

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

TRANSFEROR:

Name Taylor Lance Cox
Address PO Box 333 Anthony, KS 67003
Number and Street or RR City, Town or PO State Zip

TRANSFeree:

Name Luke Ewing Stutzman
Address 2493 167th Court, WINTERSET, IA 50273
Number and Street or RR City, Town or PO State Zip

Address of Property Transferred:

2493 167th Court, WINTERSET, IA 50273
Number and Street or RR City, Town or PO State Zip

Legal Description of Property: (Attach if necessary)

See attached

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)

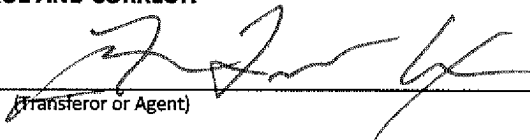
- There are no known private burial sites on this property.
- There is a private burial site on this property. The location(s) of the site(s) and known identifying information of the decedent(s) is stated below or on an attached separate sheet, as necessary.

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: 
(Transferor or Agent)

Telephone No.: 575 218 6249

Legal Description:

Lot Two (2) of THREE BUCK RIDGE SUBDIVISION, located in the Southwest Quarter ($\frac{1}{4}$) of the Northeast Quarter ($\frac{1}{4}$) and in the North Half ($\frac{1}{2}$) of the Southeast Quarter ($\frac{1}{4}$) of Section Four (4), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa.



Time of Transfer Inspection Report

Property Information

Current Owner: Taylor and Maggie Cox

Buyer: _____ Realtor: Heather Starr

Mailing Address: 2493 167th Ct. Winterset, IA 50273

Site Address/County: 2493 167th Ct. Winterset, IA 50273 MADISON COUNTY

Legal Description LT 2 6.49 A.THREE BUCK RIDGE SW NE & SE SE SEC 4

No. of bedrooms: 3 Last occupied: Still Records available: Yes

Permit/ installation date: 054-16 10/28/16 Separation distances (ok/no?): Okay

Septic System Information

Septic tank(s): Size: 1,250 gallons Material: Concrete Condition: Good at this time

Tank pumped? Y N Date: 7/17/2020 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 Coco 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 Yes Results: BOD 8 TSS 17

Media Filters: Type: Coco Filter

Maintenance contract? Y N Expiration date: 3/31/2021 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:

Report system status: Good 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 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: 7/27/2020

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

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: 054-16

Date Issued: 08-11-2016

Issued to: Taylor Cox + Margaret
Address: 5142 Raintree Dr.
W. Des Moines, IA 50265

2493 167th Ct
Van Meter

Legal Description: Lot 2 6.49A Three Buck Ridge SW NE & SE SE
PID# 400070480032000 Sec 4 T76N R27W Union TWP

POWTS Components Specifications: 1250
1500 gal. Septic Tank & a 600 gal. Coco Filter

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: All fees, maintenance & testing shall be in accordance with County & State Codes.

Jina Burk

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

Application to Construct
Private Sewage Disposal System (PSDS)

Office Use Only					Temp EDH: 2493 167th CT	
Tracking No.	Date Received	Fee Paid	Check #	Date Issued	Section/Township	
054-16	8/10/16	211.00	12067	8/11/16	4-Union	

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	
Taylor	Cox		Bob	McKinney	
Address			Address		
5142 Paintree Dr.			515 4th St.		
City	State	Zip	City	State	Zip
W.D.M.	IA	50265	Waukegan	IA	50263
Phone Number (area code)		Cell Phone	Phone Number (area code)		Cell Phone
		225-747-6086	515-987-3913		

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 _____	
<input checked="" type="checkbox"/> 3 Bedroom	1250	Passed: _____ Failed: _____	
<input type="checkbox"/> 4 Bedroom	1500	Percolation Rate: _____	
<input type="checkbox"/> 5 Bedroom	1750	Soils Loading Rate: _____	
<input type="checkbox"/> 6 Bedroom	2000		

5. Type of Submittal	6. Address Information
<input checked="" type="checkbox"/> New House <input 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: 40007048032006 2493 167th CT Legal Description: Lt 2 6.49 A Three Buck Ridge SW NE & SE SE Sect 4 4-76-27

7. Type of Building (Completed by Owner)			
Building Square ft.:	Number of Bedrooms: 3	Number of Bathrooms:	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.			

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

8. Tanks			
Septic Tank	Type: Concrete	Size: 1500	Manufacturer: Pella Precast
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: COCO	Description: 600 gal.			

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 Records 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: [Signature]	Date: 8/10/16	

COUNTY ENVIRONMENTAL HEALTH DIVISION SOIL ANALYSIS REPORT

Prepared for: RD McKinney Plumbing & Excavating
 Address: 515 4th Street
Waukee, IA 50263

Property Address: 2493 167th CL Winterset, IA
 Legal Description: Lot 2, Three Buck Ridge, Madison County, Iowa.

Lot Size: 6.49 Acres No. Bedrooms: 3 (See Standard Note No. 9) Structure: New X ~~XXXXXXXXXX~~

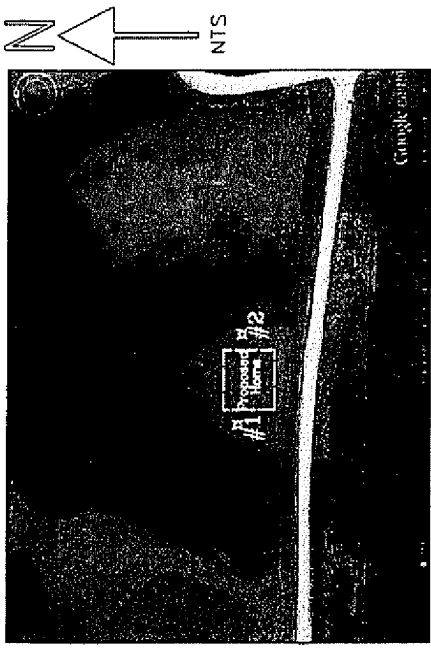
ABACI CONSULTING, INC
 101 NE CIRCLE DR.
 GRIMES, IA 50111
 PHONE (515) 966-5048
 FAX (515) 966-0588

MARK A. MURPHY
 PROFESSIONAL ENGINEER
 IOWA LICENSE NO. 14574
 DATE 12/31/2016

I HEREBY CERTIFY THAT THIS ENGINEERING DOCUMENT WAS PREPARED BY ME OR UNDER MY DIRECT PERSONAL SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF IOWA.

MARK A. MURPHY, IOWA LIC. NO. 14574, DATE 12/31/2016
 ADDITIONAL PAGES COVERED BY THIS SEAL (NONE UNLESS INDICATED HERE). THIS SEAL, ONLY.

Standard Notes:
 1) The test locations identify standard conditions only at those points where the tests are conducted or samples are taken. The review of the soil log to the bottom of the test location is recommended.
 2) The test locations identify standard conditions only at those points where the tests are conducted or samples are taken. The review of the soil log to the bottom of the test location is recommended.
 3) A minimum separation distance of 100 feet is required between the open portion of the system and any other water or wastewater receiving structure. Per Dan D'Amico, IA Dept. of Natural Resources, the minimum separation distance is 100 feet.
 4) This report was prepared for the purpose of providing information for the design of a septic system. It is not intended to be used for any other purpose.
 5) The test locations identify standard conditions only at those points where the tests are conducted or samples are taken. The review of the soil log to the bottom of the test location is recommended.
 6) My recommendation below is based on the above considerations.



Ground Level	Soil Profile	Soil Description	Depth
0			
-1	Light Brown, Firm, Very Heavy Roots and Clogs	Clay	#1
-2	Light Brown, Firm, Very Heavy Roots and Clogs	Clay	#2
-3			

Site Observations:

- 1) The area available for system installation is minimal due to stables, timber, an existing lake and proposed building placement.
- 2) The slopes of the potential system installation areas on this site are steep to very steep.
- 3) The undeveloped nearby area of this lot is very steep and heavily timbered.
- 4) An existing lake on this lot further limits septic system options.
- 5) The steep slopes on this site make construction very difficult. The timber, erosion and slope stability concerns also lead to a need to minimize the system footprint.
- 6) My recommendation below is based on the above considerations.

System Recommendation:

I recommend a peat moss (or coco) bio-filter in accordance with Iowa 587 Chapter 69.13(6).

Average soil type: Clay Depth to Limiting Layer: 18 in. Loading Rate (GPSFPD): Not applicable

Date of Field Work: 7/25/2016

Abbreviations:	Soil	Mottling	Point of Refusit
S	Sand	M	Ground Water
L	Loam	PR	Rusty
LS	Loamy Sand	CW	End of Probe
SL	Sandy Loam	R	
Sil	Silt Loam	EOP	

Permit No 054-16 Name: Cox, Taylor 911 Sign Locate
 Date of Inspection: 10/28/16 Inspected by: Tina 2493 167th Ct.
 Contractor: Bob McKinney
 Dwelling under construction or moved in Yes No

Setbacks

Meets required setbacks.

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

Comments:

Building Sewer

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

Comments:

Tank

- Septic/Pump Tank Size & Manufacturer Concrete Plastic
- Pump Tank Size & Manufacturer 1250 gal. Concrete Plastic
- Septic compartments meet the specs for capacity. Yes No
- Baffle Yes No
- Inlet/Outlet tees are ok. Yes No
- Effluent filter in the outlet. Yes No Manuf. *Tuf-tite 4" red*
- Tank depth ²⁴ inches
- Risers Yes No
- Lids above grade screwed on Yes No Will be

Comments: ~~12" risers~~

Distribution Box

- Brand Tuf-Tite Other
- Bedded in cement. Yes No Will be
- Has required inlet baffle. Yes No Will be
- Outlet levels – are level. Yes No Unknown

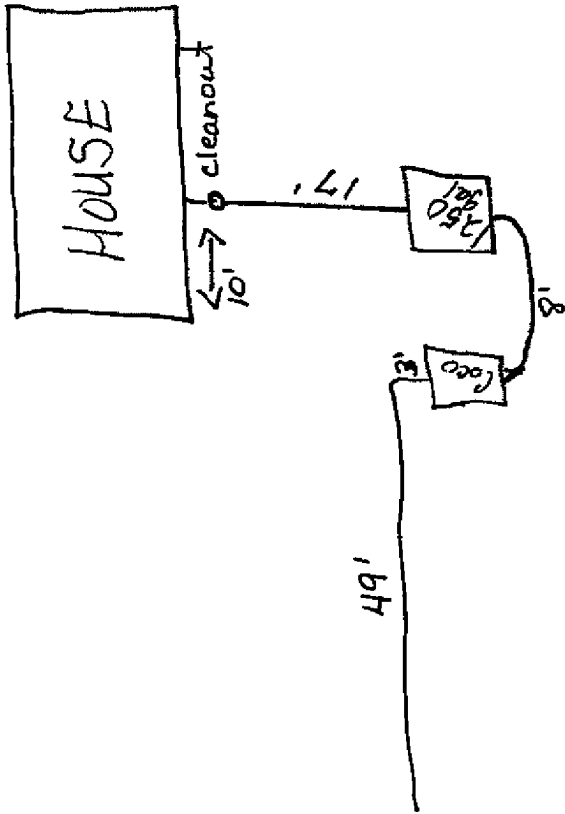
Comments:

- Reduction? No
- Reduction? No
- Reduction? No
- Reduction? No
- Distance feet between laterals.

Comments: Coco 600 Eco Flow *ECT-600*

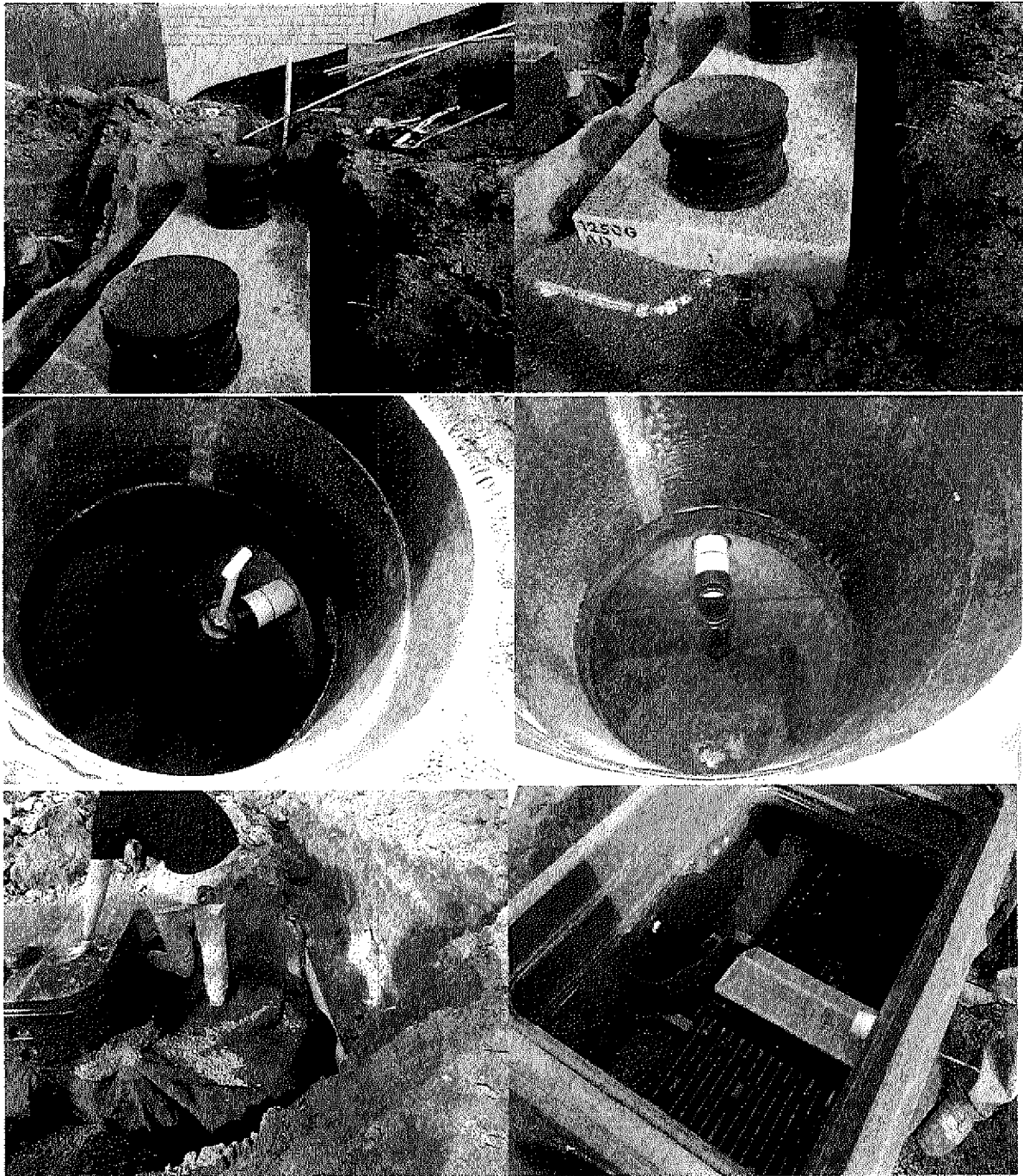
2493 1674th Ct.

Permit # 054-16



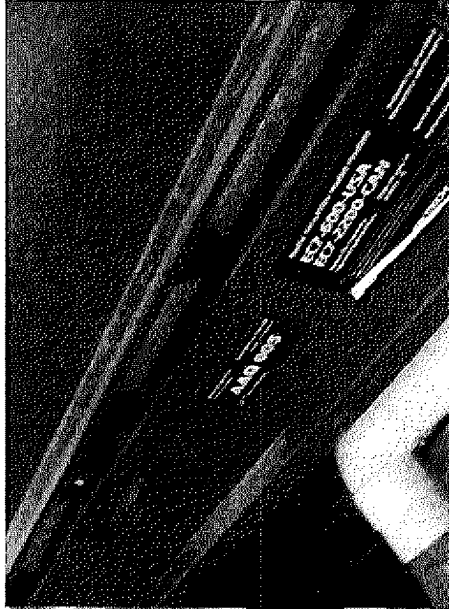
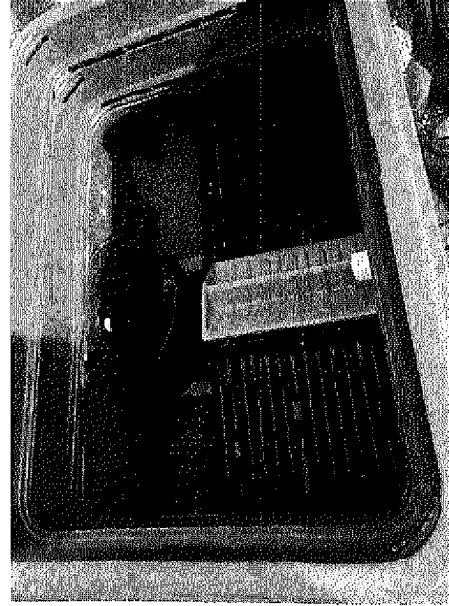
North
4





Permit # 054-16 Inspection 10/28/16

2493 167th Court



ANALYTICAL REPORT

July 29, 2020

Page 1 of 1

Work Order: 1G01900

Report To

Amanda Baartman
River to River Onsite Septic Solutions
PO Box 460
Waukee, IA 50263

Work Order Information

Date Received: 07/22/2020 11:30AM
Collector: Dwyer, Mike
Collector Phone: (515) 987-3913
PO Number:

Project: Private Septic Systems

Project Number: Private Septic Systems


1G01900-03 Cox, 2493 167th

Matrix: Water

Collected: 07/21/20 09:30

Analyte	Result	MRL	Method	Analyst	Analyzed	Qualifier
BOD (5 day)	<8 mg/L	8	SM 5210 B	LAE	07/22/20 15:30	
Solids, total suspended	17 mg/L	3	USGS I-3765-85	MEAH	07/27/20 12:00	

End of Report



Keystone Laboratories, Inc.
Dara Hanson
Project Manager I

*The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety. Samples were preserved in accordance with 40 CFR for pH adjustment unless otherwise noted.
MRL= Method Reporting Limit. 1G01900-03*



ONSITE SEPTIC SOLUTIONS

Maintenance, Repair, Design & Problem Solving

7/27/2020

RE: Time of Transfer

Address: 2493 167th Ct Winterset, IA

Seller: Taylor and Maggie Cox

To whom it may concern,

On July 21, 2020, River to River inspected and pumped 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 1,250-gallon concrete tank in good condition. Effluent filter was cleaned at time of inspection. Peat moss in peat filter is about 30% degraded and raked at the time of inspection. Peat filter itself is in good condition at this time. Collected sample, results are BOD 8 TSS 17.

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,

A handwritten signature in cursive script that reads "Dustin Tromblay".

Dustin Tromblay

Certified Inspector #12293

River to River Onsite Septic Solutions

515-987-3913

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