



Document 2019 GW4140

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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name Randall C Reed, Trustee  
Address 1963 Pammel Park Rd, Winterset, IA 50273  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Jerry Mitchell II  
Address 1963 Pammel Park Road, Winterset, IA 50273  
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:  
1963 Pammel Park Road, Winterset, IA 50273  
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) Parcel "B" located in the Northwest Quarter (1/4) of the Northeast Quarter (1/4) of Section Ten (10), AND in the Southwest Quarter (1/4) of the Southeast Quarter (1/4) of Section Three (3), all in Township Seventy-five (75) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa containing 3.00 acres, as shown in Plat of Survey filed in Book 2012, Page 3315 on November 2, 2012, in the Office of the Recorder of Madison County, Iowa.

**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 119-19.

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

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**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.: 716 305 5859  
(Transferor or Agent)

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

GENERAL INFORMATION			
Owner: <u>Jerry Mitchell</u>	Contractor: <u>Danny J. Jorgensen</u>		
Address: <u>1963 Pimmell Park Rd</u>	Inspector: <u>Fairchild</u>		
Inspection Date: <u>12-23-2019</u>	<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"/> <input type="checkbox"/> <input type="checkbox"/>	Septic Permit Issued # <u>119-19</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Soils Analyst ID: <u>Welmann</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	System Exposed for Inspection

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

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

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

<input 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Type	<input type="checkbox"/> Pump <input type="checkbox"/> Siphon <input type="checkbox"/> Other:
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Watertight Pit	At least 24" in diameter
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Watertight Riser	With tight-fitting cover at or above ground level
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pump	Submersible Pump of corrosion-resistant material
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pressure Line Size	Not smaller than outlet of pump it serves
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pressure Line Drainage	Drains between dosing or buried below frost level
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High Water Alarm	Visual or Audio Alarm to alert of high water in pit
<input 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 <i>90°</i>
<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: <i>400</i> Ft.      Installed: <i>400</i> 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 _____ 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" Rigid PVC pipe or approved alternative
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Aggregate Material	Minimum 6" approved aggregate below & enough to cover pipe
<input type="checkbox"/> <input type="checkbox"/> <input checked="" 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

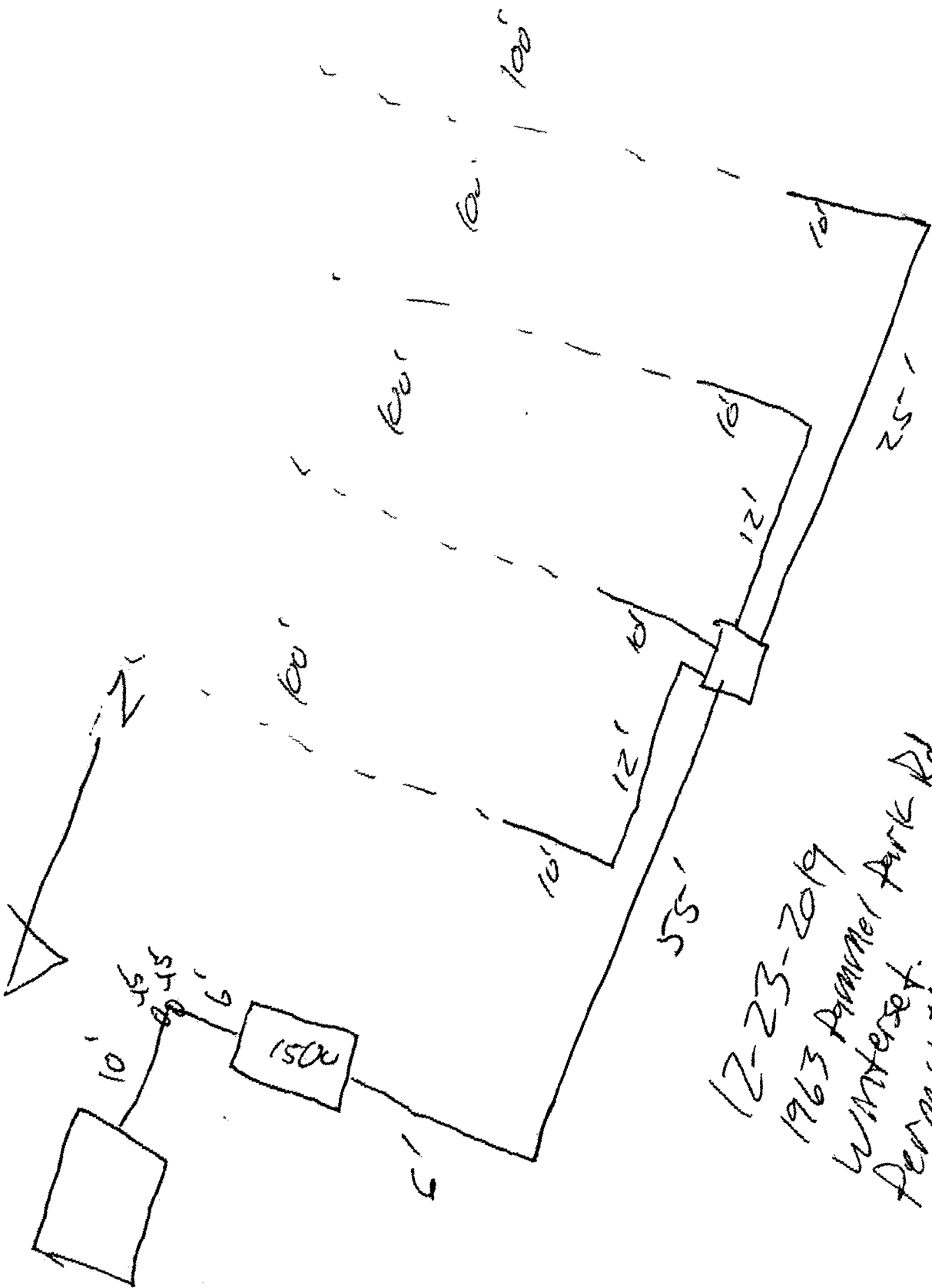
Additional Comments:

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.

Inspector

Date

*[Signature]* 12-23-19



12-23-2019  
 1963 Armer Park Rd.  
 WINTERSHET.  
 PERMIT # 119-19

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: 119-19**

**Date Issued: 12/12/2019**

***Issued to:* Harry Reed Trust/Jerry Mitchell  
*Address:* 1963 Pammel Park Rd.  
Winterset, IA 50273**

***Legal Description:* NW NE PID# 560111024000000  
Sec 10 T75N R28W Lincoln TWP**

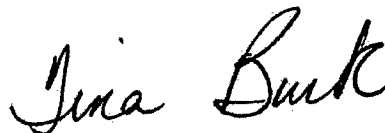
***POWTS Components Specifications:* 1500 gal. septic tank & 4 36" Laterals @ 100' ea. With a Curtain Drain on both sides**

**General Conditions:**

1. System must be constructed in conformance with attached system layout, profiles, and cross-sections.
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.

***Special Conditions:* Curtain Drain**

At least a 24-hour notice for inspections.



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

Application to Construct  
Private Sewage Disposal System (PSDS)

Office Use Only					Temp E911:	
Tracking No.	Date Received	Fee Paid	Check #	Date Issued	Section/Township	
119-19	12/12/19	150 <sup>00</sup>	5063	12/12/19	10 Lincoln	

Application will not be accepted until site and soil analysis/percolation information have been received and fee has been paid. For systems requiring an NPDES General Permit #4 (surface discharge), its application must be submitted to this office along with appropriate forms for recording before a permit will be issued.

Please Print All Information.

1. Owner Information (Applicant)		2. Installation Contractor Information	
First Name	Last Name	First Name	Last Name
Harry Reed Trust		DAN PATTERSON	
Address		Address	
Jerry Dean Mitchell		206 S 1st	
City	State	City	State
1963 Pammel Park Rd	Winterset	Winterset	IA
Phone Number	Cell Phone	Phone Number (area code)	Cell Phone
			575-802-2550
Email:			

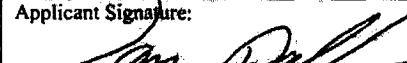
3. System Requirement Information	4. Site and Soil Evaluator (Percolation Test/Soils Analysis)
IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED	PERCOLATION/SOILS ANALYSIS MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT
Minimum Tank Size Required	Date test taken _____ Test taken by _____
1-3 Bedroom 1250	Passed: _____ Failed: _____
4 Bedroom 1500	Percolation Rate: _____
5 Bedroom 1750	Soils Loading Rate: _____
6 Bedroom 2000	

5. Type of Submittal	6. Address Information
<input type="checkbox"/> New House <input checked="" type="checkbox"/> Existing House <input type="checkbox"/> Repair, Tank <input type="checkbox"/> Repair, Treatment Area <input type="checkbox"/> System Replacement Previous Permit #:	911 Address or nearest road: 1963 Pammel Park Rd Legal Description: NW NE PID # 560111024000000

7. Type of Building (Completed by Owner)			
Building Square ft.:	Number of Bedrooms: 4	Number of Bathrooms: 2	Non-Residential uses:
Other buildings served by this system:		Any other circumstances which may affect water usage:	
Water softeners must be routed to a brine pit independent of septic system.			

8. Tanks			
Your contractor or system designer should complete the remaining portion of this application.			
Septic Tank	Type: concrete	Size: 1500	Manufacturer: Lister
Pump Tank	Type:	Size:	Manufacturer:
Additional Tank	Type:	Size:	Manufacturer:

9. Secondary Treatment Area				
Laterals	Type: 3/6"	Length of each: 100	Total number: 4	Maximum trench Depth: 28"
Sand Filter	Square ft.:	Length:	Width:	
Peat System	Model:	Manufacturer:		
Other	Description: Curtain Drain Both Sides 5-6" deep			

I hereby attest the truth and accuracy of all facts and information presented on this application. Request for inspection of the system must be made 24 hours in advance. Water at the site to test the distribution box must be available. Discharging systems must be covered by a maintenance agreement, which shall be recorded in the Madison County Recorders Office. Discharging systems also require periodic testing as set forth in IAC Chapter 69 and Madison County Environmental Health Regulations.		It is unlawful to start construction, reconstruction, or repair of any PSDS prior to issuance of a PSDS permit by the Environmental Health Officer.
Applicant Signature: 	Date: 12/12/19	

12-23-2019

1963 Pammel Park Road  
Winterset

Permit# 119-19





12-23-2019

1963 Pammel Park Road  
Winterset

Permit# 119-19



12-23-2019

1963 Pammel Park Road  
Winterset

Permit# 119-19

