



Document 2024 GW2659

Book 2024 Page 2659 Type 43 001 Pages 28
Date 10/31/2024 Time 10:56:21AM
Rec Amt \$.00

INDX
ANNO
SCAN

BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

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

If the transaction is exempt from filing a declaration of value pursuant to Iowa Code 428A.1(2), **(STOP HERE)**. Pursuant to Iowa Code section 558.69(1), when no declaration of value is submitted during a transaction, you are not required to submit a groundwater hazard statement or include the statutory language in Iowa Code section 558.69(8A). Please consult your realtor or legal counsel for further advice, including on whether a declaration of value is required. The Department provides this information for statutory reference only.

Instructions for this document can be found at:

<https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960%20Instructions.pdf>

Attachment 1, if required, can be found at: <https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960a.pdf>

TRANSFEROR:

Name Troy Porter

Address 930-9th St WAUKEE IA 50263
Number and Street or RR City, Town or PO State Zip

TRANSFeree:

Name Matthew E Theobald

Address 1187 Warren Ave., Cumming, Iowa 50061
Number and Street or RR City, Town or PO State Zip

Address of Property Transferred:

1187 Warren Ave., Cumming, Iowa 50061
Number and Street or RR City, Town or PO State Zip

Legal Description of Property: (Attach if necessary)

See attached.

1. Wells (check one)

- No Condition - There are no known wells situated on this property.
- Condition Present - 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)

- No Condition - There is no known solid waste disposal site on this property.
- Condition Present - 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)

- No Condition - There is no known hazardous waste on this property.
- Condition Present - 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)

- No Condition - 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.)
- Condition Present - 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)

- No Condition - There are no known private burial sites on this property.
- Condition Present - 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)

- No Condition - All buildings on this property are served by a public or semi-public sewage disposal system.
- No Condition - This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- Condition Present - 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.
- Condition Present - 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.
- Condition Present - There is a building served by private sewage disposal system on this property. The system is failing to ensure effective wastewater treatment or is otherwise improperly functioning, and 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.
- Condition Present - 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 #7]
- Condition Present - There is a building served by private sewage disposal system on this property. This property is exempt from the private sewage disposal inspection requirements pursuant to the following Exemption [Note: for exemption #7 use prior check box]: _____
- Condition Present - There is a building served by private sewage disposal system on this property. The private sewage disposal system has been installed within the past two years pursuant to permit number: _____

Review the following two directions carefully:

- A. If you selected a box stating "No Condition" for every numbered section above, STOP HERE. Do not submit this form. Instead, pursuant to Iowa Code section 558.69(8A), you must include the following language on the first page of the recorded deed, instrument, or other writing:

"There is no known private burial site, well, solid waste disposal site, underground storage tank, hazardous waste, or private sewage disposal system on the property as described in Iowa Code section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement."

Please consult your realtor or legal counsel for further advice on this exemption. By law, the owner of the property is responsible for the accuracy of this statement, and the Department provides this information for statutory reference only.

- B. If you checked any box stating "Condition Present" for any of the numbered sections above, continue below. You must complete this form, including providing all required information, and you must submit this form to the county recorder's office with declaration of value.

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: Troy C. Pauer Telephone No.: (515) 414 1101
(Transferor or Agent)

TIME OF TRANSFER INSPECTION TOT# 12735 GARY WELKER CERT # 12732

Site Information

Parcel Description: **031011288004700**

Address: **1187 Warren Avenue, Cumming, IA 50061**

County: **Madison**

Owner Information

Property is owned by a business: **No**

Business Name:

Owner Name: **Troy Porter**

Email Address: **troycporter27@gmail.com**

Address: **930 9th Street, Waukee, IA 50263**

Phone No: **515-414-1101**

Additional Contact Information

Name	Email Address	Affiliate Type
Ingrid Williams	ingrid@homesbyingrid.com	Realtor

Site-related information

No Of Bedrooms: **1**

Facility Type: **Residential**

Last Occupied: **10/15/2024**

Permit issued by County: **N/A**

All plumbing fixtures enter septic system: **Yes**

Property Information Comments:

Inspection Date: **10/15/2024**

Currently Occupied: **No**

System Installation Date:

Permit Number:

County contacted for records: **Yes**

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Tank Material: **Plastic**

No. of Compartments: **2**

Type: **Septic Tank**

Tank Corrosion Type: **None**

Pump Tank Chamber: **No**

Tank Size (Gal): **1500**

Liquid Level Type: **Normal**

Licensed Pumper Name: **Bob's Septic**

Date Pumped: 10/15/2024	Meets Setback to Well: N/A	Well Type:	
Distance To Well (Ft.):	Is Accessible: Yes	Lid Intact: Yes	
Risers Intact: Yes	Effluent Filter Present: Yes	Watertight: Yes	
Tank/Vault Pumped: Yes	Inlet Baffle Present: Yes	Outlet Baffle Present: Yes	Functioning as Designed: Yes
Tank Comments:			

General Primary Treatment Comments:

Distribution Type

Distribution Box 1

Label: Distribution Box 1	Material Type: Plastic	Accessible: Yes
Box Opened: Yes	Baffle Present: No	Speed Levelers Present: Yes
Watertight: Yes	Functioning As Designed: Yes	

General Distribution System Comments :

Secondary Treatment

Lateral Field1

Distribution Type: Distribution Box	Material Type: Leaching Chamber	Trench Width: 36
Lines: 5	Total Length of Absorption Line: 500	System Hydraulic Loaded: Yes
Gallons Loaded: 350	Meets Setback to Well: N/A	Well Type:
Distance To Well (Ft.):	Lateral Lines Probed: Yes	Saturation or Ponding Present: No
Grass Cover Present: Yes	Lateral Lines Equal Length: Yes	System Located on Owner Property: Yes
Easement Present: N/A	Functioning as Designed: Yes	
Comments:		

General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: **Performed Time of Transfer inspection on clients septic system. Could not inspect any interior plumbing (if any) due to clients not being present at the time of inspection. There is 3 double cleanouts stubbed out of the ground. 1 stub is missing a cap/plug. Septic system consists of 1- 1500gallon plastic roth septic tank and 500ft of leaching chamber laterals with a distribution box to evenly distribute effluent waste. Removed lids to septic tank to find it contained minimal/zero solid waste, and to be at normal operating level. Pumped all 1500gallons of "waste" from septic tank. Excavated and removed lid to distribution box, all speed levelers in correct position however there is no baffle tee within the distribution box. Performed hydraulic load test using approximately 300gallons of water, feeding the water to box through outlet line of septic tank. All lateral lines accepted water evenly during load test. Placed all lids back in respected positions and backfilled all excavations and concluded the inspection.**



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 12735 GARY WELKER CERT # 12732

Owner Name: **Troy Porter**

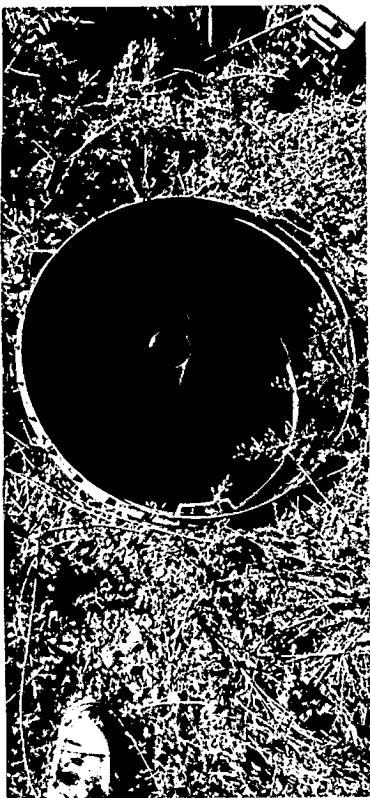
Address: **1187 Warren Avenue , Cumming , IA 50061**

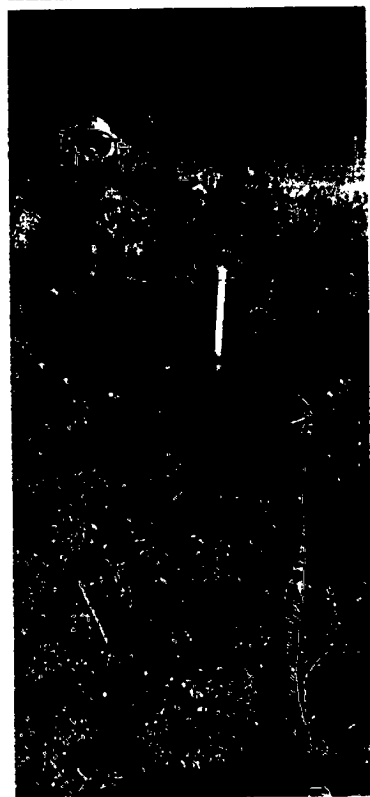
County: **Madison**

Inspection Date: **10/15/2024**

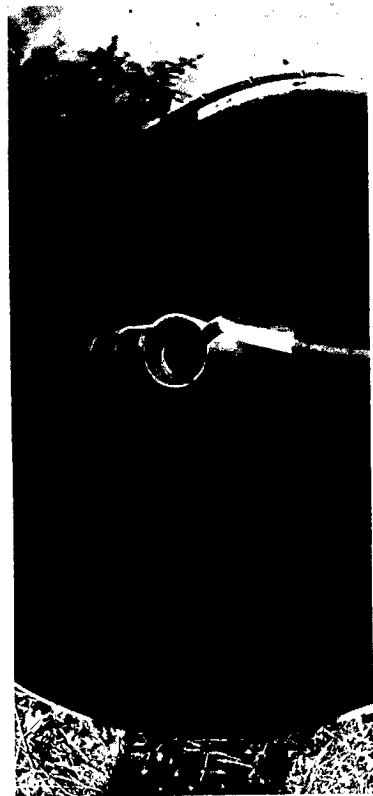
Submitted Date: **10/18/2024**

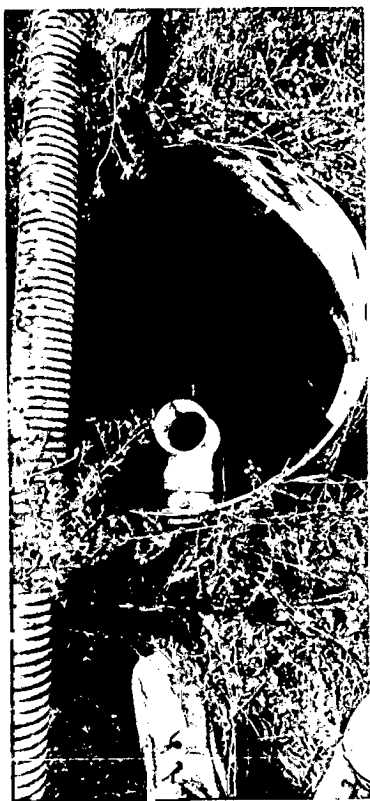














Madison County
Office of Zoning and
Environmental Health

**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: 011-20

3-26-20

Issued to: Troy & Jenna Porter
Address: 1187 Warren Ave.
Cumming, IA 50061

Legal Description: Lot 5 Kenoyers Cherry Creek Est SE Sec 12
PID# 011011288004700 Sec 12 T77N R26W Lee TWP

POWTS Components Specifications: 1500 gal. septic tank & 5 36" Laterals @ 100' ea.

General Conditions:

11/19/20 Lateral area was disturbed, Carroll revised report - moved lateral field + install a swale/berm to direct surface water away from laterals

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: Max. Trench Depth 24"

At least a 24-hour notice for inspections.



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

Office Use Only				Temp E911:			
Tracking No. 011-20	Date Received 3/26/20	Fee Paid 150 ⁰⁰	Check # 5531	Date Issued 3/26/20	Section/Township 12-Jee		

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 Troy	Last Name Porter		First Name Jason	Last Name Shepherd	
Address 3121 Jepsen Rd.			Address 2785 NE 46 th Ave		
City Cedar Falls	State IA	Zip 50613	City Des Moines	State IA	Zip 50317
Phone Number (area code) 515-414-1101	Cell Phone X		Phone Number (area code) 515-262-9174	Cell Phone X	

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	See Engineer Report.	
1-3 Bedroom	1250	Date test taken	Test taken by
4 Bedroom	1500	Passed:	Failed:
5 Bedroom	1750	Percolation Rate:	
6 Bedroom	2000	Soils Loading Rate:	

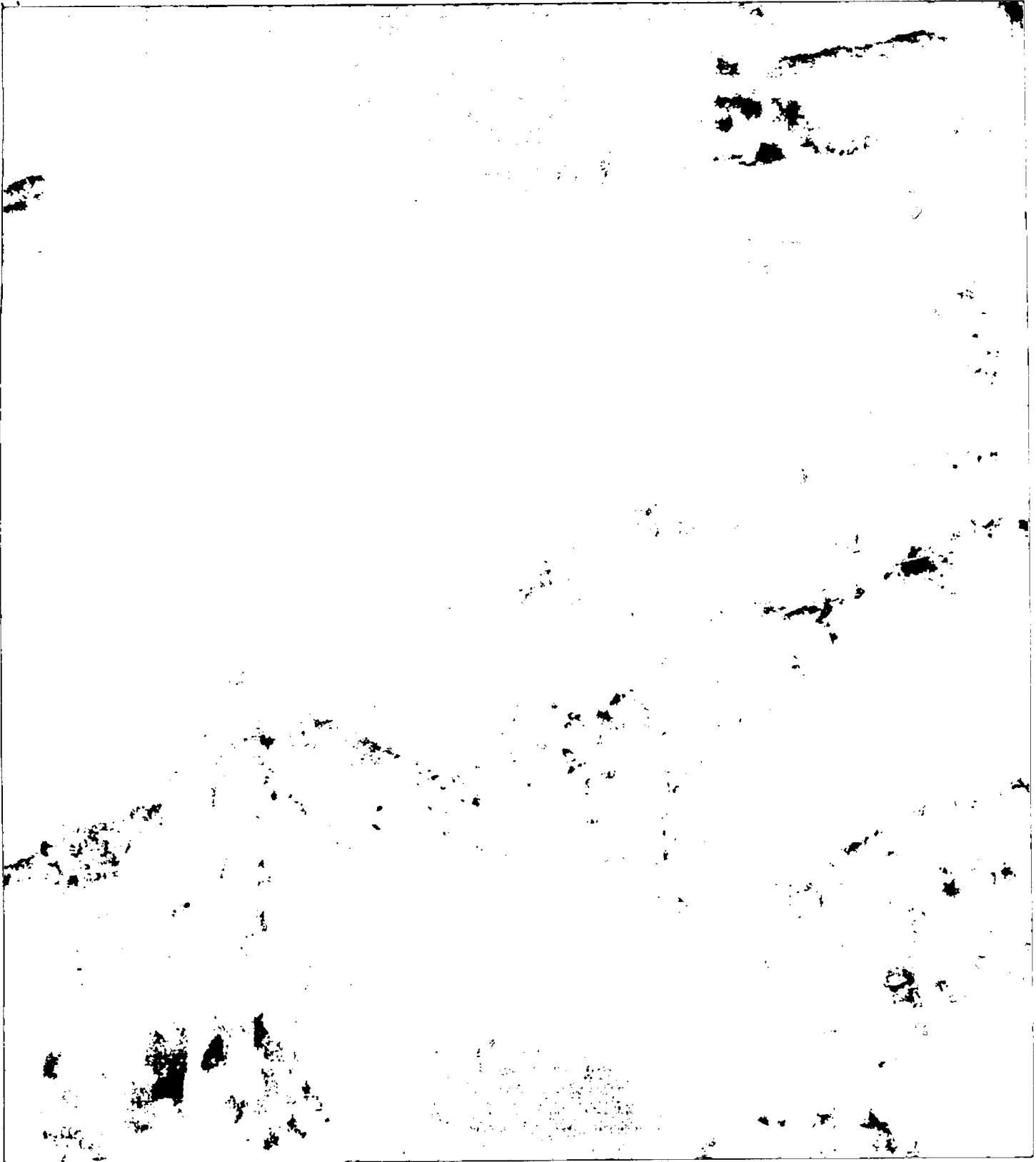
5. Type of Submittal	6. Address Information
<input checked="" type="checkbox"/> New House <input type="checkbox"/> Existing House <input type="checkbox"/> Repair, Tank <input type="checkbox"/> Repair, Treatment Area <input type="checkbox"/> System Replacement Previous Permit #:	1187 Warren Ave, Cumming, IA 50001 911 Address or nearest road: X Legal Description: Lot 5 Kenoyers Cherry Creek Est SE Sec 12 PID # 011011288004700

7. Type of Building (Completed by Owner)			
Building Square ft.:	Number of Bedrooms: 4	Number of Bathrooms:	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.			

8. Tanks			
Your contractor or system designer should complete the remaining portion of this application.			
Septic Tank	Type: ROTH Poly	Size: 1500 Gal	Manufacturer: ROTH
Pump Tank	Type:	Size:	Manufacturer:
Additional Tank	Type:	Size:	Manufacturer:

9. Secondary Treatment Area				
Laterals	Type: Chamber	Length of each: 100ft	Total number: 500	Maximum trench Depth: 24in.
Sand Filter	Square ft.:	Length:	Width:	
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:	Date: 3/25/2020	



Parcel ID 011011288004700
Sec/Twp/Rng 12-77-26
Property Address 1187 WARREN AVE
CUMMING

Alternate ID n/a
Class R
Acreage 7.28

Owner Address PORTER, TROY & JENNA &
RICHTSMEIER, FRED & JANIE
3121 JEPSEN RD.
CEDAR FALLS, IA 50613

District LEE BADGER CR WINTERSET NFD
Brief Tax Description LOT 5 KENOYERS
CHERRY CREEK EST
SE SEC 12
(Note: Not to be used on legal documents)

ONSITE WASTEWATER SITE EVALUATION FOR SEPTIC SYSTEM Pages with report 3 REPORT # 4839

OWNER NAME: Richtsmeier PROPERTY ADDRESS: 1187 Warren ave

OWNER ADDRESS: _____ LEGAL DESCRIPTION: Cumming

PHONE # _____ LOT SIZE: _____ acres _____
Madison County

NO. BEDROOMS: 4 AVE. DAILY FLOW 300 PEAK DAY DESIGN FLOW 600 gallons STRUCTURE X NEW ___ EXISTING

BUILDER: _____ PLUMBER: _____

THE TREATMENT SITE SHALL BE PROTECTED FROM ANY AND ALL TRAFFIC, AND ANY SOIL DISTURBANCES. DISTURBING THE TREATMENT SITE SHALL VOID THIS RECOMMENDATION.

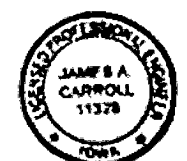
THE USE OF THIS DESIGN TO OBTAIN THE ONSITE WASTEWATER COUNTY CONSTRUCTION PERMIT AND THE CONSTRUCTION OF THE ONSITE SYSTEM IS AN ACCEPTANCE OF THE CONDITIONS ON PAGE 2 OF THIS REPORT.

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>

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

See attached drawing for soil test and lateral location.



SOIL LOADING RATE <u>0.4</u> gpcf.	BASED ON SURFACE AREA OF TRENCH BOTTOM.
WATER TABLE/CONFINING AT <u>5</u> FEET	2-FOOT WIDE TRENCH <u>0</u> FEET
MAXIMUM DEPTH OF TRENCH <u>24</u> INCHES	3-FOOT WIDE TRENCH <u>500</u> FEET
	16-INCH WIDE CHAMBER <u>0</u> FEET

James A Carroll
James A Carroll P.E.

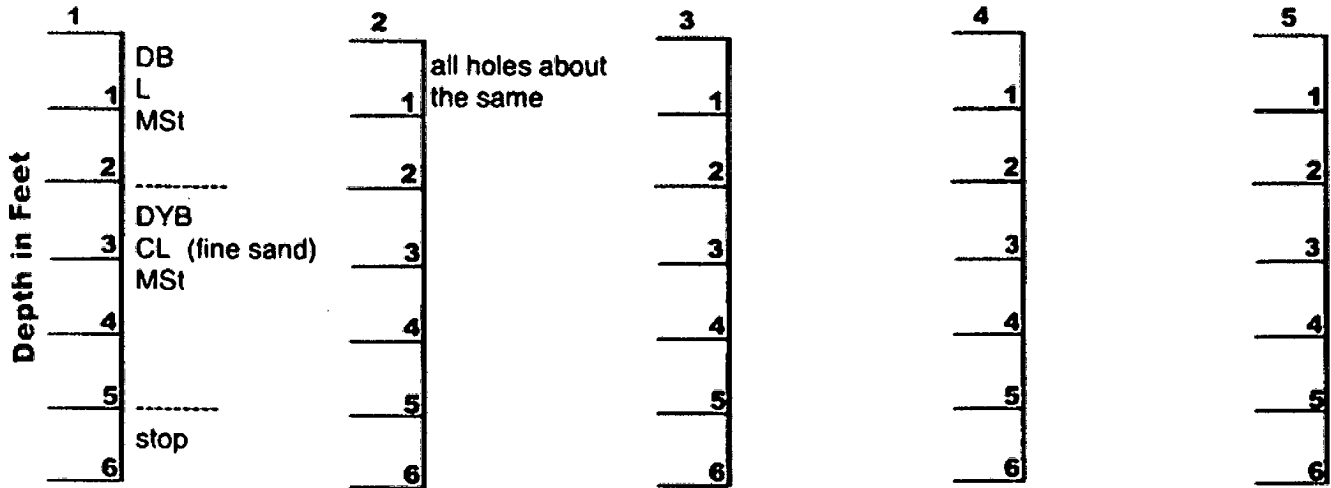
I HEREBY CERTIFY THAT THIS ENGINEERING DOCUMENT WAS PREPARED BY ME OR UNDER MY DIRECT PERSONAL SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF IOWA. DATE: 9/28/18 REG. NO. 11328. MY LICENSE RENEWAL DATE IS DECEMBER 31, 2019.

Number of Pages With Report 4

Soil Probe Number

Report # 4839

Confining Layer Location (*)



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 MSi-Moderate Structure, WSt-Weak Structure, MaSt-Massive Structure, Ls-Loose, HVY-Heavy, Lt-Light.

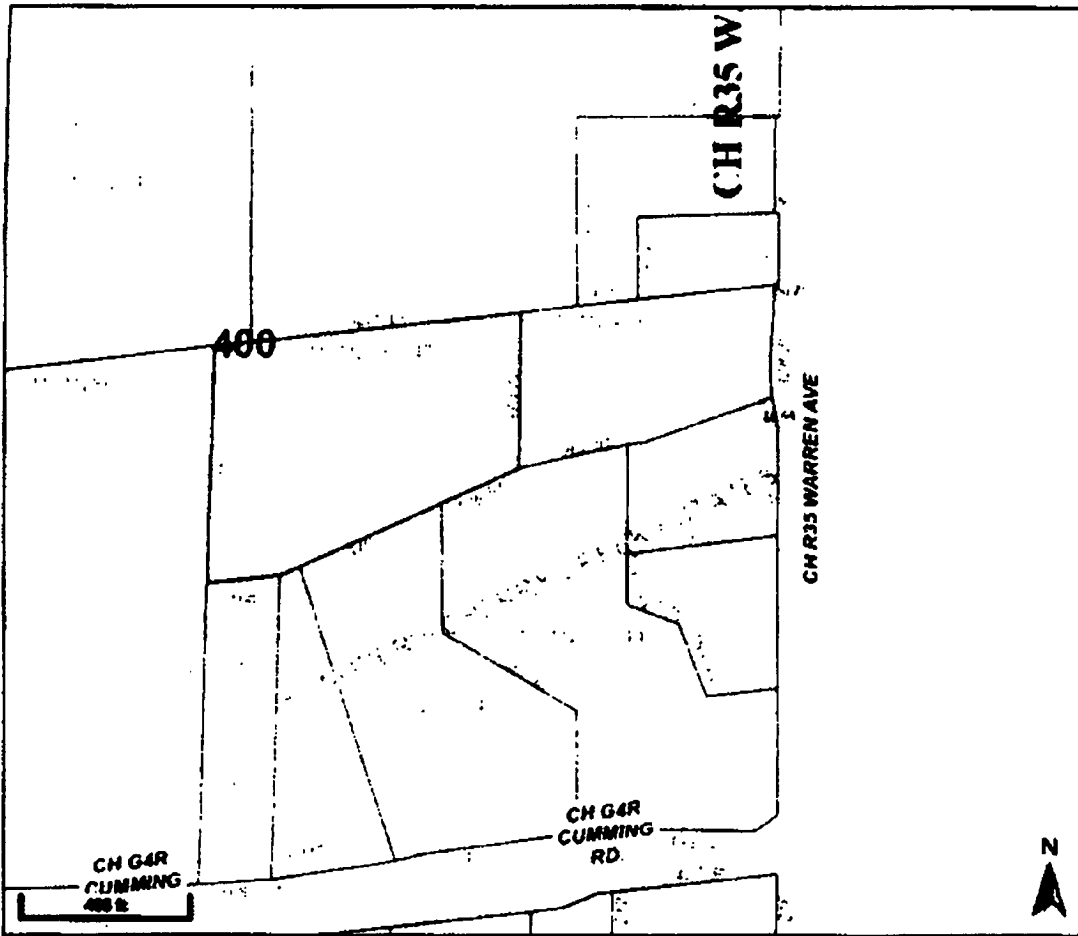
The use of this design to obtain the onsite wastewater county construction permit and the construction of the system is an acceptance of the following conditions:

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 Ordinances 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.



Overview 

Legend

-  City Limits
-  Sections
-  Parcels
-  Subdivisions
-  Rivers and Stream
-  Road Centerlines
-  Townships

Parcel ID 011011288004700
 Sec/Twp/Rng 12-77-26
 Property Address 1187 WARREN AVE
 CUMMING

Alternate ID n/a
 Class A
 Acreage 7.28

Owner Address PORTER, TROY & JENNA &
 RICHTSMEIER, FRED & JANE
 3121 JEPSER RD.
 CEDAR RAPIDS, IA 50613

District LEE BADGER CR
 Brief Tax Description LOT 5 KENOYERS
 CHERRY CREEK EST
 SE SEC 12

(Note: Not to be used on legal documents)

Date created: 9/28/2016
 Last Date Updated: 9/27/2016 9:41:40 PM

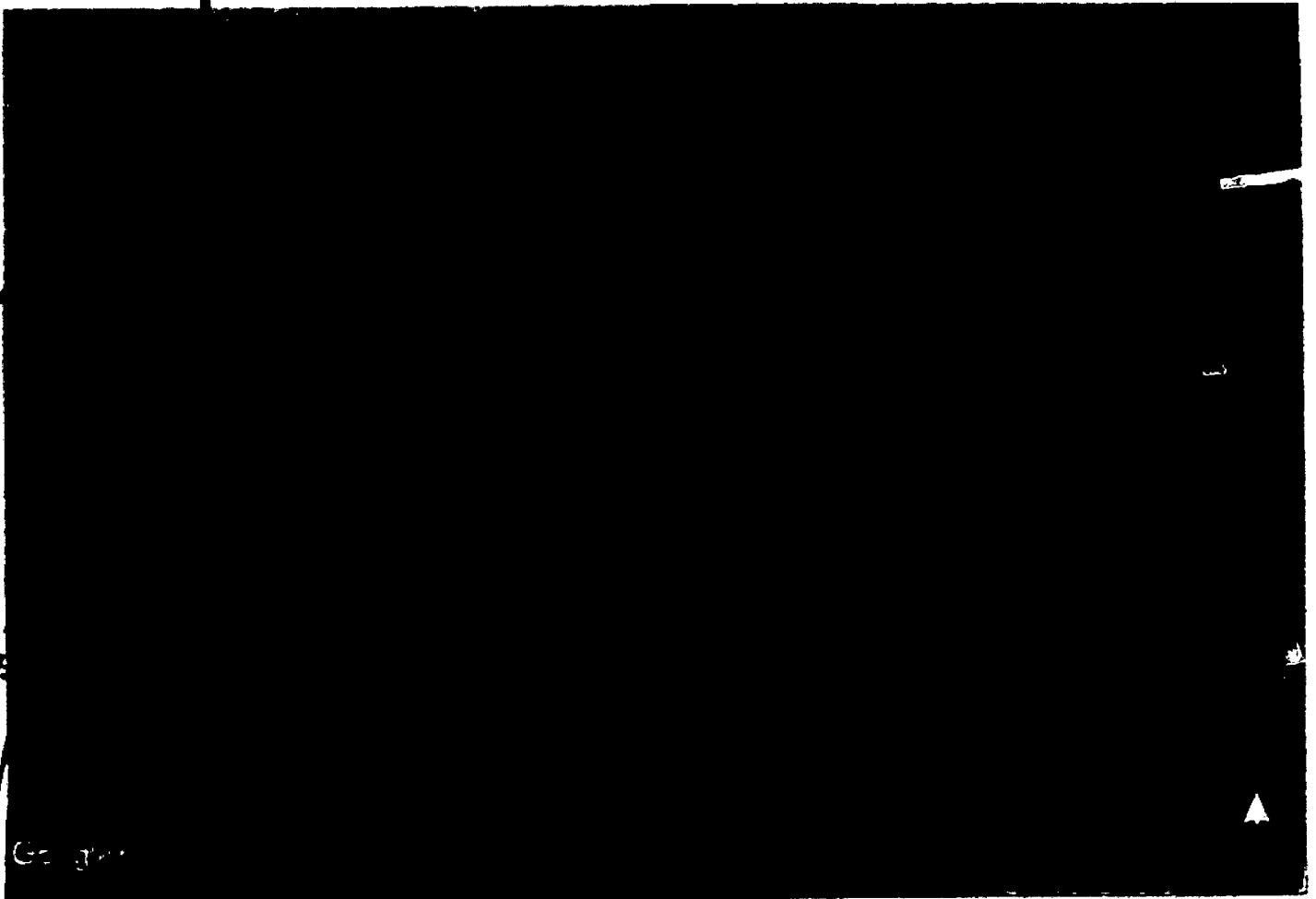
Developed by  Schneider
 GEOSPATIAL

1.87 Warren ave

*

Build a swale/berm to direct surface water away from lateral area

5 test holes



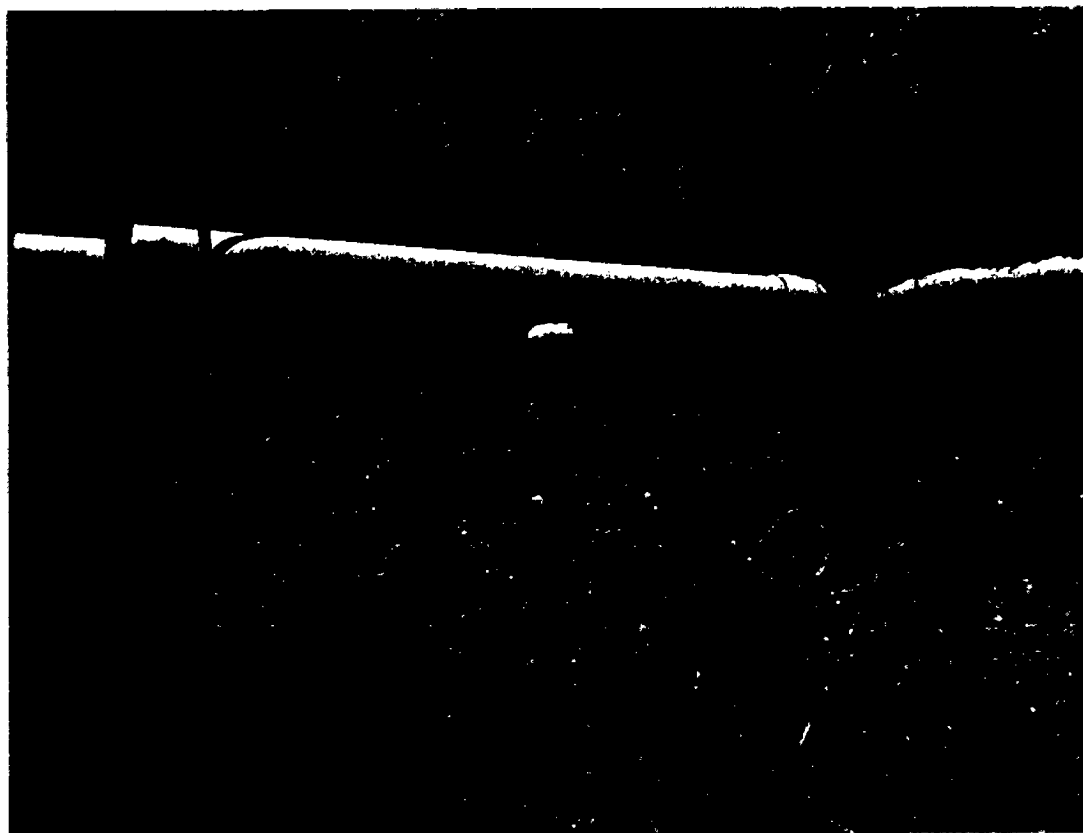
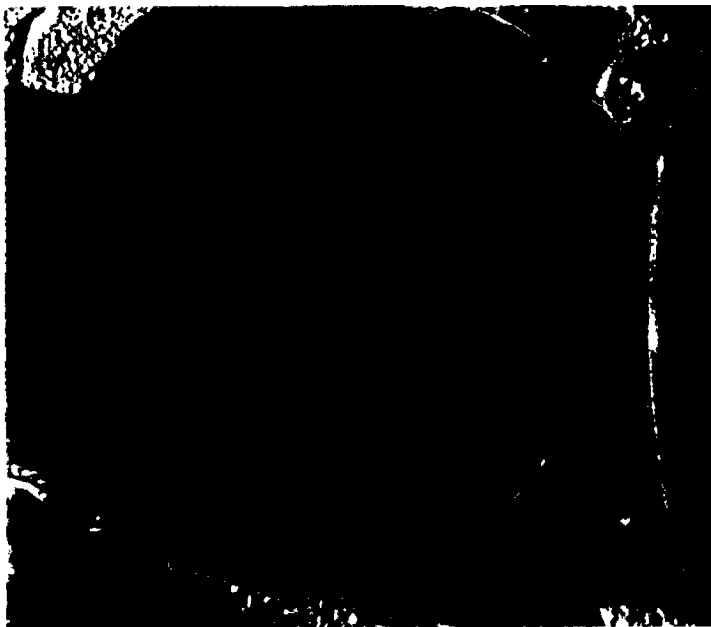
soil test holes

New soil test holes

~~lateral area~~

This area was disturbed

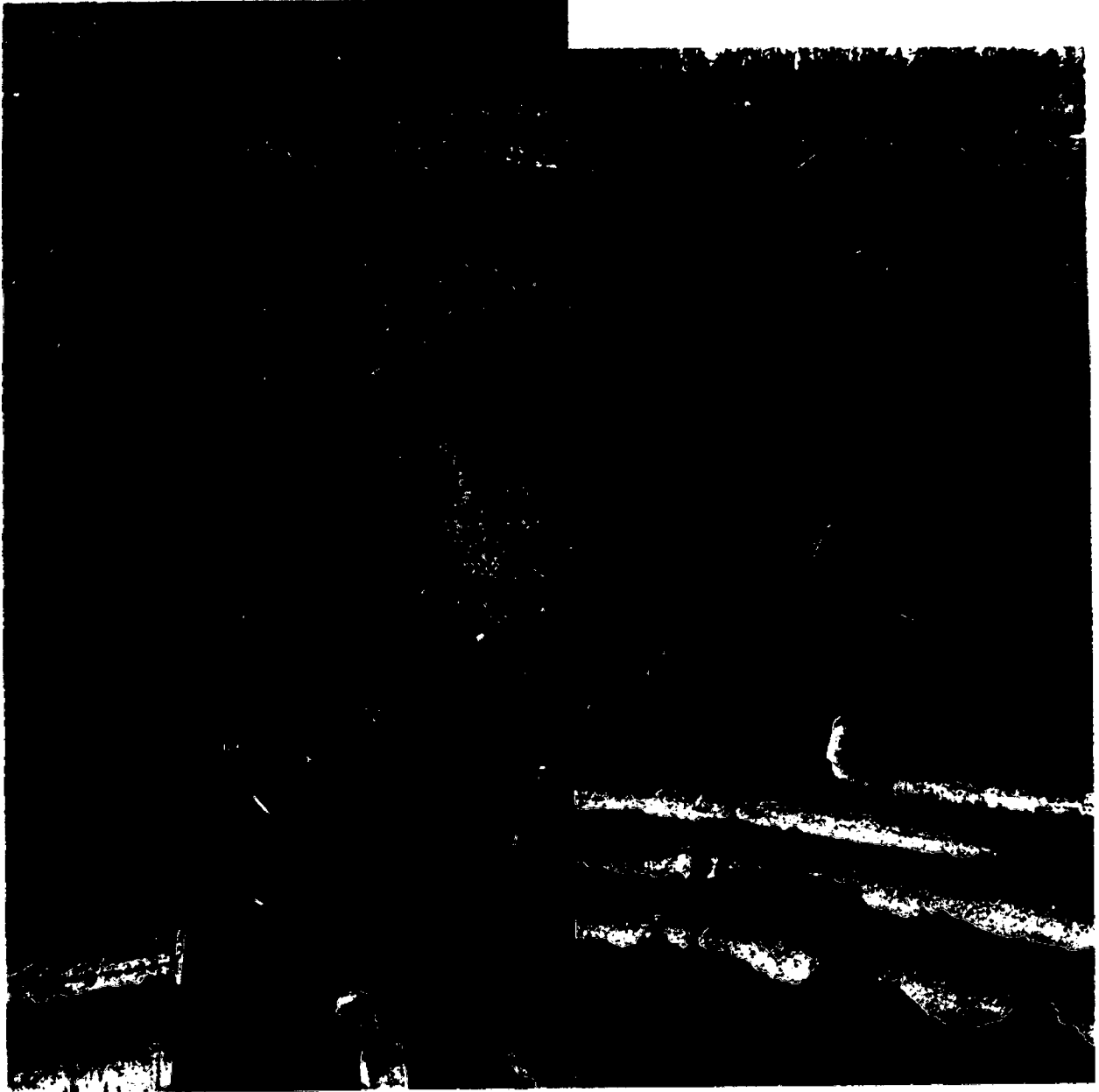
New lateral Area

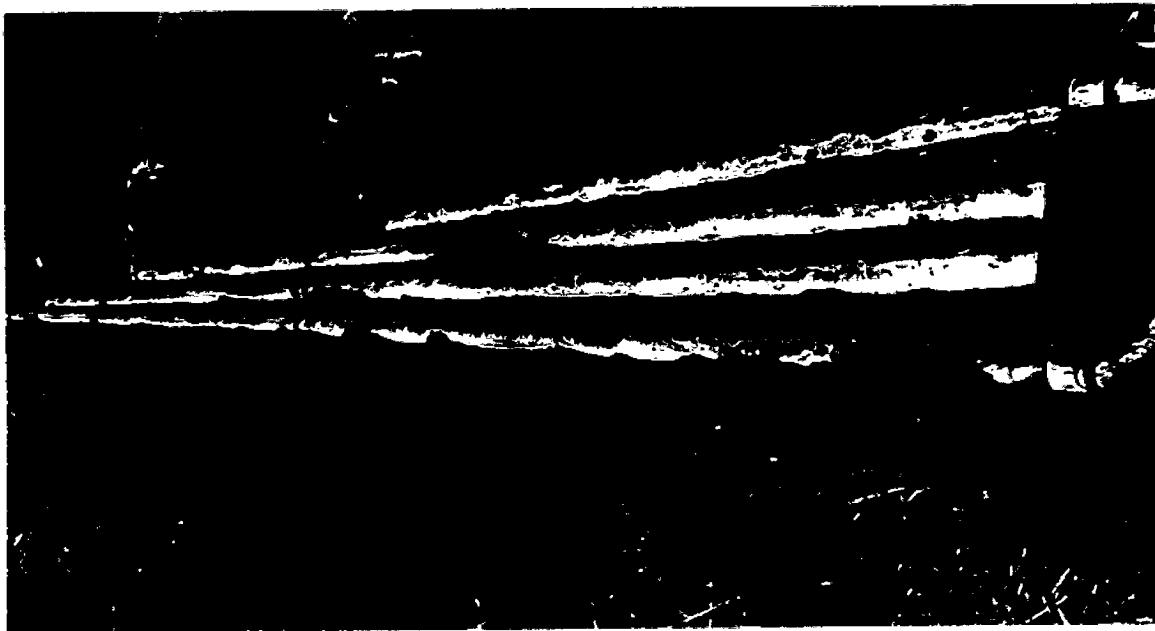


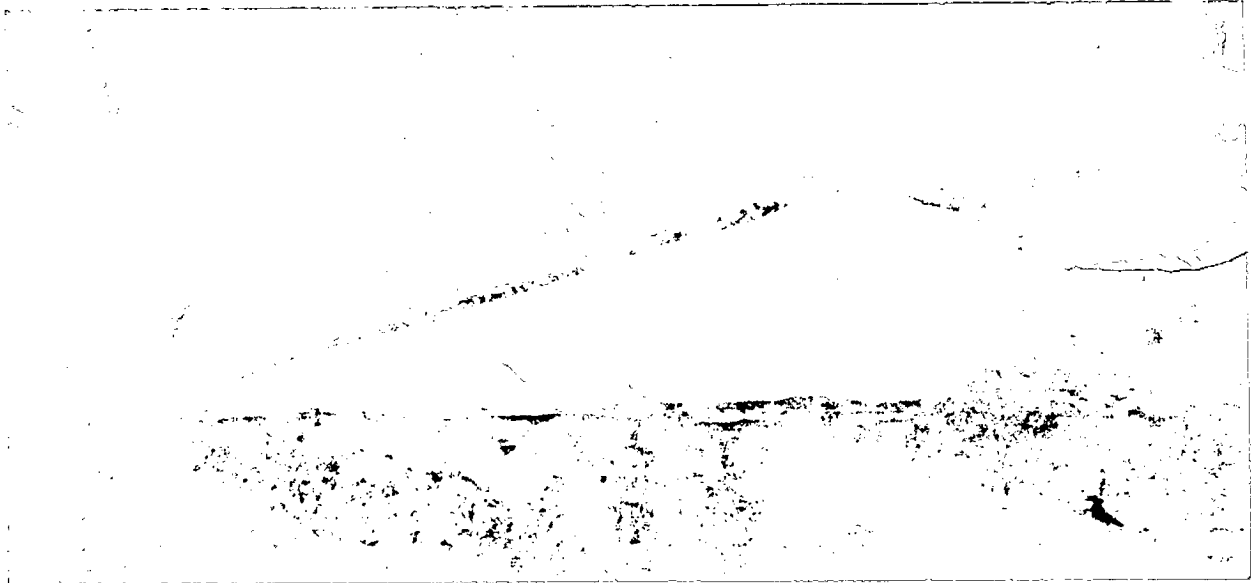
Permit #011-20

1187 Warren Ave.

12-4-20



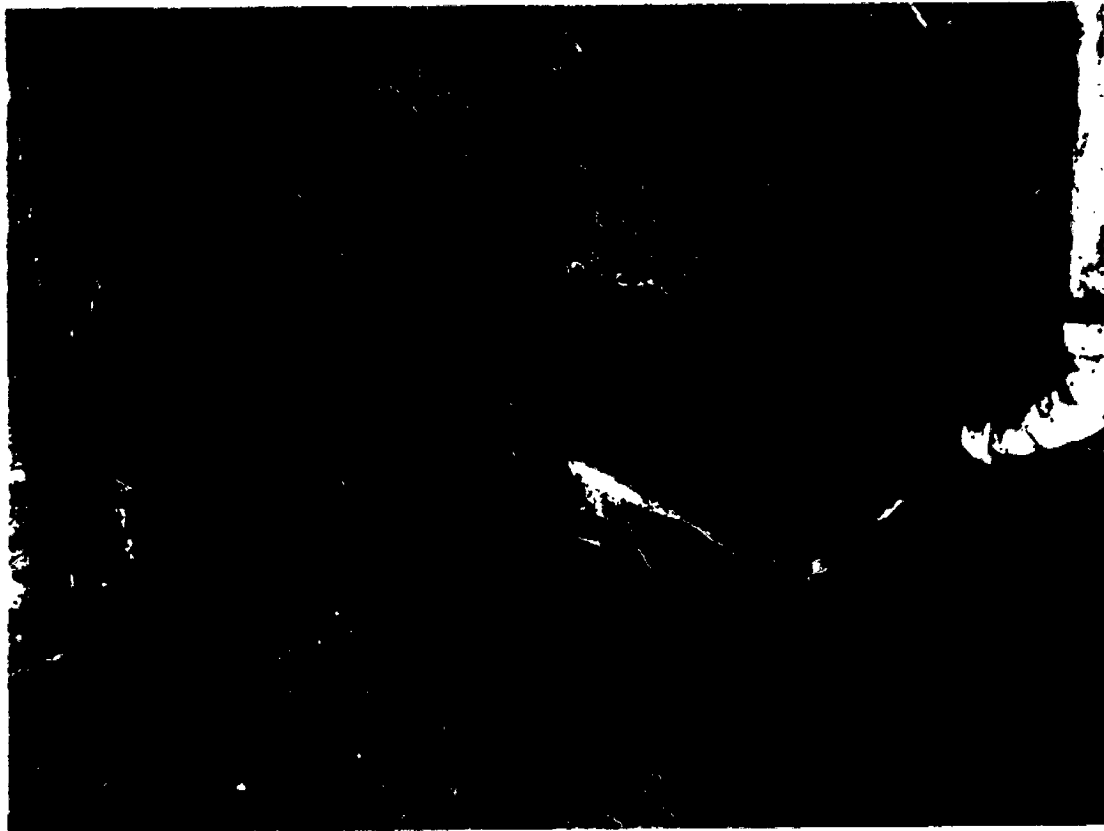




Permit #011-20

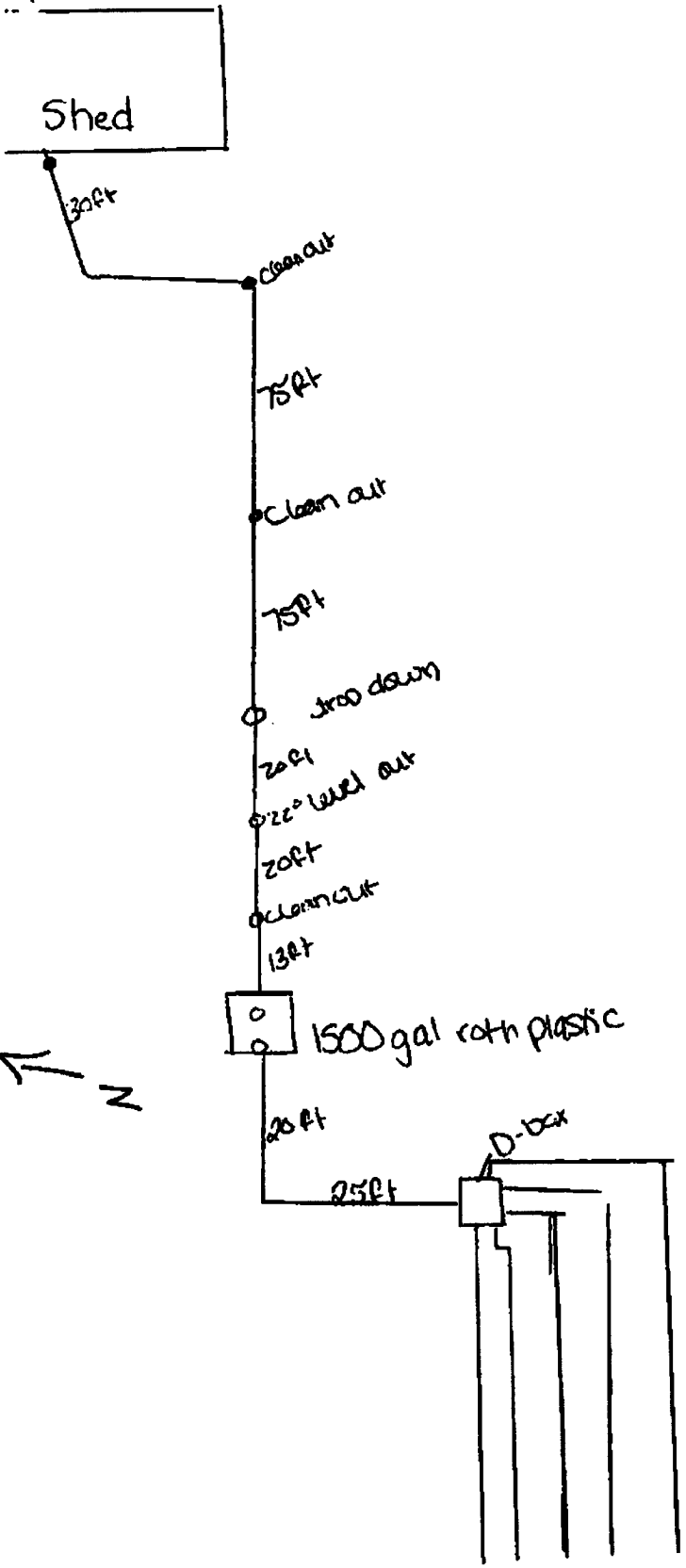
1187 Warren Ave.

12-4-20



↑ E

011-20
1187 Warren Ave
12-4-20



<input checked="" type="checkbox"/>	Watertight Risers	Minimum 18" Diameter at or above ground surface
<input checked="" type="checkbox"/>	Inlet/Outlet Connections	Self-sealing gaskets formed or cast into tank material
<input checked="" type="checkbox"/>	Schedule 40 Pipe	At least 5' past outlet & 2' past disturbed ground

S U NA	DOSING SYSTEMS			
<input type="checkbox"/>	Type	<input type="checkbox"/> Pump	<input type="checkbox"/> Siphon	<input type="checkbox"/> Other:
<input type="checkbox"/>	Watertight Pit	At least 24" in diameter		
<input type="checkbox"/>	Watertight Riser	With tight-fitting cover at or above ground level		
<input type="checkbox"/>	Pump	Submersible Pump of corrosion-resistant material		
<input type="checkbox"/>	Pressure Line Size	Not smaller than outlet of pump it serves		
<input type="checkbox"/>	Pressure Line Drainage	Drains between dosing or buried below frost level		
<input type="checkbox"/>	High Water Alarm	Visual or Audio Alarm to alert of high water in pit		
<input type="checkbox"/>	Electrical Connection	No Connections located inside pump pit		

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

S U NA	LATERALS			
<input checked="" type="checkbox"/>	Material	<input checked="" type="checkbox"/> Chamber	<input type="checkbox"/> Tile	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/>	Trench Width	<input type="checkbox"/> 24"	<input checked="" type="checkbox"/> 36"	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/>	Total Length	Required: 500 Ft.	Installed: 500 Ft.	
<input checked="" type="checkbox"/>	Number of Lines	Trenches installed at equal lengths		
<input checked="" type="checkbox"/>	Spacing	6' minimum between trenches		
<input checked="" type="checkbox"/>	Depth	Max. trench depth of 18 inches (See perc/soil test)		
<input checked="" type="checkbox"/>	Soil Cover	6" Minimum soil cover over laterals		
<input checked="" type="checkbox"/>	Confining Layer	3' Minimum separation between confining layer & trench bottom		
<input checked="" type="checkbox"/>	Perc/Soil Test	Lateral field installed in perc/soil test area		
<input checked="" type="checkbox"/>	Water Discharge	No sump, roof, foundation, or storm drains discharging into or upon field		
<input checked="" type="checkbox"/>	Distribution Pipe	4" Ridged PVC pipe or approved alternative		
<input checked="" type="checkbox"/>	Aggregate Material	Minimum 6" approved aggregate below & enough to cover pipe		
<input checked="" type="checkbox"/>	Separation Material	Material laid to separate aggregate from soil		
<input checked="" type="checkbox"/>	Other Construction	No construction of any kind over system		

Additional Comments:

This report indicates the condition of the installed private sewage system at the time of inspection & does not guarantee the future condition or proper function of the system. To the best of my knowledge, all listed local & state ordinances have been adhered to.

Indeen Kumar
 Inspector 12/2/21
 Date