

TIME OF TRANSFER INSPECTION TOT# 23397 LAWRENCE LYNCH CERT # 8920

Site Information

Parcel Description: **DETACHED SHOP**

Address: **1441 BAKER AVE, West Branch, IA 52358**

County: **Cedar**

Owner Information

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

Business Name:

Owner Name: **CURTIS STARNES**

Email Address:

Address: **1441 BAKER AVE, West Branch, IA 52358**

Phone No:

Site related information

No Of Bedrooms: **1**

Facility Type: **Residential**

Last Occupied:

Permit issued by County: **Yes**

All plumbing fixtures enter septic system: **Yes**

Property Information Comments:

Inspection Date: **09/02/2026**

Currently Occupied: **No**

System Installation Date: **08/23/2010**

Permit Number: **4710**

County contacted for records: **Yes**

Primary Treatment

Tank 1

Tank Name: **Tank 1**

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: **ACTION SEWER**

Date Pumped: **10/27/2025**

Meets Setback to Well: **Yes**

Well Type: **Private**

Distance To Well (Ft.): **>100**

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

Header Pipe 1-4"

Label: Header Pipe 1-4"

Material Type : Plastic

Accessible: No

Functioning As Designed: Yes

Drop Box 1

Label: Drop Box 1

Material Type : Plastic

Accessible: Yes

Box Opened: Yes

Speed Levelers Present: No

Watertight: Yes

Functioning As Designed: Yes

Drop Box 2

Label: Drop Box 2

Material Type : Plastic

Accessible: Yes

Box Opened: Yes

Speed Levelers Present: No

Watertight: Yes

Functioning As Designed: Yes

Drop Box 3

Label: Drop Box 3

Material Type : Plastic

Accessible: Yes

Box Opened: Yes

Speed Levelers Present: No

Watertight: Yes

Functioning As Designed: Yes

Drop Box 4

Label: Drop Box 4

Material Type : Plastic

Accessible: Yes

Box Opened: Yes

Speed Levelers Present: No

Watertight: Yes

Functioning As Designed: Yes

General Distribution System Comments :

Secondary Treatment

Lateral Field1

Distribution Type: Drop Box

Material Type: Leaching Chamber

Trench Width: 36

Lines: 4

Total Length of Absorption Line: 165

System Hydraulic Loaded: Yes

Gallons Loaded: 50

Meets Setback to Well: Yes

Well Type: Private

Distance To Well (Ft.): >100

Lateral Lines Probed: Yes

Saturation or Ponding Present: No

Grass Cover Present: Yes

Lateral Lines Equal Length: No

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: **I LARRY LYNCH INSPECTED THE CONVENTIONAL SEPTIC SYSTEM FOR CURTIS STARNES ON 09/02/2026. DOUBLE CLEAN OUT IS UP TO GRADE AND TANK RISERS ARE ALSO UP TO GRADE AND IN GOOD CONDITION. INLET AND OUTLET BAFFLES IN TANK ARE PVC AND INTACT, TANK APPEARS TO BE IN EXCELLENT CONDITION. 4 DROP BOXES HAVE RISERS AND WERE OPENED UP TO INSPECT WATER LEVELS. TRENCHES ARE 36" ADS TYPE CHAMBER, RUNS WERE PROBED AND NO STANDING WATER OR PONDING WAS OBSERVED AT TIME OF INSPECTION SYSTEM IS IN GOOD WORKING CONDITION**



GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER
DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 23397 LAWRENCE LYNCH CERT # 8920

Owner Name: CURTIS STARNES

Address: 1441 BAKER AVE , West Branch , IA 52358

County: Cedar

Inspection Date: 09/02/2026 Submitted Date: 9/16/2026

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).

Iowa City, IA 52240

(319) 354-2784 info@actionsewerseptic.com



☐ Please check box if address is incorrect or has changed, and indicate change(s) on reverse side.

Bill To

CURTIS STARNES
PO BOX 220
WEST BRANCH, IA 52358

10/23/2025

Date	10/7/2025
Invoice #	130206

Balance Due	\$0.00
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If you would like future statements emailed, please enter email address here _____

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

Job Site		Invoice #	130206
CURTIS STARNES 1441 BAKER AVE WEST BRANCH, IA 52358	P.O. NO.	Technician	Job No.
		BLS	
Description	Qty	Rate	Amount
PUMPED THE HOUSE 1500 GAL 2 COMPARTMENT WILINSON TANK / REMOVED ALL EFFLUENT AND SOLIDS - TANK IS IN GOOD CONDITION PUMPED THE SHOP 1250 GAL 2 COMPARTMENT MEADE SEPTIC TANK / REMOVED ALL EFFLUENT AND SOLIDS - TANK IS IN GOOD CONDITION		425.00	425.00
Sales Tax - Cedar County 7%		7.00%	29.75

We accept checks by mail or ACH and Credit Card Payments on our website at www.actionsewerseptic.com.

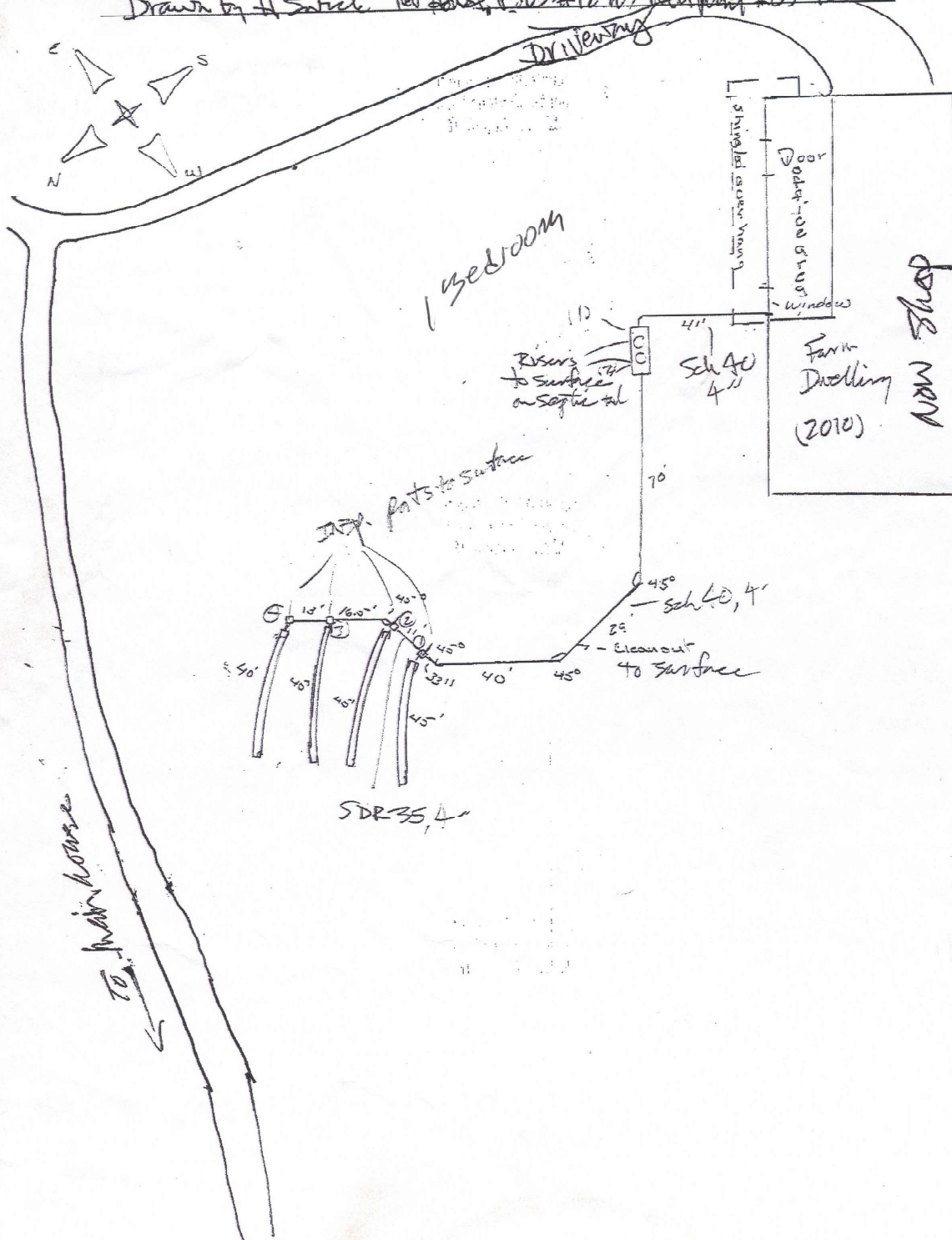
DUE ON RECEIPT

**There will be a \$30 charge for all returned checks.
~2.0% interest will be assessed monthly on all unpaid
balances after 30 days.**

Total	\$454.75
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FINAL INSPECTION SHEET

Name Curt Starnes Address 1441 Baker Ave. West Branch, IA 52356
Date 8-24-10 Permit # 4710 Perc # _____
Contractor Lynch Excav. & Drilling System type and size Chamber 34" x 175'
Tank type and size 1750 VMEC 175' Chamber Baffles 0.75' x 1' (1) Filter yes (2) Filter
System dimensions 4-8' chamber lines 1-40 3-45' Distribution type drop boxes ADS plastic
Distance from well to tank 150' to system 150' w/ more plants
Comments No perc. - Tank with barrier for 80% of tank was a perc. barrier
and still had perc. Not To Scale A well # 13-09
Drawn by H. Sarrick new house, PDS # 12-16 / well pond # 05-15



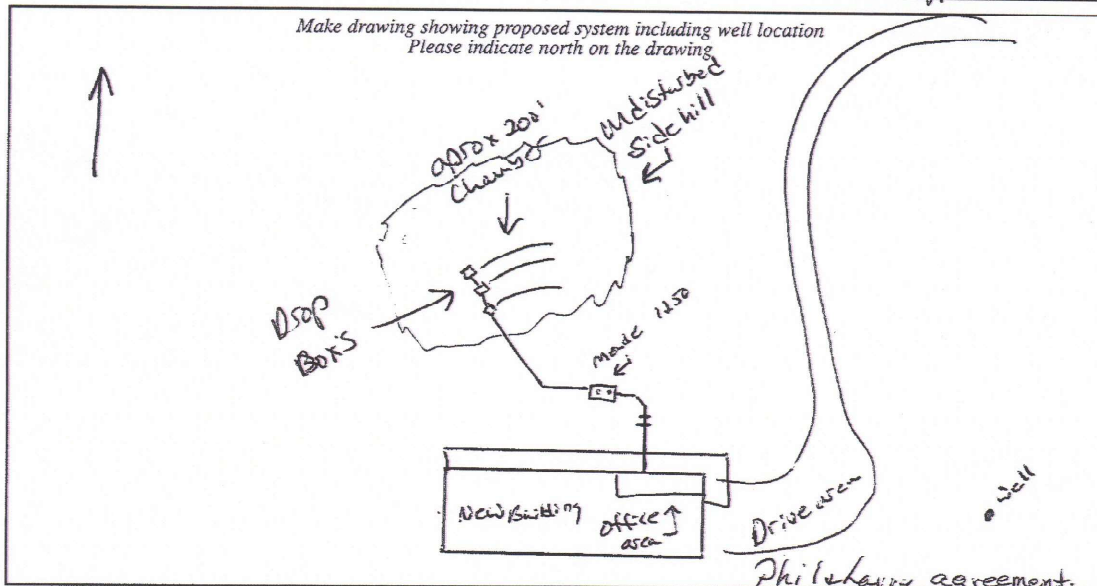
CEDAR COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
CEDAR COUNTY COURTHOUSE
400 CEDAR ST., TIPTON, IOWA 52772
(563) 886-2248

Permit Number: 4710
Soil Test Number: 29-08
Soil Test Results: 40 mpi

APPLICATION FOR PERMIT:
PRIVATE SEWAGE DISPOSAL SYSTEM

OWNER Curt Starnes MAILING ADDRESS 2671A Greenview Ave. Chicago 1153 60614-
11 ADDRESS OF SITE Same PHONE NUMBER _____
LOCATION: 1/4 SW 1/4 NE 1/4 SEC. 10 T. 80 R. 4 W. TOWNSHIP 60W
SUBDIVISION _____ LOT NUMBER(S) _____
LATITUDE _____ LONGITUDE _____

☒ NEW ☐ EXISTING ☐ OTHER _____ PROPERTY SIZE 80 ac
NO. OF BEDROOMS 1-22 APPLICATION RATE _____ Gal/Sq. Ft. REQUIRED TANK SIZE 1250
SYSTEM TYPE: ☐ GRAVEL ☒ CHAMBER ☐ OTHER _____
TOTAL LINEAL FEET REQUIRED: 2' TRENCH _____ : 3' TRENCH Approx 260'



This application for a
permit does not insure
any form of guarantee.

Contractor's Name Lynch
Address 1967 Baker Ave West Branch
Signature Ramon Lynch

I certify that, to the best of my knowledge, the above information is correct, that all proposed work as indicated will be completed in accordance with the Cedar County Regulations before the facilities are placed in operation, and that adequate maintenance procedures will be followed. I will also comply with regulations that require that the Health Department be notified at least seven and one-half working hours in advance, between 8:00 a.m. and 4:00 p.m., that the site is ready for final inspection prior to covering any part of the system.

It is understood that the local board of health may require a connection to a public sewer when one becomes available in the future.

DATE 8/24/10 SIGNED Ramon Lynch (Signature of Applicant)
DATE APPLICATION APPROVED 8-24-10 BY H. Swick (Representing the Cedar Co. Board of Health)
DATE OF FINAL INSPECTION 8-24-10 BY J. Smith (Representing the Cedar Co. Board of Health)

White Copy
Cedar County

Yellow Copy
Property Owner

Pink Copy
Contractor

Well permit # 23-09 405-13