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

A

Permit Number HS002506

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* 11101 NW 112th (no rural route) City Malcolm, NE Zip 68402

Legal Description: NE (1/4) SE (1/4) 17 (Section) 11N (Township) 5E (Range) ____ (Subdivison) ____ (Addition) 39 (Block) ____ (Lot)

PID 05-17-400-011-000 *Approx. Address (if to be determined) NW 112th St

B. Owner

Name Mikhail A & Olga Gorbun Signature MK OG

Address 7255 N 49th St City/State/Zip Lincoln, NE 68504

Home Phone 402-318-4483 Work Phone ____

C. Certified Installer

Name: Terri Jakoubek Signature Terri L. Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

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 7 Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 12.01

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 2-09-23 Amount Paid $460.00

Received By BM Cash/Check No. ck 5040

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

Form A Updated: 2/18

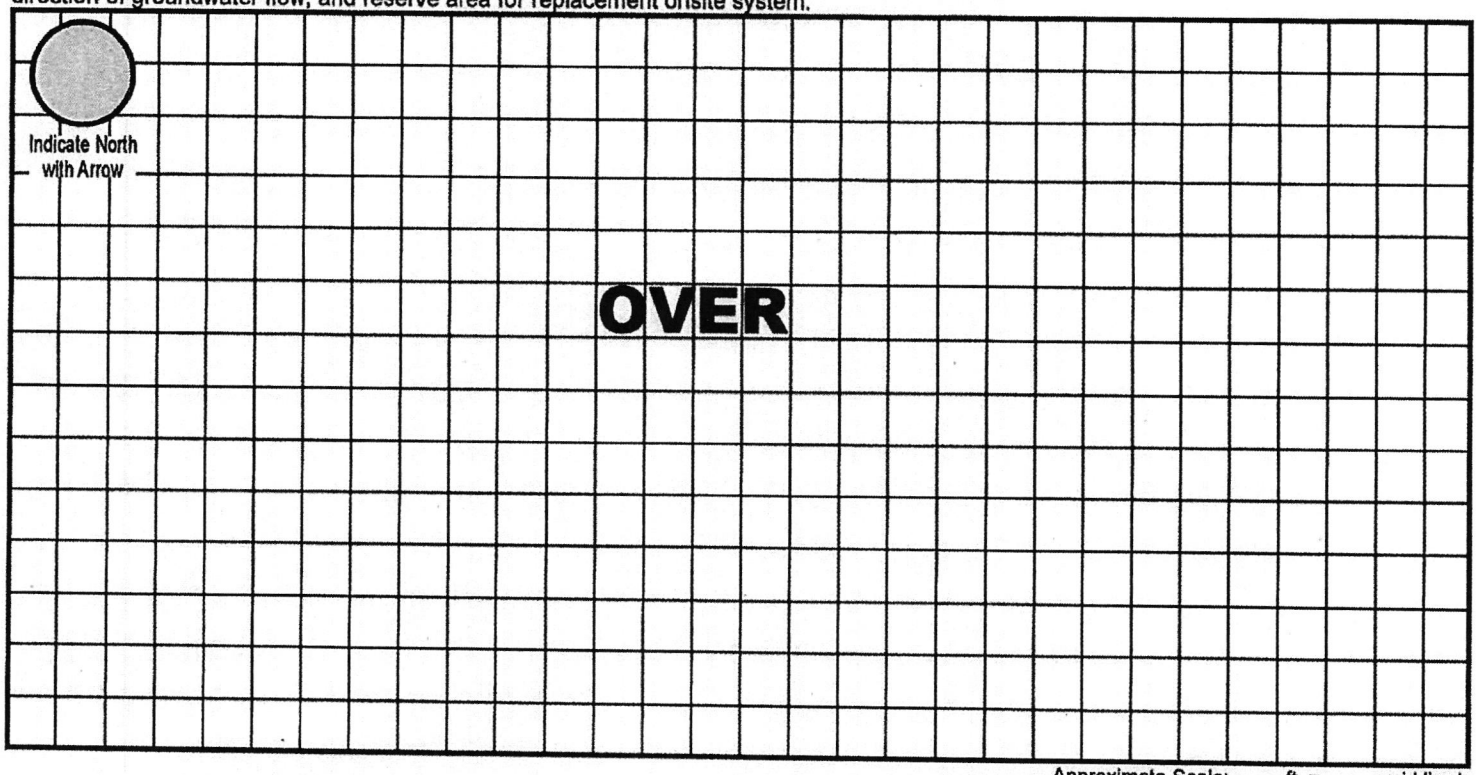
Lincoln-Lancaster County Health Department
Environmental Public Health Division
3131 O Street • Lincoln NE 68510-1514
Phone: 402-441-8643

C

Permit Number

Onsite Wastewater Treatment System
Preliminary Plan Specification

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



Approximate Scale: ____ ft. = ____ grid line/s

A. Onsite System Location

Address (no rural route) XXXXX NW 112th St City Malcolm NE, Zip 68402

B. Proposed Septic Tank/s

Septic Tank Cap. ____ gals Tank Material: ☐ Concrete ☐ Plastic ☐ Other ____ ☑ Lagoon (Max. Seepage 1/8"/day)

C. Reserve Area for Replacement Onsite System

☐ Drainfield Absorption Area (percolation test required) ☑ Lagoon

D. Drainfield Absorption System

Percolation Rate ____ (min/inch = mpi) No. of Bedrooms ____ Soil Type ____ Land Slope ____ %

☐ 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 ☐ Chambers ☐ Other ____

No. of Absorption Trenches ____ Width ____ No. of Drop Boxes ____ Distribution Box ____

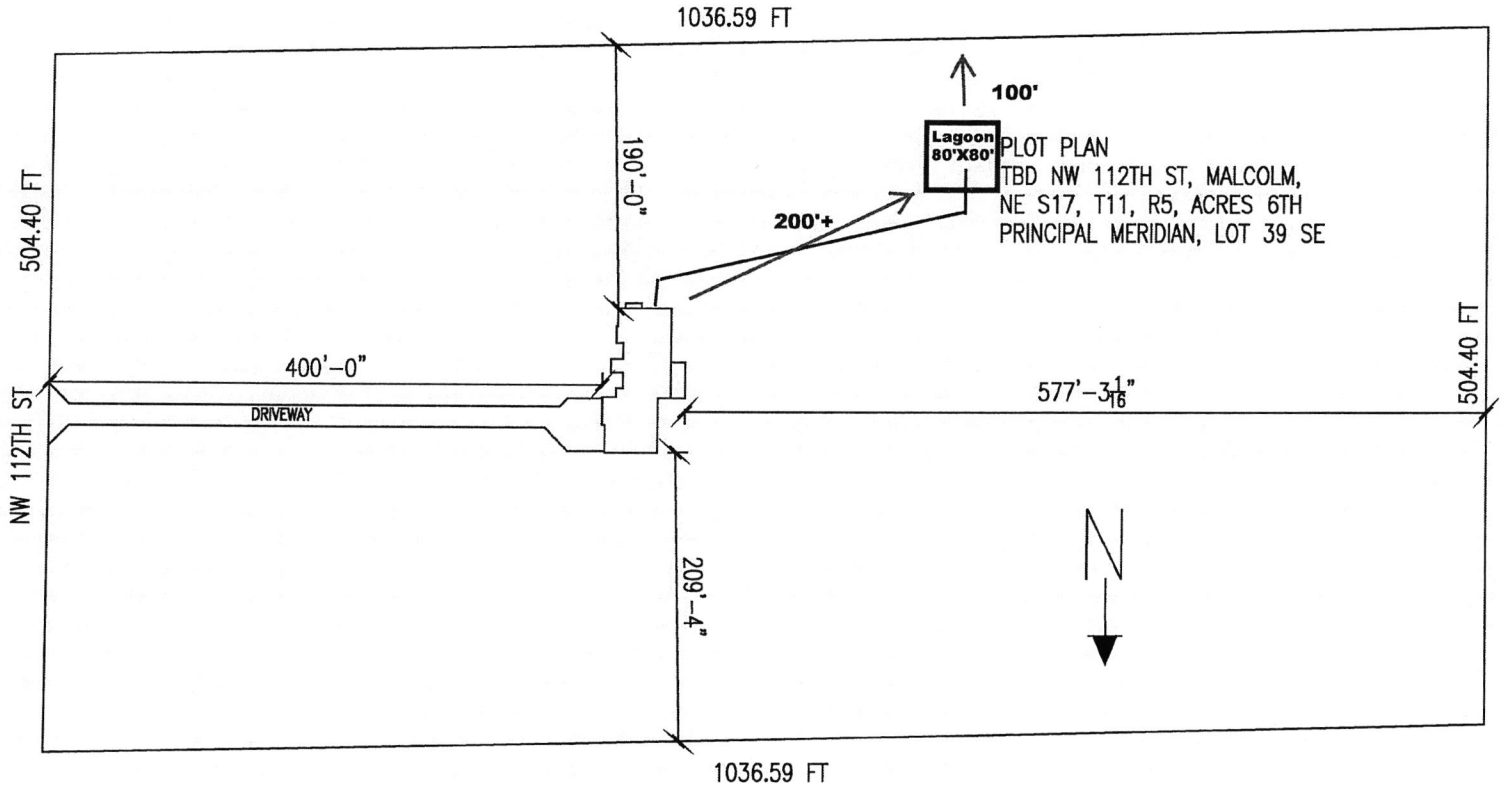
No. of Absorption Beds ____ Width ____ No. of Distribution Lines per Bed ____

Installer Marie L. Johnson Date: 2/7/23

Builder [signature] Date: 2/7/23

Updated 2/18

Builders Initials V. R



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. HS002506

System Type: Lagoon

Situs: No Site Address Specified

Issued: 2/23/2023

Expires: 2/23/2024

Description: S17, T11, R5, Acres 6th Principal Meridian, LOT 39 SE

Owner: GORBUN, MIKHAIL A & OLGA
7255 N 49 ST
LINCOLN, NE 68504

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

RAYMOND CONTRACTING INC
13800 NW 70TH ST
RAYMOND, NE 68428

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

SCANNED

A

Permit Number HS007506

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* 11101 NW 112th (no rural route) City Malcolm, NE Zip 68402

Legal Description NE (1/4) SE (1/4) 17 (Section) 11N (Township) 5E (Range) ____ (Subdivison) 39 (Addition) ____ (Block) ____ (Lot)

PID 05-17-400-011-000 *Approx. Address (If to be determined) NW 112th St

B. Owner

Name Mikhail A & Olga Gorbun Signature MK OG

Address 7255 N 49th St City/State/Zip Lincoln, NE 68504

Home Phone 402-318-4483 Work Phone ____

C. Certified Installer

Name: Terri Jakoubek Signature Terri L. Jakoubek

Address 13800 NW 70th St City/State/Zip Raymond, NE 68428

Work Phone 402-783-2663

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 b as per plans Whirlpool Bathtub? ☑ Yes ☐ No Total Acres 12.01

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 2/23/23
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 1/17/24

Business Office Use Only
Date Received 2-09-23 Amount Paid $460
Received By ____ Cash/Check No. ____

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

Form A Updated: 2/18

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

D

Permit Number: HS002506

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 PID = 05-17-400-011-000

Address or Legal Description or Parcel Identification Number (PID) 11101 NW 112th St, Malcolm, NE 68402

Owner: Mikhail A Gorbun Address 7255 N 49th St, Lincoln, NE 68504

A. Wastewater Piping

1. Material: SDR26 Diameter: 4 in.
2. Distance between dwelling and septic tank: 166 ft.

B. Septic Tank

1. Material Concrete
2. Capacity: 2500g
3. Depth to top of tank, below unfinished grade: 36 & 24 in.
4. Distance to:
   Well 300 ft. +
   Pressure line N/A ft +
   Property Line 100 ft. +
   Foundation 100 ft. +

C Distribution Box or Drop Box

Distance **and** Direction from septic tank: 10 ft. E

D. Drainfield/Absorption Field

☑ Trench ☐ Bed

1. Type: ☐ Perforated Pipe ☐ Chamberless ☑ Other
   Material brand and inside width of Chamberless: EZFlow 1203H Bundles
2. Number of Laterals: 4 Depth: 24"
3. Length of each lateral (linear): ft. 120 ft. 120 ft. 120 ft. 110
4. Drainfield size: 2,115 sq. ft. 2100 Pg 2
5. Distance to:
   Well 300 ft. +
   Pressure line N/A ft. +
   Property line 30 ft. +
   Depth of Groundwater >9'

3 lakes is completely covered upon arrival VWH

Was the Onsite Wastewater System covered prior to LLCHD inspection? ☑ Yes (Partially) ☐ No

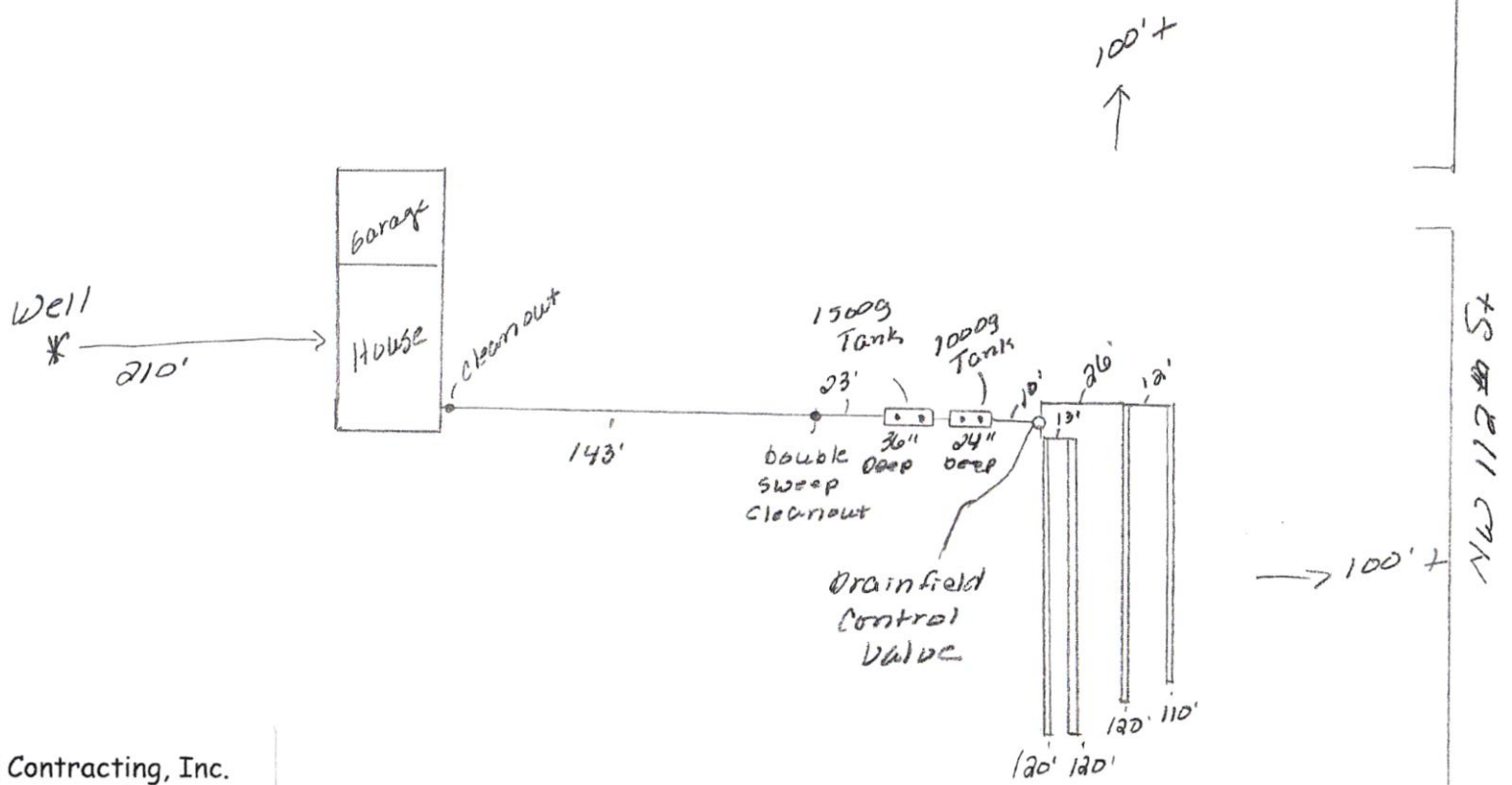
If Yes, the Certified Professional must sign below for final approval:

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: Neri L. Jahnke Date: 9/21/23

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

11101 NW 112th St
Malcolm, NE 68402



Raymond Contracting, Inc.
13800 NW 70th St
Raymond, NE 68428

9/21/23

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

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 11101 NW 112th St (no rural route) City Malcolm NE, Zip 68402

Owner Mikhail Gorbun Address 7255 N 49th St, Lincoln, NE 68504

Date of Tests 5/31/23 to 6/2/23 Weather: Precipitation 0 Temperature 75°

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		Initial	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 Interval	Water Level Drop(in)	Percolation Rates (Min/in = mpi)
1	33	5/31	3:30p	6/2	8:45a	6/1	12:15p	6	6/2	12:45p	30	1 5/8	18
2	31	5/31	3:30p	6/2	8:45a	6/1	12:15p	6	6/2	12:45p	30	1/2	60
3	29	5/31	3:30p	6/2	8:45a	6/1	12:15p	6	6/2	12:45p	30	1/2	60
4	27	5/31	3:30p	6/2	8:45a	6/1	12:15p	6	6/2	12:45p	30	1 1/8	27
5								6					
6								6					
7								6					
8								6					

Person Conducting Percolation Test

Name: Vern Jakoubek
Phone: 402-783-2663
Address 13800 NW 70th St Raymond, NE 68428

Sum of Percolation Rates: 165
Average of Rates: 41
Rate Used for Calculation: 60 (20 mpi variance)

Soil type (NRCS Maps/Other) Aksarben SCL
Groundwater Depth > 8'

DO NOT WRITE BELOW THIS LINE

Reviewing Action

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

Signature of Reviewing Official _____ Date _____

Nate C. Hartman

From: Nadine Link <malcolmne@msn.com>
Sent: Monday, February 6, 2023 1:34 PM
To: Nate C. Hartman
Subject: Malcolm - new home

Hello Nate,

A Building Permit for Mikhail Gorbun to build a new home off of 112th - legal description S17, T11, R5 Acres 6th PM Lot 39 SE - Parcel #0517400011000 was approved at the Village Board of Trustees meeting on February 1, 2023. Contractor for the project is Victor Rybak (402) 617-5764.

Let me know if you have any questions.

Thanks

Nadine Link, Village Clerk
Village of Malcolm
137 E 2nd Street
P.O. Box 228
Malcolm, NE 68402
(402) 796-2250 - Office
(402) 580-3959 - Cell
(402) 796-2288 - Fax