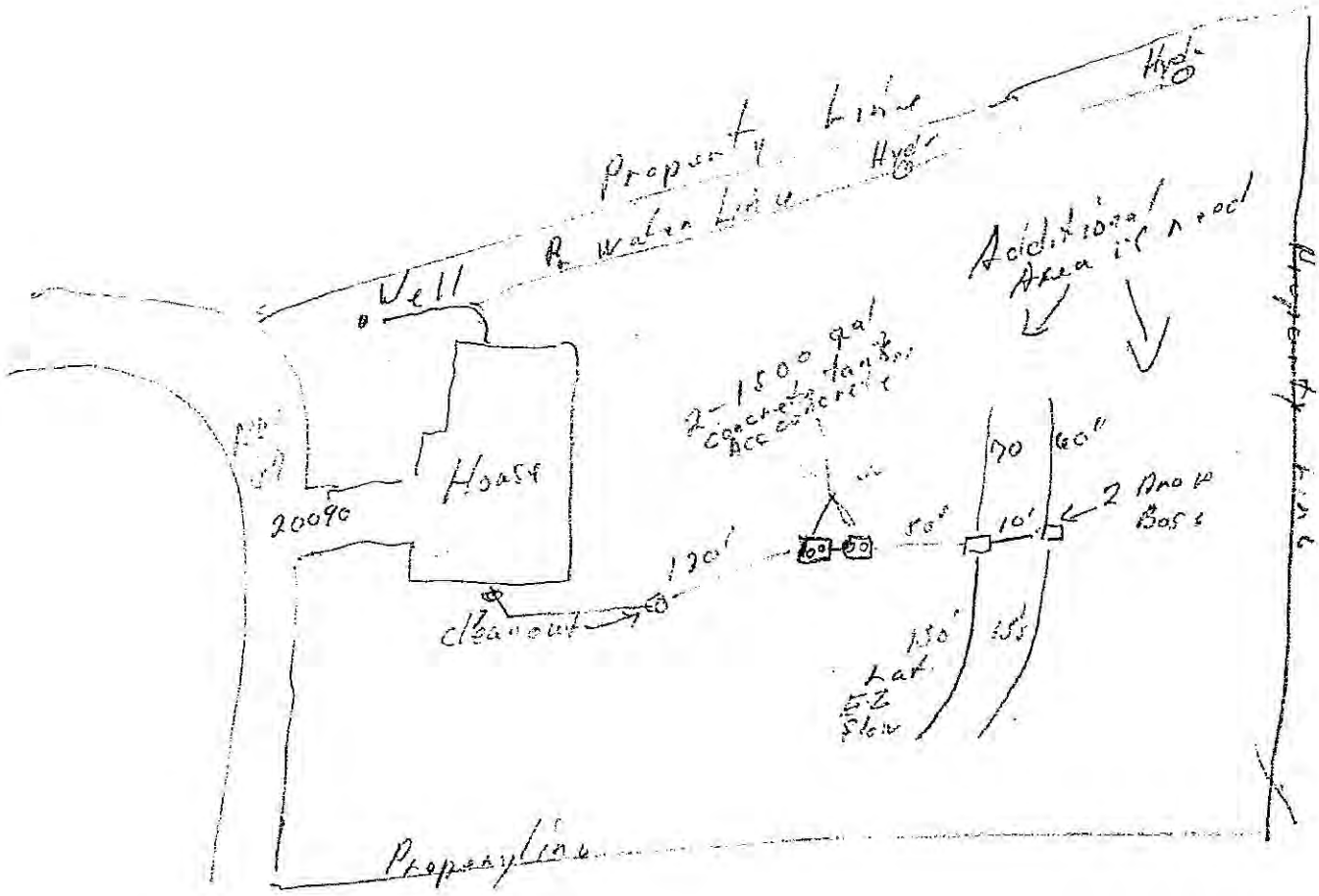
Was the Onsite Wastewater System covered prior to LLCHD inspection? ☐ Yes ☒ No

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.

Certified Professional Signature: Harry J Muhlbach Date: 10-15-21

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


N
Property Line
Hydr
Well
R. water Line
Additional Area if Needed
2-1500 gal concrete tanks
House
20090
50'
10'
60"
2 Drop Boxes
120'
Cleanout
130'
155'
Lat. EZ Flow
Property Line

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

SCANNED

A

Permit Number
HS002204

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* 20090 NW 67th ST (no rural route) City Raymond, NE Zip 68428

Legal Description S13 T12 R5 Coyote Ridge 2 2
1/4 1/4 Section Township Range Subdivison Addition Block Lot

PID 0613302002000 *Approx. Address (If to be determined)

B. Owner

Name Vasyliy Novoselov Signature Vasyliy

Address 5327 W. Cleveland City/State/Zip 68524

Home Phone (402) 6014334 Work Phone (402) 6014334

C. Certified Installer

Name: Harry Muhlbach Signature Harry Muhlbach

Address 14277 N 56th City/State/Zip Lincoln, Ne 68514

Work Phone 402-430-7304

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 4 Whirlpool Bathtub? ☒ Yes ☐ No Total Acres 3.65
Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 700 gpd

Type of Wastewater ☒ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 12/14/21
Comments
Date rec'd 4/26/21
Date frwd 4/26/21
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 Harry Muhl
Date 1/13/22

Business Office Use Only
Date Received 4-26-21 Amount Paid $440.00
Received By MEO Cash/Check No. CC 7856

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

Form A Updated: 4/15