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Rec Amt \$.00

INDX
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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 Twyla J. Jackson
Address 322 S. 10th Avenue, Winterset, IA 50273
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Madison County, Iowa
Address Madison County Courthouse, P.O. Box 152, Winterset, IA 50273-0152
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

Agricultural Land, Madison County, IA
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:

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

Signature: *Wynola J. Jackson* Telephone No.: (515) 462-3424
(Transferor or Agent)



Time of Transfer Inspection Report

Property Information

Current Owner: Twyla Jackson

Buyer: John Nicoletto Realtor: Toni Tindle

Mailing Address: 322 South 10th Ave. Winterset, IA 50273

Site Address/County: 2408 Clark Tower Rd Winterset, IA 50273 Madison County

Legal Description SE SW EX .36A RD & EX 3A NE COR & EX PARCEL C WEST OF HWY

No. of bedrooms: 3 Last occupied: December 2019 Records available: Yes

Permit/ installation date: 1943 10-23-2012 Separation distances (ok/no?): Good at this time

Septic System Information

Septic tank(s): Size: 1500 gallon Material: Plastic Condition: Good at this time

Tank pumped? Y N Date: 4/16/2020 Licensed pumper: River to River

Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____

Tank pumped? Y N Date: _____ Licensed pumper: _____

Aerobic treatment unit (ATU) mfg _____ Size _____

Tank pumped? Y N Date: _____ Licensed pumper: _____

Maintenance contract? Y N Expiration date: _____ Service provider: _____

Condition: _____

Pump tanks/vaults: Type: _____ Size: _____ Condition: _____

Distribution system: Distribution box _____ Outlets used _____ Condition: _____

Header pipe(s): _____ No. of lines: _____ Pressure dosed? _____

Secondary Treatment: EcoFlo Peat Filter

Length of absorption fields: _____ Determined by: _____

Condition of fields: _____ Determined by: _____

Type of trench material: _____

Size of sand filter: _____ Determined by: _____

Vent pipes above grade? Y N Discharge pipe located? Y N

Effluent sample taken System does not discharge Results: _____

Media Filters: Type: Peat Filter

Maintenance contract? Y N Expiration date: 7/31/2020 Service provider: River to River

Condition: Good at this time

NPDES General Permit No. 4: Required? Y N Permitted? Y N NOI provided: NA



Time of Transfer Inspection Report

Other components:

Alarms: Y N Working: Y N Disinfection: Y N Working: Y N

Control Box: _____ Timers: _____ Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system: working as intended at this time

Report system status: Working as intended at this time

Explain (attach additional pages as needed): See attached

Comments: _____

Site status at conclusion of Time of Transfer inspection:

- Verify that controls are set on the appropriate mode.
- Power is on to all components.
- Revisit all components to verify lids are secure.
- Gather all tools for removal from the site.
- Verify that no sewage is on the ground surface.

Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

This report indicates the condition of the private sewage disposal system at the time of the inspection. It does not guarantee that it will continue to function satisfactorily.

Signature of Certified Inspector: *Dustin Tromblay* Date: 4/24/2020

Name (print): Dustin Tromblay Certificate #: 12293

Address: River to River, PO Box 460 Waukee, IA 50263

Phone #: 515-987-3913

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to:

Iowa DNR
Private Sewage Disposal Program
502 E 9th St
Des Moines IA 50319



ONSITE SEPTIC SOLUTIONS
Maintenance, Repair, Design & Problem Solving

Twyla Jackson
2408 Clark Tower Rd
Winterset, IA 50273

Eco-Flo Bio-Filter
No Sample Service Contract & Maintenance Agreement
\$225 Effective for 12 months

This contract is effective upon receipt of payment and the signed contract. The county will ONLY accept contracts that come directly from our office. Not valid otherwise. Please make a copy for your records.

Contract includes the following:

- Clean effluent filter once a year. Homeowner does not need to be present.
- Check tank for sludge levels.
- Check distribution box (if accessible).
- Check lift tank or pump units (if applicable).
- Check alarm. (if accessible)
- Rake peat moss
- All service reports will be provided to homeowner via postal mail or e-mail.
- Clean UV light once a year (if applicable).

Cost of non-contract service. Homeowner authorization required.

- Pumping of tank: \$425.00 if one tank
- Pump replacement: Time & material
- Labor (per man): \$77.50 per hour (\$105 per hour without contract)
- Riser installation (for tanks, etc.): Time & material
- Service of any sub surface absorption fields: Time & material
- Alarm calls: \$77.50 per hour minimum of 1 hour per service call.
- After-Hour alarm/emergency calls: \$125/hr minimum of 2 hrs.
- Additional sampling required by the county: \$125.00
- Brushing & Jetting Lines if necessary. Jetting starts at \$325/hr with a 2 hr minimum.
- All tanks, risers and components must be accessible. Time and Material

NOTE: ALL AUTHORIZED WORK IS TO BE PAID AT THE TIME SERVICES ARE RENDERED, INCLUDING ALARM CALLS. If no one will be home, a credit card must be left at the time the service call is placed. We do accept credit card payments - there is a 4% service fee for all credit card purchases over \$500.00.
*Prices noted are subject to change without notice.

HOMEOWNER

paid - did not return contract
Signature _____

Date _____ County _____

Home Phone _____ Cell Phone _____

Email: _____

RIVER TO RIVER (Office use only)

Amel Brita
Signature _____

Date 4/29/2020 Date Contract Expires 7/31/2020

YOUR ONSITE SUPPORT TEAM

Tel: 515-987-3913 • Fax: 515-268-9006 • support@rronsite.com • www.rronsite.com
P.O. Box 460 • Waukee, Iowa 50263

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: 074-12

Date Issued: October 23, 2012

Issued to: Larry & Twyla Jackson
Address: 2408 Clark Tower Road
Winterset, Iowa 50273

520100768011000

**Legal Description: SE SW EX .36A RD & EX 3A NE COR & EX PAR C WEST OF RD Section 7 T75 R27
Scott Twp**

POWTS Components Specifications: 1500 gal septic tank

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:

Trench maximum depth:



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

Application to Construct
Private Sewage Disposal System (PSDS)

Office Use Only					Temp E911:		
Tracking No. 074-12	Date Received 10-23-12	Fee Paid 100.00	Check # 9193	Date Issued 10-23-12	Section/Township		

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 Larry & Twyla Jackson	Last Name		First Name R. D. McKinney	Last Name	
Address 2408 Clark Tower Road			Address 515 4th St		
City Winterset, Iowa	State	Zip	City Waukege	State Ia	Zip
Phone Number (area code)		Cell Phone	Phone Number (area code) 515-987-4715		Cell Phone 515-661-8134

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 <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	6. Address Information 911 Address or nearest road: 2408 Clark Tower Road Legal Description: SE SW EX .36A RD & EX 3A NE COR & EX PAR C WEST OF RD Section 7 T75 R27 Scott Twp
Previous Permit #:	

7. Type of Building (Completed by Owner)			
Building Square ft.: 1692	Number of Bedrooms: 3	Number of Bathrooms: 4	Non-Residential uses:
Other buildings served by this system: None		Any other circumstances which may affect water usage: Water softeners must be routed to a brine pit independent of septic system.	

Your contractor or system designer should complete the remaining portion of this application.

8. Tanks			
Septic Tank	Type: Plastic	Size: 1500	Manufacturer: Infiltrator
Pump Tank	Type:	Size:	Manufacturer:
Additional Tank	Type:	Size:	Manufacturer:

9. Secondary Treatment Area					
Laterals	Type:	Length of each:	Total number:		Maximum trench Depth:
Sand Filter	Square ft.:	Length:	Width:		
Peat System	Model:	Manufacturer			
Other	Description:				

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: 10-23-12	

RLI1002 PID 520100768011000 00 Tax Dist 520 000 Class A INQUIRY
 2012 061 Map# 000001107300011 GIS#

Inquiry
 Property 003098500 DED Jackson, Larry E & Twyla J
 Ownership 2408 Clark Tower Rd
 Winterset IA 50273-

0000000000
 Location 2408 Street CLARK TOWER RD City WINTERSET
 Recorded REC 123 570

Documents
 Misc Exempt Code No Ag Cr Vin
 Sec-Twp-Rng 007 075 027 Cty-Adn-Blk 00007 Title
 Legal Desc SE SW EX .36A RD & EX 3A NE COR & EX PARCEL C WEST OF HWY
 Applications Typ 1 AGL Ovr Amt 11,048 Typ 2 FFM Ovr Amt 11,048
 Typ 3 H Ovr Amt Typ 4 Ovr Amt
 100%Gs 200,200 Gr 18.01 LND 19,200 11,048 16.70
 100%Nt 200,200 Ex 1.31 DWL 181,000 91,861
 TaxGrs 102,909 PE .00 EXM 1.31
 Milt Dr .00
 TaxNet 102,909 Net 16.70

F3=Exit F10=Owners F12=Prev F13=Rec Doc F14=Image F15=Legal F16=Notes
 F17=IE F18=TaxHist F19=Applc F20=Value F21=Print F22=View Image F23=Index

07A-12

Permit No 074-12

Name: Larry & Twyla Jackson

Date of Inspection: 10-23-12

2408 Clark Tower Road

Contractor: R D McKinney

Inspected by: Jean Thompson

New Dwelling _____

Existing Dwelling x

Setbacks

Meets required setbacks.

- Rural Water Yes x No _____
- Private wells/Groundwater heat pump bore holes/suction water lines/lakes
 - Outside required 50-foot setback for tank Yes x No _____
 - Outside required 100-foot setback for laterals Yes x No _____
- Streams/ponds (25-25 ft)-ditches (10-10 ft) Yes x No _____
- Indications of water lines under pressure Yes _____ No x

Comments: _____

Building Sewer

- Clean outs – one right outside of house Yes x No _____ **Will be** _____
- **location of cleanout inside house and set requirement**
- Pipe is sch 40 and has a 4-inch diameter. Yes x No _____
- Grade – has adequate fall. Yes x No _____

Comments: _____

Tank Only

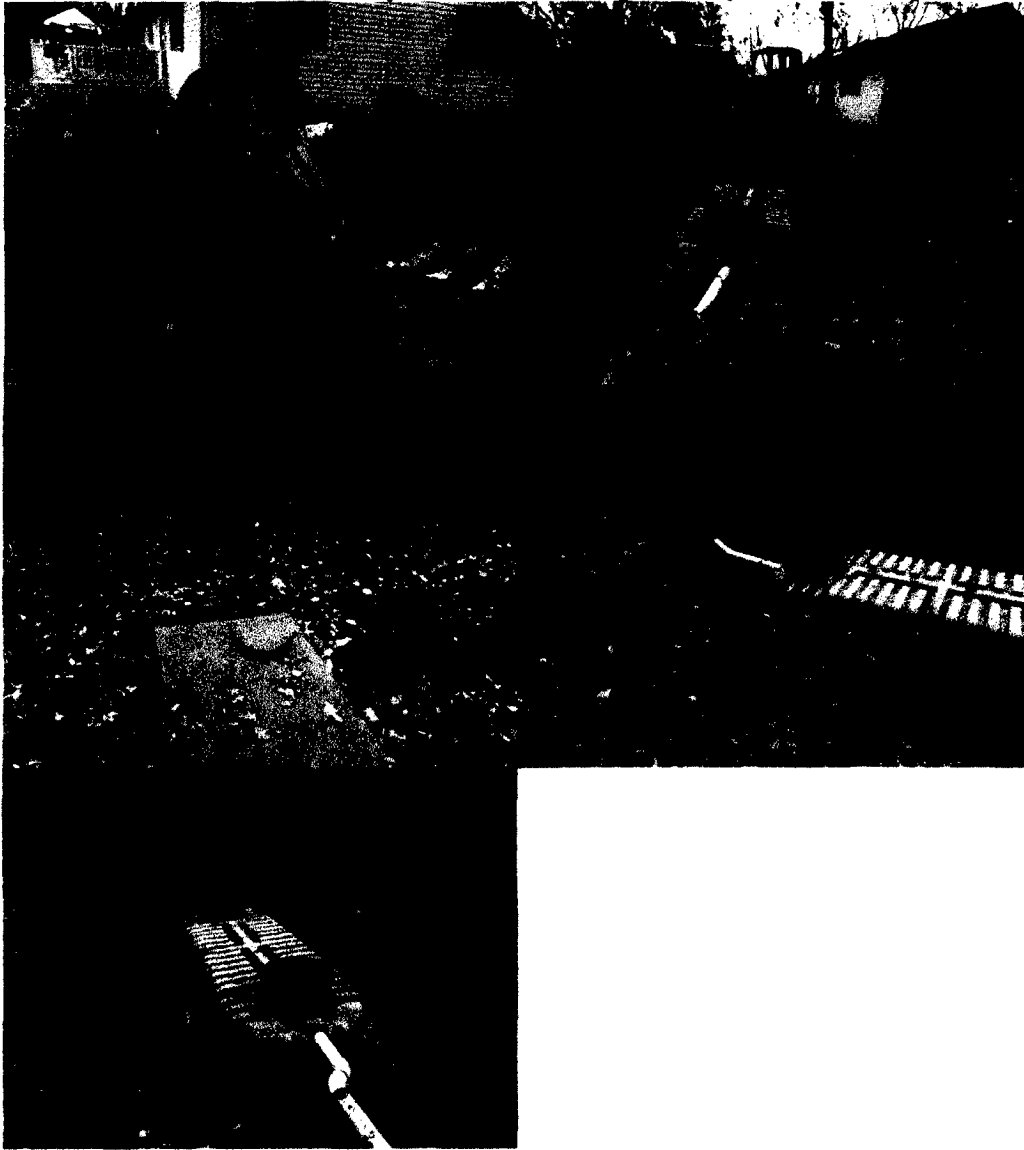
- Tank. Manufacture **Infiltrator** Concrete _____ Plastic x
- Capacity **1500** -gallon
- Two compartments, both meet the specifications for capacity. Yes x No _____
- Baffle Yes x No _____
- Inlet/Outlet tees are ok. Yes x No _____
- Effluent filter in the outlet. Yes _____ No _____ Manufacture: Polly
- Tank depth.
- Risers Yes x at grade No _____ Less than 12" _____
- Lids above grade screwed on Yes _____ No _____ Will be x

Comments **old tanks caved in**

Secondary Treatment – existing peat filter

Permit No 074-12
Date of Inspection: 10-23-12
Contractor: R D McKinney

Name: Larry & Twyla Jackson
2408 Clark Tower Road
Inspected by: Jean Thompson



Permit No 074-12
Date of Inspection: 10-23-12
Contractor: R D McKinney

Name: Larry & Twyla Jackson
2408 Clark Tower Road
Inspected by: Jean Thompson

