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. HS002327

System Type: Standard

Situs: No Site Address Specified

Issued: 11/17/2021

Expires: 11/17/2022

Description: S12, T11, R6, 6th Principal Meridian, LOT 13 NE

Owner: YASHENKO, VITALIY & POPOVA, NADEZHDA
2343 NW 7 ST
LINCOLN, NE 68521

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, 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

SCOTT SUBBERT
1012 COUNTY RD M
MEAD, NE 68041

HT Nate

Received Time Nov. 15. 2021 8:18AM No. 2103

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

A

Permit Number HS002327

Onsite Wastewater Treatment System
Request for Site Clearance and Permit

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

3 acres or more required for: ☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

The undersigned hereby requests site clearance and permit to construct a Wastewater Treatment System in conformance with appropriate regulations.

PLEASE PRINT OR TYPE

A. Onsite System Location

Address 2303 Mill rd (no rural route) City Raymond, NE Zip 68428

Legal Description 12 11 6-E 6th Principal Meridian 13

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

Geographical Location (if known): Lat/Long: PID

B. Owner

Name Vitaliy Vadiasov Signature

Address 940 Tallgrass pkwy apt H 210 City/State/Zip Lincoln Neb.

Home Phone 612-756-4762 Work Phone

C. Certified Installer

Name: Scott Sabbatt Signature Scott Sabbatt

Address 1012 Co Rd M City/State/Zip Mead Ne 68041

Work Phone 402-443-6544

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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 4.93

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

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☒ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☐ County Resolution No. 02-30

1. Health Department Date rec'd 11/17/21 ACTION ☒ Approved ☐ Disapproved
Site visits Date frwd 11/17/21 Signature

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

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

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 11/15/21 Amount Paid 450.00
Received By KG Cash/Check No. CC5298

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

Form A Updated: 5/

existing buildings

1-402-624-2011 p.4

Nov 15 21 07:46a

Received Time Nov. 15. 2021 8:18AM No. 2103

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

B

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 2303 Mill Rd (no rural routes) City Bayard NE, Zip 69348

Owner Vitaliy Vidiasov Address 7440 Tallgrass pkwy apt #202 c. Lincoln NE

Soil Type (SCS): _____ Percolation Rate: _____ min./inch

Date of Tests 11-4-21 to 11-9-21 Weather: Precipitation 0 Temperature 40

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	32	11-8	1100	11-9	1130	11-9	4:07	6	11-9	4:30	30	3/4	40
2	40	"	"	"	"	"	"	5	"	"	"	3/4	40
3	36	"	"	"	"	"	"	5	"	"	"	5/4	50
4	34	"	"	"	"	"	"	9	"	"	"	3/4	40

Person Conducting Percolation Tests

Name: Scott Calbert

Phone: 402-443-6640

Address 1012 C Rd

Wood Lake NE 69221

Sum of Percolation Rates: 170

Average of Rates: 42.5

Rate Used for Calculation: 42.5

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Remarks _____

Signature of Reviewing Official _____ Date _____

13-101 10-96

1-402-624-2011

Nov 15 21 07:46a

Water Basic

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C

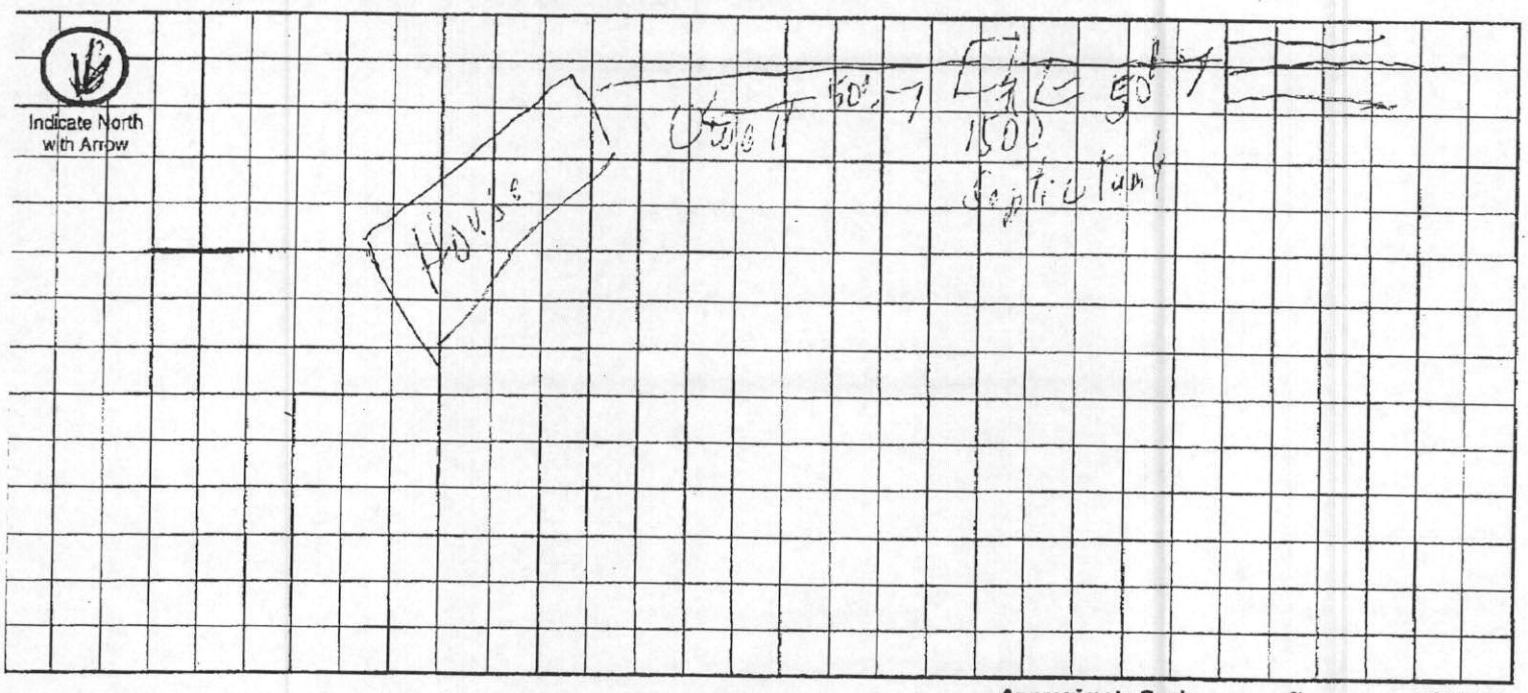
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

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: _____ ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 2303 Mill Rd City Raymond NE, Zip 68428

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☒ Concrete ☐ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 42 (min/inch = mpi) No. of Bedrooms 4 Soil Type Silty Clay Land Slope 2 %

☐ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1350 sq.ft.

Total length of laterals 300' 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_____ Date_____

Installer Scott Vanka Date 11/15/21

Onsite Form C 12 06

1-402-624-2011

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HH Mate

Received Time Nov. 15. 2021 8:18AM No. 2103

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

SCANNED

A

Permit Number HS002327

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Request for Site Clearance and Permit

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Legal Description 12 11 6-E 6th Principal Meridian 13

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

Geographical Location (if known): Lat/Long: _____ PID _____

B. Owner

Name Vitaliy Nadiascon Signature _____

Address 740 Fallbrook pkwy apt H 210 City/State/Zip Lincoln Neb.

Home Phone 612-756-4762 Work Phone _____

C. Certified Installer

Name: Scott Cabbot Signature Scott Cabbot

Address 1012 C Rd City/State/Zip Mead Ne. 68041

Work Phone 402-443-6549

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 Is there a Whirlpool Bathtub? ☐ Yes ☐ No Total Acres 4.93

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

Type of Wastewater ☒ Domestic ☐ Non-Domestic Well Permit Applied for ☒ Yes ☐ No ☐ Not Applicable

DO NOT WRITE BELOW THIS LINE

Approval Process ☐ Municipal Code 24.38 ☒ County Resolution No. 02-30

1. Health Department
Site visits _____
Date rec'd 11/12/21
Date frwd 11/12/21
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 _____
Date 5/13/22

Business Office Use Only
Date Received 11/15/21 Amount Paid 450.00
Received By KG Cash/Check No. 65298

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

Form A Updated: 5/

Buildings

Nov 15 21 07:46a 1-402-624-2011 p.4

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

Permit Number: HS002327

Onsite Wastewater Treatment System

Inspection Sheet

Date 5/13/22 Legal Description _____
¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 2303 Mill Rd 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 1350 Sq. Ft. Tank Size 2000 gals

Total length of laterals 300' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) _____
EZ-Flow

No. of Absorption Laterals 3 Width 3' No. of Drop Boxes 1 Distribution Box _____

Leveling Method Used Irrigation Level

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 WH Date 3/11/22

Follow-Up _____ Date _____

Follow-Up _____ Date _____

~~Installation Final Written Approval~~
By _____

Date 5/13/22

Field Note Drawing (See Reverse Side):

N
100 ft
100 ft
100 ft
101 ft
2000
60' to Tank
House
well