

BK: 2025 PG: 2587
Recorded: 9/26/2025 at 11:54:49.0 AM
Pages 14
County Recording Fee: \$0.00
Iowa E-Filing Fee: \$0.00
Combined Fee: \$0.00
Revenue Tax: \$0.00
BRANDY L. MACUMBER, RECORDER
Madison County, Iowa

**REAL ESTATE TRANSFER – GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR**

TRANSFEROR:

Name ESTATE OF KATHLEEN MARIE O'KEEFE

Address 6648 Holcomb Circle, Des Moines, IA 50322
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name TRAVIS BROCKETT AND RIKKI BROCKETT

Address 2412 Valleyview Avenue Saint Charles Iowa 50240
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
2412 Valleyview Avenue Saint Charles Iowa 50240
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) _____
Long Legal - see attached

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 a 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 a 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 acknowledgement 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 acknowledgement is attached to this form.
☐ There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgement with the county board of health to install a new private sewage disposal system on this property with an agreed-upon time period. A copy of the binding acknowledgement 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 acknowledgement with the county board of health to demolish the building within an agreed-upon time period. A copy of the binding acknowledgement 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 _____

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: W. Miller, Executor Telephone No.: (515) 333-3883
(Transferor or Agent)



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 17565 BEN BEDWELL CERT # 11612

Site Information

Parcel Description: **500091544020000**

Address: **2412 Valleyview Ave, St. Charles, IA 50240**

County: **Madison**

Owner Information

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

Business Name:

Owner Name: **Kathleen O'keefe**

Email Address: **melissa@topshelfpm.com**

Address: **2412 Valleyview Ave, St. Charles, IA 50240**

Phone No: **515-333-3883**

Site related information

No Of Bedrooms: **3**

Inspection Date: **09/02/2025**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date: **08/30/2013**

Permit issued by County: **Yes**

Permit Number: **036-13**

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

County contacted for records: **Yes**

Property Information Comments:

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Type: **Septic Tank**

Tank Size (Gal): **1250**

Tank Material: **Concrete**

Tank Corrosion Type: **None**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **No**

Licensed Pumper Name: **wiegert**

Date Pumped: **9/11/2025**

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: **Yes**

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: **24**

Lines: **6**

Total Length of Absorption Line: **492**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **250**

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: **The system was working properly during the inspection.**

TIME OF TRANSFER INSPECTION TOT# 17565 BEN BEDWELL CERT # 11612

Owner Name: **Kathleen O'keefe**

Address: **2412 Valleyview Ave , St. Charles , IA 50240**

County: **Madison**

Inspection Date: **09/02/2025**

Submitted Date: **9/15/2025**

This page certifies a Time of Transfer inspection was conducted and submitted for the property listed above in accordance with Subrule 567 IAC 69.2(8).

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: 036-13

Date Issued: 8/9/13

**Issued to: Kathleen O'Keefe
Address: 2412 Valleyview Ave
St. Charles, IA 50240**

PID # 500091544620000

Legal Description: 9A W MID PT NW NW Section 15 South Township

POWTS Components Specifications: Replace existing tank with 1250gal. Septic Tank & add 2 each 24in. Chamber Laterals @ 82ft.

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: Maximum lateral trench depth is 36 inches.


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

Application to Construct
Private Sewage Disposal System (PSDS)

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

CK Lane W. Sturte

Office Use Only					Temp/E911
Tracking No.	Date Received	Fee Paid	Check #	Date Issued	Section/Township
036-15	8/9/13	150	3758	8/9/13	15 South

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	Last Name		First Name	Last Name	
Kathleen	O'Keefe		Mike	HARKIN	
Address			Address		
2412 Valleyview Ave			3311 140th St Ia 50061		
City	State	Zip	City	State	Zip
St. Charles	IA	50240	Cumming		360-0397
Phone Number (area code)		Cell Phone	Phone Number (area code)		Cell Phone
		(515) 710-0382			


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	7-1-87
1-3 Bedroom 1250	Date test taken Test taken by Vance
4 Bedroom 1500	Passed: <input checked="" type="checkbox"/> Failed: <input type="checkbox"/>
5 Bedroom 1750	Percolation Rate: 24
6 Bedroom 2000	Soils Loading Rate: <input type="text"/>

5. Type of Submittal	6. Address Information
<input type="checkbox"/> New House <input checked="" type="checkbox"/> Existing House <input type="checkbox"/> Repair, Tank <input type="checkbox"/> Repair, Treatment Area <input type="checkbox"/> System Replacement	911 Address or nearest road: 2412 Valleyview Ave Legal Description: 9A W MID PT NW NW Section 15-75-26
Previous Permit #:	

7. Type of Building (Completed by Owner)			
Building Square ft.: 1200	Number of Bedrooms: 3	Number of Bathrooms: 2	Non-Residential uses:
Other buildings served by this system: None		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: Concrete	Size: 1250	Manufacturer: Lister
Pump Tank	Type:	Size:	Manufacturer:
Additional Tank	Type:	Size:	Manufacturer:

9. Secondary Treatment Area				
Laterals	Type: 24" Chamber	Length of each: 82	Total number: 2	Maximum trench Depth: 36
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 Records 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: 8-9-13	

RLI1002 PID 500091544020000 00 Tax Dist 500 000 Class R INQUIRY
2012 061 Map# 000001215100002 GIS#

Inquiry
Property 009990451 DED O'KEEFE, KATHLEEN M
Ownership 2412 VALLEY VIEW AVE
ST CHARLES IA 50240

000000000

Location 2412 Street VALLEYVIEW AVE City ST CHARLES

Recorded DED 2004 5609 11/30/2004 5609 2004/11/23

Documents

Misc Exempt Code No Ag Cr Vin
Sec-Twp-Rng 015 075 026 Cty-Adn-Blk 00015 Title

Legal Desc 9A W MID PT NW NW

Applications Typ 1 H Ovr Amt Typ 2 Ovr Amt
Typ 3 Ovr Amt Typ 4 Ovr Amt

			Acres	Typ	Value	Rollback	Acres
100%Gs	128,200	Gr	9.00	LND	37,400	19,753	8.60
100%Nt	128,200	Ex	.40	BLD	90,800	47,957	
TaxGrs	67,710	PE	.00	EXM			.40
Milt		Dr	.00				
TaxNet	67,710	Net	8.60				

F3=Exit F10=Owners F12=Prev F13=Rec Doc F14=Image F15=Legal F16=Notes
F17=IE F18=TaxHist F19=Aplc F20=Value F21=Print F22=View Image F23=Index



MADISON COUNTY
BOARD OF HEALTH
COURT HOUSE
WINTERSSET, IOWA 50273

PHONE
515-462-2636

2412 Valleyview

SEPTIC SEWAGE DISPOSAL SYSTEM
PERMIT APPLICATION

FEE PAID: ☒

PERMIT ISSUED: 8/1/89

DATE: June 26, 1987

PERMIT NO. 1181

APPLICANT: Don McBroom
(name)

ADDRESS: R.R. #1 Box 92A
(current) street/rural route/box

TELEPHONE: ()

St. Charles, Iowa 59240
(town/city) (state) (zip code)

TENANT: ~~Don McBroom~~
(name)

ADDRESS: RR1 Box 92A
rural route/box

TELEPHONE: (515) 462-3006

St Charles Iowa 50240
(town/city) (state) (zip code)

PROPERTY DESCRIPTION: 9 acres farm land

TOWNSHIP: ~~South~~ SECTION: 15

PROPOSED: DWELLING: ☒ MOBILE HOME: ☐ EXISTING DWELLING: ☐ OTHER: ☒ ~~Garage~~

NUMBER OF: BEDROOMS: 2 STUOLS: 2 SHOWER/TUB: 1 LAV.: 2 SINKS: 1 DISH: ☐

PERCOLATION TEST REQUIRED/TO BE TAKEN BY PROFESSIONAL ENGINEER OR REPRESENTATIVE.
PERMIT WILL NOT BE ISSUED UNTIL COPY OF PERC TEST RESULTS RECEIVED.....

DATE TAKEN: 7/1/87 BY: Darrel Woods FIRM: Vance & Hochstetler

TELEPHONE: (515) 462-3995 ADDRESS: 79 East Jefferson Winterset, Iowa 50273
street/box city/town state zip code

PERC TEST

RESULTS: TEST HOLE: No. 1. 26 min./in. 2. 26 min./in. 3. 20 min./in.

AVERAGE: 24 min./in. No. of laterals required: 4 Length of laterals: 81.25 ft.
(ea.)

DOUBLE COMPARTMENT SEPTIC TANKS REQUIRED: 2 bedroom: 800 gallon 3 bedroom: 1000 gallon
4 bedroom: 1250 gallon 5 bedroom: 1500 gallon (must be state approved septic tank)

CONTRACTOR: Richard Dillinger
Paul Sawyer
(name)

ADDRESS: St. Charles, Iowa 50240
(rural route/box)

TELEPHONE: (515) 763-2126

Peru, Iowa 50222
(city/town) (state) (zip code)

FEES: CHECK PAYABLE TO MADISON COUNTY TREASURER/return with application form....
Alternative systems (same fee as Septic tank/absorption field)
Septic tank/absorption field, mound system, double sand filters..... \$ 15.00
Outdoor privy (see Sanitary Privy Requirements)..... 5.00

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

8.4.87
(date)

Don McBroom
(applicant)

ANY DEVIATION FROM THE RULES AND REGULATIONS MUST BE SUBMITTED TO AND APPROVED BY PROPER AUTHORITY.....

Date of Inspection: 10-3-87 (Saturday) Inspected by: John H. Dillinger

NOTE: REQUEST FOR INSPECTION OF THE SYSTEM MUST BE MADE 24 HOURS IN ADVANCE, IF POSSIBLE..... WATER AT SITE FOR TESTING OF DISTRIBUTION BOX MUST BE AVAILABLE

PERCOLATION TEST RESULTS

APPLICANT Don Mc Broom
(Name)

ADDRESS RR # 1 Box 92 A St. Charles, Iowa 50240
(Current) (Street/RFD) (City/State) (Zip Code)

TELEPHONE NO: 462-3006
(Home) (Business)

BUILDING SITE: NW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. 15-75-26
(Legal Description) (Township/Section)

NUMBER OF BEDROOMS: 2

PERCOLATION TEST	HOLE NUMBER	MINUTES PER INCH
DATE TAKEN: <u>7/1/87</u>	<u>1</u>	<u>26 min/in</u>
BY: <u>Darrel Woods</u>	<u>2</u>	<u>26 min/in</u>
	<u>3</u>	<u>20 min/in</u>
	<u>4</u>	<u>24 min/in</u>
AVERAGE:		<u>24 min/in</u>

TOTAL NUMBER LATERAL FEET OF ABSORPTION FIELD: 325 feet

NUMBER OF LATERALS REQUIRED: 4

AVERAGE LENGTH OF LATERALS: 81 $\frac{1}{2}$ ' feet each (Not to exceed 100 feet)

COMMENTS:

1 $\frac{1}{2}$ \emptyset 6' deep no water or rock

SEAL:

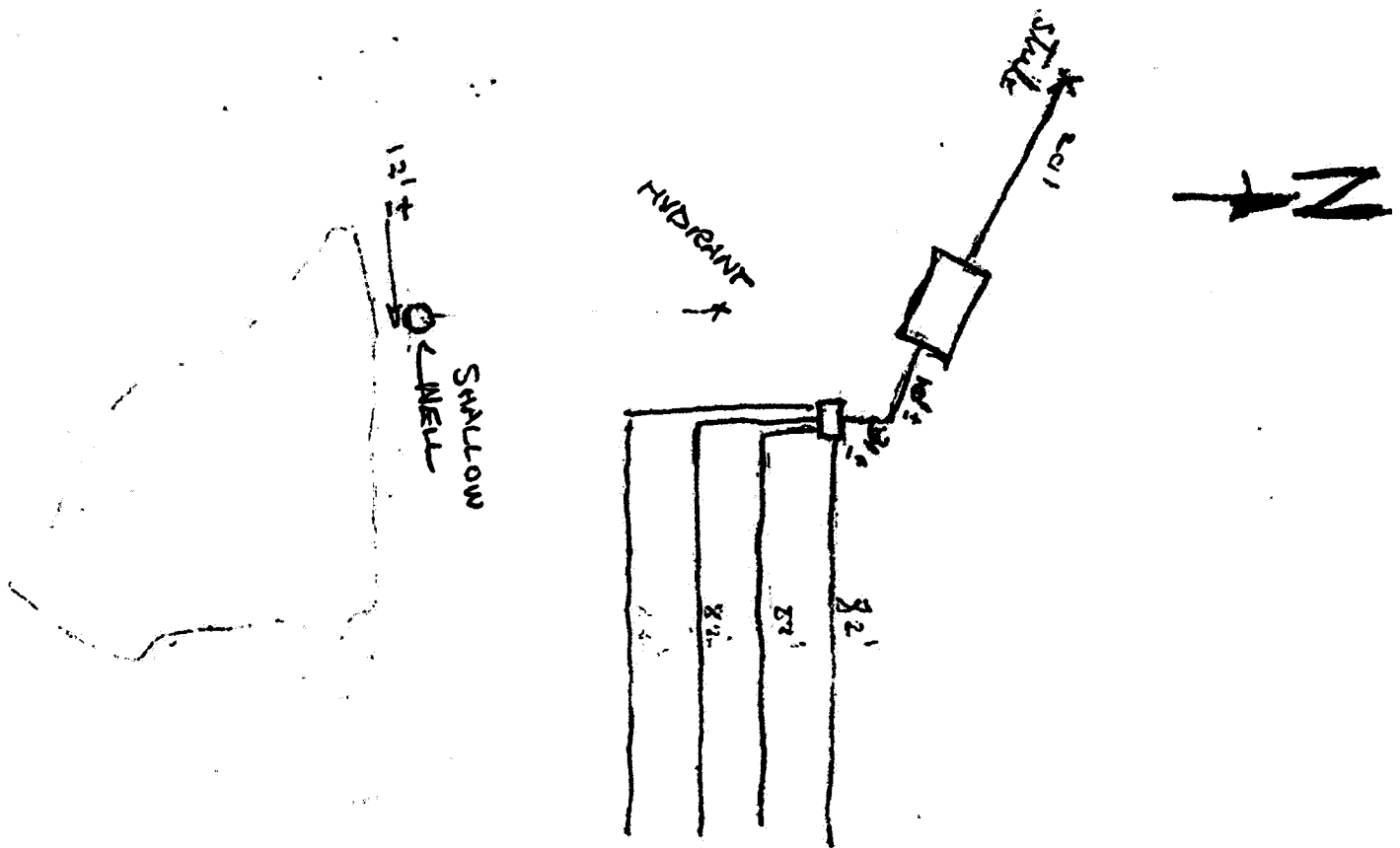
I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION, PLAT, MAP, SURVEY OR REPORT WAS MADE BY ME OR UNDER MY DIRECT PERSONAL SUPERVISION AND THAT I AM A DULY REGISTERED PROFESSIONAL ENGINEER AND LAND SURVEYOR UNDER THE LAWS OF THE STATE OF IOWA

DATE

Charles T. Vance 2 July 1987
Charles T. Vance, P.E. & L.S. Iowa Reg. No. 5341

RECEIVED JUL - 2 1987
MADISON CO. BOARD OF HEALTH

Dated 8-30-13



2807
2808
2809
2810
2811
2812
2813
2814
2815
2816
2817
2818
2819
2820
2821
2822
2823
2824
2825
2826
2827
2828
2829
2830
2831
2832
2833
2834
2835
2836
2837
2838
2839
2840
2841
2842
2843
2844
2845
2846
2847
2848
2849
2850
2851
2852
2853
2854
2855
2856
2857
2858
2859
2860
2861
2862
2863
2864
2865
2866
2867
2868
2869
2870
2871
2872
2873
2874
2875
2876
2877
2878
2879
2880
2881
2882
2883
2884
2885
2886
2887
2888
2889
2890
2891
2892
2893
2894
2895
2896
2897
2898
2899
2900
2901
2902
2903
2904
2905
2906
2907
2908
2909
2910
2911
2912
2913
2914
2915
2916
2917
2918
2919
2920
2921
2922
2923
2924
2925
2926
2927
2928
2929
2930
2931
2932
2933
2934
2935
2936
2937
2938
2939
2940
2941
2942
2943
2944
2945
2946
2947
2948
2949
2950
2951
2952
2953
2954
2955
2956
2957
2958
2959
2960
2961
2962
2963
2964
2965
2966
2967
2968
2969
2970
2971
2972
2973
2974
2975
2976
2977
2978
2979
2980
2981
2982
2983
2984
2985
2986
2987
2988
2989
2990
2991
2992
2993
2994
2995
2996
2997
2998
2999
3000
3001
3002
3003
3004
3005
3006
3007
3008
3009
3010
3011
3012
3013
3014
3015
3016
3017
3018
3019
3020
3021
3022
3023
3024
3025
3026
3027
3028
3029
3030
3031
3032
3033
3034
3035
3036
3037
3038
3039
3040
3041
3042
3043
3044
3045
3046
3047
3048
3049
3050
3051
3052
3053
3054
3055
3056
3057
3058
3059
3060
3061
3062
3063
3064
3065
3066
3067
3068
3069
3070
3071
3072
3073
3074
3075
3076
3077
3078
3079
3080
3081
3082
3083
3084
3085
3086
3087
3088
3089
3090
3091
3092
3093
3094
3095
3096
3097
3098
3099
3100
3101
3102
3103
3104
3105
3106
3107
3108
3109
3110
3111
3112
3113
3114
3115
3116
3117
3118
3119
3120
3121
3122
3123
3124
3125
3126
3127
3128
3129
3130
3131
3132
3133
3134
3135
3136
3137
3138
3139
3140
3141
3142
3143
3144
3145
3146
3147
3148
3149
3150
3151
3152
3153
3154
3155
3156
3157
3158
3159
3160
3161
3162
3163
3164
3165
3166
3167
3168
3169
3170
3171
3172
3173
3174
3175
3176
3177
3178
3179
3180
3181
3182
3183
3184
3185
3186
3187
3188
3189
3190
3191
3192
3193
3194
3195
3196
3197
3198
3199
3200
3201
3202
3203
3204
3205
3206
3207
3208
3209
3210
3211
3212
3213
3214
3215
3216
3217
3218
3219
3220
3221
3222
3223
3224
3225
3226
3227
3228
3229
3230
3231
3232
3233
3234
3235
3236
3237
3238
3239
3240
3241
3242
3243
3244
3245
3246
3247
3248
3249
3250
3251
3252
3253
3254
3255
3256
3257
3258
3259
3260
3261
3262
3263
3264
3265
3266
3267
3268
3269
3270
3271
3272
3273
3274
3275
3276
3277
3278
3279
3280
3281
3282
3283
3284
3285
3286
3287
3288
3289
3290
3291
3292
3293
3294
3295
3296
3297
3298
3299
3300
3301
3302
3303
3304
3305
3306
3307
3308
3309
3310
3311
3312
3313
3314
3315
3316
3317
3318
3319
3320
3321
3322
3323
3324
3325
3326
3327
3328
3329
3330
3331
3332
3333
3334
3335
3336
3337
3338
3339
3340
3341
3342
3343
3344
3345
3346
3347
3348
3349
3350
3351
3352
3353
3354
3355
3356
3357
3358
3359
3360
3361
3362
3363
3364
3365
3366
3367
3368
3369
3370
3371
3372
3373
3374
3375
3376
3377
3378
3379
3380
3381
3382
3383
3384
3385
3386
3387
3388
3389
3390
3391
3392
3393
3394
3395
3396
3397
3398
3399
3400
3401
3402
3403
3404
3405
3406
3407
3408
3409
3410
3411
3412
3413
3414
3415
3416
3417
3418
3419
3420
3421
3422
3423
3424
3425
3426
3427
3428
3429
3430
3431
3432
3433
3434
3435
3436
3437
3438
3439
3440
3441
3442
3443
3444
3445
3446
3447
3448
3449
3450
3451
3452
3453
3454
3455
3456
3457
3458
3459
3460
3461
3462
3463
3464
3465
3466
3467
3468
3469
3470
3471
3472
3473
3474
3475
3476
3477
3478
3479
3480
3481
3482
3483
3484
3485
3486
3487
3488
34

INSPECTED BY:
JERRY K. SHAW
10/2/87

ON, DANIEL ALLEN &
-006

MORGAN, STEVEN R &
-007

CLEGGHORN, ANDY S. & MARIA F.
-004

Perisho, Larry
-006

Perisho, Larry
-007

Perisho, Larry
-009

PABA

FINCH, AARON &
Perisho, Larry

O'KEEFE, KATHLEEN M.
-002

FINCH, AARON & -001

FINCH, AARON &

INGRAM, LAURA

-017

FINCH, AARON & -010

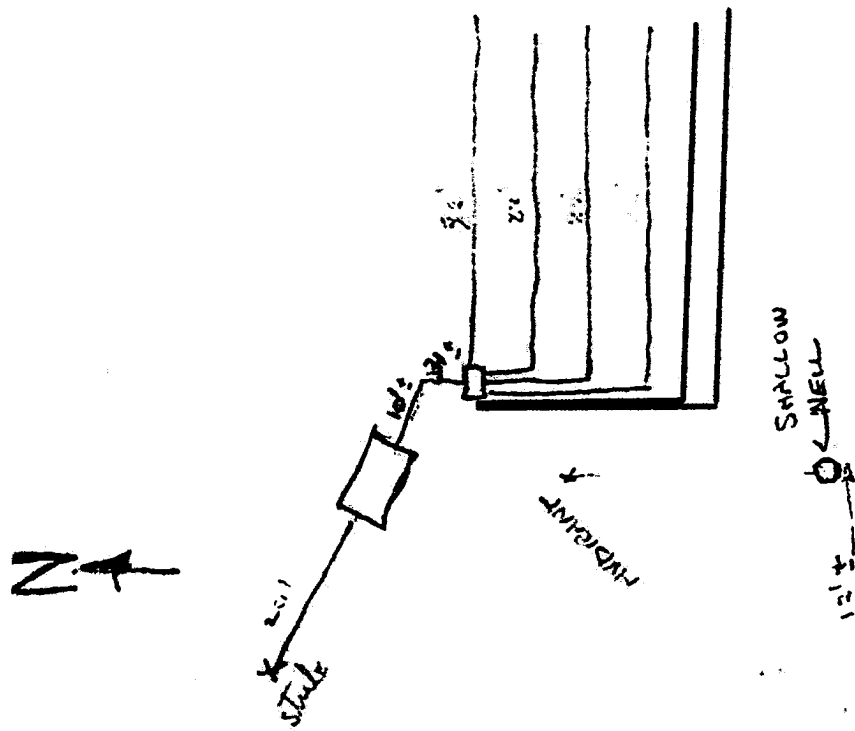
FINCH, AARON &
-006

FINCH, AARON &
-005

HUNTRODS, DONALD & JUDY

Permit No 036-13
 Date of Inspection: 8-30-13
 Contractor: Mike Harkin
 Name: Kathleen O'Keefe
 2412 Valleyview Ave
 Inspected by: No Inspection

GRAVEL ROAD



8-30-13 Mike Harkin installed 2 new
 laterals and 1250 gal septic tank. Well is
 to be over 100' from the laterals. He will
 send a map & pictures. No inspection

DILLINGER & SON
 INSPECTED BY: DILLINGER
 10/3/87

120

