



Courthouse at Winterset
Madison County, Iowa
Built in 1876 of native limestone.

Madison County Office of Zoning and Environmental Health

Scott J. Vander Hart, Administrator

FILED NO. **004195**

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2000 MAY -9 PM 2:43

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CHARLETTA UTSLER
RECORDER
MADISON COUNTY, IOWA

VARIANCE

The Madison County Board of Health granted Gary E. & Delores L. Manser of East Peru, Iowa a variance for a holding tank on April 27, 2000, with the following conditions:

1. Holding tank must have a capacity of 2,000 gallons.
2. There shall be no discharge from this tank.
3. Holding tank must be equipped with an alarm to activate at $\frac{3}{4}$ capacity to indicate when the tank requires pumping.
4. Access holes should be brought to ground level for easy accessibility for pumping purposes.
5. The owners shall retained pumping records by, and submit copies of such records to the Madison County Office of Zoning and Environmental Health annually (from the date permit was issued).
6. Toilet installed in house must be a 1.5-gallon low flow.

The variance is good for only the said real estate:

201 Deardorff – Lots five and six, except for the West 65 feet in width thereof, of Stewart's First Addition to the Town of East Peru in Madison County, Iowa.

In order to comply with 567 IAC 69.1(3)"a," all wastewater and residential graywater must be disposed in the central sewer system, once it is constructed within East Peru. At that time the permit for the holding tank shall no longer be valid.

This variance was granted in accordance with Section 2.06 of the Madison County, Iowa Health Regulations.

Joyce Kooker
Chairperson
Madison County Board of Health



MADISON COUNTY
BOARD OF HEALTH
COURT HOUSE
WINTERSET, IOWA 50273

PHONE
515-462-2636

SEPTIC SEWAGE DISPOSAL TREATMENT SYSTEM
PERMIT APPLICATION

CK# 1372

PERMIT NO. 1906

FEE PAID: 4-28-2000
PERMIT ISSUED: 5-8-2000

Applicant: Daryn & Debra Manser Telephone No. 728-4851

Address: 201 Deserdyff Ave Peru, Iowa 50222
577-8710 ext 7ms

Tenant: _____ Telephone No. 728-4851
577-8712 ext 7m.

Address: _____

Proposed Structure _____ Legal Description: E 164' Lot 5 + 1 Adams 1st
Existing Structure ✓ Section: 11 Township Walnut

Number of Bedrooms 2 Stairs 1 Lavatories 1 Showers: 1 Tubs: 1 Sinks: 1

PERCOLATION TEST MUST BE TAKEN AND APPROVED PRIOR TO ISSUANCE OF THE SEWAGE DISPOSAL TREATMENT SYSTEMS PERMIT.....

Percolation Test Taken _____ By No Room

Results Test hole #1 _____ min./in. #2 _____ min./in. #3 _____ min./in. #4 _____ min./in.

Average _____ min./in. No. of Laterals Required _____ Length of Laterals: _____ ft. ea.

DOUBLE COMPARTMENT SEPTIC TANKS REQUIRED / STATE APPROVED
1 Bedroom: 800 gal. 3 Bedrooms: 1600 gal. 4 Bedrooms: 1250 gal. 5 Bedrooms: 1500 gal.

FEES: Check payable to Madison County Treasurer - Return with application.....
SEPTIC TANKS/ABSORPTION FIELDS - (ALTERNATIVE SYSTEMS) - MOUNDS - DOUBLE SAND FILTERS - APPROVED MECHANICAL SYSTEMS..... \$ 100.⁰⁰

TYPE OF SYSTEM INSTALLED Holding tank SEE BACK OF PAGE FOR CONDITIONS

Contractor: Richard Dillinger Telephone No. 763-2126

Address: RR1 Peru IA 50222

I hereby certify that the above information is correct to the best of my knowledge and I agree that the system will be installed in accordance with the rules and regulations of Madison County Board of Health and Chapter 69 I.A.C. I further acknowledge that the system must remain open so that proper inspection and approval can be made by the local Health Sanitarian and that the system cannot be put into operation until approved.

Date 3/27/2000 Applicant: Debra S. Manser

NOTE: Request for inspection of the system must be made 24 hours in advance, if possible. Water at the site to test the distribution box must be available.

Mechanical systems require use of a free-access sand filter and must be covered by maintenance agreement. Maintenance agreement must be recorded in the Madison County Recorder's office.

Discharge from mechanical systems or double sand filters must be sampled and tested in the early spring, midsummer and early fall. Results to be submitted to the local Board of Health office.

DATE OF INSPECTION: _____ INSPECTION BY: _____