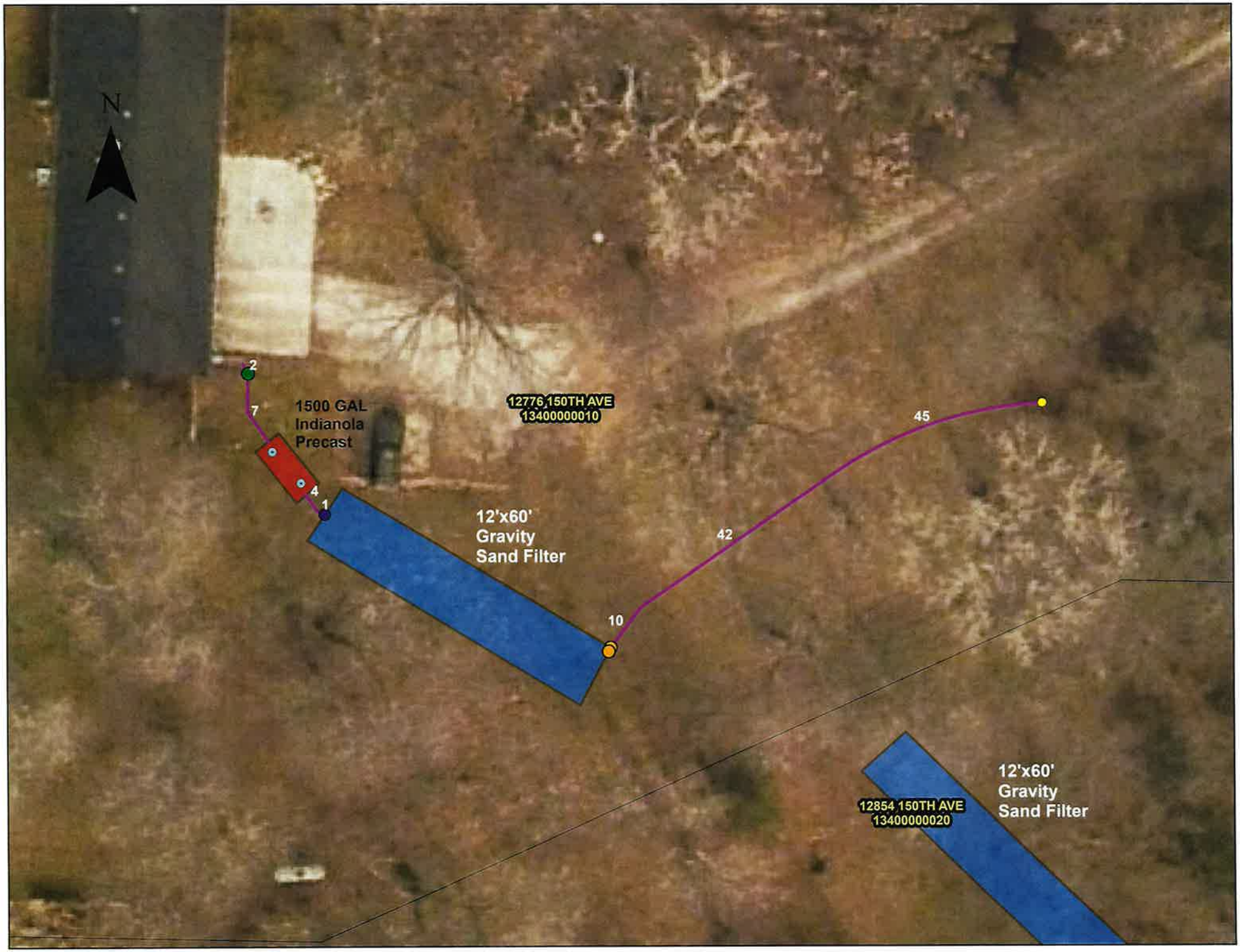
N
2
7
1500 GAL
Indianola
Precast
4
1
12776 150TH AVE
13400000010
45
12'x60'
Gravity
Sand Filter
42
10
12854 150TH AVE
13400000020
12'x60'
Gravity
Sand Filter

| Permit # | WARREN COUNTY ENVIRONMENTAL HEALTH | Permit Fee: $300.00 |
|---|---|---|
| 2025-90 | 301 N Buxton, Ste. 203, Indianola, IA 50125<br>Phone: (515) 690-9190 - Email: EnvHealth@warrencountyia.org | Date Paid: 07/15/2025 |

**PRIVATE SEWAGE DISPOSAL SYSTEM PERMIT**

A permit is required prior to conducting any change that affects the treatment or disposal of the waste, including replacement of the primary or secondary components, or a change in the design of the permitted private sewage disposal system from the design that was originally installed and approved by the administrative authority.

**This non-transferable permit is valid for ONE YEAR.**

| **Owner Information (Applicant)** | | | **Installation Contractor Information** | | |
|---|---|---|---|---|---|
| Name<br>DALBY, STANLEY B/SHIRLEY R (Deed) | | | Name<br>Mike Killen | | |
| Mailing Address<br>12776 150TH AVE | | | Address<br>1679 140th Ave | | |
| City<br>INDIANOLA | State<br>IA | Zip<br>50125 | City<br>Carlisle | State<br>IA | Zip<br>50047 |
| Phone Number 5154806082 | | | Phone Number 515-480-6082 | | |
| Email: | | | Certification #: 501280 | | |

**Site Information**

| | |
|---|---|
| Site Address: 12776 150TH AVE | Parcel #: 13400000010 |
| Legal Description: 32-76-23 JOHNSON SUB DIV LOT 1 | |
| S/T/R: | |

**Dwelling/Building Information**

| Building Type: | Purpose: | Septic Construction Type: | |
|---|---|---|---|
| ☐ New<br>☒ Existing | ☒ House<br>☐ Accessory Building<br>☐ Business | ☐ New System<br>☒ System Replacement<br>☐ Repair - Tank or D-Box<br>☐ Repair - Treatment Area | **PERCOLATION/SOILS ANALYSIS MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT**<br>Attach Report |

| | |
|---|---|
| Number of Bedroom: 3 | For A Business – What type? Single |

**Private Sewage Disposal System Design**

| | | | |
|---|---|---|---|
| **Soil Report** | Engineer: James Carroll | SA Date: 07/03/2025 | SA Expire Date: 07/03/2026 |
| **Tank** | Type: | # of Tanks: 1 | Size: 1250 |

**Secondary Treatment Area**

| | |
|---|---|
| ☐ Laterals: Feet Required _____ for _____" Wide Trench ____ Max Trench Depth<br>☒ Sand Filter<br>☐ At-Grade<br>☐ Mound | ☐ Waterloo Biofilter<br>☐ Enclosed System<br>☐ Other:_____ |

**Conditions of the Permit**

1. Maintain All Setbacks
2. Schedule 40 plastic pipe or EPS aggregate is required.
3.

| **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/pump dose/siphon dose must be available. Electrical at the site (no generators) to test the pump must be available. If required, a maintenance agreement must be filled with our office prior to issuance of this permit.** | | **It is unlawful to start construction, reconstruction, or repair of any Septic System prior to issuance of a Septic System permit by the Environmental Health Department.** |
|---|---|---|
| Applicant Signature:<br>Tyler Till - Keyed in by Staff | Date:<br>07/15/2025 | |
| Issued by: Tyler Till | Date<br>07/08/2025 | |

## WARREN COUNTY ENVIRONMENTAL HEALTH SEPTIC INSPECTION REPORT – SAND FILTER

(With IAC Ch. 69 Section 567 and Warren Co. code Ch. 31 References)

### General Information

Owner: DALBY, STANLEY B/SHIRLEY R  Installer: Mike Killen Construction

Address: 12776 150TH AVE

Inspection Date/s: 07/10/2025  Inspected by: TylerTWC (Tyler Till)

07/11/2025

System Materials: Rock and Pipe X  EPS Aggregate ___

### Sewer Pipe from Building to Primary Treatment

Sewer Pipe was installed in accordance with Chapter 69.7(1)-(3) & 69.9(1)g: Yes X or No ____

If no, explain_____

### Septic Tank

Septic Tank Size ___1250 X 1500 ___1750 ___2000 Other _____  Material: X Concrete _____Plastic

X septic tank only

__ +500 gallon pump /siphon combination tank

__ + Separate _____ gallon pump/siphon tank  Source: Indianola Precast

Septic tank was installed in accordance with Chapter 69.8(2)- 69.8(3): Yes X or No_____

If no, explain_____

### Connection (Tank-to-box/filter bed) and Distribution Box

Piping between tanks/after tank was installed according to Chapter 69.13(3): Yes X or No_____

If no, explain_____

Distribution Box was installed according to Chapter 69.13(3): Yes X No____ or N/A____

If no, explain _____

### Siphon Dose and Pump Systems

Siphon or Pump dosing system was installed according to Chapter 69.13(5): Yes____ No_____ or N/A X

If no, explain_____

High water alarm _____at tank or _____inside home

Squirt test Height _____ inches or pumps to distribution box _____

### Construction Specifications

Sand filter Type: X Gravity ___Siphon Dose ___Pressure Dose  Bed Dimension 60' X 12'

# of Collector lines 2  # of Distribution Lines 4  NOI Required Yes___ or No X

Discharge Type: ___Direct or X Indirect

Sand Filter was installed in accordance with Chapter 69.13(2-3): Yes X or No_____

If no, explain_____

### Minimum Distances for Closed and Open Portions of Treatment System

Both open and closed portion the the septic system have been installed in accordance with the minimum distances listed in Table 1 of Chapter 69.3(2): Yes X No ____

If no, explain_____

**Final Review: X Approved ____ Approved with Conditions ____ Disapproved**

**Approval Conditions:**