

BK: 2026 PG: 311
 Recorded: 1/30/2026 at 12:37:15.0 PM
 Pages 16
 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 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/media/5465>.

Attachment 1, if required, can be found at: <https://www.iowadnr.gov/media/5466>.

TRANSFEROR:

Name	Robert T. Lange and Kendall L. Lange		
Address	1073 Starline Ave	New Virginia	IA 50210
	Number and Street or RR	City, Town or PO	State Zip

TRANSFeree:

Name	Jennifer Schwartz and John Edwin Garrett		
Address	2732 Settlers Trail	Saint Charles	IA 50240
	Number and Street or RR	City, Town or PO	State Zip

Address of Property Transferred:

2732 Settlers Trail	Saint Charles	Iowa	50240
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

A tract of land located in the South Half (1/2) of the Northwest Quarter (1/4) and in the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Thirty-two (32) in Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, more particularly described as follows, to-wit: Beginning at a point on the West line of the Southwest Quarter (1/4) of the Northwest Quarter (1/4) of said Section Thirty-two (32) that is 427.5 feet South of the Northwest corner of the said Southwest Quarter (1/4) of the Northwest Quarter (1/4), thence South 1233 feet, thence North 44° 52' East, 181.5 feet, thence along a curve to the right 149.54 feet, thence North 55° 46' East 229.5 feet, thence along a curve to the right 199.77 feet, thence North 62° 30' East, 1250.5 feet, thence North 61° 40' West, 317.4 feet, thence along a curve to the right 298.78 feet, thence North 49° 03' West, 134.6 feet, thence along a curve to the left 425.28 feet, thence South 55° 15' West, 137.8 feet, thence along a curve to the right 338.49 feet, thence North 88° 20' West 181.5 feet to the point of beginning, subject to road easement, and containing 28 acres, more or less, EXCEPT Lot One (1) of Hilltop Timber Estate Subdivision, located in the South Half (1/2) of the Northwest Quarter (1/4) of said Section Thirty-two (32).

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.

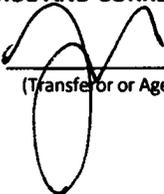
- B. If you checked any box stating "Condition Present" for any of the numbered sections above, continue below. You must complete this form, including providing all required information, and you must submit this form to the county recorder's office with declaration of value.**

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

One unused well at Southwest corner of pond

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.: (641) 362-3453



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 13943 BEN BEDWELL CERT # 11612

Site Information

Parcel Description: **500093246011000**

Address: **2732 settlers trail, St. Charles, IA 50240**

County: **Madison**

Owner Information

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

Business Name:

Owner Name: **Rob Lange**

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

Address: **2732 settlers trail, St. Charles, IA 50240**

Phone No: **641-362-3453**

Site related information

No Of Bedrooms: **4**

Inspection Date: **01/31/2025**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date:

Permit issued by County: **Yes**

Permit Number: **044-05**

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): **1500**

Tank Material: **Plastic**

Tank Corrosion Type: **None**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **No**

Licensed Pumper Name: **Wiegert**

Date Pumped: **2/4/2025**

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: **36**

Lines: **4**

Total Length of Absorption Line: **400**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **300**

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**



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 13943 BEN BEDWELL CERT # 11612

Owner Name: **Rob Lange**

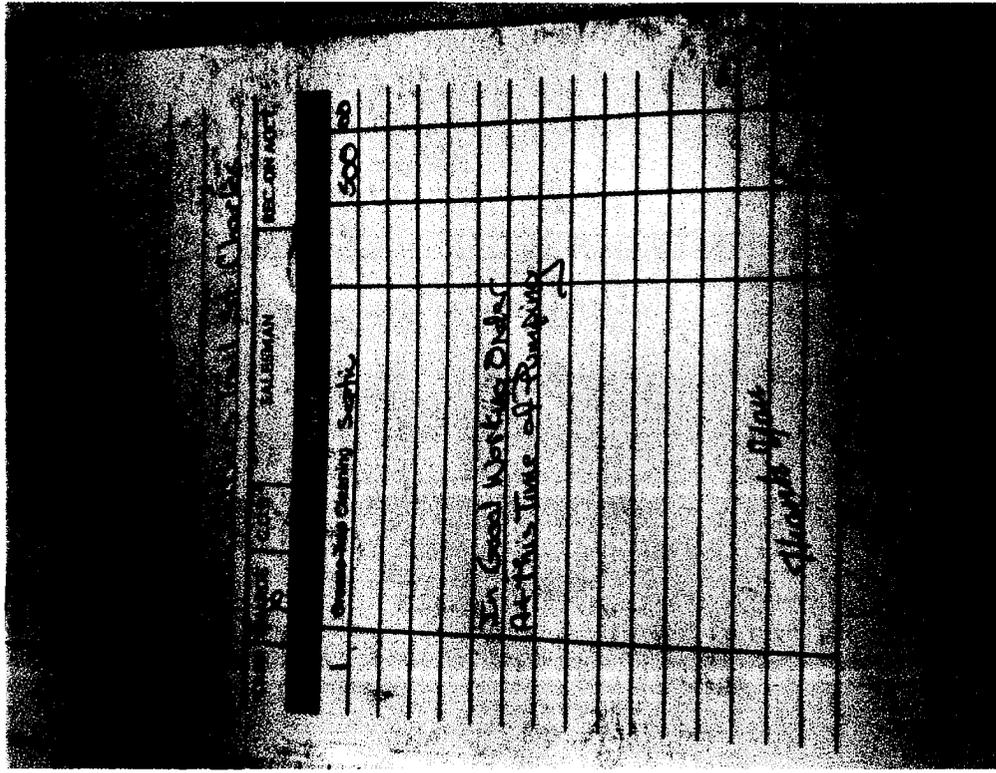
Address: **2732 settlers trail , St. Charles , IA 50240**

County: **Madison**

Inspection Date: **01/31/2025**

Submitted Date: **2/10/2025**

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

Certificate Number: 044-05

Date Issued: April 28, 2005

Issued to: Richard & Kristie Dickinson II
Address: 2732 Settlers Trail
St. Charles, Iowa 50240

P10-#

500093246011000

Legal Description: 25.3A CENT PT SW NW Section 32 T75 R26 South Twp

POWTS Components Specifications: 1500 gal septic tank – 36" chamber 4 @ 100 feet

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:



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

Application to Construct
Private On-Site Wastewater Treatment
System (POWTS)

Office Use Only					Temp E911:		
Tracking No.	Date Received	Fee Paid	Date Issued	Date Inspected	Date Approved	Section/Township	NPDES Authorization #
044-05	4-28-05	150					

Application will not be accepted until site and soil analysis/percolation information, and two diagrams of the system layout, profiles and cross-sections 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 and appropriate forms recorded before a permit will be issued.

Please Print All Information.

1. Owner Information (Applicant)				2. Contractor Information			
First Name <i>Denny</i>		Last Name <i>Dickinson</i>		First Name <i>Mark</i>		Last Name <i>Meese</i>	
Address <i>2732 Settlers Trl St. Charles IA 50240</i>				Address <i>Truro IA 50257</i>			
City <i>(641) 765-4128</i>		State <i>IA</i>		City <i>(641) 765-4765</i>		State <i>IA</i>	
Phone Number (area code)		Fax or E-mail		Phone Number (area code)		Fax or E-mail	
3. System Requirement Information				4. Site and Soil Evaluator (Percolation Test)			
IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED				PERCOLATION TEST MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT			
Minimum Tank Size Required				Date test taken _____ Test taken by _____			
1-3 Bedroom		1000		Test Results: Hole 1 _____ min/in Hole 2 _____ min/in			
4 Bedroom		1250		Hole 3 _____ min/in Hole 4 _____ min/in			
5 Bedroom		1500		Average _____ min/in Depth of Test Holes _____			
6 Bedroom		1750		Number of Laterals Required _____			
				Length of Laterals Required _____ ft. ea			
5. Type of Submittal		6. Address Information					
<input checked="" type="checkbox"/> New		Location, Number & Street of project (if unknown, indicate nearest road): <i>Settlers Trl</i>					
<input type="checkbox"/> Revision		Legal Description: <i>25.3A Cent PT SW 77W 32-75-26</i>					
<input type="checkbox"/> Repair, Tank							
<input type="checkbox"/> Repair, Treatment Area							
<input type="checkbox"/> System Replacement							
Previous Permit #:							
7. Type of Building (Completed by Owner)							
<input checked="" type="checkbox"/> Residential		Number of Bedrooms: <i>3</i>		<input type="checkbox"/> Commercial/Other Non-Residential		Use:	
Other buildings served by this system: <i>None</i>				<input type="checkbox"/> Garbage Disposal			
				<input type="checkbox"/> High Water Usage Appliance (i.e. whirlpool bath, water softener) Qty: _____			
Your contractor or system designer should complete the remaining portion of this application.							
8. Primary and/or Mechanical Treatment		Type: <i>Plastic</i>	Manufacturer: <i>Garlo</i>	Model:	Size (gal): <i>1500</i>		
		Type: <i>Plastic</i>	Manufacturer: <i>Coon</i>	Model:	Size (gal): <i>500 pumps</i>		
9. Pump/Siphon		Type: <i>Zoeller</i>	Manufacturer: <i>1/2 HP</i>	Model:	Dosing Frequency:		
<input type="checkbox"/> Not Applicable							
10. Secondary Treatment Area Type: <input type="checkbox"/> Not Applicable							
Type of Laterals	Number of Laterals	Length of ea. Lateral	Other	Other	Maximum Trench Depth (inches): <i>24"-30"</i>		
<i>36 Chambers</i>	<i>4</i>	<i>100</i>					
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. Mechanical systems require use of a free-access sand filter and must be covered by a maintenance agreement, which must be recorded in the Madison County Records Office. Discharge from mechanical systems and sand filters require periodic testing as set forth in IAC Chapter 69 and the results submitted to BOH.						It is unlawful to start construction, reconstruction, or repair of any POWTS prior to issuance of a POWTS permit by the Environmental Health Officer.	
Applicant Signature: <i>[Signature]</i>				Date: <i>4-28-05</i>			

Property Ownership 001597210 DED Dickinson, Richard Ii
2732 Settlers Tr
St Charles IA 50240-
000000000
Location 2732
Recorded REC 2002 Street SETTLERS TRAIL
Documents 3415
City ST CHARLES

Sec-Twp-Rng	032 075 026	Exempt Code	No Ag Cr	VIN#			
Legal Desc	25.3A CENT. PT.	Cty-Adn-Blk	00032	Title			
Applications	TYP 1 AGL	Ovr Amt	TYP 2	Ovr Amt			
	TYP 3	Ovr Amt	TYP 4	Ovr Amt			
rs	100%	Rollback Gr	Acres	Typ Desc	Value	Rollback	Acres
il	64,000	33,351	25.30	LND Land	5,100	5,100	23.80
st	64,000	33,351	1.50	DWL Ag Dwlg	58,900	28,251	
			.00	EXM Exempt			
			.00				
		Net	23.80				1.50

'3=Exit F10=Ownership F12=Prev F13=Rec Doc F14=Image F15=Legal F16=Notes
F17=IE F18=TaxHist F19=Aplic F20=Value F21=Print F22=View Image F23=Indexing



BOECKMAN SERVICES

1990 CLOVER AVENUE
CRESTON, IA 50801

PHONE: 641-782-4595
Louis Boeckman, CEISS-PSCI

March 6, 2005

MADISON COUNTY HEALTH & ZONING

Elton Root, Sanitarian
PO Box 152
Winterset, IA 50273-0152

RE: Soil Analysis for Denny Dickinson
2732 Settlers Trail
St. Charles, IA 50240
Section 32 South Township

Dear Mr. Root:

Enclosed are the soil analysis results conducted on March 5, 2005 and soil transect for a new home of **Denny Dickinson** located in **section 32** of **South Township** near **St. Charles, Iowa**.

The test area is located northeast of the garage and east of the driveway. This area is covered with hardwood trees and relatively open canopy.

The loading rate is **.4 gallons per square foot** for the **potential soil absorption field**. The total footage for the field if constructed would be **560 feet** with a **2-foot trench width** for 450 gallons per day water usage. You have the option to round the total footage to nearest 100-foot category or 600 feet.

The wide chamber product can be used with **373-400 feet** of **3-foot trench** at this home site. **This site will require a pump system** to service of the proposed new home site.

Soil borings indicate the soils are **Clinton soils**. Soils at this site are **moderately well drained** and have a **seasonal high water table** of **4 to 6 feet** during spring months or during heavy rainfall periods. If this site is used for soil absorption field, **trenches must be constructed at depths of 24-30 inches** and **up slope** from test holes **6 and 7**.

Test holes 6 and 7, located north and slightly down slope from the proposed new home site, are not suitable for absorption field because **limiting layers are too shallow** of adequate treatment of wastewater. However, **test holes 1 through 5** are suitable for soil absorption field.

JIL BORINGS AND TRANSECT OF ON-SITE WASTEWATER, TREATMENT AND DISPOSAL SYSTEM SITE

DATE: 3-5-05 Time Started: 8:00 AM Time Completed: 12:00 PM
 Conducted By: Lois B. Borden Certification: 100000000

HOME OWNER: Debra Dickerson
 ADDRESS: 2932 Saffron Trail
 CITY: St. Charles STATE: MO ZIP: 63070
 SECTION NO.: 32 T. 75 N. R. 26 W. COUNTY: Madison
 TOWNSHIP: 507th LONG: 93.88410

LOCATION: NE of Airport & Cedar Dr. W. 100'
 LANDSCAPE/LANDFORM-SLOPE TYPE: (Place "X" on Diagrams-Back of Sheet)
 SOIL SYMBOL: 80c SOIL NAME: Clayton, Silt loam, 5 to 9 per cent clay
 ASPECT (°): E (90) SOIL PERMEABILITY: Med. Slow
 DRAINAGE: WU DEPTH OF POTENTIAL SEASONAL HIGH WATER TABLE (ft.): 4-6

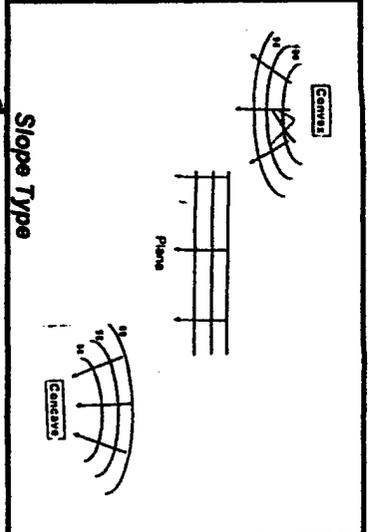
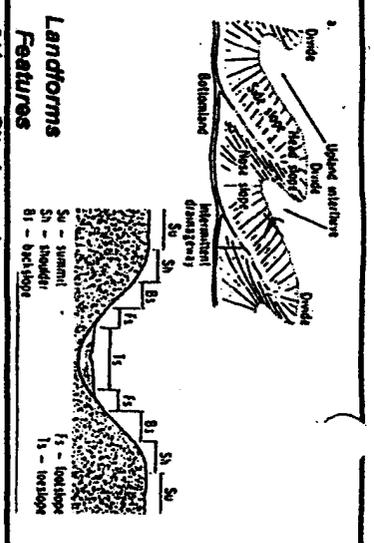
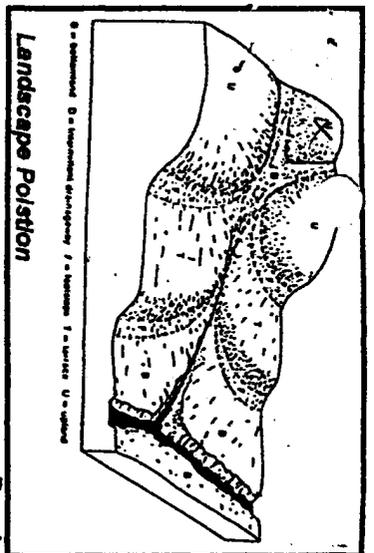
THICKNESS OF SURFACE SOIL (in.): 7" NO. 1 NO. 2 NO. 3 NO. 4 NO. 5 NO. 6 NO. 7 NO. 8 NO. 9
 DEPTH TO Concentrations: 22" 26" 25" 21" 23" 15" 18" _____
 REPOX FEATURES: Depletions: 22" 26" 25" 21" 23" 15" 18" _____
 DEPTH TO GRAY MATRIX: _____
 DEPTH OF LIMITING LAYERS(KD/in.): P150" P161" P155" P150" P154" P130" P124" _____
 DEPTH TO CLAY MAXIMUM: WT1 > 60" WT1 > 65" WT1 > 68" WT1 > 63" WT1 > 62" WT1 > 41" WT1 > 34" _____
 DEPTH OF ACTIVE W.T.: > 60" > 65" > 68" > 77" > 22" > 25" > 24" _____

DEPTH (Inches)	HORI-ZON	SOIL TEXTURE	MATRIX	COLOR		COATS or CLAY FILMS	STRUC-TURE	CONSIS-TENCY	ROOTS	BOUN-DARY	MOIST STATE	COMPAC-TION	PM or REMARKS	LOADING RATE
				REDOX	REDOX									
0-4	AP	S:L	10/10/3/2				10/10/3/2	FR	CS	AS	MS	NO	Trunks bores	.6
4-7	E	S:L	10/10/4/2				10/10/3/2	FR	CS	MS	MS	NO		.6-1.1
7-12	A1	S:L	10/10/4/2				10/10/3/2	FR	CS	MS	MS	NO		.5
12-22	BT	S:L	10/10/3/2				10/10/3/3	FR	CS	MS	MS	NO		.4
22-31	BT	S:L	10/10/3/2				10/10/3/3	FR	CS	MS	MS	NO		.4
31-50	BT	S:L	10/10/3/2				10/10/3/3	FR	CS	MS	MS	NO		.4
50-60	BT	S:L	10/10/3/2				10/10/3/3	FR	CS	MS	MS	NO		.3

PM = PARENT MATERIAL-(1) Loess, (2) Glacial Till, (3) Weathered Glacial Till, (4) Valley Fill, (5) Outwash, (6) Eolian, (7) Alluvium
 Described By: [Signature]

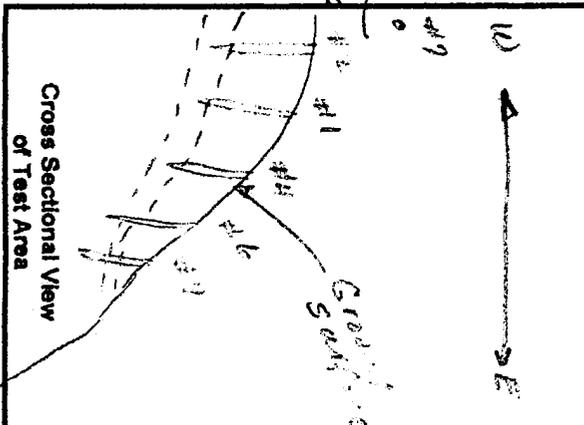
Formula: $GPD = LLR \times FOOTAGE$
 $LR = \frac{4}{1120}$
 $TW = \frac{2}{3} = 373 \text{ ft.}$
 $GPD = 450$
 No. of Bedrooms: 3
 Average Loading Rate = 14
 Round to next higher even 100 ft. 600 ft.
 Formula: $LR \times TW = 400 \text{ ft.}$

Triardi Design
24-30"



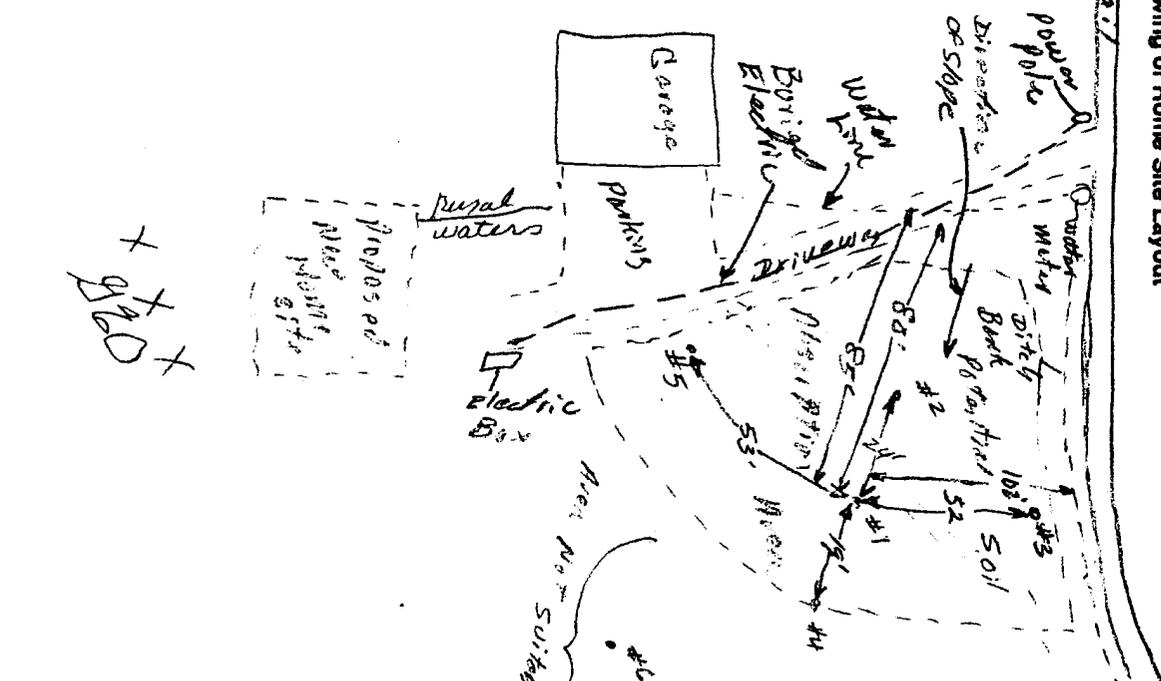
Home Site Checklist:

1. Location of house
2. Location of wells
3. Location of utilities
4. Location of Soil Absorption Field.
5. Location of Street and Driveway
6. Show Direction of Slope
7. Show Orientation from North.
8. Show Owner's Name & Address
9. Show Section & Township
10. Location & Distance of Soil Borings



No wells - ponds
No streams - ditches - top

Donny Dickerson
2932 Emerald Trail
St. Charles, MO 63050
200 S. 22 South
Washburn Overly



Revised by LEB
01/17/2003 2:25 PM

Permit No 044-05 Name: Dickinson 911 Sign Locate

Date of Inspection: 5/6/05 Inspected by: Elton Root

Contractor: Mark Mease

Dwelling under construction or moved in Yes No

Setbacks

Meets required setbacks.

- Rural Water Yes No
- Private wells/Groundwater heat pump bore holes/suction water lines/lakes
 - Outside required 50-foot setback for tank Yes No
 - Outside required 100-foot setback for laterals Yes No
- Streams/ponds (25-25 ft)-ditches (10-10 ft) Yes No
- Indications of water lines under pressure Yes No

Comments:

Building Sewer

- Clean outs – one right outside of house Yes No
- location of cleanout inside house and set requirement
- Pipe is sch 40 and has a 4-inch diameter. Yes No
- Grade – has adequate fall. Yes No

Comments:

Tank

- Tank. Manufacture Fralo & Coon Concrete Plastic
- Capacity Septic 1500 gallon, Pump Tank 500 -gallon
- Two compartments, both meet the specs for capacity. Yes No
- Baffle Yes No
- Inlet/Outlet tees are ok. Yes No
- Effluent filter in the outlet. Yes No Manuf. Tuf-Tite
- Tank depth. 6 inches
- Risers Yes No
- Lids above grade screwed on Yes No Will be

Comments:

Distribution Box

- Brand Tuf-Tite Other
- Bedded in cement. Yes No Will be
- Has required inlet baffle. Yes No Will be
- Outlet levels –are level. Yes No Unknown

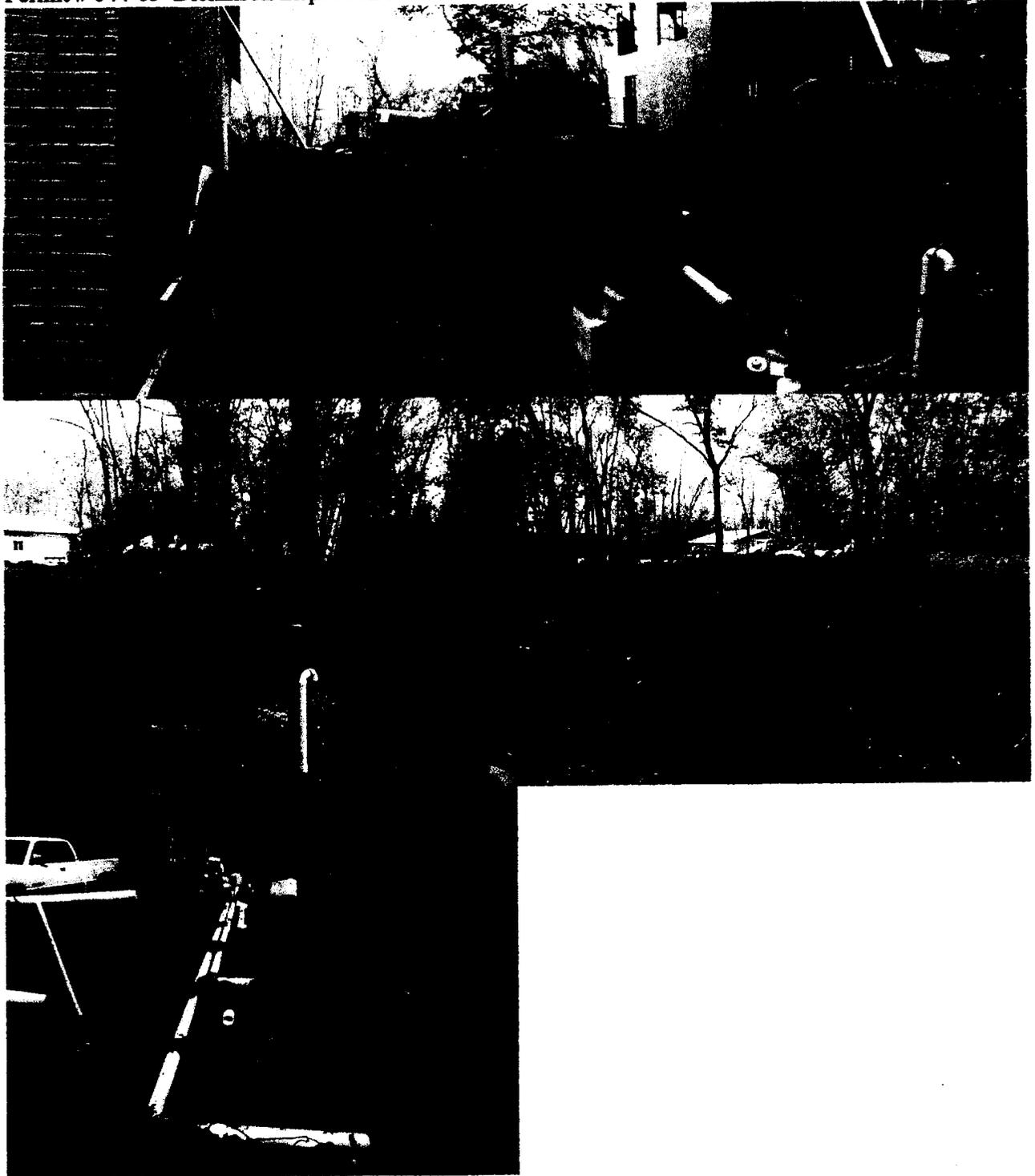
Comments:

Laterals

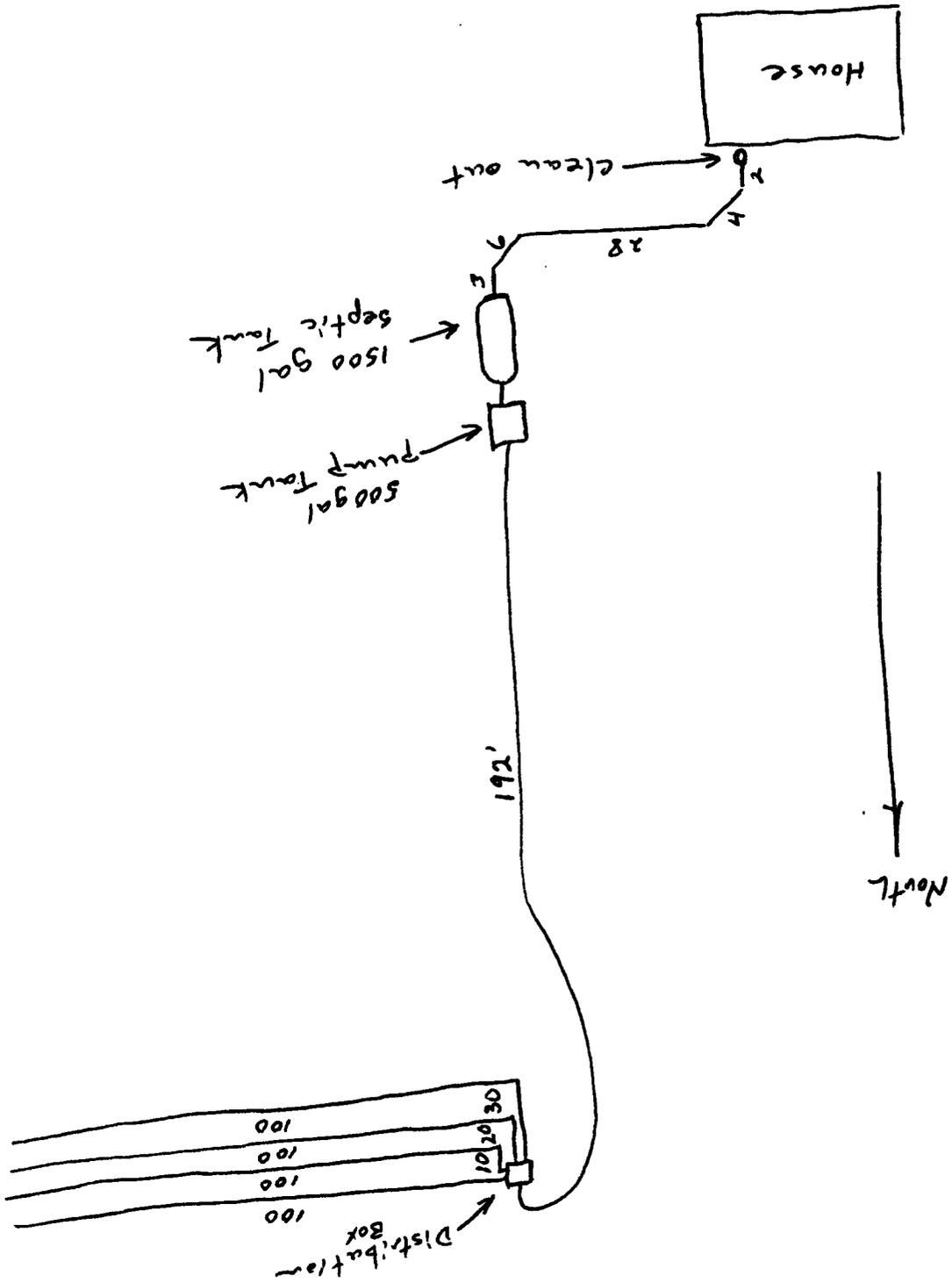
- Distribution lines: 4-inch PVC pipe – SCH40
- Distribution lines screwed to laterals. Yes No Will be
- Lateral used. Infiltrator 36" Reduction? Yes No
- Lateral depth 24 inches Perc depth 30 inches
- Laterals were level. Yes No
- Adequate amount of undisturbed soil between laterals. Yes No
- Distance 7 feet between laterals.

Comments:

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Zoeller 1/2 hp Pump
Zoeller Audio/Vis Alarm



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