

Time of Transfer Inspection Report (DNR Form 542-0191)

Property information

	Current owner KEVIN BROWN
	Buyer Realtor WHITAKER MARKETING GROW
	Buyer Realtor WHITAKER MARKETING GRESS Mailing address 4642 215th St. Arnes TA S0014
	Site Address/County 4642 215 St. AMES, TA. / STORY CO. Legal Description
	No. of bedrooms _2 Last occupied? _Cullent Records available _ YET
	Permit/installation date 7-1-35 Separation distances ok/no?ok.
	Septic system information
	Septic tank(s): size 1250 GAL, material CONCRETE condition SATISFACTORY Tank pumped? Yes date 10-25-21 licensed pumper St. # 315 Septic/trash/processing tank: size 1/4 material NA condition NA Tank pumped? NA date NA licensed pumper NA
	Aerobic treatment unit (ATU) mfgr
	Pump tanks/vaults: type size condition
	Distribution system: distribution box <u>Ves</u> outlets used <u>.3</u> condition <u>Satisfactors</u> Header pipe(s) <u>Yes</u> # of lines <u>.3</u> Pressure dosed? <u>No</u>
,	Secondary treatment: length of absorption fields 211 determined by Recells & PROBING condition of fields Satisfactory determined by INSIECTION type of trench material Rock
•	Size of sand filter
]	Media filters: type <u>/VA</u> Maintenance contract? <u>NA</u> expiration date <u>/VA</u> service provider <u>/VA</u> Condition <u>NA</u>
Ī	NPDES General Permit No. 4: required? permitted? NOI provided

542-0191



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Other components: Alarms No Working? NA disinfection No working? NA
Control box Timers inspection ports
Other components <u>NA</u>
Overall condition of the private sewage disposal system
Report system status <u>Syltem IN OleRating Condition At Time of INSRECTION</u> .
Explain (attach additional pages as needed):
Comments: <u>SYSTEM CONSISTS OF A 1250 GAL CONCRETE TWO-COMPARTME</u> SEPTIC THAK FLOWING TO A PLASTIC SISTELBUTTON BOX WHICH FEEDS THREE ROCK LATERALS TOTALING 211.
Site status at conclusion of Time of Transfer inspection: Verify that controls are set on the appropriate mode. Power is on to all components. Revisit all components to verify lids are secure. Gather all tools for removal from the site. Verify that no sewage is on the ground surface.
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.
This report indicates the condition of the private sewage disposal system at the time of the inspection. It does not guarantee that it will continue to function satisfactorily.
Signature of Certified inspector: Name (print): White Baise Color Ames, D. Phone # 515-233-3700
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;
owa DNR Onsite Wastewater Program 502 E. 9 th St. Des Moines, IA 50319

· STORY	COUNTY BOA	ARD OF H	YECH SEN	/1/1985	* INSPECTI	ON REPORT	w owner:	Widelech	ner, Mark P ricia G. Liv	& - /ingston
	FÉRENCE TO	TATATA CT IN	Vo.# 855	(dates) _E	EINSP 9/16 ESCRIPTION	/91 and 97 OF CONDI	19/96 (TIONS FO	permit ho NNN ON CO	lder)- Dragu NSTRUCTION	Ia, Sharon
SITE	DURING INS	ORUL							one during d	
condit	cions. Arr	angement	was diff	icult bed	cause of co	nfined ar	ea betwe	en trees	and a shed i	n rear
yard a	area. Sep	otic tank	was inst	alled du	ring the wi	nter when	the old	l system f	ailed.	
(Snow	overview .	Layout of	f site dr		proximate				40 feet prods of th	/
				S	16 rods o	the E	of the S	E of the	NE 31-84N-	24W
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<u>9/19/96</u>	PROPERTY SA	ALE INSPI	ECTION	CAN/	Marie Marie Const.	3				
No change	e reported ent. No et	or seen	in system	n Ln		****		<u> </u>		
drainage	ditch.					制造过			<u> </u>	
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THIS REPORT REPRESENTS THE INFORMATION COMPILED WHILE CONDUCTING THE INSPECTION SPECIFIED UNDER SECTION 12C OF THE STORY COUNTY BOARD OF HEALTH ADDENDUMS TO (900 WAWM) CHAPTER 69 OF THE IOWA ADMINISTRATIVE CODE AND DOES NOT STIPULATE APPROVAL OR DISAPPROVAL BUT IS TO BE USED AS A MEANS TO RECORD, TO EVALUATE, AND TO PLACE THE CONSTRUCTION WORK COMPLETED ON THE SITE.

INSPECTION CONDUCTED BY:

Cadministrative authority)

STORY COUNTY BOARD OF HEALTH PERMIT

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To permit the construction of an on-site waste disposal system in Story County, Iowa

To serve	Lec V. & F	atricia G. Liv	ingskon upon	the purcel	of land describe	d as the West 10
	(Pro	operty owner of record)		(Lot	and/or Parcel)	(Block)
rods	of the Sout	h 16 rods in t	he East ½ of	the Souther	ist 4 of the	
	NEW	ubdivision) 31	84N	24W	(Other Description) Of the 5 P.M.	1.0 acre
The waste	(Quarter) is to be receiv	(Section red from <u>existin</u>	(Township) two (2) be (Description	(Range) edroom home of structure)	serving(N	(LOI Area)
		m daily loading of _	30		William Control of the Control of th	ter. The construction
of/a <u>con</u>	ventional g	ravity flow su	bsurface soi (Type	1 filtration of Design)	and absorption	on-site waste disposal
system is	to be installe	ed on the site des	cribed by the	site analysis re	port as filed with thi	s department, in soils
ning pagagan ang pagagan na kabang pag	MERAPAKAN PANGHI MATURAKEN	AN ENVEYOREM NETEROMONIO EST VERRINANT		얼마 없는 다 있어요. 얼마나 하다 나를 하다 없습니다.	하다 마음을 하는데 보고 말았다고 있는 사람들이 그리고 있다.	ils percolation rate of
4 , 5 (Number	inches p	er hour within the u	pper three feet	of the existing s	oil. The on-site waste	e disposal system shall
consist of	a <u>(minimum</u>	required size)	750 gallon (Size) (Typ	two compart	ment septic tank	
from	ister Conc	rete Products (od Des Moine Supplier)	5	for the primar	r treatment unit, with
a distr	ibution bo	x and three or	more latera	ls of equal	size and having	a total of two
hundres	i and thirt;	y (29 0) limeal	(Description feet of abs	ofUnity Orption tren	ch	
offluont to	be absorb	and from what were	method of trea	atment, and the	tertiary treatment or rained top soil	final disposal of the
amaemico			(Description of unit	or method and discha	rge point)	10
rules and State Dep design crit of June ((Da	regulations. artment of Feria for the p	All materials and Health Rules, Cha proposed type of s —	I construction apter 12, the	work will be governing Sto	according to specif rv County Board o	nce with governing loations of the lowa if Health rules, and eted within one year
/Possessible	ll of Rolar	id, IA		A. Carlo	4	
	agen to Vallet (U.)	contracting construction o	i uescribed facility, a	Admini Story C Story C	etrative Officer County Health Department County Courthouse Lowa 50201	

The complete facility must be inspected by an agent of the Story County Board of Health before covering or enclosing the system (refer to Section 12C of the Board of Health Regulations). Inspection reports will be made available to the property owner and kept on file at the Story County Health Department as a matter of public record.

STORY COUNTY HEALTH DEPARTMENT # 855

STORY COUNTY COURTHOUSE

Top - Health officer's copy 2nd - White -Applicant's copy 3rd - Canary - Engineers or Soil Scientist's copy NEVADA, IOWA 50201 Phone: (515) 382-6581

				Story County, Iowa;		
Applicant: Le	Ames	(namo)	- Τοω 17	20010	(188) 292.72	73 (hone)
Proposed sewage	disposal system is	to facilitate a 🛘		wip)	(teap	none) .
	m house, or other: _			cribe_constryction)		
Property location ((legal description):	Section: 3	Township: _	84N Range:	JAW	

	***************************************			Patricia G. OO LO	Lot Size:	165 x 269
Property owner of r	ecord: <u>Lee</u>	r. Livin	JGSTON &	Tatricia RR #	6	
Ames,		(namo) <u>Zo</u>	WA 5	00.10	(address) 292.727 .	3
Zoning classification	on: R-1		(state & zip) Building permi	t required? Yes	(telephi	one)
			SITE ANALYSIS			
Depth to: bedrock	k from surface		ground v	vater level from surfa	ce	
Distance to: neare	st private well 12	<u></u>	nicipal well	14 lake, strea	m or waterway	
Is any of the propo	sed site in a flood	hazard area?	☐ Yes 🐼 No			
Percentage of slope	on site;	<u> </u>	re 15 Wel	L drained, S (commonts)	Lopes To	the
Noath	and bound	. 417		(comments)	·	
JAOK FIL	AWAY Fren	ALC: OY: A	NA BUILDIN	75		
Soil description to	Herizon	Depth	Calor	Texture		
a five foot depth:		Onjain	500	7541010		77 C
						(soil type number)
						ter loan
						(soil sorins)
"Percolation Test"	No 1	No 2	No 3	No 4	No 5	No 6
Results in test hole: 1st interval	1/8 6:50	1 6:50	2/2 6:50	17 6.50	drop time	drap lumo
2nd interval	1 7:10	1 7:10	3/4 7:10	1/2 7:10		
3rd interval	1 7:30	1 7.30	2/4 7.30	13/4 7:30		
4th interval	i B.10	1 810	2/1/81/0	1 <u>1 3/4 7,50</u> 2 1 3/4 810		
Percolation rate (inc	ches per hour)	4.50	21,9 6 10	, , , , ,		
(C. Goradon rate (inc	sites per floury					All Address of the Control of the Co
L baroby@ortify that	the chous informs	tion is true	00	***************************************	·····	·····
I hereby certify that	The above informs	ition is true.	OR Profe	2 ho2) excitizantO ho2 (hnoized	cientist) as certified with	Board of Soil Classifiers
Signature of prop	enty owner in presence of N	olary	* * * * * * * * * * * * * * * * * * *		OR	
			North Control of the			
Sworn and Subscrit	oed to before me th	nis _		Superture of Boo	istered Professional Engli	naar .
day of	une 19	85		Signature or roy	istered i vongssomm grign	127
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