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

A

Permit Number
HS001680

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 15522 Pioneers Blvd (no rural route) City Walton, NE Zip 68461

Legal Description S3 T9 R8 Acres 6th principal Lot 13 SE

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

PID

B. Owner

Name Brook Cutshall Signature Brook Cutshall

Address 5711 Clear Creek Dr. City/State/Zip Lincoln, NE 68516

Home Phone 402-202-8299 Work Phone

C. Certified Installer

Name: Scott Mueller Signature Scott Mueller

Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-436-2946

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 Whirlpool Bathtub? ☐ Yes ☐ No Total Acres

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

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 5-31-18 Amount Paid $405.00
Received By JAO Cash/Check No. 2391

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. HS001680

System Type: Lagoon

Situs: 15522 PIONEERS BLVD, LINCOLN, NE 68461

Issued: 6/11/2018

Expires: 6/11/2019

Description: S3, T9, R8, Acres 6th Principal Meridian, LOT 13 SE

Owner: CUTSHALL, BROOK
5835 ST PAUL AVE
LINCOLN, NE 68507

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

BROOK CUTSHALL
5711 CLEARK CREEK DR
LINCOLN, NE 68516

SCANNED

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
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A

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Legal Description S3 T9 R8 Acres 6th principal Lot 13 SE

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

PID

B. Owner

Name Brook Cutshall Signature Brook Cutshall

Address 5711 Clear Creek Dr. City/State/Zip Lincoln, NE 68516

Home Phone 402-202-8299 Work Phone

C. Certified Installer

Name: Scott Marmon Signature

Address 1345 N 26th Rd City/State/Zip Syracuse, NE 68446

Work Phone 402-436-2946

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 Garbage Grinder? ☐ Yes ☐ No Total Acres 19.46

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

1. Health Department
Site visits 4/19/18, 12/9/14
Comments
Date rec'd 6/5/18
Date frwd 6/8/18
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments In flood plain, septic must be located outside of F.P.
Date rec'd 6-8-18
Date frwd 6-8-18
ACTION ☒ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments Comply with all floodplain requirements
Date rec'd 6-8-18
Date frwd 6-8-18
ACTION ☒ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date 12/9/19

7600
1501
7231

Business Office Use Only
Date Received 5-31-18 Amount Paid $405.00
Received By JAO Cash/Check No. 2391

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: 402-441-8643

Exhibit 6

Permit Number: HS001680

Onsite Wastewater Treatment System-Lagoon

Inspection Sheet

Date 4/19/19 Legal Description ____ ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 15522 Pioneer City ____

Owner ____ Address ____

Mark One: ☑ Dwelling ☐ Non-dwelling

☑ New System ☐ Repair

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification): ____

Lagoon constructed so not to receive surface water	Yes ✓ No ___
Lagoon floor is level	Yes ✓ No ___
Lagoon is equipped with a depth gage/concrete slab — Pumped system	Yes ✓ No ___
Influent line is at least 4 inches and slopes no less than 1/8 inch	Yes ✓ No ___
Clean outs located every 75 feet and one located 1 foot about highest water level	Yes ✓ No ✗
Inside slope not steeper than three horizontal to one vertical	Yes ✓ No ___
Minimum width of the top of the dike shall be 4 feet	Yes ✓ No ___
Fence installed	Yes ___ No ✓ Needs fence

Top of the Dike 65' Bottom of Lagoon 29' Design Flow 375

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

Surface Water distance from Water Mark	Private Drinking Water Wells	Public Drinking Water Supply Wells		All Other Water Wells	Property Lines	Trees and Brush	Neighbor's Foundation		All Other Setbacks
50 ft ☑	100 ft ☑	Non-Community	100ft ☐	100ft ☐	50ft ☑	50ft ☐	Class 1	200ft ☐	☐
		Community	* ☐				Class 2	200ft ☐	
							Class 3	100ft ☐	

*Evaluated by a professional engineer for potential impact on the well and submitted to Dept. for approval if less than 1000ft.

Geographical Coordinates to 6 Decimals: ____

Dike North side

Comments:

Staff to homeowner 5yrs will be due 2 9/5/19

Inspections prior to Final Approval
Initial DS Date 4/19/19
Follow-Up DS Date 10/3/19
Follow-Up ____ Date ____

Installation Final Written Approval
By Doug Ahrens
Date 12/9/19

Updated 4/15