

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR

TRANSFEROR:

Name Billy W. Rhoads, a/k/a Billy Wayne Rhoads and Linda Rhoads
Address 2540 Knoll Ridge Trail, Winterset, IA 50273
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Thomas R. Healy and Aaronica F. Healy
Address 4320 W. 54th Street S, Newton, IA 50208
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
2450 Knoll Ridge Trail, Winterset, IA 50273
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) See 1 in Addendum

1. Wells (check one)

- There are no known wells situated on this property.
 There is a well or wells situated on this property. The type(s), location(s) and legal status are stated below or set forth on an attached separate sheet, as necessary.

2. Solid Waste Disposal (check one)

- There is no known solid waste disposal site on this property.
 There is a solid waste disposal site on this property and information related thereto is provided in Attachment #1, attached to this document.

3. Hazardous Wastes (check one)

- There is no known hazardous waste on this property.
 There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.

4. Underground Storage Tanks (check one)

- There are no known underground storage tanks on this property. (Note exclusions such as small farm and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in instructions.)
 There is an underground storage tank on this property. The type(s), size(s) and any known substance(s) contained are listed below or on an attached separate sheet, as necessary.

5. Private Burial Site (check one)

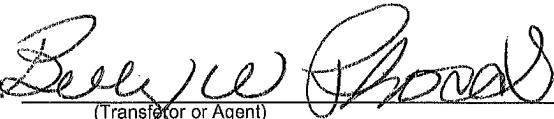
- There are no known private burial sites on this property.
- There is a private burial site on this property. The location(s) of the site(s) and known identifying information of the decedent(s) is stated below or on an attached separate sheet, as necessary.

6. Private Sewage Disposal System (check one)

- All buildings on this property are served by a public or semi-public sewage disposal system.
- This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- There is a building served by private sewage disposal system on this property or a building without any lawful sewage disposal system. A certified inspector's report is attached which documents the condition of the private sewage disposal system and whether any modifications are required to conform to standards adopted by the Department of Natural Resources. A certified inspection report must be accompanied by this form when recording.
- There is a building served by private sewage disposal system on this property. Weather or other temporary physical conditions prevent the certified inspection of the private sewage disposal system from being conducted. The buyer has executed a binding acknowledgment with the county board of health to conduct a certified inspection of the private sewage disposal system at the earliest practicable time and to be responsible for any required modifications to the private sewage disposal system as identified by the certified inspection. A copy of the binding acknowledgment is attached to this form.
- There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgment with the county board of health to install a new private sewage disposal system on this property within an agreed upon time period. A copy of the binding acknowledgment is provided with this form.
- There is a building served by private sewage disposal system on this property. The building to which the sewage disposal system is connected will be demolished without being occupied. The buyer has executed a binding acknowledgment with the county board of health to demolish the building within an agreed upon time period. A copy of the binding acknowledgment is provided with this form. [Exemption #9]
- This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption [Note: for exemption #9 use prior check box]: _____.
- The private sewage disposal system has been installed within the past two years pursuant to permit number 122-19.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: 
(Transferor or Agent)

Telephone No.: (515) 468-3743

Addendum

1. Parcel "N" located in the Southeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Fourteen (14), AND in the Southwest Quarter (1/4) of the Northwest Quarter (1/4) of Section Thirteen (13), ALL in Township Seventy-five (75) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, containing 20.36 acres, more or less, as shown in Plat of Survey filed in Book 2020, Page 4008 on October 21, 2020, in the Office of the Recorder of Madison County, Iowa.

Madison County
Office of Zoning and
Environmental Health

**Authorization to Construct a
Private On-site Wastewater
Treatment System (POWTS)**

112 N. John Wayne Drive
P.O. Box 152
Winterset, IA 50273-0152
Telephone: (515) 462-2636

Permit Number: 122-19

Date Issued: 12/18/2019

Issued to: Bill Rhoads
Address: 2450 Knoll Ridge Trl.
Winterset, IA 50273

Legal Description: Par K 3.61A in Lot 1 SE NE PID# 560111428012000
Sec 14 T75N R28W Lincoln TWP

POWTS Components Specifications: 1500/500 gal. septic/pump tank & 600 sq. ft. Sand System

General Conditions:

1. System must be constructed in conformance with attached system layout, profiles, and cross-sections.
2. Structures must be constructed in conformance with 567 IAC Chapter 69 and the Madison County Environmental Health Regulations.
3. Permit shall be null and void if system is not constructed within one year of permit issuance. The Environmental Health Officer must approve any request for extension of permit.
4. The Environmental Health Officer must approve any design modifications to the permitted system prior to construction.
5. Once constructed, all system components must be uncovered for inspection and the system must be approved before it can be put into operation. Notice for inspection must be received with 24 hours in advance (8 a.m. through 4:30 p.m., Monday - Friday). If weather necessitates the need to cover the system components, then the system owner or contractor must notify and follow the procedures given by the Environmental Health Officer.

Special Conditions: All fees, maintenance, testing, & construction shall be in accordance with Engineer & County & State Codes.

At least a 24-hour notice for inspections.



**Environmental Health Officer Assistant
Madison County
Office of Zoning and Environmental Health**

Application to Construct
Private Sewage Disposal System (PSDS)

Office Use Only					Temp E911:
Tracking No. 162-19	Date Received 12/18/19	Fee Paid 259 ⁰⁰	Check # 5750	Date Issued 12/18/19	Section/Township 14-Rindoln

Application will not be accepted until site and soil analysis/percolation information have been received and fee has been paid. For systems requiring an NPDES General Permit #4 (surface discharge), its application must be submitted to this office along with appropriate forms for recording before a permit will be issued.

Please Print All Information.

1. Owner Information (Applicant)			2. Installation Contractor Information		
First Name BRI	Last Name Woods	Address 2450 Knoll Ridge Trail	First Name self	Last Name	Address
City Winterset	State IA	Zip 50273	City	State	Zip
Phone Number 515 462 3143	Cell Phone SAME		Phone Number (area code)	Cell Phone	
Email:					

3. System Requirement Information		4. Site and Soil Evaluator (Percolation Test/Soils Analysis)	
IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED		PERCOLATION/SOILS ANALYSIS MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT	
Minimum Tank Size Required		Date test taken _____ Test taken by _____	
1-3 Bedroom	1250	Passed: _____ Failed: _____	
4 Bedroom	1500	Percolation Rate: _____	
5 Bedroom	1750	Soils Loading Rate: _____	
6 Bedroom	2000		

5. Type of Submittal	6. Address Information
<input type="checkbox"/> New House <input checked="" type="checkbox"/> Existing House <i>replacing</i> <input type="checkbox"/> Repair, Tank <input type="checkbox"/> Repair, Treatment Area <input type="checkbox"/> System Replacement Previous Permit #:	911 Address or nearest road: 2450 Knoll Ridge Trl Legal Description: Par K 3.61A in Lot 1 SE NE PID # 560111428012000 14-75-28

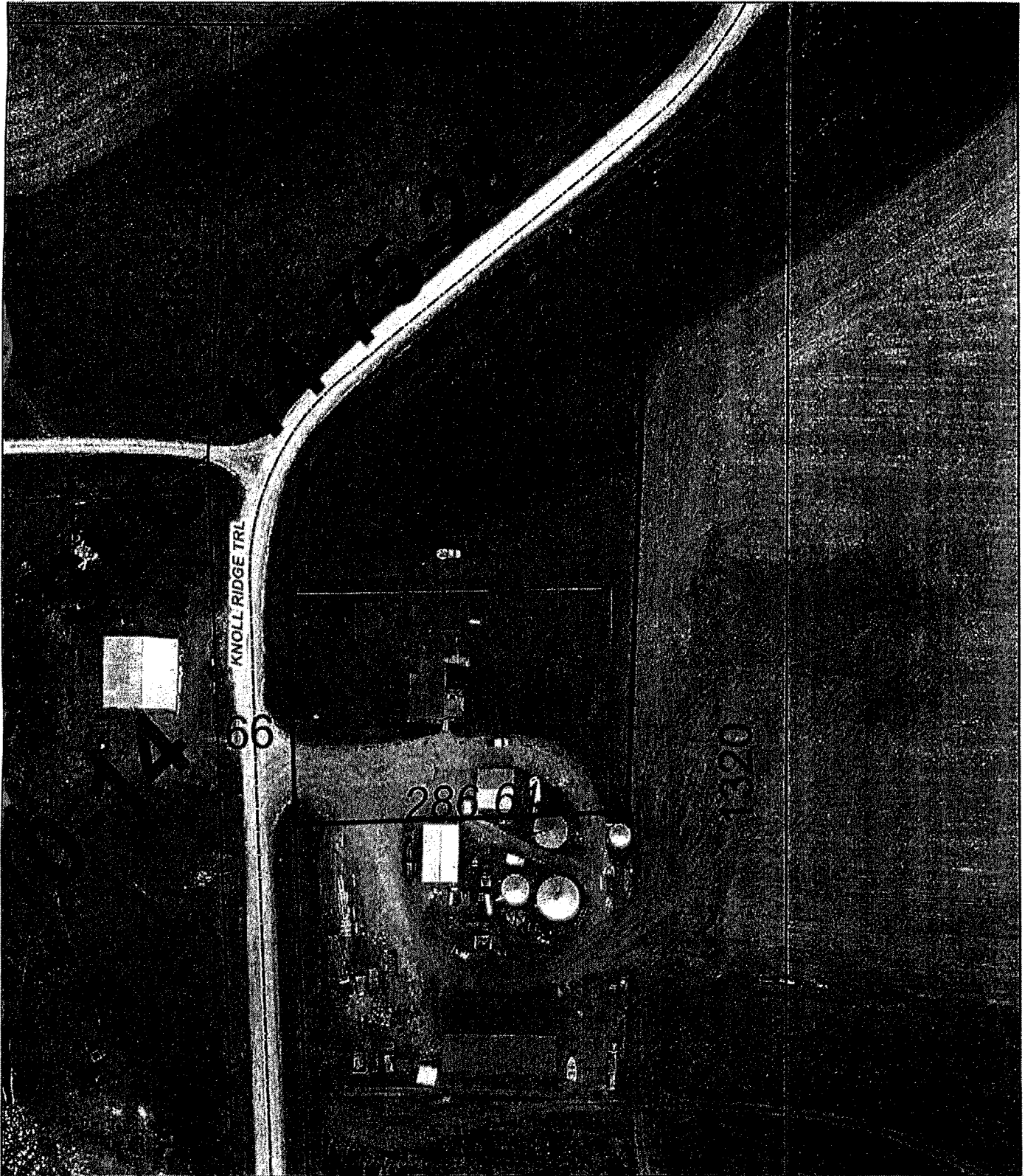
7. Type of Building (Completed by Owner)			
Building Square ft.:	Number of Bedrooms: 4	Number of Bathrooms: 2	Non-Residential uses:
Other buildings served by this system:		Any other circumstances which may affect water usage:	
Water softeners must be routed to a brine pit independent of septic system.			

Your contractor or system designer should complete the remaining portion of this application.

8. Tanks			
Septic Tank	Type: Concrete	Size: 1500/500	Manufacturer: Creston
Pump Tank	Type:	Size:	Manufacturer:
Additional Tank	Type:	Size:	Manufacturer:

9. Secondary Treatment Area					
Laterals	Type:	Length of each:	Total number:		Maximum trench Depth:
Sand Filter	Square ft.: 600	Length: 50	Width: 12		
Peat System	Model:	Manufacturer:			
Other	Description:				

I hereby attest the truth and accuracy of all facts and information presented on this application. Request for inspection of the system must be made 24 hours in advance. Water at the site to test the distribution box must be available. Discharging systems must be covered by a maintenance agreement, which shall be recorded in the Madison County Recorders Office. Discharging systems also require periodic testing as set forth in IAC Chapter 69 and Madison County Environmental Health Regulations.		It is unlawful to start construction, reconstruction, or repair of any PSDS prior to issuance of a PSDS permit by the Environmental Health Officer.
Applicant Signature: Bert Woods	Date: 12-18-19	



Parcel ID	560111428012000	Alternate ID	n/a	Owner Address	RHOADS, BILLY WAYNE
Sec/Twp/Rng	14-75-28	Class	A		2450 KNOLL RIDGE TRL
Property Address	2450 KNOLL RIDGE TRL	Acreage	3.61		WINTERSET, IA 50273
	WINTERSET				
District	LINCOLN WINTERSET WFD				
Brief Tax Description	PAR K 3.61A IN				
	LOT 1 SENE				
	(Note: Not to be used on legal documents)				

ONSITE WASTEWATER SITE EVALUATION FOR SEPTIC SYSTEM Pages with report 5 REPORT # 5383
OWNER NAME: Rhoads
OWNER ADDRESS: _____
PROPERTY ADDRESS: 2450 Knoll Ridge Trl
Winterset
Madison County

PHONE # _____ LOT SIZE: _____ acres
NO. BEDROOMS: 4 AVE. DAILY FLOW 300 PEAK DAY DESIGN FLOW 600 gallons STRUCTURE NEW X EXISTING
BUILDER: _____ PLUMBER: _____
LEGAL DESCRIPTION: _____

**THE TREATMENT SITE SHALL BE PROTECTED FROM ANY AND ALL TRAFFIC, AND ANY SOIL DISTURBANCES.
DISTURBING THE TREATMENT SITE SHALL VOID THIS RECOMMENDATION.
THE USE OF THIS DESIGN TO OBTAIN THE ONSITE WASTEWATER COUNTY CONSTRUCTION PERMIT AND THE
CONSTRUCTION OF THE ONSITE SYSTEM IS AN ACCEPTANCE OF THE CONDITIONS ON PAGE 2 OF THIS REPORT.**

The owner and contractor are responsible for verifying that the system layout is within the property boundaries.
James Carroll has not verified the property and easement boundaries.

The OWNER should review: <http://www.ohiowastewatersolutions.com/faq/dos-and-donts>

The minimum size septic tank for 4 bedrooms is 1,500 gallons.

The soils are not suitable for laterals or mounds.

I recommend a pressure dosed sand filter.

See attached design. The sand filter can be placed anywhere north of the house and discharge north on the hill side.



SOIL LOADING RATE	0	gpsf.	BASED ON SURFACE AREA OF TRENCH BOTTOM.		
WATER TABLE/CONFINING AT	0	FEET	2-FOOT WIDE TRENCH	0	FEET
MAXIMUM DEPTH OF TRENCH	0	INCHES	3-FOOT WIDE TRENCH	0	FEET
			16-INCH WIDE CHAMBER	0	FEET

I HEREBY CERTIFY THAT THIS ENGINEERING DOCUMENT WAS PREPARED BY ME OR UNDER MY DIRECT PERSONAL SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF IOWA
DATE: 12/11/19 REG. NO. 11328. MY LICENSE RENEWAL DATE IS DECEMBER 31, 2019.

James A. Carroll
James A Carroll P.E.
Number of Pages With Report 5

Soil Probe Number

Confining Layer Location (*)

Soil Probe Number	1	2	3	4	5
Depth in Feet					
	DB, SiCL	DB, SiCL			
1	DYB	DYB			
2	hvy SiCL *	hvy SiCL *			
3	wet				
4	stop				
5					
6					

Textures S-Sand, SL-Sandy Loam, L-Loam, SiL-Silty Loam, Si-Silt, SCL-Sandy Clay Loam, SC-Sandy Clay, CL-Clay Loam, SiCL- Silty Clay Loam, SiC- Silty Clay, C-Clay, FS-Fine Sand.

Color DYB-Dark Yellow Brown, DB-Dark Brown, YB-Yellow Brown, Y-Yellow, B-Brown, VDB-Very Dark Brown, GB-Gray Brown, G-Gray, LG-Light Gray, DG-Dark Gray, PB-Pale Brown, BY-Brownish Yellow, BK-Black, Wh-White, RB-Reddish Brown, R-Red.

Other MSt-Moderate Structure, WSt-Weak Structure, MaSt-Massive Structure, Ls-Loose, Hvy-Heavy, Lt-Light.

The use of this design to obtain the onsite wastewater county construction permit and the construction of the system is an acceptance of the following conditions:

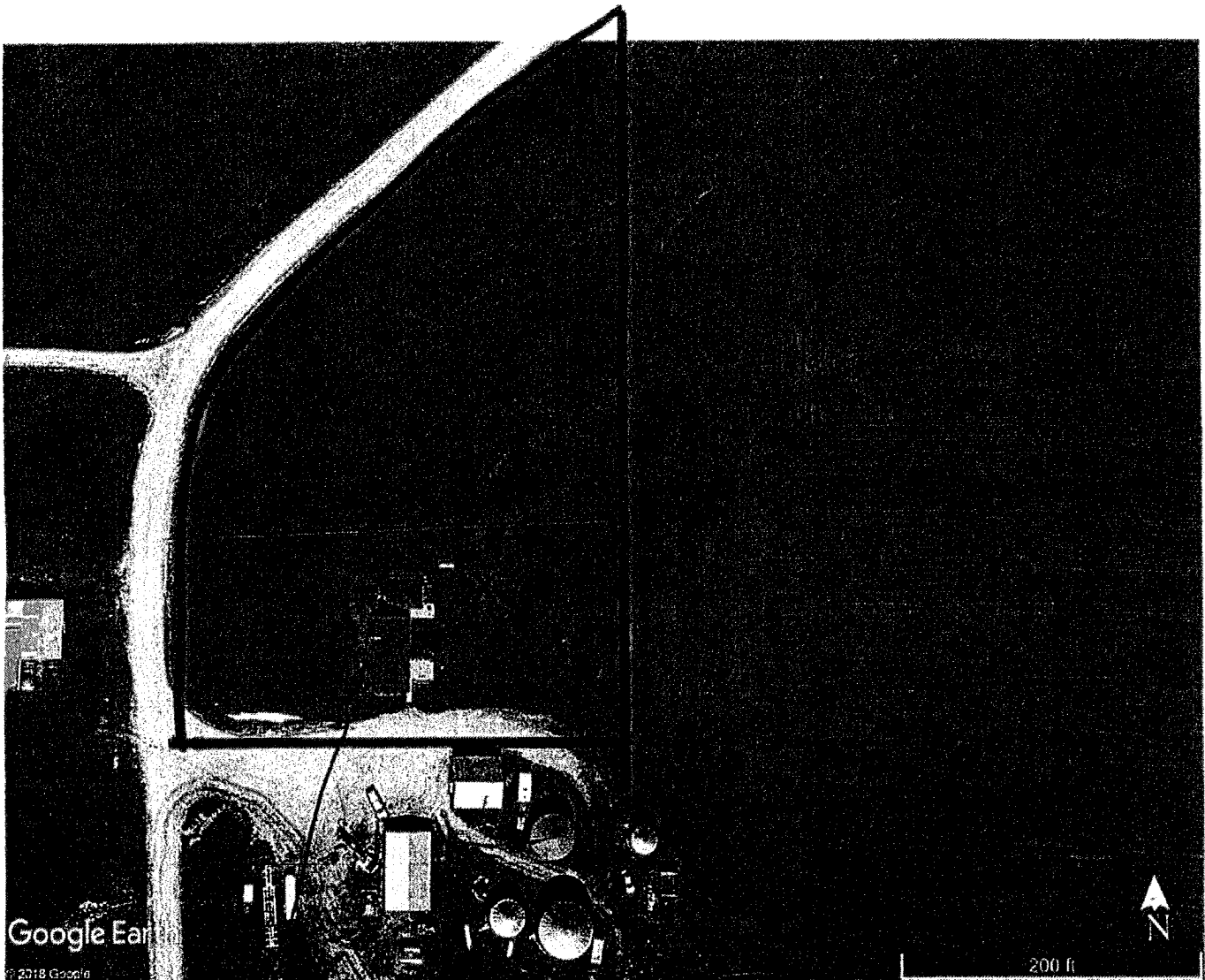
The septic system Engineer, James Carroll, has evaluated the site and located what appears to be a suitable location for an onsite septic system. However easements, floodplains, wetlands, wells, property lines, underground utilities were not marked, located or identified to the Engineer. The drawing may contain any or all of these items however they are not accurately shown. It is the responsibility of the Property Owner, Home Builder, and Septic Contractor to locate any and all of these items. The contractor is solely responsible for locating all underground utilities shown or not shown, and for the safety and protection of all such underground utilities and repairing any damage. In the event that any item is located in the proposed septic area the Engineer will be called to re-evaluate the site.

The Engineer will not be inspecting or overseeing any of the work performed by the Contractor. All work performed by the Contractor shall comply with IAC 567 Chapter 69 and County Ordinance unless specifically show/detailed in this report and design.

Engineer will not supervise, direct, control, or have authority over or be responsible for Contractor's means, methods, techniques, sequences, or procedures of construction, or the safety precautions and programs incident thereto, or for any failure of contractor to comply with State and County Laws and Regulations applicable to the performance of the work. Engineer will not be responsible for Contractor's failure to perform the work in accordance with State and County requirements and the attached design. Engineer will not be responsible for the acts or omissions of Contractor, any Subcontractor, any Supplier, or of any other individual or entities performing any of the work, or the failure of any State or County Regulator in accepting the work Completed.

The Property Owner, Home Builder, and Septic Contractor agree that by using this report/design for the onsite system they shall indemnify and hold harmless the Engineer from and against all losses and all claims, demands, payments, suits, actions, recoveries, and judgment of every nature, and description brought or recovered against them by reasons of any act or omission of the said Property Owner, Home Builder, and Septic Contractor, its agents, or employees, in the execution of the work.

2450 Knoll Ridge TRL



↳ New septic tank
Use 3-compartment tank
With pump in 3rd compartment

PROJECT: SAND FILTER PUMPED 150 SF PER BEDROOM

DO NOT USE in Warren County

**ALL PIPES SDR 35
OR STRONGER**

**Thick Grass Cover
Required Prior To
Winter**

# Of Bedrooms	Ft ²
1	150
2	300
3	450
4	600
5	750
6	900

Top Pipes At 3' On Center

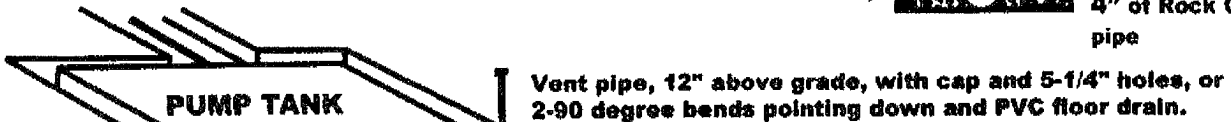
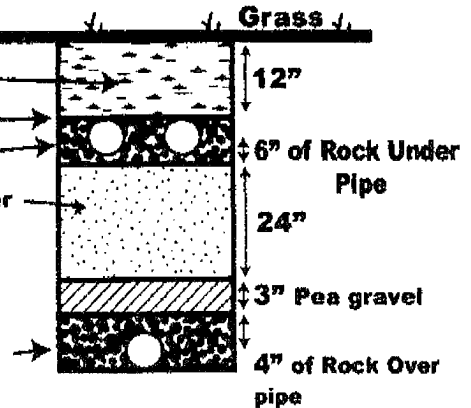
- 9' Wide 3 Pipes
- 12' Wide 4 Pipes
- 15' Wide 5 Pipes
- 18' Wide 6 Pipes
- 21' Wide 7 Pipes

Loam, Sandy Soil, Or Rock

Septic Fabric
*Septic Rock

Hallett Materials Filter Sand or Ch 69 filter sand w/less than 5% passing #100 sieve

* Septic Rock: Top and bottom is washed river gravel 3/4" to 2-1/2", may be all one size of rock, or EZ Flow- ask for drawing drawing.



Pressure Distribution
see CONTRACTOR
below

CLEAN OUTS

Collector Pipes
At 6' on centers
At 1% slope

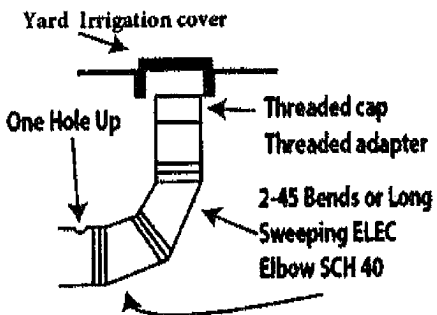
- 9' Wide 2 Pipes
- 12' Wide 2 Pipes
- 15' Wide 3 Pipes
- 18' Wide 3 Pipes
- 21' Wide 4 Pipes

Collector pipes may use 4" lateral pipe per Chapter 69.9(4)d, or 4" PVC with 1/2" holes spaced at 24", holes pointing down.

**Protect From Freezing Or Flooding
4" PVC SDR 35 Or Stronger**

TO OUTLET

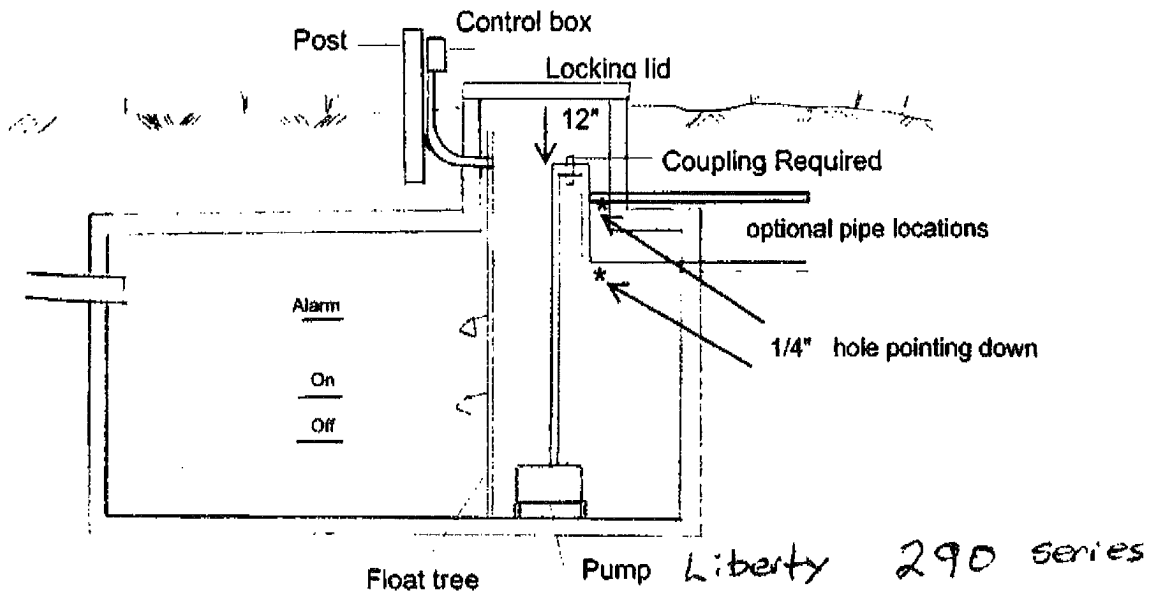
CLEANOUTS



CONTRACTOR Shall Size Pump and Pressure Pipe To Meet The Following Requirements:

- The Distribution Pipe Shall Have Holes Spaced *4 Feet on center.* *48" inches on center*
- The Holes Shall Be a Minimum of 3/16 inch diameter.
- The Squir Height Above The Pipe Shall Be a Minimum of 3 Feet (not cleanout cap)
- The Pressure System Shall Drain Back To The Pump Tank. A 1/4 inch hole Shall Be Drilled Into The Pipe Pointing Down Inside The Pump Tank To Allow The System To Drain

Report # Rhoads



A pump counter is required X is optional

Tank volume = 200 gallons minimum

Dose volume = 125 gallons

The Contractor is required to select a pump that will meet this minimum requirement,
The pump is sized based on the attached design sheets.

Pump flow 40 gpm Head 30 feet

The force main length is assumed to be 200 feet. If the length is greater add 1 feet to the Head for the pump for every 20 feet of force greater than the assumed length.

The elevation difference between the pump and the distribution pipe is assumed to be 6 feet. If the difference is greater than the assumed elevation add the difference to the Head of the pump.

**FAILERE TO CORRECT FOR PIPE LENGTH & ELEVATION DIFFERENCES
SHALL CAUSE THE SYSTEM TO FAIL.**

NOTE: All electrical work SHALL comply with State and Local Building code requirements.

NOTE: Flush the pipes as described in the construction notes attached to report.

**MADISON COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
PRIVATE SEWAGE SYSTEM INSPECTION REPORT
SAND FILTER SYSTEM**

GENERAL INFORMATION	
Owner: <i>Bill Rhodes</i>	Contractor: <i>Bill Rhodes</i>
Address: <i>2450 Knoll Ridge Trail</i>	
Inspection Date:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
S = Satisfactory U = Unsatisfactory NA = Not Applicable	

S	U	NA	SITE PREPARATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septic Permit Issued # <i>122-19</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soils Analysis ID: <i>Campbell</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System Exposed for Inspection

S	U	NA	SETBACKS
			Minimum Setbacks to Closed/Open Portions of Septic System
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Water Well 50'/100'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shallow Public Water Well 200'/400'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deep Public Water Well 100'/200'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Pump Borehole 50'/100'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lake or Reservoir 50'/100'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stream or Pond 25'/25'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Edge of Drainage Ditch 10'/10'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dwelling or Other Structure 10'/10'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Property Lines 10'/10' (unless an easement signed & recorded)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Subsurface Treatment Systems 5'/10'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Line Under Pressure 10'/10'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suction Water Line 50'/100'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foundation Drain or Subsurface Tiles 10'/10'

S	U	NA	SEWER PIPE FROM BUILDING TO PRIMARY TREATMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimum Setbacks to Wells Private Wells 10' / Public Wells 25'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material Sch.40 Plastic Pipe (or SDR 26 or Stronger) or Cast Iron
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleanouts At Building & every 100' & each >45° Direction Change

S	U	NA	PRIMARY TREATMENT – SEPTIC TANK
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gallon Capacity <input type="checkbox"/> 1250 <input checked="" type="checkbox"/> 1500 <input type="checkbox"/> 1750 <input type="checkbox"/> 2000 <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Watertight Material <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic (ribbed const.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturer <i>Creston</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartments At least 2 Compartments or 2 tanks in series
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influent Compartment 1/2 to 2/3 of total tank capacity
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effluent Compartment 1/3 to 1/2 of total tank capacity
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inlet 2" to 4" higher than outlet
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baffles 4" Diameter Schedule 40 plastic tees
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effluent Screen Meets NSF Standard 46 or equivalent

<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Watertight Risers	Minimum 18" Diameter at or above ground surface
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inlet/Outlet Connections	Self-sealing gaskets formed or cast into tank material
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Schedule 40 Pipe	At least 5' past outlet & 2' past disturbed ground
S U NA	DOSING SYSTEMS
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Type	<input checked="" type="checkbox"/> Pump <input type="checkbox"/> Siphon <input type="checkbox"/> Other:
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Watertight Pit	At least 24" in diameter
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Watertight Riser	With tight-fitting cover at or above ground level
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pump	Submersible Pump of corrosion-resistant material
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pressure Line Size	Not smaller than outlet of pump it serves
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pressure Line Drainage	Drains between dosing or buried below frost level
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High Water Alarm	Visual or Audio Alarm to alert of high water in pit
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electrical Connection	No Connections located inside pump pit

S U NA	Distribution Box
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Placement	Placed on undisturbed soil.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Material	Corrosion-resistant rigid plastic
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Baffle	Pipe tee or baffle at inlet.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Outlet heights	Outlets at same level and min. 4" above bottom of box.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Levelers	Outlets equipped with leveling device for equal flow.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unused Outlets	Securely closed.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Header Pipes	Rigid PVC (ASTM Standard 2729 or stronger).

	Subsurface Sand Filter Bed(s)	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Filter Beds	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Double
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Type	<input type="checkbox"/> Gravity	<input type="checkbox"/> Siphon-Dosed <input checked="" type="checkbox"/> Pressure-Dosed
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Size	Required: <i>600 sqft</i>	Installed: <i>600 sqft</i>
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No. of Collection Lines	<i>E2 F10</i>	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Collection Line Material	4" SDR 35 or stronger PVC or approved material	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Distribution Vent	Distribution lines tied to a common vent. <i>E2 F10 Pump dose</i>	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sampling	Sampling available at discharge or sample port installed.	
Depth of layers (bottom to top)		
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Collection lines and river gravel	8"	<i>E2 F10</i>
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pea Gravel or Fabric	<input type="checkbox"/> Pea Gravel (3")	<input checked="" type="checkbox"/> Fabric
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DOT Concrete Sand	24"	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Distribution lines and river gravel	12"	<i>E2 F10</i>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pea Gravel or Fabric	<input type="checkbox"/> Pea Gravel (3")	<input checked="" type="checkbox"/> Fabric
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Soil Backfill	12"	

This report and the corresponding permit indicate the condition of the above-mentioned private sewage system at the time of inspection. To the best of my knowledge, all listed local & state ordinances have been adhered to. This does not guarantee the future condition or proper function of the system.


 Inspector

1-3-2020
 Date

1-2-2020

2450 Knoll Ridge Trail
Winterset

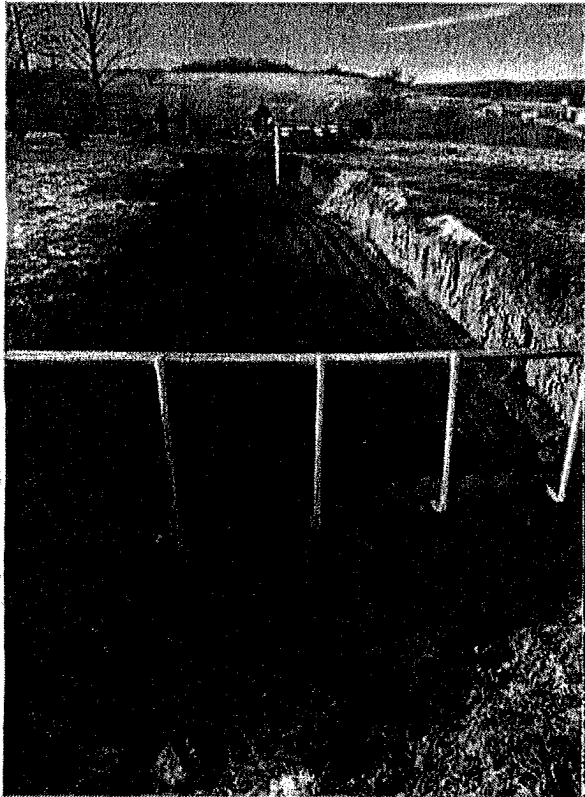
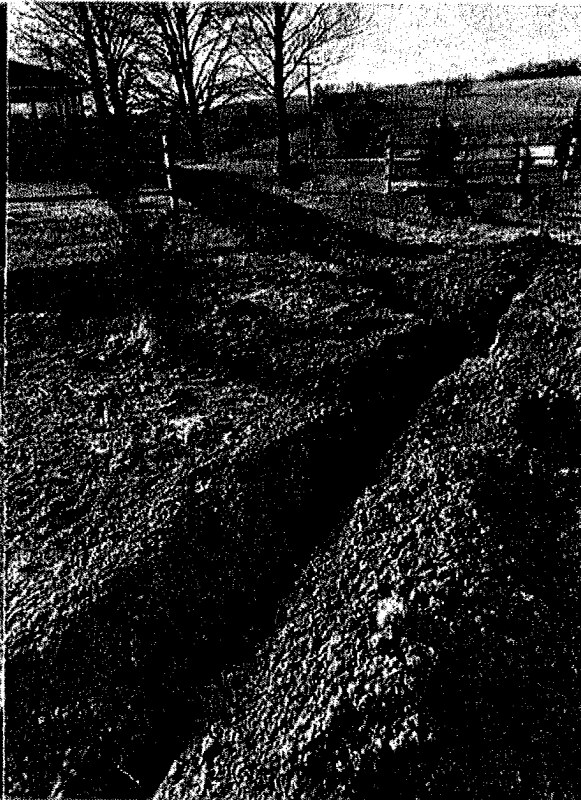
Permit# 122-19



1-2-2020

2450 Knoll Ridge Trail
Winterset

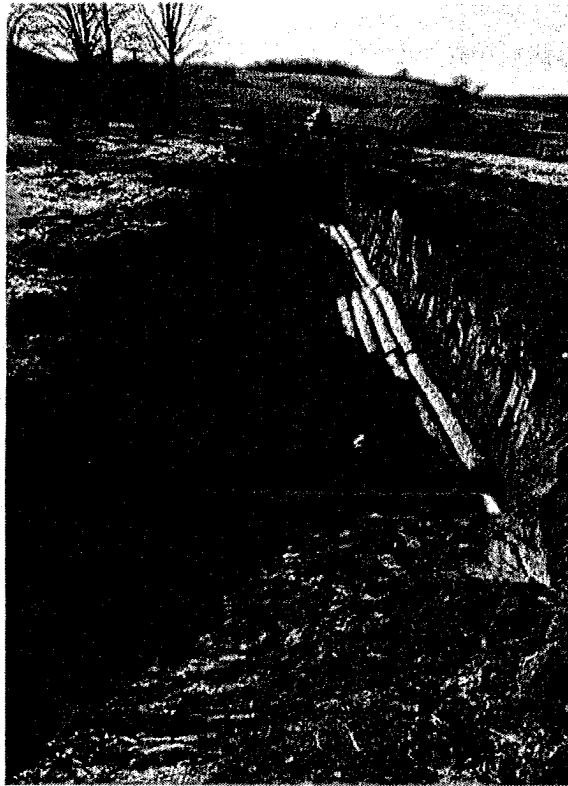
Permit# 122-19



1-2-2020

Permit # 122-19

2450 Knoll Ridge Trail
Winterset



1-2-2020
2450 Knoll Ridge Trl
Winterseet
Permit # 122-19



180'

