

Document 2020 GW2637

Book 2020 Page 2637 Type 43 001 Pages 12 Date 7/23/2020 Time 12:06:57PM

Rec Amt \$.00

INDX **ANNO** SCAN

CHEK

LISA SMITH, COUNTY RECORDER

MADISON COUNTY IOWA

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

IRANSF						
Name Carl Tessmer and Sara Tessmer						
Address 1840 - 137th Lane, Earlham, Iowa 50072						
	Number and Street or RR	City, Town or P.O.	State	Zip		
TRANSF	EREE:					
Name	Christopher Kuonen and A	Ashley Kuonen				
Address	921 Dallas Street, DeSoto,	Iowa 50069				
	Number and Street or RR	City, Town or P.O.	State	Zip		
	of Property Transferred: 58th Street, Earlham, Iowa :	50072				
Nur	mber and Street or RR	City, Town or P.O.	State	Zip		
5th P.M.	, Madison County, Iowa.	h if necessary) Parcel "K" in SW¼ S				
X_T T st 2. Solid X_T T	here are no known wells sit here is a well or wells situat ated below or set forth on a Waste Disposal (check or here is no known solid wast	ted on this property. The type(s), loca an attached separate sheet, as necess ne) te disposal site on this property. sal site on this property and information	sary.			
3. Hazardous Wastes (check one)						
T	ttachment #1, attached to th	n this property and information related nis document.	thereto is provided i	n		
	rground Storage Tanks (c					
sr in	mall farm and residential mostructions.)	ound storage tanks on this property. (otor fuel tanks, most heating oil tanks,	cisterns and septic	tanks, in		
		rage tank on this property. The type(s sted below or on an attached separate				

5.	Private Burial Site (check one)
	X 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.
	X 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
	pormit number
In	formation required by statements checked above should be provided here or on separate
	eets attached hereto:
_	
_	
_	
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Q;	gnature:
ان ا	(Transferor or Koent)
	Carl Tessmer



ONSITE SEPTIC SOLUTIONS

Maintenance, Repair, Design & Problem Solving

7/20/2020

RE: Time of Transfer

Address: 1869 168th St. Earlham, IA 50072

Seller: Carl Tessmer

To whom it may concern,

On July 17, 2020, River to River pumped and inspected the onsite wastewater treatment system (OWTS) at the above location. The dwelling is assessed as a 3-bedroom, single-family home. All plumbing goes to the OWTS at this time.

The septic tank is a 1,500-gallon AK Poly tank in perfect condition. It is in good condition at this time. The effluent filter was dirty but we cleaned that during the inspection. We located the distribution box, dug it up, and did a hydraulic load test for 25 minutes. All laterals accepted water for the entire time. The system seems to be in good working condition at this time.

This report is an assessment of the current functioning of the OWTS, not a guarantee of its future performance. If you have any questions, please call.

Sincerely,

Thomas Behle

Certified Inspector #11613

River to River Onsite Septic Solutions

homes Kelle

515-987-3913



Time of Transfer Inspection Report

Property Information

furrent Owner: Carl Tessmer
tuyer: Chris Kuonen Realtor: Chelsea Johnson
Mailing Address: 1869 168th St. Earlham, IA 50072
ite Address/County: 1869 168th St. Earlham, IA 50072 DALLAS COUNTY
egal Description
lo. of bedrooms: 3 Last occupied: NA Records available: Yes
ermit/ installation date: 061-11 Separation distances (ok/no?): Okay at this time
eptic System Information
eptic tank(s): Size: 1500 gallons Material: AK Poly Condition: Working as intended
ank pumped? XY N Date: 7/17/2020 Licensed pumper: River to River
eptic/Trash/Processing tank: Size: Material: Condition:
ank pumped? YN Date: Licensed pumper:
Aerobic treatment unit (ATU) mfgr Size
ank pumped? Y N Date: Licensed pumper:
Maintenance contract?
Condition:
tump tanks/vaults: Type: Size: Condition:
Distribution system: Distribution box Yes Outlets used 4 Condition: working
Header pipe(s): No. of lines: 4 Pressure dosed? no
econdary Treatment:
ength of absorption fields: 220' Determined by: Drawing
Condition of fields: Working as intended Determined by: Probe/hydraulic load test
Type of trench material: Dirt
Size of sand filter: Determined by:
Vent pipes above grade? ☐ Y ☒ N Discharge pipe located? ☐ Y ☒ N
Effluent sample taken Results:
Media Filters: Type:
Maintenance contract?
Condition: Working as intended at this time
NPDES General Permit No. 4: Required?
P010



Private Sewage Disposal Program

502 E 9th St

Des Moines IA 50319

Time of Transfer Inspection Report

Other components:							
Alarms: YN Working: YN Disinfection:	Y N Wor	rking: Y N					
Control Box: NA Timers: NA Inspection	Ports: NA						
Other components:							
Overall condition of the private sewage disposal system:							
Report system status: Working as intended at this time							
Explain (attach additional pages as needed):							
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	d attach a site ske	etch.					
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: Thomas Cellu	Date:	7/20/2020					
Name (print): Thomas Behle	Certificate #:	11613					
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							

4/2010 cmz/dao DNR Form 542-0191

Madison County Office of Zoning and Environmental Health

Permit Number: 061-11

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

Date Issued: 9/16/11

Issued to: Carl & Sara Tessmer

Address: 1840 137th Lane

Earlham, IA 50072 1869 16841 SH

Legal Description: SW SE Section 4-76-28

POWTS Components Specifications: 1500gal. Septic Tank & 4ea. 36in. Chamber Laterals @ 55ft.

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: Maximum lateral trench depth is 24 inches.

Environmental Health Officer

Madison County

Office of Zoning and Environmental Health

Man Want

. Madison County Office of Zoning & Environmental Health

Application to Construct Private Sewage Disposal System (PSDS)

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

Office Use On	ly Control of the Con	Temp E911	
Tracking No. Date Received Fee Paid	Check# Date Issued 9/16/11	Section/Township 4 Douglas	

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.

recording before a permit will be issued.											
Please Print All Information.											
1. Owner Info	rmation (Appli	cant)			2. Installa	tion Contract	tor Informati	on		25.0	
First Name Last Name					First Name			Last Na	me		
Carl t	Sava	Tessmi	ev-		A	1 Greo	therma	. 1			
Address					Address						,,,,,,
1840	137 th	Lane			16	,35	135	² 5	7		
City			State	Zip	Cim				State		Zip
Earlho	nun	IA		50072	E	arlhai	n	IA	1	50	072
Phone Number ((area code)		ll Phone		Phone Number (area code) Cell Phone						
		(515) 249 5	977	240-692le						
3. System Requ	irement Infor	mation			4. Site and Soil Evaluator (Percolation Test/Soils Analysis)						
IAC CHAPT	ER 69 DOUBI	LE COMPART	TMENT TANK R	EQUIRED	PERCOLATION/SOILS ANALYSIS MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT						
		Mini	mum Tank Siz	e Required							
1-3 Bedroom	ł		1250		Date test	Date test taken 9/15/11 Test taken by Vance + McDonald				suala	
4 Bedroom	1		1500		Passed:	w -		Fail	ed:		
5 Bedroom	1		1750		Percolati	on Rate:	32				
6 Bedroom	1		2000		4	ading Rate:					
0 30000	•		2000		000						
	·····				<u> </u>						
5. Type of Subn	nittal	6. Addr	ess Information								
☐ New House		911 Add	ress or nearest ro	ad: 186	69 16	8+~ <	treet				
Existing Hou	ise	1			<u> </u>		219 = =				
🗆 Repair, Tank		Legal De	scription:								
🗆 Repair, Treat	ment Area		W SE	- 11	d a	, , , ,					
☐ System Repla	acement	5	w st	Section	1 - 1	6-20					
Previous Permi		1									
7. Type of Buil	ding (Complete	ed by Owner)	and a second	e Šelovija i spese	erija se a la						
Building Square		Number of Bed	irooms: 2	Number of Batl			idential uses:				
Other buildings	served by this s	ystem:		Any other circu	ımstances wh	ich may affec	t water usage:				
			į	Water coftens	re must he re	nuted to a bri	ne nit indene	ndent o	f septic system.		
the state of the	maja difak jerba	Your contra	ctor or system de								egita sati
8. Tanks								ala 19 jin			
Septic Tank		Type: Pla	Latic_	Size: 1 4	500	Manufactur	rer: A/<				
Pump Tank		Type:		Size:		Manufacturer:					
Additional Tan	k	Туре:	Type: Size:		Manufacturer:						
9. Secondary	Creatment Are	NE MARKE		Salation of						4.3	
Laterals		Chamber	Length of each:	- s s	Total nui	mber: 4		Maxi	imum trench De	oth:	24
Sand Filter	Square ft.:	- NAME OF	Length:		Width:			1			<i></i>
Peat System	Model:		Manufacturer					+			
Other	Description:					——————————————————————————————————————					·
for inspection box must be recorded in the formal f	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. Applicant Signature: Date: Officer.										
MC-ZEH Form											March 2009

		• •	•		
	Avg. Length of Laterals:		69 feet	de sterm 100 100 100 100 100 100 100 100 100 10	
	Number of Laterals Req'd	4 each	3 each	10015E 125°1 126°1 1	
No Water	Total Lateral Footage	312 feet.	207 feet	Suive I Drive	
6 foot hole: No Rock,	Width of Trench	2 feet	3 feet	CHARLES T. VANCE 5041	

1 heraby certify that this engineering document was, prepared by me or under my direct supervision and that I am a duly Licensed. Professional. Engineer under the laws of the State of lows,

Slohed:

Meg. No. 504

Dec. 2011. Exp. Date: 3/

Date: 15

RLI1002 PID 360060486000000 00 Tax Dist 360 000 Class A INQUIRY 2011 061 Map# 000000604400003 GIS# Inquiry Property 009994340 DED TESSMER, CARL & SARA **Ownership** 1840 137TH LANE **EARLHAM** IA 50072 00000000 Location 1869 Street 168TH ST City EARLHAM Recorded DED 2011 1420 6/02/2011 1420 2011/05/25 Documents Misc Exempt Code No Ag Cr Vin Sec-Twp-Rng 004 076 028 Cty-Adn-Blk 00004 Title Legal Desc SW SE Applications Typ 1 AGL Ovr Amt 10,973 Typ 2 H Ovr Amt Ovr Amt Ovr Amt Typ 4 Typ 3 Acres Value Rollback Acres Тур 85,200 21,200 21,200 37.69 100%Gs Gr 40.00 LND 62,300 100%Nt 85,200 2.31 DWL 62,300 Ex 1,700 TaxGrs 85,200 PΕ . 00 BLD 1,700 2.31 .00 EXM Milt Dr 85,200 Net TaxNet 37.69

F17=IE F18=TaxHist F19=Aplc F20=Value F21=Print F22=View Image F23=Indexing

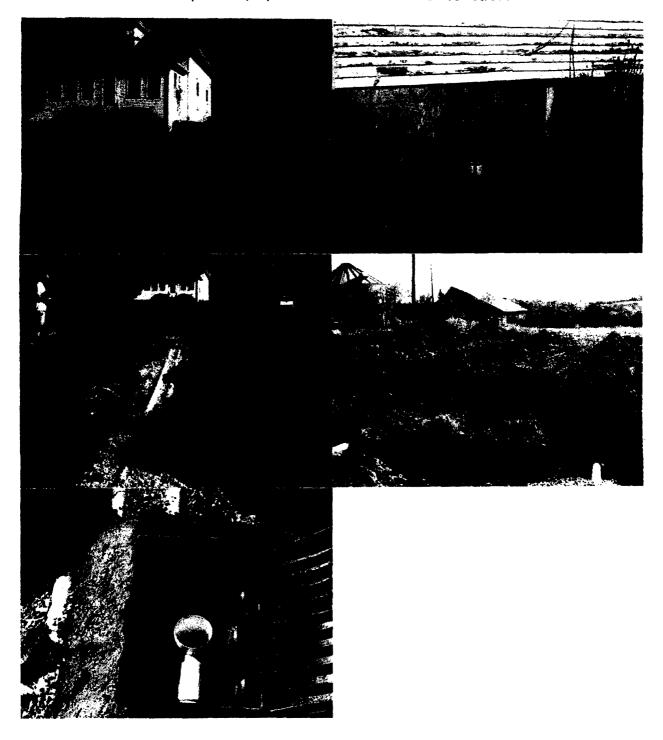
F3=Exit F10=Owners

F12=Prev F13=Rec Doc F14=Image F15=Legal F16=Notes

Permit No 061-11 Name: Tessmer 911 Sign Lo Date of Inspection: 9/19/11 Inspected by: Elton Root Contractor: A-1 Geothermal Dwelling under construction or moved in Yes No		
Setbacks		
Meets required setbacks.		
 Rural Water Private wells/heat pump wells/suction water lines/lakes Outside required 50-foot setback for tank Outside required 100-foot setback for laterals Streams/ponds (25-25 ft)-ditches (10-10 ft) Indications of water lines under pressure Comments:	Yes 🔀 Yes 🔀 Yes 🔀 Yes 🔀 Yes 🔀	No
 Building Sewer Clean outs – one right outside of house location of cleanout inside house and set requirement Pipe is SCH 40 and has a 4-inch diameter. Grade – has adequate fall. Comments: 	Yes 🔀 Yes 🔀 Yes 💆	No No No No
 Tank Septic Tank Size & Manufacturer AK 1500 gal. Concrete Pump Tank Size & Manufacturer Concrete Septic compartments, meet the specs for capacity. Baffle Inlet/Outlet tees are ok. 	te Plastic oncrete Yes Yes Yes Yes Yes Yes Yes Yes X	Plastic No No No No No No No N
 Effluent filter in the outlet. Yes No Man Tank depth. 18 inches Risers Lids above grade screwed on Comments: 	nuf. Poly lock 4" F Yes ⊠ Yes ⊠	No 🗌 No 🗍 Will be 📗
 Distribution Box Brand <u>Tuf-Tite</u> Other Bedded in cement. Has required inlet baffle. Outlet levels –are level. Comments: 	Yes⊠ Yes⊠ Yes⊠	No Will be No Will be No Unknown
 Laterals Distribution lines: 4 -inch PVC pipe – SDR35 Lateral used. 36"Laterals Reduction? Lateral depth. 22 inches Perc depth 24 inches Laterals were level. Adequate amount of undisturbed soil between laterals. 	Yes ⊠ Yes⊠ Yes⊠	No

Comments:

1869 168th Street



Carl Fesmeer 1869 168 12 St. Permit#061-11 1869 168+h St. Winterset * Clean-out right outside of house House Drive WAY 90' from TANK to Distr. Box Telephone Pou 4-55' Latteralls 3'wide Latt's