

**TIME OF TRANSFER INSPECTION TOT# 7098 AJ KILLEN CERT # 12978**

Site Information

Parcel Description: **5 bed home**Address: **2374 149th In, Carlisle, IA 50047**County: **Warren**

Owner Information

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

Business Name:

Owner Name: **christie scase**Email Address: **cjscase@gmail.com**Address: **2374 149th In, Carlisle, IA 50047**Phone No: **515-238-8918**

Site related information

No Of Bedrooms: **5**Facility Type: **Residential**

Last Occupied:

Permit issued by County: **Yes**All plumbing fixtures enter septic system: **Yes**

Property Information Comments:

Inspection Date: **09/07/2023**Currently Occupied: **Yes**

System Installation Date:

Permit Number:

County contacted for records: **Yes**

Primary Treatment

Tank 1Tank Name: **Tank 1**Tank Material: **Concrete**No. of Compartments: **2**Date Pumped: **9/7/2023**

Distance To Well (Ft.):

Risers Intact: **Yes**Type: **Septic Tank**Tank Corrosion Type: **None**Pump Tank Chamber: **No**Meets Setback to Well: **N/A**Is Accessible: **Yes**Effluent Filter Present: **No**Tank Size (Gal): **1250**Liquid Level Type: **Normal**Licensed Pumper Name: **mike killen**

Well Type:

Lid Intact: **Yes**Watertight: **Yes**

Tank/Vault Pumped: **Yes**

Inlet Baffle Present: **Yes**

Outlet Baffle Present: **Yes**

Functioning as Designed: **Yes**

Tank Comments:

Tank 2

Tank Name: **Tank 2**

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: **mike killen**

Date Pumped: **9/7/2023**

Meets Setback to Well: **N/A**

Well Type:

Distance To Well (Ft.):

Is Accessible: **Yes**

Lid Intact: **Yes**

Risers Intact: **Yes**

Effluent Filter Present: **No**

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

Sand Filter1

Filter Type: **Subsurface**

Distribution Type: **Distribution Box**

Material Type: **Rock and PVC Pipe**

Absorption Area: **1000**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **450**

Discharge At Time of Inspection: **No**

CBOD Results:

TSS Results:

Disinfection Present: **No**

Disinfection Type:

Tertiary Treatment Present: **No**

Tertiary Treatment Type:

Meets Setback to Well: **N/A**

Well Type:

Distance To Well (Ft.):

Sand Filter Probed: **Yes**

Vent(s) Located: **Yes**

Saturation or Ponding Present: **No**

Grass Cover Over System: **Yes**

Outlet Found: **Yes**

Sample Taken: **No**

GP4 Permitted:

GP4 Required:

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: **tanks were 2 1250 gallon pella concrete 2 compartment tank both normal water level, watertight and both had minimal corrosion. they went to a plastic 9 hole dbx with 6 lines coming out it was watertight and in good shape. the sandfilter was a 20x50 with both vents and discharged down the hill to the north. there was no discharge at time of inspection. we loaded the system with 450 gallons all 6 lines took water evenly. system appeared to be in good working order.**



TIME OF TRANSFER INSPECTION TOT# 7098 AJ KILLEN

CERT # 12978

Owner Name: **christie scase**

Address: **2374 149th In , Carlisle , IA 50047**

County: **Warren**

Inspection Date: **09/07/2023**

Submitted Date: **9/13/2023**

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).

WARREN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

Name Christine Scase & Deborah Lancaster
Address 1401 Briggs St Lot #1, Canfield IA 50047
SF Permit # 2088 Installed by Killer ☒ Approved ☐ Disapproved
Date of final inspection 10/10/22
Approximate Scale: 1" = 30'





