

**FAYETTE COUNTY BOARD OF HEALTH**

FAYETTE COUNTY COURTHOUSE

BOX 269, 114 NORTH VINE

WEST UNION, IOWA 52175

Phone: (319) 422-3767

Permit **1120**

Date: 8-28-2002

**Permit to Install On-Site Wastewater Treatment System**

Applicant: Inez Brown 7109 "T" Ave.  
(Name) (Address)  
Oelwein IA, 50662 563-578-8796  
(City) (State and Zip) (Telephone)

Proposed sewage disposal system is to facilitate a  new, or  existing:  
3 Bedroom house, or other:  
(Number) (Describe Construction)

Property location (legal description): Section: 35 Township: 92N Range: 10W Front  
SE 1/4 SE 1/4 SE 1/4 Lot Size or Acreage: 76.28 AC

Property owner of record: "same"  
(Name) (Address)

Contractor: Brown's, Sumner, IA Smith Excavating  
(City) (State and Zip) (Telephone)

SEPTIC TANK: Size: 1,000 Construction: concrete Manufacturer: Swaus  
(Gallons) (Material)

Make sketch on back of layout of building site. (Location of house, well, barn, stream, road, etc.)

**— SITE ANALYSIS —**

Depth from surface to: Bedrock 6' High ground water level 5' Limiting layer 5'

Distance to nearest private well: 100', municipal well n/a, lake, stream or waterway n/a

Is any of the proposed site in a flood hazard area?  Yes  No.

Percentage of slope on site: 2-5 %  
(Comments)

Soil description to a six foot depth:

| Horizon | Depth | Color | Texture |
|---------|-------|-------|---------|
|         |       |       |         |
|         |       |       |         |
|         |       |       |         |
|         |       |       |         |

83B  
(Soil type number)

Kenyon  
(Soil series)

"Percolation Test"

Results in test hole:

|              | No. 1 |      | No. 2 |      | No. 3 |      | No. 4 |      | No. 5 |      | No. 6 |      |
|--------------|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
|              | drop  | time | drop  | time | drop  | time | drop  | time | drop  | time | drop  | time |
| 1st interval |       |      |       |      |       |      |       |      |       |      |       |      |
| 2nd interval |       |      |       |      |       |      |       |      |       |      |       |      |
| 3rd interval |       |      |       |      |       |      |       |      |       |      |       |      |
| 4th interval |       |      |       |      |       |      |       |      |       |      |       |      |

FAYETTE COUNTY HEALTH DEPARTMENT, BY ISSUANCE OF THIS PERMIT & PERFORMANCE OF RELATED INSPECTIONS DOES NOT GUARANTEE THE PERFORMANCE OF THIS ON-SITE WASTEWATER TREATMENT SYSTEM OR GUARANTEE THAT IT BE FREE OF DEFECTS.

Amount of laterals: 300' standard chamber  
MARK SMITH CC  
Signature of Person Certified by Fayette Co. Sanitarian

Date of Final Inspection: 8-1-03

**THIS PERMIT EXPIRES ONE YEAR FROM THE ISSUE DATE**