



TIME OF TRANSFER INSPECTION TOT# 5534 BRYAN WESTPHAL CERT # 10046

Site Information

Parcel Description: **170071312700200**
Address: **2415 FRANKLIN AVE, Mount Pleasant, IA 52641** County: **Henry**

Owner Information

Property is owned by a business: **No**
Business Name:
Owner Name: **FRANK & LORENE ALLRED**
Email Address: **RALLRED@MCHSI.COM**
Address: **2415 FRANKLIN AVE, Mount Pleasant, IA 52641**
Phone No: **319-470-0402**

Site related information

No Of Bedrooms: **2** Inspection Date: **06/05/2023**
Facility Type: **Residential** Currently Occupied: **Yes**
Last Occupied: System Installation Date: **05/05/1995**
Permit issued by County: **Yes** Permit Number: **646**
All plumbing fixtures enter septic system: **Yes** County contacted for records: **Yes**
Property Information Comments:

Primary Treatment

HOWARD PRECAST

Tank Name: HOWARD PRECAST	Type: Septic Tank	Tank Size (Gal): 700
Tank Material: Concrete	Tank Corrosion Type: Slight	Liquid Level Type: Normal
No. of Compartments: 1	Pump Tank Chamber: Yes	Licensed Pumper Name: LEISON PUMPING, INC.
Date Pumped: 6/5/2023	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:

HOWARD PRECAST 2

Tank Name: **HOWARD PRECAST 2** Type: **Septic Tank** Tank Size (Gal): **700**
Tank Material: **Concrete** Tank Corrosion Type: **Slight** Liquid Level Type: **Normal**
No. of Compartments: **1** Pump Tank Chamber: **No** Licensed Pumper Name: **LEISON PUMPING, INC.**
Date Pumped: **6/5/2023** 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

3 OVER 2

Label: **3 OVER 2** Material Type: **Plastic** Accessible: **No**
Functioning As Designed: **Yes**

General Distribution System Comments :

Secondary Treatment

SUBSURFACE SAND FILTER

Filter Type: **Subsurface** Distribution Type: **Header Pipe** Material Type: **Rock and PVC Pipe**
Absorption Area: **480** System Hydraulic Loaded: **Yes** Gallons Loaded: **600**
Discharge At Time of Inspection: **No** CBOD Results:
Disinfection Present: **No** Disinfection Type:
Tertiary Treatment Type: **Other** Meets Setback to Well: **N/A** Tertiary Treatment Present: **Yes**
Distance To Well (Ft): Sand Filter Probed: **Yes** Well Type:
Saturation or Ponding Present: **No** Grass Cover Over System: **Yes** Vent(s) Located: **Yes**
Sample Taken: **No** GP4 Permitted: **No** Outlet Found: **Yes**
System Located on Owner Property: **Yes** Easement Present: **N/A** GP4 Required: **No**
Comments: **THE SAND FILTER OUTLET IS NOT ON THE PROPERTY. UNKNOWN IF THEY HAVE AN EASEMENT OR NOT.** Functioning as Designed: **Yes**

General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: **On 6/5/23 an inspection was conducted on the septic system at 2415 Franklin Ave in Mt. Pleasant, IA. On this day this appeared to be a working system. The system was loaded and pumped at this time. No sample was able to be obtained. There was no outside cleanout at the house. Inlet and outlet baffles seemed to be present. No ponding or pooling appeared in the bed. The vents were above ground, and the outlet was located. Cosmetic Concerns: 1.) No outside cleanouts 2.) No filter in tanks 3.) No animal guard in outlet**

**Thanks,
Bryan Westphal**



TIME OF TRANSFER INSPECTION TOT# 5534 BRYAN WESTPHAL CERT # 10046

Owner Name: **FRANK & LORENE ALLRED**

Address: **2415 FRANKLIN AVE , Mount Pleasant , IA 52641**

County: **Henry**

Inspection Date: **06/05/2023**

Submitted Date: **6/13/2023**

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).

CONTRACTOR: APPLICATION FOR PERMIT FOR PRIVATE SEWAGE DISPOSAL SYSTEM

PERMIT No. HHC- 646

DATE 5-5-85

OWNER Frank Allred

LOCATION R-21-N Tappan Twp Sec 13 R-7-W

I HEREBY CERTIFY THAT A PUBLIC SEWER IS NOT LOCATED WITHIN 250 FEET FROM THE PROPERTY, AND/OR THAT WATER IS NOT REASONABLY ACCESSIBLE TO SAID PROPERTY AND THAT I WILL PROPERLY, (CONSTRUCT, (RECONSTRUCT) (ALTER) AND MAINTAIN A SEPTIC TANK AT THE ABOVE LOCATION ACCORDING TO SPECIFICATIONS AND REQUIREMENTS OF ORDINANCE OF HENRY COUNTY, IOWA.

I AGREE TO MAKE CONNECTION TO A PUBLIC SEWER IN THE MANNER PRESCRIBED BY THE HENRY COUNTY ORDINANCE, AS SOON AS SUCH SEWER IS AVAILABLE WITHIN 250 FEET FROM THE ABOVE PROPERTY.

I UNDERSTAND THAT TO BE ISSUED A BUILDING PERMIT. I MUST FIRST HAVE INSTALLED, BUT NOT YET COVERED, A SEWAGE DISPOSAL SYSTEM WHICH CONFORMS TO HENRY CO. HEALTH CODE # _____.

I FURTHER UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONTACT THE PUBLIC HEALTH DEPARTMENT AT 385-6785 FOR AN APPOINTMENT FOR THE INITIAL PERCOLATION TEST AND THE FINAL INSPECTION BY THE SANITARIAN.

I HAVE PAID THE HENRY COUNTY PUBLIC HEALTH AGENCY THE \$25.00 INVESTIGATION AS SHOWN BY THE RECEIPT FROM THE COUNTY PUBLIC HEALTH AGENCY SUBMITTED WITH THIS APPLICATION.

THIS PERMIT IS NON-TRANSFERABLE AND EXPIRES SIX MONTHS FROM DATE OF ISSUANCE IF THE INSTALLATION IS NOT COMPLETED WITHIN THAT PERIOD.

Frank Allred
(SIGNATURE OF OWNER)

2415 Franklin Ave
(MAILING ADDRESS)

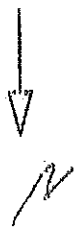
PHONE # 756-5099

I APPROVE A TEMPORARY PERMIT FOR ORDERLY PROGRESSION OF CONSTRUCTION. THE OWNER HEREBY ACKNOWLEDGES THAT THIS CONTRACT IS NOT COMPLETED.

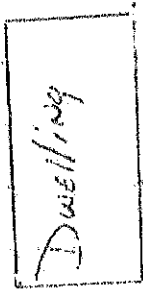
DATE 5/30/85

Bob [unclear]

PERMIT A.H.N.C. 6/16 Sept 27-95
Frank Bellini



Franklin Ave Henry County Rd



South Lane



Well

100 gallon Septic Tank

100 gallon Septic Tank

100 gallon Septic Tank

100 gallon Septic Tank

100 gallon Septic Tank

100 gallon Septic Tank

100 gallon Septic Tank

100 gallon Septic Tank

100 gallon Septic Tank

NOTE check Septic Tank
every 3- to 5 years

NOTE
Filled
Root

SEWER NOT CLEAN TESTED

Contractor NOT Licensed

NO DISCHARGE SAMPLE FORM

I hereby certify that I attempted to obtain an effluent sample from the onsite wastewater discharge point at:

NAME: LORENE ALLEN

ADDRESS: 2415 FRANKLIN AVE

MT PLEASANT IA

I attempted to obtain a sample of the above onsite wastewater system, but found no evidence of an effluent discharging. I inspected the system for any signs of surface discharge, erosion, soil staining, etc. There did not appear to be any evidence of flow in the last six months. I will continue to monitor the system in accordance with Iowa Administrative Code 567-Chapter 69.4(455B) and Iowa Administrative Code 567- Chapter 64, General Permit # 4 Rules and the County specified sampling dates.

DATE OF INSPECTION: 6-5-23

SAMPLER NAME: BRYAN WESTPHAL

MAINTENANCE CONTRACTOR (Company Name, if used)

LEISON Pumping Inc

House

②



INLET BAFFLE

3



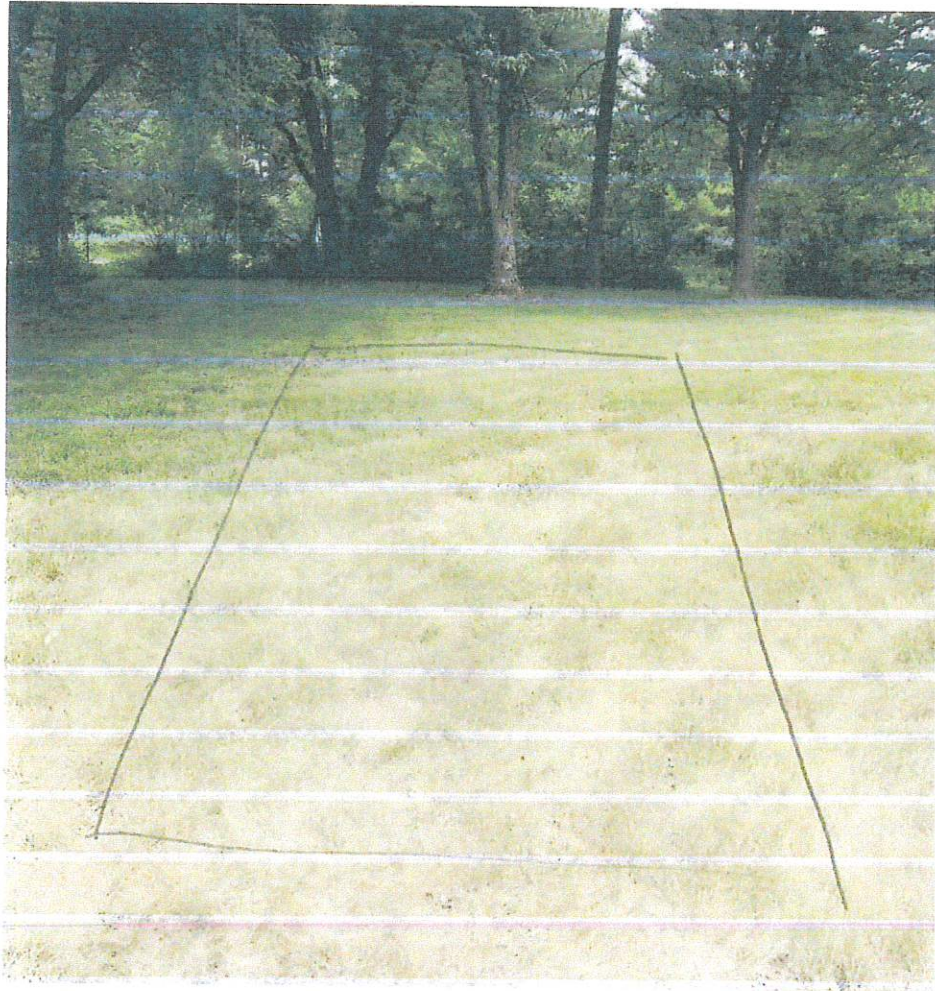
OUTLET BAFFLE

(4)



Beo

6



VENT

to



OUTLET

(7)



