

TIME OF TRANSFER INSPECTION TOT# 22128 DAN HUFFMAN CERT # 12098

Site Information

Parcel Description: **0704126002**

Address: **3945 Spring St, Solon, IA 52333**

County: **Johnson**

Owner Information

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

Business Name:

Owner Name: **Vincent & Kelsey Gerlits**

Email Address: **Kelseykunc1@hotmail.com**

Address: **3945 Spring St, Solon, IA 52333**

Phone No: **319-530-0177**

Site related information

No Of Bedrooms: **3**

Inspection Date: **07/08/2026**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date: **05/24/1992**

Permit issued by County: **Yes**

Permit Number: **3895**

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

County contacted for records: **Yes**

Property Information Comments:

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Type: **Septic Tank**

Tank Size (Gal): **1000**

Tank Material: **Concrete**

Tank Corrosion Type: **Slight**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **No**

Licensed Pumper Name: **Heavy
Excavating**

Date Pumped: **7/8/2026**

Meets Setback to Well: **Yes**

Well Type: **Public**

Distance To Well (Ft.): **Greater than 100'**

Is Accessible: **Yes**

Lid Intact: **Yes**

Risers Intact: **No** Effluent Filter Present: **No** Watertight: **Yes**
 Tank/Vault Pumped: **Yes** Inlet Baffle Present: **Yes** Outlet Baffle Present: **Yes** Functioning as Designed: **Yes**
 Tank Comments: **Tank has a concrete inlet baffle wall. Tank has a center wall to make into a two compartment tank. Outlet baffle was a long sweep 90 with a hole drilled in the top. No effluent filter present in outlet of tank**

General Primary Treatment Comments:

Distribution Type

Header Pipe 1

Label: **Header Pipe 1** Material Type : **Plastic** Accessible: **Yes**
 Functioning As Designed: **Yes**

Drop Box 1

Label: **Drop Box 1** Material Type : **Plastic** Accessible: **Yes**
 Box Opened: **Yes** Speed Levelers Present: **Yes** Watertight: **Yes**
 Functioning As Designed: **Yes**

General Distribution System Comments :

Secondary Treatment

Lateral Field1

Distribution Type: **Header Pipe** Material Type: **Leaching Chamber** Trench Width: **18**
 Lines: **5** Total Length of Absorption Line: **405** System Hydraulic Loaded: **Yes**
 Gallons Loaded: **250** Meets Setback to Well: **Yes** Well Type: **Public**
 Distance To Well (Ft.): **Greater than 200'** 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: **The upper 5 lines are chamber totaling 405'. The bottom line drops down to a series of 7-drop boxes with risers to the surface.**

Lateral Field 2

Distribution Type: **Drop Box** Material Type: **Leaching Chamber** Trench Width: **18**
 Lines: **10** Total Length of Absorption Line: **404** System Hydraulic Loaded: **Yes**
 Gallons Loaded: **250** Meets Setback to Well: **Yes** Well Type: **Public**
 Distance To Well (Ft.): **Greater than 200'** 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: **Watched water run all the way to the bottom line in the series of dropboxes.**

General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: **This statement is regarding a time of transfer inspection of the current septic system at 3945 Spring St Solon , Iowa. Heavy Excavating pumped and inspected the septic tank and was found to be in fair condition with slight corrosion. The septic tank is a two compartment tank with concrete baffles at the inlet of the tank with a long sweep 90 with a hole drilled in it for a outlet baffle. A hydraulic load test was performed and there was no indication of water ponding over the treatment area and no backs ups with no adverse effects. First area of secondary treatment consist of 405' of chambers with a connection made at the bottom line to a additional 404' connected to a series of dropboxes with additional chambers. Area was probed and confirmed mapping and added the series of dropboxes and lines to the map that is attached and on record with the county. The Above report describes our findings on the day of the inspection, under no circumstances do we guarantee the future workings of this septic system. Clerical errors and omissions are subject to correction.**

TIME OF TRANSFER INSPECTION TOT# 22128 DAN HUFFMAN CERT # 12098

Owner Name: **Vincent & Kelsey Gerlits**

Address: **3945 Spring St , Solon , IA 52333**

County: **Johnson**

Inspection Date: **07/08/2026**

Submitted Date: **7/8/2026**

TITLE HOLDER

Ted Chamberlain

ADDRESS

3995 Spring St. NE

LOG# 3893

CITY

Salmon

SUBDIVISION

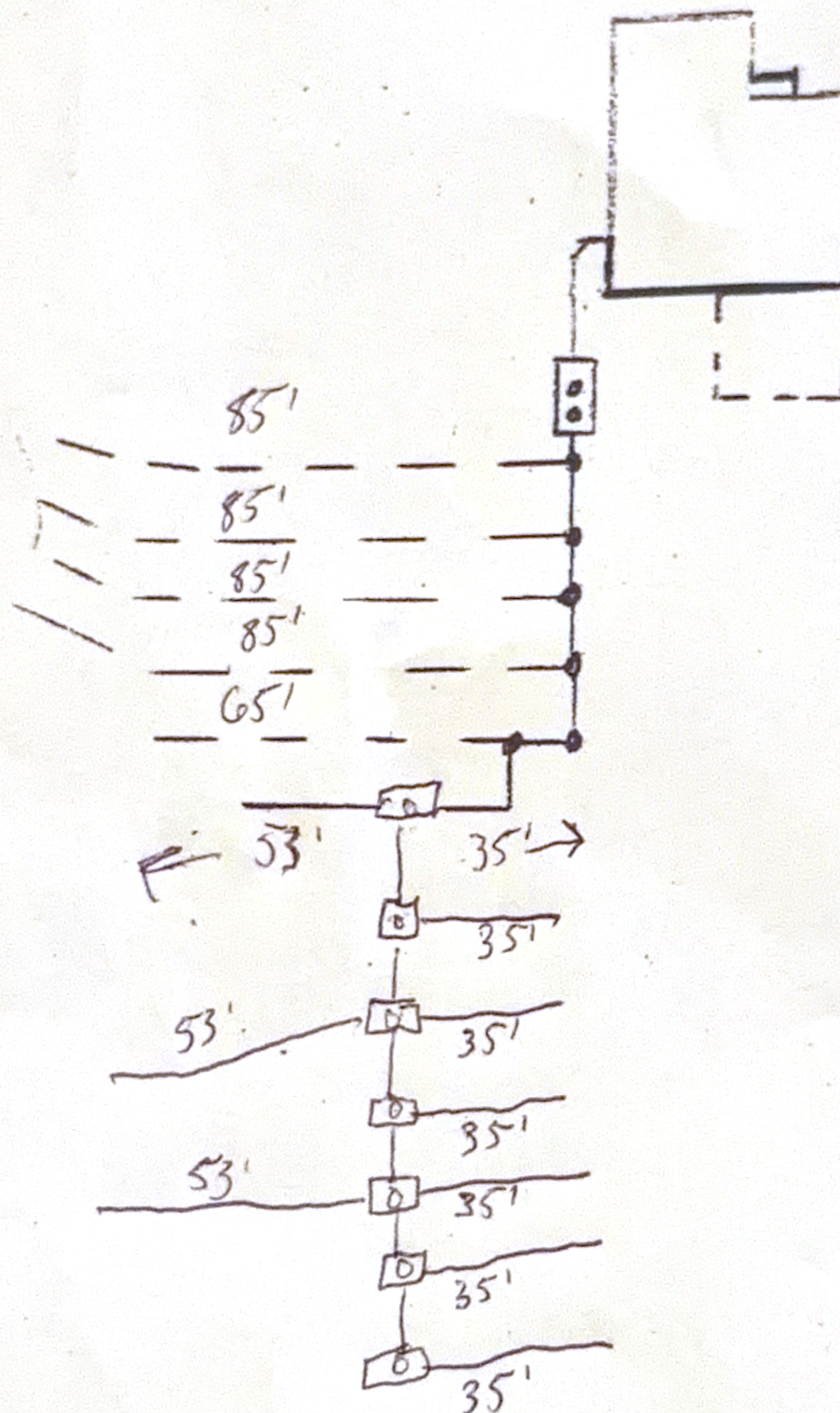
Lower Valley Estates

LOT# 12

CONTRACTOR

Amstutz

WASTEWATER SYSTEM DIAGRAM



COMMENTS

GRINDER PUMP Y/N BUILDING SEWER MATERIAL/LENGTH

15'

TANK MANUFACTURER

meade

TANK CAPACITY(S) (1) 1000 (2)

RISER HEIGHT (1)

(2)

TANK FILTER Y/N

N

MECHANICAL Y/N

N

TYPE

DOSING CHAMBER CAPACITY

MANUF.

PUMP CHAMBER CAPACITY

MANUF.

RISER HEIGHT

CONNECTING MATERIAL

TYPE OF DISTRIBUTION

MANUFACTURER

CONNECTING MATERIAL

TYPE OF ABSORPTION SYSTEM

gallies

TYPE OF DIST. TILE

10"

TRENCHES/LINEAL FT.

520'

BED/SQ FT

DEPTH OF ROCK UNDER PIPE

12"

INSPECTION PORTS Y/N

WELL SEPARATION DISTANCES: PRIMARY

100'

SECONDARY

DATE OF FINAL INSPECTION

5-24-92

BY

J. H. H. H.

SIGNATURE OF INSPECTOR



Johnson County Health Department
1105 Gilbert Ct.
Iowa City, Iowa 52240
Phone: 356-6040

LOG NO. 3295

THE UNDERSIGNED HEREBY APPLIES FOR PERMIT TO (INSTALL) (ALTER)
SEWAGE DISPOSAL FACILITIES.

TITLE HOLDER Liz Walgamuth

MAILING ADDRESS 923 East Jefferson

PHONE 338-5381

FEE SCHEDULE
Residential:

1-6 bedrooms \$50.00

Other: \$

LEGAL DESCRIPTION Lot 12, Deer Valley Estates

TOWNSHIP Newport

SITE ADDRESS 3945 SPRING ST. NE

LOT SIZE OR

TYPE OF BUILDING wood frame

ACREAGE 1.68 ac

ZONED AS RS

SEWER CONTRACTOR Tim Amick

BUILDING IS:

A. Existing

B. Proposed Construction x

C. Under Construction

NUMBER OF:

A. Family Units 1

B. Occupants 4

C. Bedrooms 3

BASEMENT DRAINS TO:

A. Septic Tank x

B. Leaching Pit

C. Other

ESTIMATED GALLONS
SEWAGE PER DAY:

450 gal/day

BASED ON:

150 gal/day/bdrm

SEWER SYSTEM SPECIFICATIONS*

BUILDING SEWER:

A. Cast Iron

B. Plastic x

C. Vitrified Clay

D. Other

JOINTS ARE:

A. Caulked Lead

B. Cement x

C. Other

SEPTIC TANK:

Material Concrete

Size 1,000 gal min

(Two Compartment Tank Required)

PERCOLATION TEST: Time in minutes required for one (1) inch of water to seep away 53 min

ABSORPTION UNIT: Standard x
Alternative

Total Lineal Feet 433

Type of Tile PVC

Depth of Tile 6" min

Slope (per 100 feet) 6" max

TYPE OF MATERIAL SURROUNDING TILE:

3/4" Washed River Gravel (preferred)

1" - 2 1/2" Washed Concrete Stone x

Rock Depth Below Tile (6" required) 18"

Rock Depth Above Tile (2" required) 2" min

DISTANCE FROM PROPERTY LINES: Front 161'+ (10' Min.) Rear 207'+ (10' Min.) Side 10'+(W) (10' Min.) Side 103'+ (10' Min.)

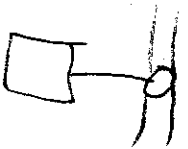
DISTANCE FROM: PRIVATE WELL(S) Proposed _____ Well No. _____ Existing _____
PUBLIC WELL(S) Proposed _____ Existing _____

NOTE: SCALE DRAWING OF SEWAGE DISPOSAL SYSTEM REQUIRED ON BACK OF THIS APPLICATION.

* Consult the Johnson County Board of Health's "Rules and Regulations Governing On-Site Wastewater Treatment and Disposal Systems" for more information concerning materials specifications and installation procedures.

SCALE DRAWING OF PROPOSED SYSTEM

NOTE: Include nearby existing water sources including natural waterways, ponds and lakes and neighboring wells. Show lot lines and indicate locations of percolation test holes.



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 Johnson 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 EIGHT (8) 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.

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 Application Filed 04-2-92

Signed Gerrie Rogers Construction
by Dorothy K. Rogers
(Signature of Applicant)

Date Application Approved 4-06-92

By Sam J. Kanner
(Representing Johnson Co. Board of Health)

Date of Final Inspection 5-22-24-92

By Sam J. Kanner
(Representing Johnson Co. Board of Health)



R = 50.00'
L = 78.24'

N 89°56'17" E

150.00'

PROPOSED
3 BR HOUSE

10' MIN SEPTIC
SYSTEM SETBACK

PROPOSED
SEPTIC TANK

5 LINES @ 87 FOOT
EACH (BUILT TO FIT
EXISTING CONTOURS)

399.41'

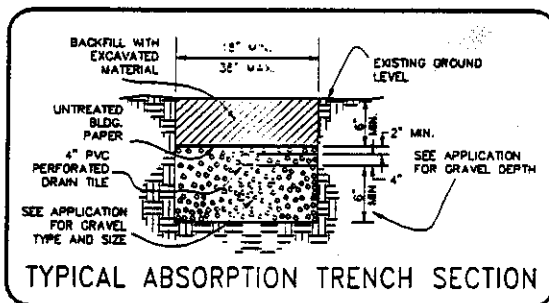
N 07°55'02" W

394.81'

S 00°24'18" E

156.00'

N 70°54'35" E



PERCOLATION REPORT
LOT 12, DEER VALLEY ESTATES
DATE OF TEST : 3/10/92
DATE OF APPLICATION : 3/4/92

SURVEY
REQUESTED
BY:

LIZ WALGAMUTH

CURRENT
TITLE
HOLDER:

LIZ WALGAMUTH

DATE

△ GOVERNMENT CORNER
○ PROPERTY CORNER FOUND
● 5/8" X 30" W/ L.S. CAP SET
- - - EXISTING FENCE LINE
— — — PROPERTY LINE

SHEET
TITLE:

PERCOLATION REPORT

PROJECT
TITLE:

LOT 12, DEER VALLEY ESTATES
TO JOHNSON COUNTY, IOWA



MMS CONSULTANTS, INC.
Iowa City, Iowa
319-351-8282

P NO
B

PB

P NO
J

3039-001

DATE

WJB

DATE

CMS

DATE

CMS

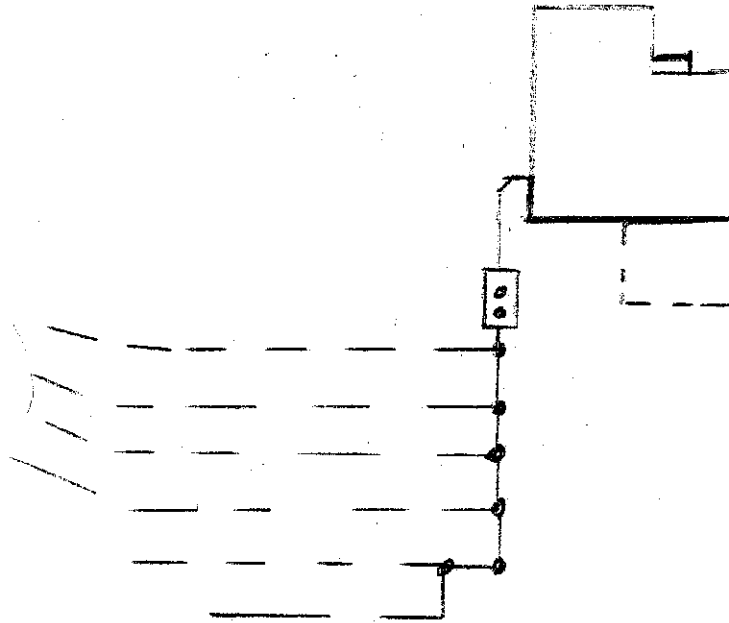
DATE

3/10/92

SCALE

1"=60'

TITLE HOLDER Teal Chambers ADDRESS 3945 Spring St. NE LOG # 3895
CITY Salt Lake SUBDIVISION Leah Valley Estates LOT # 12
CONTRACTOR Aim Buster **WASTEWATER SYSTEM DIAGRAM**



COMMENTS _____

GRINDER PUMP Y/N BUILDING SEWER MATERIAL/LENGTH 15' TANK MANUFACTURER meade
TANK CAPACITY(S) (1) 1000 (2) RISER HEIGHT (1) (2) TANK FILTER Y/N (N)
MECHANICAL Y/N (N) TYPE DOSING CHAMBER CAPACITY MANUF.
PUMP CHAMBER CAPACITY MANUF. RISER HEIGHT CONNECTING MATERIAL
TYPE OF DISTRIBUTION MANUFACTURER CONNECTING MATERIAL
TYPE OF ABSORPTION SYSTEM gallons TYPE OF DIST. TILE 10"
TRENCHES/LINEAL FT. 520' BED/SQ FT DEPTH OF ROCK UNDER PIPE 12" INSPECTION PORTS Y/N
WELL SEPARATION DISTANCES: PRIMARY 100' SECONDARY
DATE OF FINAL INSPECTION 5-24-92 BY Samuel Chambers SIGNATURE OF INSPECTOR