

BK: 2024 PG: 384  
Recorded: 2/20/2024 at 2:42:34.0 PM  
Pages 16  
County Recording Fee:  
Iowa E-Filing Fee: \$0.00  
Combined Fee:  
Revenue Tax: \$0.00  
BRANDY L. MACUMBER, RECORDER  
Madison County, Iowa

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

If the transaction is exempt from filing a declaration of value pursuant to Iowa Code 428A.1(2), **STOP HERE**. Pursuant to Iowa 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 Iowa 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>

**TRANSFEROR:**

Name: Raymond Aaron Brammer and Kimberly Brammer  
Address: 2454 Willow Bend Trail, Saint Charles, Iowa 50240  
Number and Street or RR, City, Town or P.O., State Zip

**TRANSFeree:**

Name: Samuel Bedwell and Shalene Bedwell  
Address: 2454 Willow Bend Trail, Saint Charles, Iowa 50240  
Number and Street or RR, City, Town or P.O., State Zip

Address of Property Transferred:  
2454 Willow Bend Trail, Saint Charles, Iowa 50240  
Number and Street or RR, City, Town or P.O., State Zip

Legal Description of Property: **Lot One (1) of Hickory Ridge Estates Subdivision, located in the Northeast Quarter (1/4) of the Southwest Quarter (1/4) of Section Fourteen (14), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.**

**1. Wells (check one)**

- No Condition - There are no known wells situated on this property.  
 Condition Present - 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)**

- No Condition - There is no known solid waste disposal site on this property.  
 Condition Present - 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)**

- 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. Underground 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. Private 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. Private 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.
- 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 every numbered section above, **STOP HERE**. Do not submit this form. Instead, pursuant to Iowa 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 Iowa 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 any box stating "Condition Present" for any of the numbered sections above, continue below. 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.

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: Kimberly Brammer Telephone No.: 641-344-6262  
(transferor)



# TIME OF TRANSFER INSPECTION TOT# 8752 BEN BEDWELL CERT # 11612

### Site Information

Parcel Description: **500091462052000**

Address: **2454 willow bend trail, St. Charles, IA 50240**

County: **Madison**

### Owner Information

Property is owned by a business: **No**

Business Name:

Owner Name: **Aaron Brammer**

Email Address: **brammeraaron@gmail.com**

Address: **2454 willow bend trail, St. Charles, IA 50240**

Phone No: **641-344-8069**

### Additional Contact Information

Name

Email Address

Affiliate Type

**Rachel Eller**

**rachel@racheleller.com**

**Realtor**

### Site related information

No Of Bedrooms: **3**

Inspection Date: **01/05/2024**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date: **08/02/2006**

Permit issued by County: **Yes**

Permit Number: **028-06**

All plumbing fixtures enter septic system: **Yes**

County contacted for records: **Yes**

Property Information Comments:

### 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**

No. of Compartments: **2**

Pump Tank Chamber: **No**

Licensed Pumper Name: **mike killen**

Date Pumped: **11/21/2022**

Meets Setback to Well: **N/A**

Well Type:

Distance To Well (Ft.):

Is Accessible: **Yes**

Lid Intact: **Yes**

Risers Intact: **Yes**

Effluent Filter Present: **Yes**

Watertight: **Yes**

Tank/Vault Pumped: **Yes**

Inlet Baffle Present: **Yes**

Outlet Baffle Present: **Yes**

Functioning as Designed: **Yes**

Tank Comments: **The Septic tank is slightly warped.**

General Primary Treatment Comments:

#### Distribution Type

##### Distribution Box 1

Label: **Distribution Box 1**

Material Type: **Plastic**

Accessible: **Yes**

Box Opened: **Yes**

Baffle Present: **Yes**

Speed Levelers Present: **Yes**

Watertight: **Yes**

Functioning As Designed: **Yes**

General Distribution System Comments :

#### Secondary Treatment

##### Lateral Field1

Distribution Type: **Distribution Box**

Material Type: **Leaching Chamber**

Trench Width: **36**

Lines: **8**

Total Length of Absorption Line: **624**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **350**

Meets Setback to Well: **N/A**

Well Type:

Distance To Well (Ft.):

Lateral Lines Probed: **Yes**

Saturation or Ponding Present: **No**

Grass Cover Present: **Yes**

Lateral Lines Equal Length: **Yes**

System Located on Owner Property: **Yes**

Easement Present: **N/A**

Functioning as Designed: **Yes**

Comments:

General Secondary Treatment Comments:

#### Narrative Report

TOT Inspection Report Overall Narrative Comments: **The system was working properly during the inspection.**



## TIME OF TRANSFER INSPECTION TOT# 8752 BEN BEDWELL CERT # 11612

Owner Name: **Aaron Brammer**

Address: **2454 willow bend trail , St. Charles , IA 50240**

County: **Madison**

Inspection Date: **01/05/2024**

Submitted Date: **2/5/2024**

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).

**Mike Killen Construction**  
 1679 140th Ave  
 Carlisle, Iowa 50047  
 Tel: 515-480-6082

MADE AT  
**TORONTO BRAMMER**  
 ORDER NO. **4454 Waterloo Road Hill services**

DATE: **11/1/23**

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	PUMPING SERVICE		
	TANK		
	TOTAL		450.00
	PAID		
	IN FULL		
	TOTAL		

No. **1266**

Thank You

All claims and returned goods must be accompanied by this bill

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*Jean Thompson*

**Environmental Health Officer**

**Madison County**

**Office of Zoning and Environmental Health**



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: 028-06**

**Date Issued: March 27, 2006**

**Issued to: Thomas J & Lena Douglas**  
**Address: 2733 Quaker**  
**St. Charles, Iowa 50240**

*2454 Willow Bend Tel.*  
*P10 # 500091462052000*

**Legal Description: LOT 1 HICKORY RIDGE ESTATES Section 14 T75 R26 South Twp**

**POWTS Components Specifications: 1500 gal septic tank – EQ24 6 @ 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 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 trench depth 36**

Application to Construct  
Private On-Site Wastewater Treatment  
System (POWTS)

Office Use Only				Temp E911:			
Tracking No.	Date Received	Fee Paid	Date Issued	Date Inspected	Date Approved	Section/Township	NPDES Authorization #
028-05	3-27-06	150	3-27-06				

Application will not be accepted until site and soil analysis/percolation information, and two diagrams of the system layout, profiles and cross-sections 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 and appropriate forms recorded before a permit will be issued.

Please Print All Information.

1. Owner Information (Applicant)			2. Contractor Information		
First Name <b>Thomas</b>	Last Name <b>Douglas</b>		First Name <b>Mark</b>	Last Name <b>Mease</b>	
Address <b>2733 Quaker St. St. Charles, IA 50240</b>			Address <b>3189 Truro Rd</b>		
City <b>641/396-2965</b>	State <b>IA</b>	Zip <b>50240</b>	City <b>Truro</b>	State <b>IA</b>	Zip <b>50257</b>
Phone Number (area code)	Fax or E-mail	Cell Phone <b>641/396-0115</b>	Phone Number (area code)	Fax or E-mail	Cell Phone <b>414-2700</b>

3. System Requirement Information	4. Site and Soil Evaluator (Percolation Test)
IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED	PERCOLATION TEST MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT
Minimum Tank Size Required	Date test taken _____ Test taken by _____
1-3 Bedroom 1000	Test Results: Hole 1 _____ min/in Hole 2 _____ min/in
4 Bedroom 1250	Hole 3 _____ min/in Hole 4 _____ min/in
5 Bedroom 1500	Average _____ min/in Depth of Test Holes _____
6 Bedroom 1750	Number of Laterals Required _____
	Length of Laterals Required _____ ft. ea

5. Type of Submittal	6. Address Information
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Repair, Tank <input type="checkbox"/> Repair, Treatment Area <input type="checkbox"/> System Replacement Previous Permit #: _____	Location, Number & Street of project (if unknown, indicate nearest road): <b>Willow Bend Trail</b> Legal Description: <b>LOT # 1 Hickory Ridge Estates 14-75-26 South twp.</b>

7. Type of Building (Completed by Owner)	
<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial/Other Non-Residential Use.	Number of Bedrooms: <b>3</b> <input checked="" type="checkbox"/> Garbage Disposal <input type="checkbox"/> High Water Usage Appliance (i.e. whirlpool bath, water softener) Qty _____
Other buildings served by this system: <b>NONE</b>	

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

8. Primary and/or Mechanical Treatment	Type: <b>Plastic</b>	Manufacturer: <b>Inala</b>	Model:	Size (gal): <b>1500</b>
	Type:	Manufacturer:	Model:	Size (gal):
9. Pump/Siphon <input type="checkbox"/> Not Applicable	Type:	Manufacturer:	Model:	Dosing Frequency:

10. Secondary Treatment Area Type: <input type="checkbox"/> Not Applicable					
Type of Laterals <b>6024</b>	Number of Laterals <b>6</b>	Length of ea. Lateral <b>100</b>	Other	Other	Maximum Trench Depth (inches): <b>36</b>

<p>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. 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 Records Office. Discharge from mechanical systems and sand filters require periodic testing as set forth in IAC Chapter 69 and the results submitted to BOH.</p>	<p>It is unlawful to start construction, reconstruction, or repair of any POWTS prior to issuance of a POWTS permit by the Environmental Health Officer.</p>
Applicant Signature: <b>Thomas Douglas</b>	Date: <b>3-27-06</b>



## BOECKMAN SERVICES

1990 CLOVER AVENUE  
CRESTON, IA 50801

PHONE: (641)-782-4595  
Louis Boeckman, CPSS-PSCI

October 24, 2005

MADISON COUNTY HEALTH & ZONING  
Elton Root, Sanitarian  
PO Box 152  
Winterset, IA 50273-0152

RE: Soil Analysis for Jeff and Lena Douglas  
Willow Bend  
St. Charles, IA 50240  
Section 14 South Township

Dear Mr. Root:

Enclosed are the soil analysis results conducted on October 22, 2005 and soil transect for an existing home of **Jeff and Lena Douglas** located in **section 14** of **south Township** near **St. Charles, Iowa**.

The loading rate is **.42 gallons per square foot** for the **potential soil absorption field**. The total footage for the field if constructed would be **527 feet with a 2-foot trench width** for 450 gallons per day water usage. You have the option to round the total footage to nearest 100-foot category or 600 feet.

The wide chamber product can be used with **352-400 feet of 3-foot trench** at this home site. **The wide chamber product may best suit this site for better soils and space availability.**

Soil borings indicate the soils are **Clinton soils**. Soils at this site are **moderately well drained** and have a **seasonal high water table of 4 to 6 feet** during spring months or during heavy rainfall periods.

There should be enough grade for gravity system from the proposed new home site. If this site is used for soil absorption field, **trenches must be constructed at depths of 24-30 inches with a maximum depth of 36 inches**. Suitable area is located between test holes 1 through 5. **If additional space is needed, trenches can be constructed some 15-20 feet downslope from test hole 5.**

# WELL BORINGS AND TRANSECT OF ON-SITE WASTEWATER TREATMENT AND DISPOSAL SYSTEM SITE

DATE: 12-27-05 Time Started: 7:00 AM Time Completed: 12:15 PM HOME OWNER: Jeff & Lana Devellis

Conducted By: Louis Bassette Certification: 10/03/04 ADDRESS: 2474-6 W. Hwy 28 CITY: St. Charles STATE: IA ZIP: 50248

LOCATION: 47 feet and 41 feet of weathered weathered silt & loess bedrock SECTION NO: 18 T. 75 N. R. 26 W. COUNTY: Madison

LANDSCAPE LANDFORM-SLOPE TYPE: (Place "X" on Diagrams-Back of Sheet) W4, TOWNSHIP: Salem SOIL SYMBOL: 802 SOIL NAME: Cleaveland silt loam, 970 W prairie view

ASPECT (°): N/E (50°) SLOPE (%): 10-11% SOIL PERMEABILITY: Med. Slow

DRAINAGE: SW DEPTH OF POTENTIAL SEASONAL HIGH WATER TABLE (ft.): 4-6 NO. of Bedrooms: 3

THICKNESS OF SURFACE SOIL (in.): 10" NO. 1 12" NO. 2 10" NO. 3 7" NO. 4 20" NO. 5 17" NO. 6 17" NO. 7 10.5" NO. 8 5.21' NO. 9 600 ft.

REDOX FEATURES: Concentrations: 16% 30% 30% 15% 30% 36% 36% 36%

REDOX FEATURES: Depletions: 16% 30% 30% 17% 17% 24% 24% 24%

DEPTH TO GRAY MATRIX: 27" 45" 45" 36" 36" 36" 36" 36"

DEPTH OF LIMITING LAYERS(KD/in.): P178" P1280" P1277" P1272" P160" P160" P160" P160"

DEPTH (inches)	HORI-ZON	SOIL TEXTURE	MATRIX	COLOR	REDOX	COATS or CLAY FILMS	STRUCTURE	CONSISTENCY	ROOTS	BOUNDARY DARY	MOIST STATE	COMPACTION	PM or REMARKS	LOADING RATE	Formula:		
															DEPTH TO CLAY MAXIMUM:	DEPTH OF ACTIVE W.T.:	LR
0-6	A0	S.L	10YR 8/6	10YR 8/4			10YR 8/4		0.4	M			Forest	0.4			
6-10	E	S.L	10YR 5/3	10YR 5/3			10YR 5/3		0.4				Loess	0.5			
10-16	0T	S.L	10YR 5/4	10YR 5/4			20YR 5/4		0.4					0.4			
16-22	0T	37-38% C	10YR 5/4	10YR 5/4			10YR 5/4		0.4					0.4			
22-27	0T	5.0L	10YR 5/4	10YR 5/4			10YR 5/4		0.5					0.4			
27-50	0T	34-35% C	10YR 5/4	10YR 5/4			10YR 5/4		0.5					0.4			
50-	0T	S.L	10YR 5/4	10YR 5/4			10YR 5/4		0.5					0.4			
50-	0T	S.L	10YR 5/4	10YR 5/4			10YR 5/4		0.5					0.4			
50-	0T	S.L	10YR 5/4	10YR 5/4			10YR 5/4		0.5					0.4			

PM = PARENT MATERIAL--(1) Loess, (2) Glacial Till, (3) Weathered Glacial Till, (4) Valley Fill, (5) Outwash, (6) Eolian, & (7) Alluvium

63-60g ... 25/6/2 ... 78- ... 81- ...

Revised By: EM 03/10/2003 10:08 AM

Need use near 15' ...

Soil Analysis 1/03

20 ft

25.6 ... 426666



Permit No 028-05 Name: Douglas 911 Sign Locate

Date of Inspection: 8/2/06 Inspected by: Elton Root

Contractor: Mark Mease

Dwelling under construction or moved in Yes  No

**Setbacks**

Meets required setbacks.

- Rural Water Yes  No
- Private wells/Groundwater heat pump bore holes/suction water lines/lakes
  - 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
- Pipe is sch 40 and has a 4-inch diameter. Yes  No
- Grade – has adequate fall. Yes  No

Comments:

**Tank**

- Tank. Manufacture Fralo Concrete  Plastic
- Capacity 1500 -gallon
- Two compartments, both 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. Tuff-Tite 6 inch
- Tank depth. 12 inches
- Risers Yes  No
- Lids above grade screwed on Yes  No  Will be

Comments:

**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

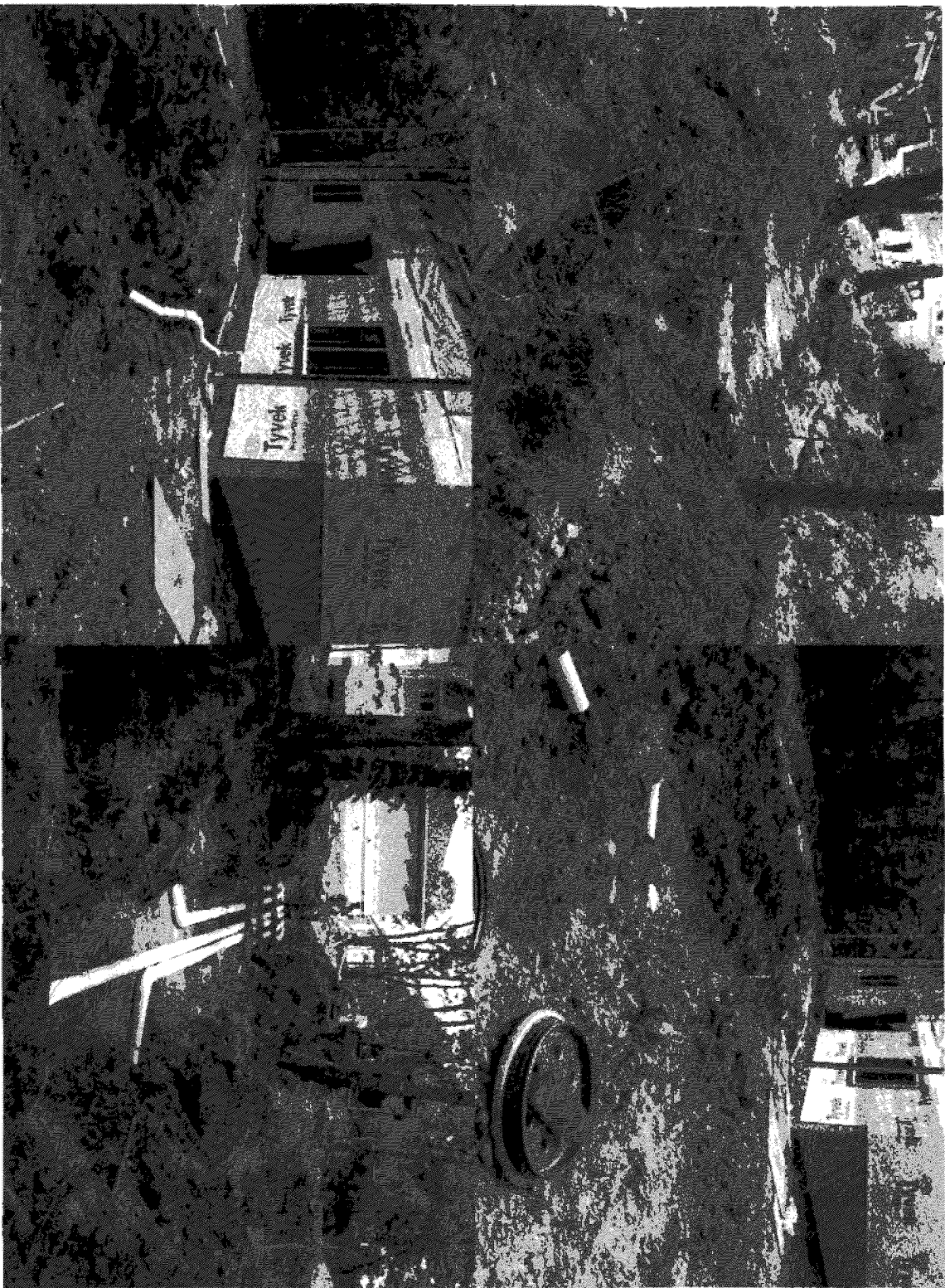
Comments:

**Laterals**

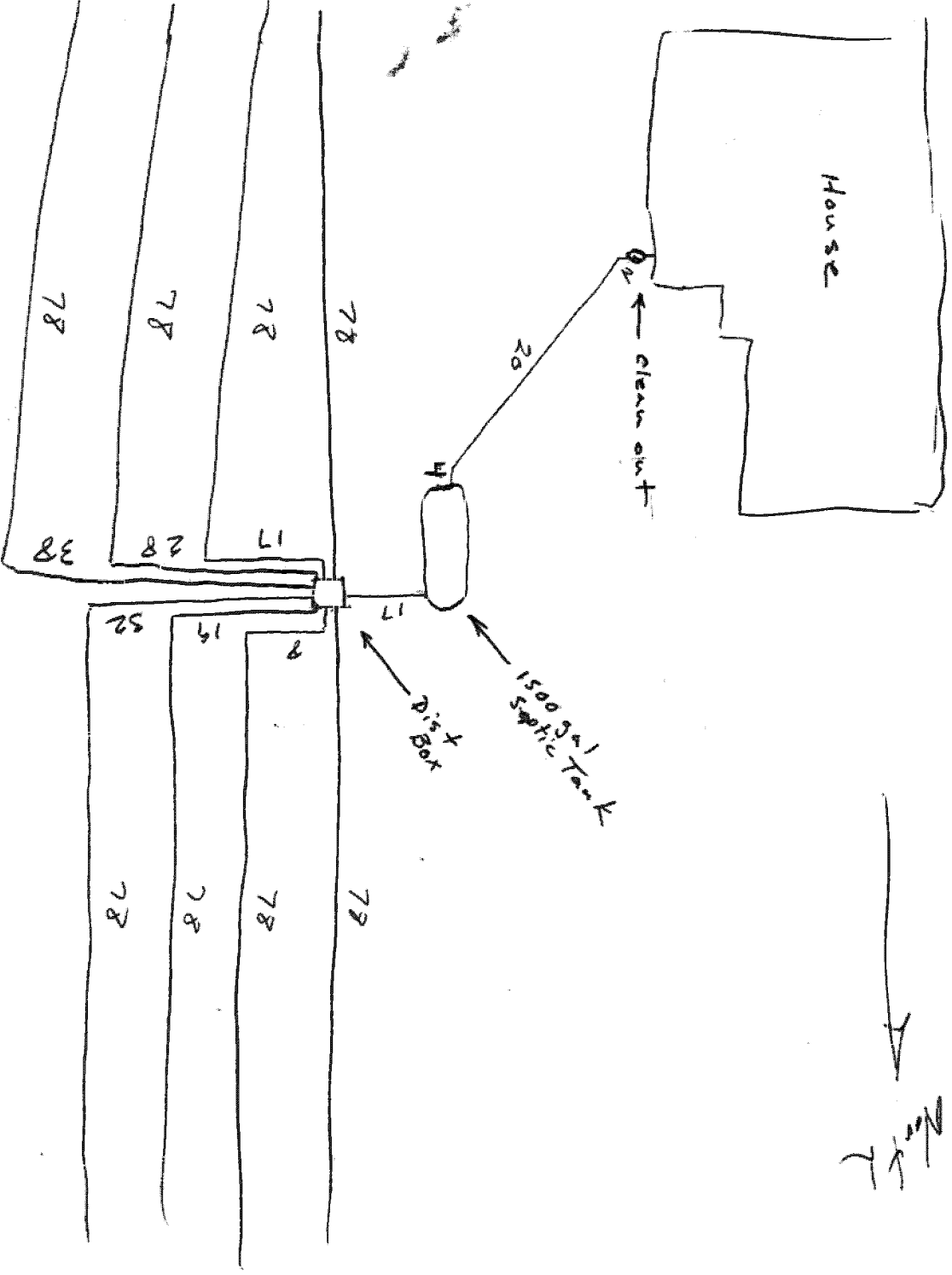
- Distribution lines: 4-inch PVC pipe – SCH40
- Distribution lines screwed to laterals. Yes  No  Will be
- Lateral used. EQ24 Reduction? Yes  No
- Lateral depth 30 inches Perc depth 36 inches
- Laterals were level. Yes  No
- Adequate amount of undisturbed soil between laterals. Yes  No
- Distance 7 feet between laterals.

Comments:

Permit # 028-05 Thomas Inspection 8/2/06



Permit # 028-05 Douglas Inspection 8/2/06



North