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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

**REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED BY TRANSFEROR**

TRANSFEROR:

Name Kathryn M. Russell and Oliver L. Russell

Address 2475 195th Trail, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Paul M. Schaffer and Tonya K. Schaffer

Address 725 E. Olivia Terrace, Mustang, OK 73064

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

2475 195th Trail, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) For Legal Description see Exhibit "A" attached hereto and by this reference incorporated herein.

1. Wells (check one)

There are no known wells situated on this property.

There is a well or wells situated on this property. The type(s), location(s) and legal status are stated below or set forth on an attached separate sheet, as necessary.

2. Solid Waste Disposal (check one)

There is no known solid waste disposal site on this property.

There is a solid waste disposal site on this property and information related thereto is provided in Attachment #1, attached to this document.

3. Hazardous Wastes (check one)

There is no known hazardous waste on this property.

There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.

4. Underground Storage Tanks (check one)

There are no known underground storage tanks on this property. (Note exclusions such as small farm and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in instructions.)

There is an underground storage tank on this property. The type(s), size(s) and any known substance(s) contained are listed below or on an attached separate sheet, as necessary.

5. Private Burial Site (check one)

- There are no known private burial sites on this property.
- There is a private burial site on this property. The location(s) of the site(s) and known identifying information of the decedent(s) is stated below or on an attached separate sheet, as necessary.

6. Private Sewage Disposal System (check one)

- All buildings on this property are served by a public or semi-public sewage disposal system.
- This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- There is a building served by private sewage disposal system on this property or a building without any lawful sewage disposal system. A certified inspector's report is attached which documents the condition of the private sewage disposal system and whether any modifications are required to conform to standards adopted by the Department of Natural Resources. A certified inspection report must be accompanied by this form when recording.
- There is a building served by private sewage disposal system on this property. Weather or other temporary physical conditions prevent the certified inspection of the private sewage disposal system from being conducted. The buyer has executed a binding acknowledgment with the county board of health to conduct a certified inspection of the private sewage disposal system at the earliest practicable time and to be responsible for any required modifications to the private sewage disposal system as identified by the certified inspection. A copy of the binding acknowledgment is attached to this form.
- There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgment with the county board of health to install a new private sewage disposal system on this property within an agreed upon time period. A copy of the binding acknowledgment is provided with this form.
- There is a building served by private sewage disposal system on this property. The building to which the sewage disposal system is connected will be demolished without being occupied. The buyer has executed a binding acknowledgment with the county board of health to demolish the building within an agreed upon time period. A copy of the binding acknowledgment is provided with this form. [Exemption #9]
- This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption [Note: for exemption #9 use prior check box]: _____.
- The private sewage disposal system has been installed within the past two years pursuant to permit number _____.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

One (1) active well is located approximately 500 feet West of the dwelling unit.

I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

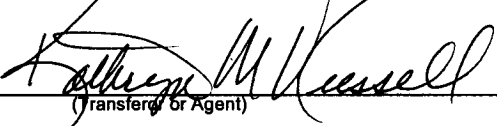
Signature:  Telephone No.: (515) 250-8299
(Transferor or Agent)

EXHIBIT "A"

A tract of land located in the West Half ($\frac{1}{2}$) of the Northeast Quarter ($\frac{1}{4}$) of Section Twenty-one (21), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, described as follows, to-wit: Commencing at a point 643.1 feet South of the Northeast Corner of the Northwest Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$) of said Section Twenty-one (21), thence South along the East line of the West Half ($\frac{1}{2}$) of the Northeast Quarter ($\frac{1}{4}$) of said Section 831.1 feet, thence South $85^{\circ}15'$ West 135.3 feet, thence South $72^{\circ}16'$ West 140.4 feet, thence South $79^{\circ}11'$ West 139.1 feet, thence South $73^{\circ}42'$ West 170 feet, thence South $59^{\circ}48'$ West 194 feet, thence South $76^{\circ}30'$ West 335.5 feet, thence South $75^{\circ}30'$ West 233 feet, thence North $01^{\circ}16'$ East 145.5 feet, thence North $60^{\circ}42'$ East 109 feet, thence North $37^{\circ}36'$ East 158.2 feet, thence North $00^{\circ}39'$ West 116.7 feet, thence North $4^{\circ}37'$ East 213 feet, thence North $28^{\circ}30'$ East 166.8 feet, thence North $81^{\circ}04'$ East 239.3 feet, thence North $83^{\circ}41'$ East 362.9 feet, thence North $51^{\circ}42'$ East 510.4 feet to the point of beginning.

Madison County
Office of Zoning and
Environmental Health

**Authorization to Construct a
Private On-site Wastewater
Treatment System (POWTS)**

112 N. John Wayne Drive
P.O. Box 152
Winterset, IA 50273-0152
Telephone: (515) 462-2636

Permit Number: 095-19

Date Issued: 09-23-2019

Issued to: Oliver Russell
Address: 2475 195th trail
Winterset, IA 50272

Legal Description: PAR K a part of PAR H N1/2 NE SEC 24, Section 24 Monroe Township.

POWTS Components Specifications: 1250/500 pump dosed laterals @ 400'

General Conditions:

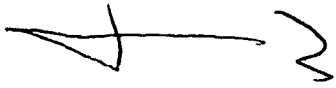
1. System must be constructed in conformance with attached system layout, profiles, cross-sections or Engineer's design.
2. Structures must be constructed in conformance with 567 IAC Chapter 69 and the Madison County Environmental Health Regulations.
3. Permit shall be null and void if system is not constructed within one year of permit issuance. The Environmental Health Officer must approve any request for extension of permit.
4. The Environmental Health Officer must approve any design modifications to the permitted system prior to construction.
5. Once constructed, all system components must be uncovered for inspection and the system must be approved before it can be put into operation. Notice for inspection must be received with 24 hours in advance (8 a.m. through 4:30 p.m., Monday - Friday). If weather necessitates the need to cover the system components, then the system owner or contractor must notify and follow the procedures given by the Environmental Health Officer.
6. Any fees, maintenance and construction shall be in accordance with County and State Codes.

**Special Conditions: All fees, maintenance, testing, and construction shall be in accordance with County and State Codes.
Maximum Trench Depth is 32"**

Provide At least 24 hour notice prior to inspection.



**Environmental Health Officer
Madison County
Office of Zoning and Environmental Health**

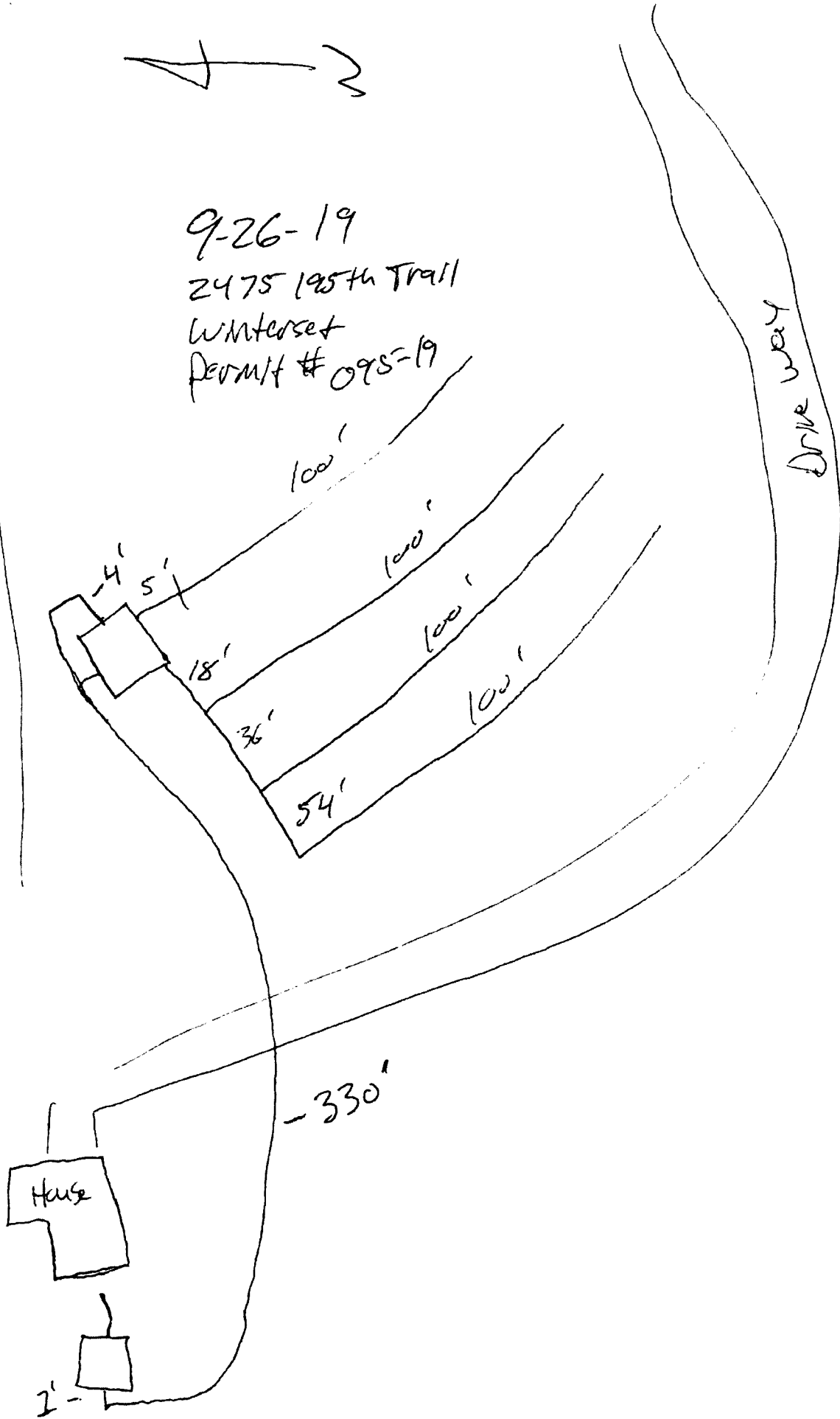


9-26-19

2475 195th Trail

Winterset

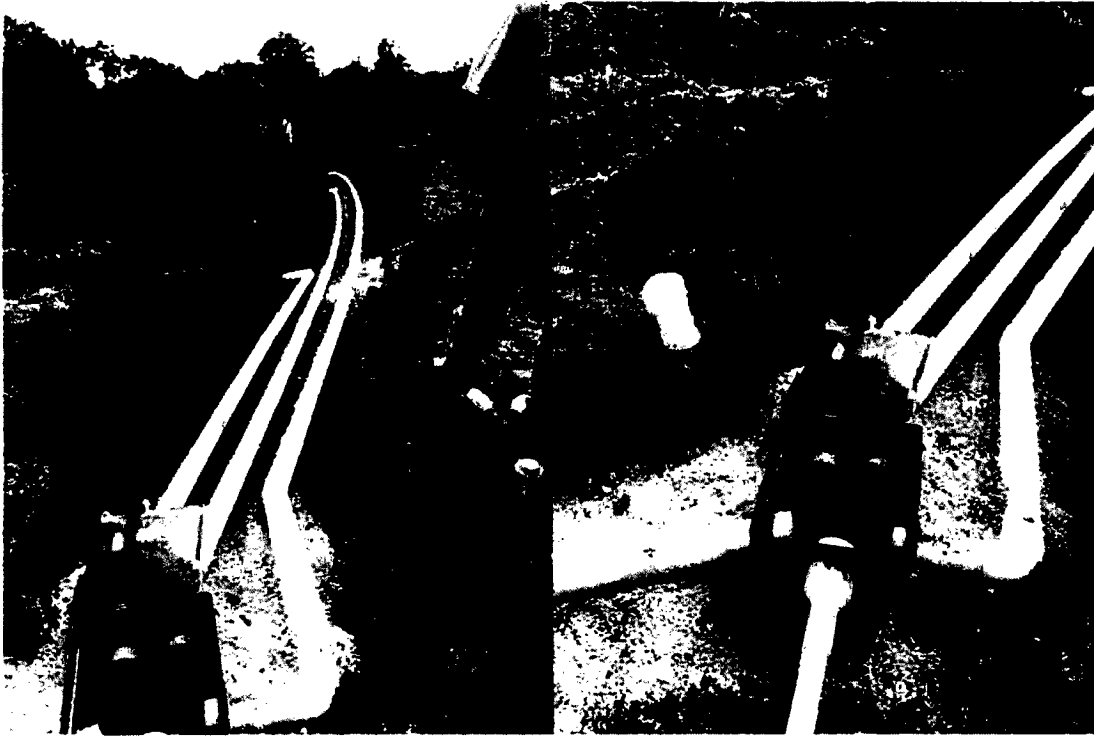
Permit # 095-19



9-26-2019

2475 195th trail
Winterset

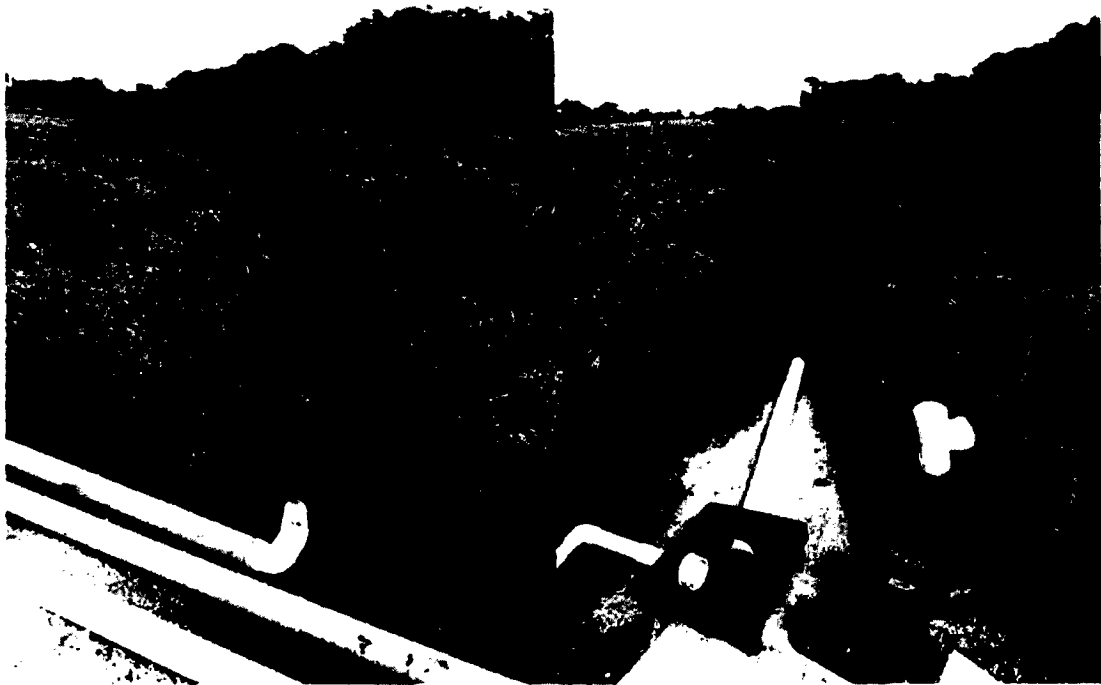
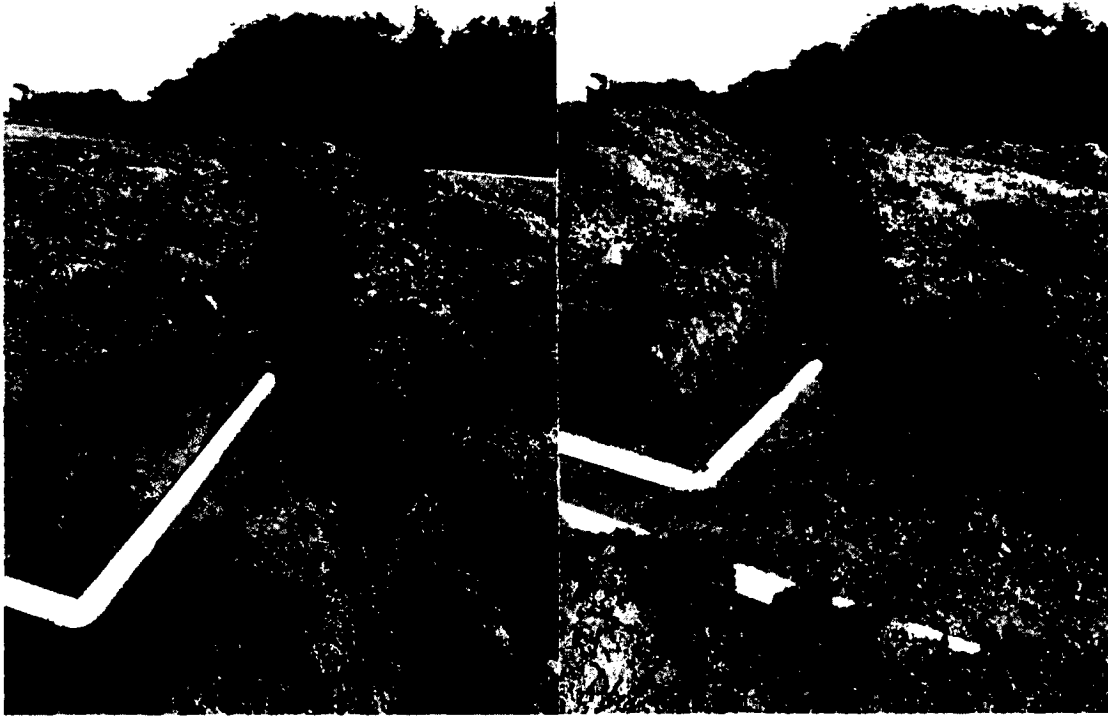
Permit# 095-19



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2475 195th trail
Winterset

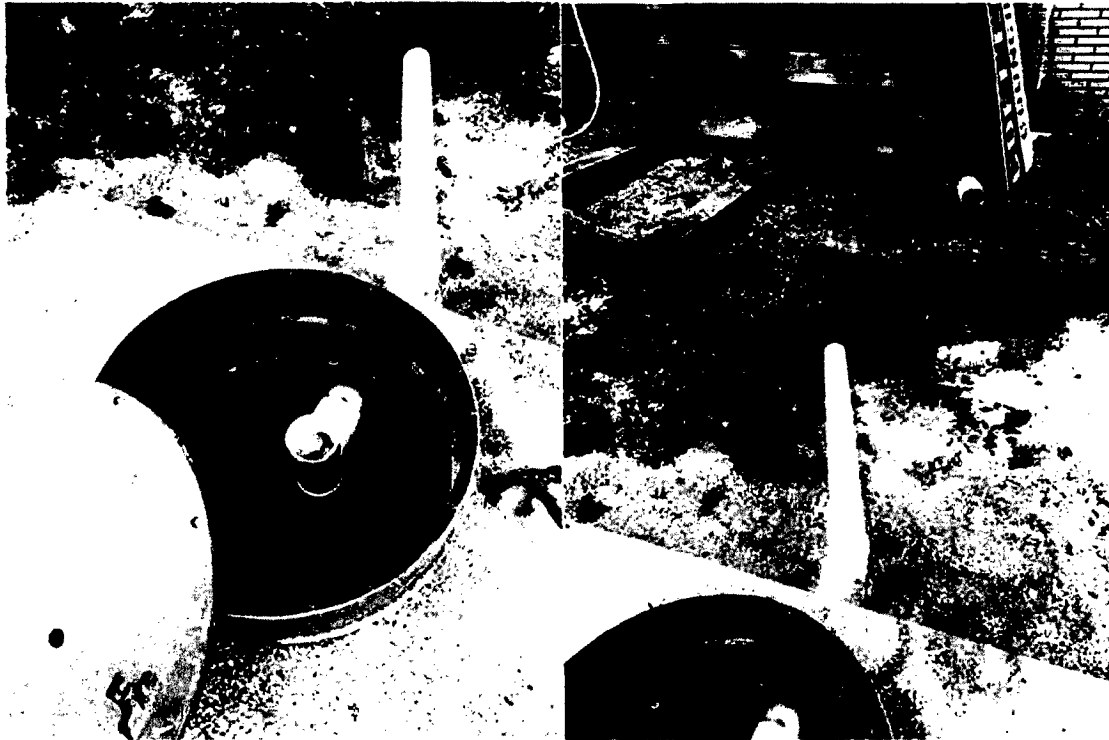
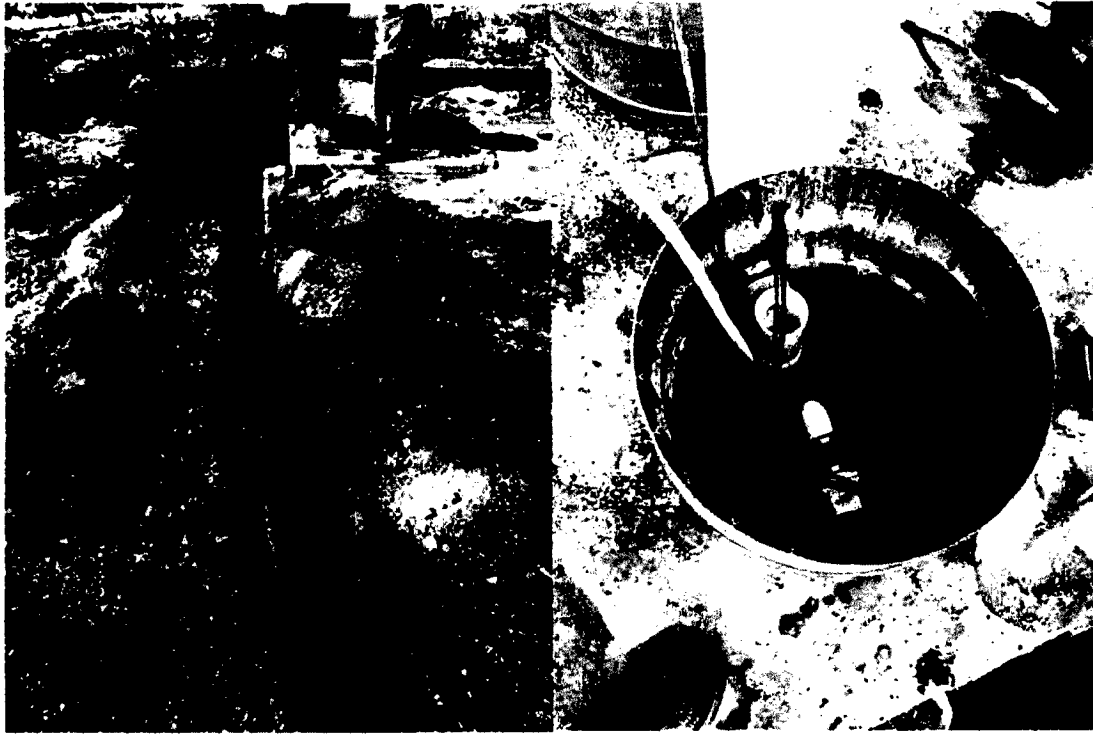
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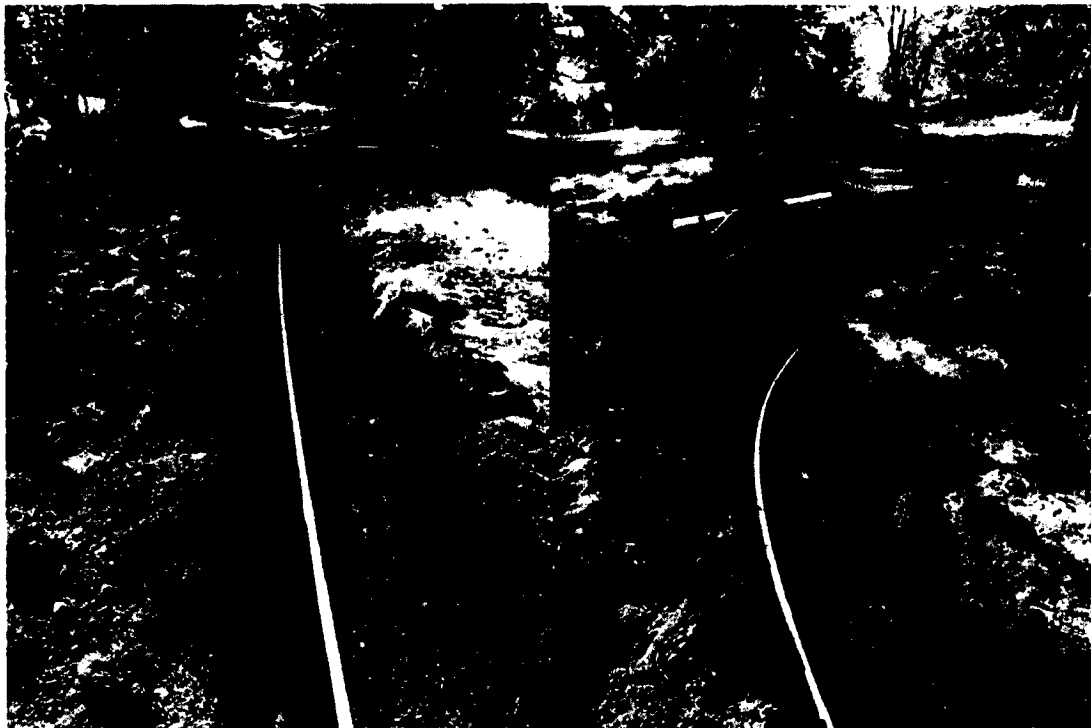
Permit# 095-19



9-26-2019

2475 195th trail
Winterset

Permit# 095-19



**MADISON COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
PRIVATE SEWAGE SYSTEM INSPECTION REPORT
SUBSURFACE SOIL ABSORPTION-LATERALS**

GENERAL INFORMATION	
Owner: <i>Oliver Russell</i>	Contractor: <i>James Carey</i>
Address: <i>2475 195th Trail</i>	Inspector: <i>Farehild</i>
Inspection Date:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
S = Satisfactory U = Unsatisfactory NA = Not Applicable	

S U NA	SITE PREPARATION
<input checked="" type="checkbox"/>	Septic Permit Issued # <i>095-19</i>
<input checked="" type="checkbox"/>	Soils Analyst ID: <i>Oehlmann</i>
<input checked="" type="checkbox"/>	System Exposed for Inspection

S U NA	SETBACKS
Minimum Setbacks to Closed/Open Portions of Septic System	
<input checked="" type="checkbox"/>	Private Water Well 50'/100'
<input checked="" type="checkbox"/>	Shallow Public Water Well 200'/400'
<input checked="" type="checkbox"/>	Deep Public Water Well 100'/200'
<input checked="" type="checkbox"/>	Heat Pump Borehole 50'/100'
<input checked="" type="checkbox"/>	Lake or Reservoir 50'/100'
<input checked="" type="checkbox"/>	Stream or Pond 25'/25'
<input checked="" type="checkbox"/>	Edge of Drainage Ditch 10'/10'
<input checked="" type="checkbox"/>	Dwelling or Other Structure 10'/10'
<input checked="" type="checkbox"/>	Property Lines 10'/10' (unless an easement signed & recorded)
<input checked="" type="checkbox"/>	Other Subsurface Treatment Systems 5'/10'
<input checked="" type="checkbox"/>	Water Line Under Pressure 10'/10'
<input checked="" type="checkbox"/>	Suction Water Line 50'/100'
<input checked="" type="checkbox"/>	Foundation Drain or Subsurface Tiles 10'/10'

S U NA	SEWER PIPE FROM BUILDING TO PRIMARY TREATMENT
<input checked="" type="checkbox"/>	Minimum Setbacks to Wells Private Wells 10' / Public Wells 25'
<input checked="" type="checkbox"/>	Material Sch.40 Plastic Pipe (or SDR 26 or Stronger) or Cast Iron
<input checked="" type="checkbox"/>	Cleanouts At Building & every 100' & each >45° Direction Change

S U NA	PRIMARY TREATMENT - SEPTIC TANK
<input checked="" type="checkbox"/>	Gallon Capacity <input checked="" type="checkbox"/> 1250 <input type="checkbox"/> 1500 <input type="checkbox"/> 1750 <input type="checkbox"/> 2000 <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	Watertight Material <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic (ribbed const.)
<input checked="" type="checkbox"/>	Manufacturer <i>Indiana</i>
<input checked="" type="checkbox"/>	Compartments At least 2 Compartments or 2 tanks in series
<input checked="" type="checkbox"/>	Influent Compartment 1/2 to 2/3 of total tank capacity
<input checked="" type="checkbox"/>	Effluent Compartment 1/3 to 1/2 of total tank capacity
<input checked="" type="checkbox"/>	Inlet 2" to 4" higher than outlet
<input checked="" type="checkbox"/>	Baffles 4" Diameter Schedule 40 plastic tees
<input checked="" type="checkbox"/>	Effluent Screen Meets NSF Standard 46 or equivalent

<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Watertight Risers	Minimum 18" Diameter at or above ground surface
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inlet/Outlet Connections	Self-sealing gaskets formed or cast into tank material
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Schedule 40 Pipe	At least 5' past outlet & 2' past disturbed ground
S U N A	
DOSING SYSTEMS	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Type	<input checked="" type="checkbox"/> Pump <input type="checkbox"/> Siphon <input type="checkbox"/> Other:
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Watertight Pit	At least 24" in diameter
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Watertight Riser	With tight-fitting cover at or above ground level
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pump	Submersible Pump of corrosion-resistant material
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pressure Line Size	Not smaller than outlet of pump it serves
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pressure Line Drainage	Drains between dosing or buried below frost level
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High Water Alarm	Visual or Audio Alarm to alert of high water in pit
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electrical Connection	No Connections located inside pump pit

S U N A	
DISTRIBUTION BOX	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Placement	Placed on undisturbed soil
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Material	Corrosion-resistant rigid plastic
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Baffle	Pipe tee or baffle at inlet
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Outlet Heights	Outlets at same level & minimum 4" above bottom of box
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Levelers	Outlets equipped with leveling device for equal flow
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unused Outlets	Securely closed
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Header Pipes	Rigid PVC (ASTM Standard 2729 or stronger)

S U N A	
LATERALS	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Material	<input checked="" type="checkbox"/> Chamber <input type="checkbox"/> Tile <input type="checkbox"/> Other:
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trench Width	<input type="checkbox"/> 24" <input checked="" type="checkbox"/> 36" <input type="checkbox"/> Other:
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Total Length	Required: 400 Ft. Installed: 400 Ft.
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Number of Lines	Trenches installed at equal lengths
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spacing	6' minimum between trenches
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Depth	Max. trench depth of 30 inches (See perc/soil test)
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Soil Cover	6" Minimum soil cover over laterals
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Confining Layer	3' Minimum separation between confining layer & trench bottom
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Perc/Soil Test	Lateral field installed in perc/soil test area
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Discharge	No sump, roof, foundation, or storm drains discharging into or upon field
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Distribution Pipe	4" Ridged PVC pipe or approved alternative
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Aggregate Material	Minimum 6" approved aggregate below & enough to cover pipe
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Separation Material	Material laid to separate aggregate from soil
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Construction	No construction of any kind over system

Additional Comments:

This report indicates the condition of the installed private sewage system at the time of inspection & does not guarantee the future condition or proper function of the system. To the best of my knowledge, all listed local & state ordinances have been adhered to.

 9-26-19
 Inspector Date