DATE

820 21ST ROAD

05/24/23 COUNTY

CITY	BEATTIE   LEGAL DESCRIPTION				S09-T02S-R09E	ACREAGE	10.18		
OWNER'S NAME	MARILYN O'	NEIL TRUST		INSPECTED BY:	MARLENE STAMM				
DWELLING OCCUPIED? NO IF NO, HOW LONG					G VACANT?	OVER A YEAR			
BEDROOMS#	4		BATHS#	1 1/2	DISHWASHER	0	GARBAGE DIS	POSAL	0
PURPOSE: REAL ESTATE INF	ORMATION	PRIVATE	COMPLAINT CLOSING DATE	REAL ESTATE	REFINANCE	OTHER	1		
KEAL LOTATE IN	REFINANCE/	SELLER	MARILYN O'NEIL	TRUST	PHONE				
	BUYER REALTOR JESSICA LEIS LENDER				PHONE				
					PHONE PHONE	785-562-7807			
SEND REPORT TO JESSICA LEIS					PHONE	jessica@midwestlandandhome.com			
Section 1.					Section II.				
WATER SUPPLY				,	WASTEWATER SYSTEM				,
Pubic: Private:	Municipal Drilled Well	RWD Hand Dug	Other Other		Public: Private:	Municipal Absorption	Sewer D	listrict Lagoon	
		2 g			i iivato.	Holding Tank	OTHER		ı
Location:					History (including age):	NO PERMIT O	N FILE		
Treatment:	None	Filter	Softener	Chlorinator	Location:		SOUTHEAST OF HOME		
Other					Soil Conditions	at time of inspect	me of inspection: Dry Wet		
History of well: NO WATER TEST AND WELL INSPECTION REQUESTED.					Y	N		system more	
					Y	N	Wastewater ground surf	system discl ace	harge onto
					Υ	N	System is a Cesspool		
For Private Water Supply					Y	N	Gray water (laundry, sinks, etc. in separate disposal system		
Y	N	Has well b	een chlorinated w	ithin last month?	Y	N	Sufficient land area		
Y	N	Is there good water pressure?			Υ	N	Adequate cleanouts between house and first treatment unit		
Υ	N	Is the well level)?	inside of a pit (be	low ground	Septic Tank Size: gallons				
Y	N	Is the well	area suitable for	good drainage?	Tank pumped for in	Y	N	not required	
Y	N		Ifficient land area		Tank last pumped:				
Y	N	contamina	tion sources?*		Depth from ground surface to top of tank:				
(* Note: well	distance may	vary according to county sanitary codes) Well head extends 12" above ground Water test-negative for bacteria and/or			Concrete One Compartment	+	Other Other		
Y	N				Y	N	Lids and top of tank in good		
nitrate levels below 10 mg/L Test Results:					Y	N	condition Inflow tee/baffle secure		
					Y	N	Outflow tee/baffle securely in place		
Comments:  RED=DOES NOT MEET MARSHALL COUNTY SANITARY CODE REQUIREMENTS YELLOW-DOES MEET CODE REQUIREMENTS						Water observed flo		ved flowing	back into
					Υ	N	tank from laterals		
					Υ	N	Flow from house to tank obstructed		
					Absorption Field				_
					Chambers	Rock/Pipe	Bed System	Other	
					<u>Lagoon</u>				
					Y	N	Adequate Si		
Meets current State (KDHE) and local					Y	N	Vegetation ( Adequate fe		
standards?					Υ	N			
Notes 1) NO RECORDS ON FILE FOR SYSTEM. UNABLE TO DETERMINE EXACT LOCATION OR TYPE DURING SITE INSPECTION. REALTOR STATED					Y Water Level:	N High	Hung gate in Good	n place Low	
FAMILY HAS NO INFORMATION ON SYSTEM. SYSTEM DOES NOT MEET					Water Color:	Green/Clear	Black/Gray	Brown	
THE REQUIREMENTS OF THE MARSHALL CO. SANITARY CODE BASED ON					Comments: ATTACHED	(Good)	(Bad)	(Bad)	
AGE, LACK OF RECORDS, AND KNOWN DETAILS. 2) MUST BE BROUGHT UP TO CODE WITHIN A YEAR OF CLOSING UNLESS THE LENDER HAS MORE STRINGENT REQUIREMENTS. FINANCIAL OBLIGATION TO BE DETERMINED BETWEEN THE BUYER AND SELLER. 5) CONTACT THE MARSHALL COUNTY CONSERVATION DISTRICT FOR INFORMATION ON A COST-SHARE PROGRAM AT 785-562-5343.					Comments: ATTACHED IS A COPY OF THE PERMIT APPLICATION.  Contact Marlene Stamm, Sanitarian, to discuss permit and requirements at (785)770-2057.				
Report is based on	observations a	and/or water te	st results on date of	inspection. This is	eport does not guarantee iong	evity and future per	tormance of well	and/or waste	water system.