BK: 2023 PG: 869

Recorded: 4/27/2023 at 8:16:28.0 AM

Pages 15

County Recording Fee: \$0.00 lowa E-Filing Fee: \$0.00 Combined Fee: \$0.00

Revenue Tax:

BRANDY L. MACUMBER, RECORDER

Madison County, Iowa

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED IN FULL BY TRANSFEROR

If the transaction is exempt from filing a declaration of value pursuant to lowa Code 428A.1(2), <u>STOP HERE</u>. Pursuant to lowa Code section 558.69(1), when no declaration of value is submitted during a transaction, you are not required to submit a groundwater hazard statement or include the statutory language in lowa Code section 558.69(8A). Please consult your realtor or legal counsel for further advice, including on whether a declaration of value is required. The Department provides this information for statutory reference only.

Instructions for this document can be found at:

https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960%20Instructions.pdf

Attachment 1, if required, can be found at: https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960a.pdf

INVIANIE	NON.						
Name	Dawn Hovick						
Address	602 Maple St. New Virginia, IA 50210						
	Number and Street or RR	City, Town or PO	State	Zìp			
TRANSFER	REE:						
Name _	Trenton Paul Cheers and Briley Cheers						
Address	2895 260th St. Saint Charles, IA 50240	2895 260th St. Saint Charles, IA 50240					
	Number and Street or RR	City, Town or PO	State	Zip			
Address o	f Property Transferred:						
2895 26	60th St. Saint Charles, IA 50240						
Number and		City, Town or PO	State	Zip			
Legal Desc	cription of Property: (Attach if necessary)						
See Ad	dendum						
st	lo Condition - There are no known wells situated on or on the situated on the situated or self or wells situated tated below or set forth on an attached separate	d on this property. The type(s), lo	cation(s) and legal sta	atus are			
☐ c	aste Disposal (check one) o Condition - There is no known solid waste dispondition Present - There is a solid waste disposal attachment #1, attached to this document.	osal site on this property. site on this property and informa	ition related thereto is	s provided			

TRANSFEROR.

	rdous Wastes (check one)
	No Condition - There is no known hazardous waste on this property. Condition Present - There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.
4. Unde	erground Storage Tanks (check one)
	No Condition - 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.) Condition Present - 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. Pr <u>iv</u> a	te Burial Site (check one)
	No Condition - There are no known private burial sites on this property. Condition Present - 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. Priva	te Sewage Disposal System (check one)
	No Condition - All buildings on this property are served by a public or semi-public sewage disposal system. No Condition - This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
M	Condition Present - 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.
	Condition Present - 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. Condition Present - There is a building served by private sewage disposal system on this property. The system is failing to ensure effective wastewater treatment or is otherwise improperly functioning, and 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. Condition Present - 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 #7] Condition Present - There is a building served by private sewage disposal system on this property. This property is exempt from the private sewage disposal inspection requirements pursuant to the following
	Exemption [Note: for exemption #7 use prior check box]: Condition Present - There is a building served by private sewage disposal system on this property. The private sewage disposal system has been installed within the past two years pursuant to permit number:

Review the following two directions carefully:

A. If you selected a box stating "No Condition" for <u>every</u> numbered section above, <u>STOP HERE</u>. Do not submit this form. Instead, pursuant to lowa Code section 558.69(8A), you must include the following language on the first page of the recorded deed, instrument, or other writing:

"There is no known private burial site, well, solid waste disposal site, underground storage tank, hazardous waste, or private sewage disposal system on the property as described in lowa Code section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement."

Please consult your realtor or legal counsel for further advice on this exemption. By law, the owner of the property is responsible for the accuracy of this statement, and the Department provides this information for statutory reference only.

B. If you checked <u>any box stating "Condition Present" for any of the numbered sections above, continue below.</u> You must complete this form, including providing all required information, and you must submit this form to the county recorder's office with declaration of value.



DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 3889 SETH BROWN CERT # 13190

Site Information ----

Parcel Description: 500093022012000

Address: 2895 260th St, St. Charles, IA 50240

County: Madison

Owner Information

Property is owned by a business: No

Business Name:

Owner Name: Dawn Hovick

Email Address: hovick12h@aol.com

Address: 2895 260th St, St. Charles, IA 50240

Phone No:

Additional Contact Information

Name

Email Address

Affiliate Type

Betsy Haas-Reineck

betsy.reineck@cbdsm.com

Realtor

Buyer

Site related information ---

Trenton & Briley Cheers

No Of Bedrooms: 3

Facility Type: Residential

Last Occupied:

Permit issued by County: N/A

All plumbing fixtures enter septic system: Yes

Property Information Comments:

Inspection Date: 02/10/2023

Currently Occupied: No System Installation Date:

Permit Number:

County contacted for records: Yes

Primary Treatment--

Tank 1

Tank Name: Tank 1

Type: Septic Tank

Tank Size (Gal): 1500

Tank Material: Plastic Tank Corrosion Type: None Liquid Level Type: Normal

/10/2023 1:25:31 PM

Page: 1 of 3

DNR Form 542-01

No. of Compartments: 2

Date Pumped: 2/10/2023

Distance To Well (Ft.):

Risers Intact: No

Pump Tank Chamber: No

Meets Setback to Well: N/A

Is Accessible: Yes

Effluent Filter Present: No

Licensed Pumper Name: Rogers Septic

Well Type:

Lid Intact: Yes

Watertight: Yes

Tank/Vault Pumped: Yes

Inlet Baffle Present: Yes

Outlet Baffle Present: Yes

Functioning as Designed: Yes

Tank Comments:

General Primary Treatment Comments:

Distribution Type

Distribution Box 1

Label: Distribution Box 1

Box Opened: Yes

Watertight: Yes

Material Type: Plastic

Baffle Present: Yes

Functioning As Designed: Yes

Accessible: Yes

Speed Levelers Present: Yes

General Distribution System Comments:

Secondary Treatment

Lateral Field1

Distribution Type: **Distribution Box**

Lines: 5

Gallons Loaded: 300

Distance To Well (Ft.):

Grass Cover Present: Yes

Easement Present: N/A

Comments:

Material Type: Leaching Chamber

Total Length of Absorption Line: 500

Meets Setback to Well: N/A

Lateral Lines Probed: Yes

Lateral Lines Equal Length: Yes

Functioning as Designed: Yes

Trench Width: 36

System Hydraulic Loaded: Yes

Well Type:

Saturation or Ponding Present: No

System Located on Owner Property: Yes

General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: All wastewater goes to septic. Unable to test Sewage injection pump in basement due to no water hooked up in basement. 1500 gallon watertight plastic septic tank in working condition with no distortion. Accessible by inlet and outlet lids. Inlet and outlet baffles present, no outlet filter. Plastic watertight distribution box in working condition. Baffle and speed levelers present. Hydraulic load tested 5x100 equaling 500 ft of chambered laterals with 300 gallons. Each lateral took water and probed dry and clean.

/10/2023 1:25:31 PM

Page: 2 of 3

DNR Form 542-01



DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 3889 SETH BROWN CERT # 13190

Owner Name:

Dawn Hovick

Address:

2895 260th St , St. Charles , IA 50240

County:

Madison

Inspection Date:

02/10/2023

Submitted Date:

2/10/2023

This page certifies a Time of Transfer inspection was conducted and submitted for the property listed above in accordance with Subrule 567 IAC 69.2(8).

/10/2023 1:25:31 PM

Page: 3 of 3

DNR Form 542-01

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:

144-03

Date Issued: November 10, 2003

Issued to:

Jeffrey & Dawn Hovick

Address:

315 McKinley

Truro, Iowa 50257

Legal Description:

PARCEL A NE NE 5A

2895 260⁴⁶ St. PID#*500*93022012000 Section 30 T75 R26 South Two

POWTS Components Specifications: 1500 gal septic tank - EO24 5 @ 100'

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
- 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:

Environmental Health Officer Assistant

Madison County

Office of Zoning and Environmental Health

Madison County Office of

Apprecation to Construct Private Gussite Wastewater Treatment

112 N. John Wayne Dr. P O Box 152 Winterset, IA 50273

			(POWTS)		lephone (515) 462-2636	
	Office Use Only	ener i i i i i i i i i i i i i i i i i i i	Temp 1911 28	95-2684 (treet	
Tracking No Date Received 144-03 11-10-0	d Fee Paid Dute Is 3 2909 11-16	0-03	peted Date Approved	Section/Township	NPDES Authorization #	
Application will not be acc cross-sections have been re application must be submit Please Print All Informa	epted until site and soil r ceived; and fee has been tted to this office and ap	anult – egercolati i past – t ur syster	ns requiring an NPDE	S General Permit #4 (s		
1 On way Information to a 13	Carlotteranie Marielanie, au autorie de la 1800 au anticolor de la 1800 au anticolor de la 1800 au anticolor d La carlotteranie de la 1800 au anticolor de	nes ." a review dan Brow Mile	2 Contentor Inform	anna de la companya del companya de la companya de la companya del companya de la		
1. Owner Information (Applicant) First Name List Name List Name List Name Address Address 315 McKinley City State			2. Contractor Information Last Name			
Joffran & Do	Hoviel	2	154	Lubr	4	
Address	and the second s		Address			
315 McK	inley		11686 F	akota St		
City	State		Cirs	State	Zip	
715 McK City Truro Phone Number (area code) 641 - 745-448	Tovo	50257	Norwalk	T 4	50211	
Phone Number (area code)	Fax or 1-mail Ca	<u> </u>	Phone Number (area coo	le) Fax or E-mail	Cel! Phone	
641-765-448	5		1515-961-69	84 Juhrs Reg stor (Percolation Test)	- Minking t	
3. System Requirement Inform	mation		4. Site and Soil Evalua	tor (Percolation Test)		
IAC CHAPTER 69 DOUBL	E COMPARTMENT TAN	K R: G IKED	•	T MUST BE COMPLET FO THE ISSUANCE OF	ED AND APPROVED PRIO	
I-3 Bedroom 4 Bedroom 5 Bedroom	Minimum Tank 100 128	•	Date test taken 1/8/ Test Results. Hol	7 Test taken by Ti e 1 20 min/in Hole	m Vance 221.8 min/in	
6 Bedroom 5. Type of Submittal	6.Address Information Location, Number &	n Street + , rapect (if	Average /9.7 min. Number of Laterals Length of Laterals	Required	oles 24"ft, ea	
6 Bedroom 5. Type of Submittal New □ Revision □ Repair, Tank □ Repair, Treatment Area □ System Replacement	Location, Number & : Legal Description:	NE NE	Average / 9.7 min. Number of Laterals Length of Laterals unknown, indicate neare	in Depth of Test Ho Required 5	h 5+	
5. Type of Submittal S. Type of Submittal Revision Repair, Tank Repair, Treatment Area System Replacement Previous Permit #:	Location, Number & : Legal Description: Par A	Street (if	Average / 9.7 min. Number of Laterals Length of Laterals unknown, indicate neare	(in Depth of Test Ho Required 5 Required 100	nles	
5. Type of Submittal New □ Revision □ Repair, Tans □ Repair, Treatment Area □ System Replacement Previous Permit #: 7. Type of Building (Complete	Location, Number & : Legal Description: Pa A d by Owner)	NE NE	Average 19.7 min. Number of Laterals Length of Laterals unknown, indicate neare	in Depth of Test Ho Required 5 Required 100 st road): 260 +	nles	
5. Type of Submittal New □ Revision □ Repair, Tans □ Repair, Treatment Area □ System Replacement Previous Permit #: 7. Type of Building (Complete	Location, Number & : Legal Description: Pa A d by Owner! Number of Bedro.	NE NE	Average / 9. 7 min. Number of Laterals Length of Laterals unknown, indicate neare	in Depth of Test Ho Required 5 Required 100 st road): 260 +	h 5+	
5. Type of Submittal New Revision Repair, Tank Repair, Treatment Area System Replacement Previous Permit #: 7. Type of Building (Complete Residential Other buildings served by this sy	Legal Description: Pac A d by Owner) Number of Bedra.	NE NE	Average / 9.7 min. Number of Laterals Length of Laterals unknown, indicate neare	/in Depth of Test Ho Required 5 Required 100 st road): 260 +	h 5+	
5. Type of Submittal New Revision Repair, Tank Repair, Treatment Area System Replacement Previous Permit #: 7. Type of Building (Complete Residential)	Location, Number & : Legal Description: Par A d by Owner! Number of Bedrostem:	NE NE	Average / 9. 7 min. Number of Laterals Length of Laterals unknown, indicate neare 5 A Sec Commercial/Other Garbage Disposal	/in Depth of Test Ho Required 5 Required 100 st road): 260 +	h 5+	
5. Type of Submittal New Revision Repair, Tank Repair, Treatment Area System Replacement Previous Permit #: 7. Type of Building (Complete Residential Other buildings served by this sy	Location, Number & : Legal Description: Par A d by Owner! Number of Bedro. stem: Number of Stem: Number of S	NE NE	Average / 9. 7 min. Number of Laterals Length of Laterals unknown, indicate neare 5 A Sec Commercial/Other Glarbage Disposal High Water Usage omplete the remaining pe	(in Depth of Test Hornell Required 5 Required 100 st road): 260 + Non-Residential Use: Appliance (i.e. whirlpool burtlen of this application.	ft, ea ft, ea ft, ea h 5+ 2 6	
5. Type of Submittal New Revision Repair, Tank Repair, Treatment Area System Replacement Previous Permit #: 7. Type of Building (Complete Residential Other buildings served by this sy	Location, Number &: Legal Description: Par A d by Owner! Number of Bedrostem: Par Contractor or system Type Black by each	NE NE	Average / 9. 7 min. Number of Laterals Length of Laterals unknown, indicate neare 5 A Sec Commercial/Other Garbage Disposal High Water Usage complete the remaining po	(in Depth of Test Hore Required 5 Required 100 st road): 260 * Non-Residential Use: Appliance (i.e. whirlpool burtion of this application.	oles 24" ft, ea ft, ea h 5+ 26 ath, water softener) Qty: 2 Size (gal): 1500	
5. Type of Submittal New Revision Repair, Tank Repair, Treatment Area System Replacement Previous Permit #: 7. Type of Building (Complete Residential) Other buildings served by this sy	Location, Number & : Legal Description: Par A d by Owner! Number of Bedro. stem: Number of Stem: Number of S	NE NE	Average / 9. 7 min. Number of Laterals Length of Laterals unknown, indicate neare 5 A Sec Commercial/Other Glarbage Disposal High Water Usage omplete the remaining pe	(in Depth of Test Hore Required 5 Required 100 st road): 260 * Non-Residential Use: Appliance (i.e. whirlpool burtion of this application.	ft, ea ft, ea ft, ea h 5+ cuth, water softener) Qty: 2	
5. Type of Submittal New Revision Repair, Treatment Area System Replacement Previous Permit #: 7. Type of Building (Complete Residential Other buildings served by this sy	Location, Number &: Legal Description: Par A d by Owner! Number of Bedrostem: Par Contractor or system Type Black by each	NE NE	Average / 9. 7 min. Number of Laterals Length of Laterals unknown, indicate neare 5 A Sec Commercial/Other Garbage Disposal High Water Usage complete the remaining po	(in Depth of Test Ho Required 5 Required 100 st road): 260 * Non-Residential Use: Appliance (i.e. whirlpool is ration of this application.	oles 24" ft, ea ft, ea h 5+ 26 ath, water softener) Qty: 2 Size (gal): 1500	
5. Type of Submittal New Revision Repair, Treatment Area System Replacement Previous Permit #: 7. Type of Building (Complete Residential Other buildings served by this sy **Primary and/or Mechanical Treatment Pump/Siphon Nor Applicable No Secondary Treatment Area	Location, Number & Legal Description: Par A d by Owner: Number of Bedrastem: Number of system Type Type Type Type	NE NE	Average / 9. 7 min. Number of Laterals Length of Laterals unknown, indicate neare 5 A Sec Commercial/Other Garbage Disposal High Water Usage omplete the remaining po	In Depth of Test Ho Required 5 Required 100 st road): 260 + Non-Residential Use: Appliance (i.e. whirlpool be retion of this application.	ft, ea ft, ea ft, ea h 5+ Size (gal): /500 Size (gal): Dosing Frequency:	
5. Type of Submittal New Revision Repair, Treatment Area System Replacement Previous Permit #: 7. Type of Building (Complete Residential Other buildings served by this sy **Primary and/or Mechanical Treatment 9. Pump/Siphon Not Applicable 10. Secondary Treatment Area	Legal Description: Par A d by Owner) Number of Bedrostem: Number of system Type Type Type Type: Type: Description: Par A	NE NE ME NE Manual de la companio del companio de la companio de la companio del companio de la companio del companio de la companio de la companio del compani	Average / 9. 7 min. Number of Laterals Length of Laterals unknown, indicate neare 5 A Sec Commercial/Other Garbage Disposal High Water Usage omplete the remaining po	(in Depth of Test Ho Required 5 Required 100 st road): 260 * Non-Residential Use: Appliance (i.e. whirlpool is ration of this application.	oles 24" ft, ea ft, ea h 5+ Size (gal): 1500 Size (gal):	

the distribution box must be available. Mechanical systems require use of a free-access sand filter and must be covered by a maintenance agreement which must be recorded in the Madison County Recorders Office. Discharge from mechanical costons and sand filters require periodic testing as set forth in IAC Chapter 69 and the results submitted to BOH.

It is unlawful to start construction, reconstruction, or repair of any POWTS prior to issuance of a POWTS permit by the Environmental Health Officer.

April 2001

Date taken: 4-18-03

Lot Size; 5 ac.

Owner:

Reg. No. 504/

TEST #

By: Jeff & Dawn Hovick

Site Address;

260th Street 2895

Phone No. 641-765-4485

Legal Description: Pt. of the NE. tof the NF. tof Sec. 30 T75N-R26W

Owner's Current Mailing Address; 315 N. Mc Kinley, Truro, Iowa # Bedrooms; Existing

Time for 1 inch of water:

Depth of holes tested:

Installer: 50257

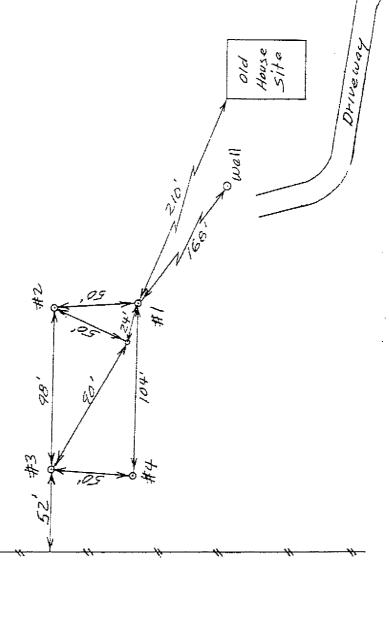
17.1 min. 21.8 min. 7 2 20.0 min.

20.0 min. 1176

Results of 6 foot hole: No rock, No water

Drawing of perc site below. Average length of laterals: Min. recommended lateral footage per IAC Ch. 69; 500 feet.

Number of laterals required:



I hereby 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 lowa.

Date: 19 April

NO SUNAV

CHARLES T

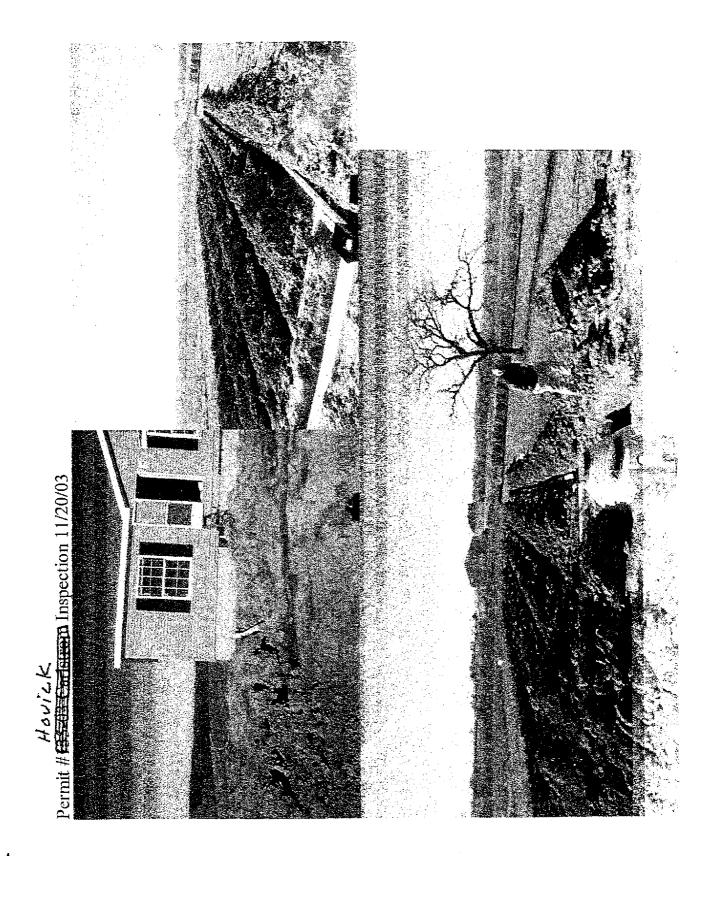
Exp. Date: 3/ 2000 2003

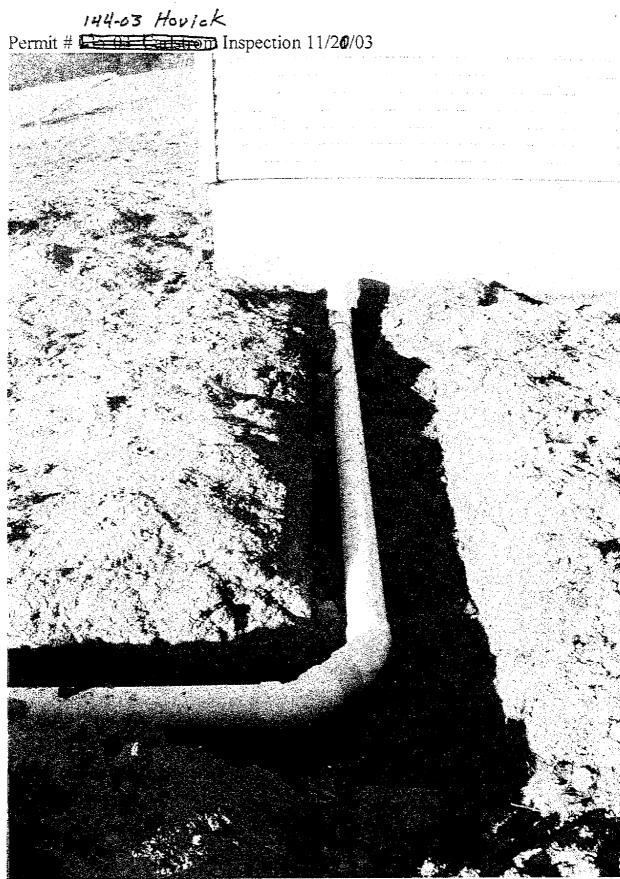
2002 061	. Map# 00000	1230200008	GIS#			
		D Hovick, Jeffre 315 Mckinley Truro IA 5028				
ocation	000000000 000000 REC 2002	Street		Cit	y .	
fisc Sec-Twp-R	ing 030 075 02 c PARCEL A ons Typ 1 AGL	6 Cty-Adn-Blk	No Ag Cr	vr Amt		
F3=Exit	100% Rollb 3,000 2, 3,000 2, F10=Ownersh	Acres ack Gr 5.00 854 Ex .00	Typ Desc LND Land BLD Building DWL Dweling .3=Rec Doc F1	Value 2,400 300 300 5=Legal	2,400 300	Acres 5.00

7 0111100 1 0	Name: Hovick		gn Locate 🔛
Date of Inspection:11/20/03	Inspected by: I	Elton Root	
Contractor: Luhrs		_ 57	D
Dwelling under construction	or moved in	Yes 🖂	No 🗔
Setbacks			
Meets required setbacks.			
• Rural Water Yes ⊠	No 📙		70 15 7
• Private wells/Groundwater	heat pump bor	e holes/suction	n water lines/lakes
Outside required 5			Yes ⊠ No □
Outside required 100-f			Yes No No
. Streams/ponds (25-25 ft)-d		tt)	Yes No No
. Indications of water lines u	nder pressure		Yes ⊠ No ∟
Comments:			
Building Sewer		sz 1571	NT.
• Clean outs – one right outs	ade of house	Yes 🔀	No 🗌
· location of cleanout insid			
• Pipe is sch 40 and has a 4-	nen diameter.	Yes ⊠ Yes ⊠	No 🔲
• Grade – has adequate fall.		162 🖂	140 [_]
Comments:			
 Tank Tank. Manufacture Snyde Capacity 1500 -gallon Two compartments, both in Baffle Inlet/Outlet tees are ok. Effluent filter in the outlet. Tank depth.6 inches Risers Yes ☐ No ☒ Lids above grade screwed Comments: 	neet the specs Yes X Yes X Yes X	for capacity. Y No No No Mar	es⊠ No □
 Distribution Box Brand <u>Tuf-Tite</u> Bedded in cement. Has required inlet baffle. Outlet levels –are level. Comments: 	Other Yes⊠ Yes⊠ Yes⊠	* * * • • • • • • • • • • • • • • • • • •	ll be ll be own
 Laterals Distribution lines: 4-inch Distribution lines screwed Lateral used. ADS Lateral depth 20 inches Laterals were level. Adequate amount of undi Distance 6 feet between laterals: 	to laterals. Reduc Perc d Yes⊠ No⊡ sturbed soil bet	Yestion? Yes tepth 24 inches	

144-03 Hoviels

Elbo Changed To sweeping 45





Permit # 144-03 Hovick Inspection 11/20/03

