Document 2025 GW2797
Book 2025 Page 2797 Type 43 001 Pages 25
Date 10/20/2025 Time 11:57:42AM
Rec Amt $.00

BRANDY MACUMBER. COUNTY 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 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 David & Nancy Halfpap Family Trust dated April 6, 2022

Address 1813 Maple Court, Winterset, IA 50273
Number and Street or RR | City, Town or PO | State | Zip

**TRANSFEREE:**

Name The David E Struchen Trust and The Nicole M Struchen Trust

Address 1813 Maple Court, Winterset, IA 50273
Number and Street or RR | City, Town or PO | State | Zip

Address of Property Transferred:

1813 Maple 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)**

- [x] 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)**

- [x] 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)**

- [x] 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)**

- [x] 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)**

- [x] 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.
- [x] 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:**

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

Signature: David R Hadfield Trustee Telephone No.: 319 573 6363
(Transferor or Agent)

IOWA DNR

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

# TIME OF TRANSFER INSPECTION TOT# 16905 JEB BEDWELL CERT # 13956

## Site Information

Parcel Description: **340061320020000**

Address: **1813 maple ct, Winterset, IA 50273** County: **Madison**

## Owner Information

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

Business Name:

Owner Name: **David Halfpap**

Email Address: **Dnnhalfpap@mac.com**

Address: **1813 maple ct, Winterset, IA 50273**

Phone No: **319-573-6363**

## Site related information

No Of Bedrooms: **3**

Inspection Date: **07/28/2025**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date: **11/16/2017**

Permit issued by County: **Yes**

Permit Number: **093-17**

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: **Concrete**

Tank Corrosion Type: **None**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **No**

Licensed Pumper Name: **Wiegert**

Date Pumped: **7/30/2025**

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:

General Primary Treatment Comments:

## Distribution Type

### Pump System 1

Label: **Pump System 1** Accessible: **Yes** Control Box Functioning: **Yes**

Alarm(s) Present and Functioning: **Yes** Functioning As Designed: **Yes**

General Distribution System Comments :

## Secondary Treatment

### Sand Filter1

| | | |
|---|---|---|
| Filter Type: **Subsurface** | Distribution Type: **Pump System** | Material Type: **Gravelless Pipe** |
| Absorption Area: **450** | System Hydraulic Loaded: **Yes** | Gallons Loaded: **250** |
| Discharge At Time of Inspection: **Yes** | CBOD5 Results: **16** | TSS Results: **7** |
| DisInfection Present: **No** | Disinfection Type: | Tertiary Treatment Present: **No** |
| Tertiary Treatment Type: | Meets Setback to Well: **N/A** | Well Type: |
| Distance To Well (Ft.): | Sand Filter Probed: **Yes** | Vent(s) Located: **Yes** |
| Saturation or Ponding Present: **No** | Grass Cover Over System: **Yes** | Outlet Found: **Yes** |
| Sample Taken: **Yes** | GP4 Permitted: **No** | GP4 Required: **No** |
| 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 functioning properly on the day it was inspected.**

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

# TIME OF TRANSFER INSPECTION TOT# 16905 JEB BEDWELL CERT # 13956

| | |
|---|---|
| Owner Name: | **David Halfpap** |
| Address: | **1813 maple ct , Winterset , IA 50273** |
| County: | **Madison** |

| | | | |
|---|---|---|---|
| Inspection Date: | **07/28/2025** | Submitted Date: | **8/13/2025** |

**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).**

11997

Paid

E.D.I.N. 42-1421732

GREASE TRAP

**The Grease Trap Cleaners**
A Division of
WIEGERT DISPOSAL INC.
P.O. Box 344 1-800-728-4908
Mertensdale, IA 50160

Customer's Order No.

Date 7-30-25

Sold To Ben Beckwell

Address 1813 Maple Ct. Winterset

| CASH | CHARGE | C.O.D. | SALESMAN | REC. ON ACCT. |
|---|---|---|---|---|
| | X | | | |

| QUAN. | DESCRIPTION | PRICE | AMOUNT |
|---|---|---|---|
| 1 | ~~Grease Trap~~ Cleaning Septic. | | 600 00 |
| | In Working Order | | |
| | At this Time of Pumping | | |
| | Thank You | | |
| | | TAX | 42 00 |
| | | TOTAL | 642 00 |

SIGNATURE

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: 093-17** **Date Issued: 10-13-2017**

*Issued to:* **Aric & Kathy Henderson**
*Address:* ~~**2022 Linmar Dr. NE**~~ 1813 Maple Ct.
~~**Cedar Rapids, IA 52402**~~ Winterset

*Legal Description*: **Lot 2 Covered Bridge Estates Doug Sec. 13 PID# 340061320020000 Sec 13 T76N R28W Douglas TWP**

*POWTS Components Specifications:* **1500/500 gal. Septic/Pump & a 450 Sq. Ft. Pumped Sand Filter System**

**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, construction & testing shall be in accordance with County & State Codes.**

Tina Burke

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

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 Only | | | | | Temp E911: | | |
|---|---|---|---|---|---|---|---|
| Tracking No. | Date Received | Fee Paid | Check # | Date Issued | | Section/Township | |
| D93-17 | 10-13-17 | 261.00 | 6496 | 10-13-17 | | 13 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.**

***Please Print All Information.***

**1. Owner Information (Applicant)**

| First Name | Last Name |
|---|---|
| Aric | Henderson |

Address: 3022 Linmar Dr NE
City: Cedar Rapids State: Ia Zip: 52402
Phone Number (area code): 319-210-1885 Cell Phone:

**2. Installation Contractor Information**

| First Name | Last Name |
|---|---|
| Travis | Vitt |

Address: 133 S 10th Ave
City: Winterset State: Ia Zip: 50273
Phone Number (area code): 515-971-0549 Cell Phone:

**3. System Requirement Information**

IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED

| | Minimum Tank Size Required |
|---|---|
| 1-3 Bedroom | 1250 |
| 4 Bedroom | 1500 |
| 5 Bedroom | 1750 |
| 6 Bedroom | 2000 |

**4. Site and Soil Evaluator (Percolation Test/Soils Analysis)**

PERCOLATION/SOILS ANALYSIS MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT

Date test taken 8/17/17 Test taken by Oelmann
Passed: _____ Failed: ✓
Percolation Rate: _____
Soils Loading Rate: _____
Sand Filter

**5. Type of Submittal**

- [x] New House
- [ ] Existing House
- [ ] Repair, Tank
- [ ] Repair, Treatment Area
- [ ] System Replacement

Previous Permit #:

**6. Address Information**

911 Address or nearest road: Maple Ct
Legal Description: PID # 340061320020000
Lot 2 Covered Bridge Estates Section 13-76-28
13-76-28

**7. Type of Building (Completed by Owner)**

| Building Square ft.: | Number of Bedrooms: 3 | Number of Bathrooms: 3 | 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**

| | Type: | Size: | Manufacturer: | |
|---|---|---|---|---|
| Septic Tank | Concrete | 1500/500 ✓ | Lister | |
| 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.: 450 | Length: 30 | Width: 15 | | |
| 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.**

Applicant Signature: [signature] Date: 10-13-17

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



Print Form

**Soil Site Evaluation Report**

Job Site – Aric Henderson

Email report to: ebonyiz@mchsi.com

I went to the job site on August 17th to complete a soil site evaluation. The house will be located 150-ft from the street. I checked the soils to a depth of 72 inches at 3 points in which a potential leach field could be located. All points had clayey paleosol/till material within 20-50 inches of the surface. I do not recommend leach fields to be installed where the loess is less than 60 inches deep. I also completed a soil description and GPS point recording marked by the middle green flag.

It is my conclusion that this site is not suited to a conventional leach field system. This is due to high clay content and bulk density of the till soils present.

This site will need an alternative system installed. A siphon dosed sand filter system probably will not work at this site, not enough elevation change on the lot. Either a gravity fed sand filter or a pump dosed system will be required for this site. A dosed system requires fewer square feet per bedroom and usually has more longevity of the sand filter. The home owner and install contractor can discuss which system would be the best alternative.

Douglas Oelmann

Soil Scientist

Chapter 69 handbook - Private Sewage Disposal Systems

## Subsurface Sand Filters

(1) Gravity flow. For residential systems, subsurface sand filters shall be sized at a rate of 240 square feet of surface area per bedroom.

(2) Siphon-dosed. For residential systems, subsurface sand filters dosed by a dosing siphon shall be sized at a rate of 180 square feet of surface area per bedroom.

(3) Pressure-dosed. For residential systems, subsurface sand filters dosed by a pump shall be sized at a rate of 150 square feet of surface area per bedroom.

Henderson / Bittersweet Acres

SOIL BORINGS AND TRANSECT OF ON-SITE WASTEWATER TREATMENT AND DISPOSAL SYSTEM SITE

DATE 8/17/17 CONDUCTED BY [illegible]

HOMEOWNER Arie ADDRESS Maple ct, Covered Bridge Estates

CITY Winterset STATE IA ZIP

SECTION NO. COUNTY Madison

N 41, 38399
94, 01416

LANDSCAPE-LANDFORM-SLOPE TYPE: (Place "X" on Diagrams-Back of Sheet)

SOIL SYMBOL GA SOIL NAME Gara

ASPECT N SLOPE 8% SOIL PERMEABILITY Very slow

| DEPTH (Inches) | HORI-ZON | SOIL TEXTURE | COLOR MATRIX | COLOR REDOX | COATS or CLAY FILMS | STRUC-TURE | CONSIS-TENCY | ROOTS | BOUN-DARY | MOIST STATE | COMPAC-TION | PM or REMARKS | LOADING RATE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0-7 | Ap | s:cl | 10yr3/2 | | — | 2fsbk | fr | | CS | dry | None | Loess | |
| 7-22 | Bt | S.cl | 10yr5/4 | C2D5/2 f1D | films | 2fsbk | fr | | gs | dry | | Loess | |
| 22-40 | 2Bt | CL-C | 10yr4/2 | 5yr4/6 f1D | films | 1mpr 2sbk | fi | | | dry | | till | NS |
| 40-62 | 2Bt | CL | 10yr5/4 | M2D 2.5y5/2 | films | | fi | | | moist | | | |
| 62-72 | Bc | CL | 2.5y5/2 & 10yr5/4 | — | — | | fi | | | moist | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

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

Described By: [signature]

DEPTH OF POTENTIAL SEASONAL HIGH WATER TABLE (ft.) —

| | | | | | |
|---|---|---|---|---|---|
| SOIL BORINGS: (Flags) | #1 West | #2 South | #3 North | #4 | #5 |
| THICKNESS OF SURFACE SOIL (in.): | #1 7" | #2 4" | #3 0" | #4 | #5 |
| DEPTH TO REDOX FEATURES: DEPLETIONS: | #1 10" | #2 16" | #3 12" | #4 | #5 |
| DEPTH TO GRAY MATRIX: | #1 | #2 | #3 | #4 | #5 |
| DEPTH OF LIMITING LAYERS (KD/in.) | #1 22" | #2 50" | #3 40" | #4 | #5 |
| DEPTH TO CLAY MAXIMUM: | #1 | #2 | #3 | #4 | #5 |
| DEPTH OF ACTIVE W.T.: | #1 | #2 | #3 | #4 | #5 |

STATE ID COUNTY Madison ZIP

LATITUDE 41.38399 LONGITUDE 94.01416 ELEVATION (Ft.) —

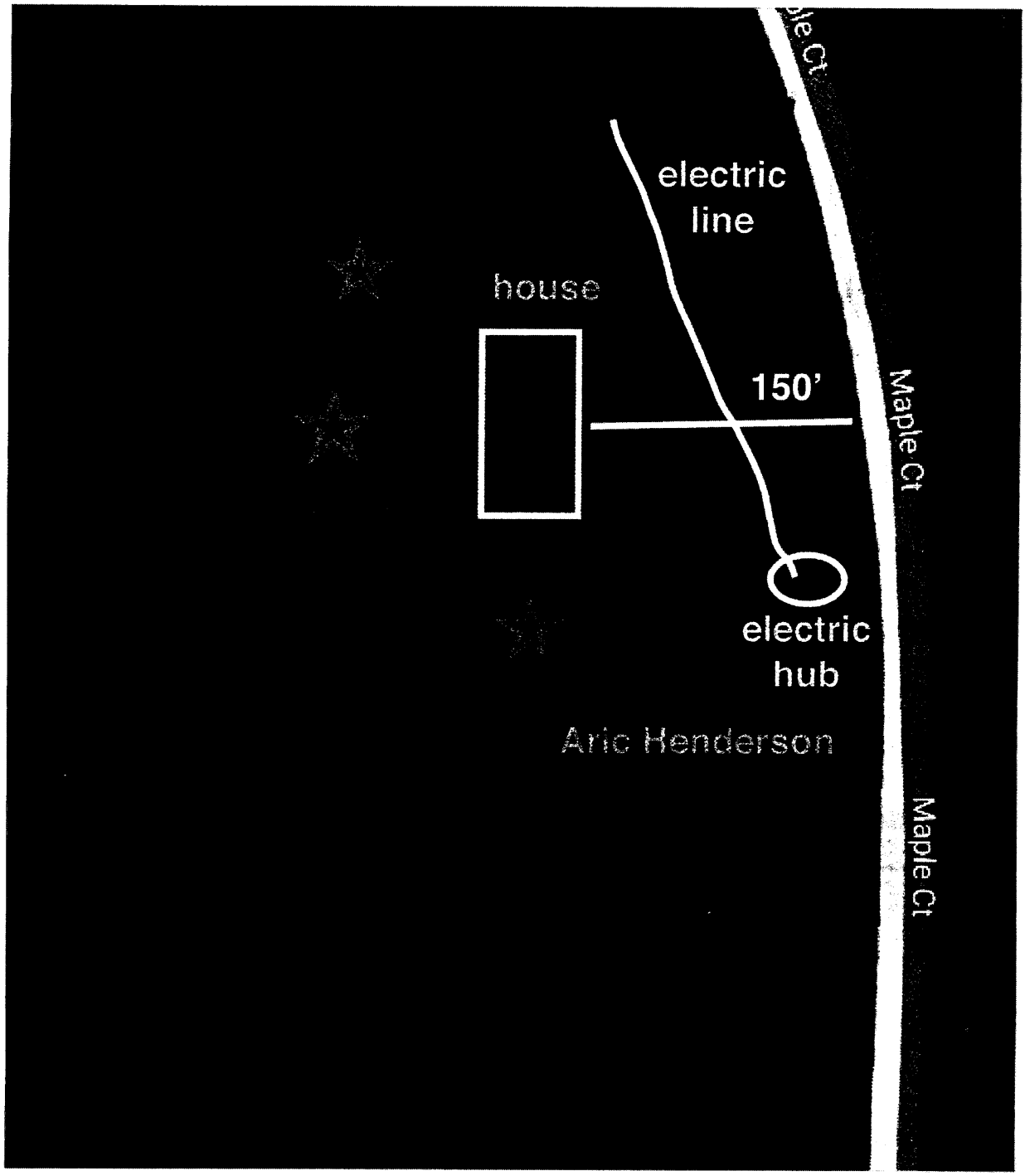
# of Bedrooms 3 AVERAGE LOADING RATE NS

GPD = 150 gallon per bedroom GPD = ~~450~~ LR = X LLR = X

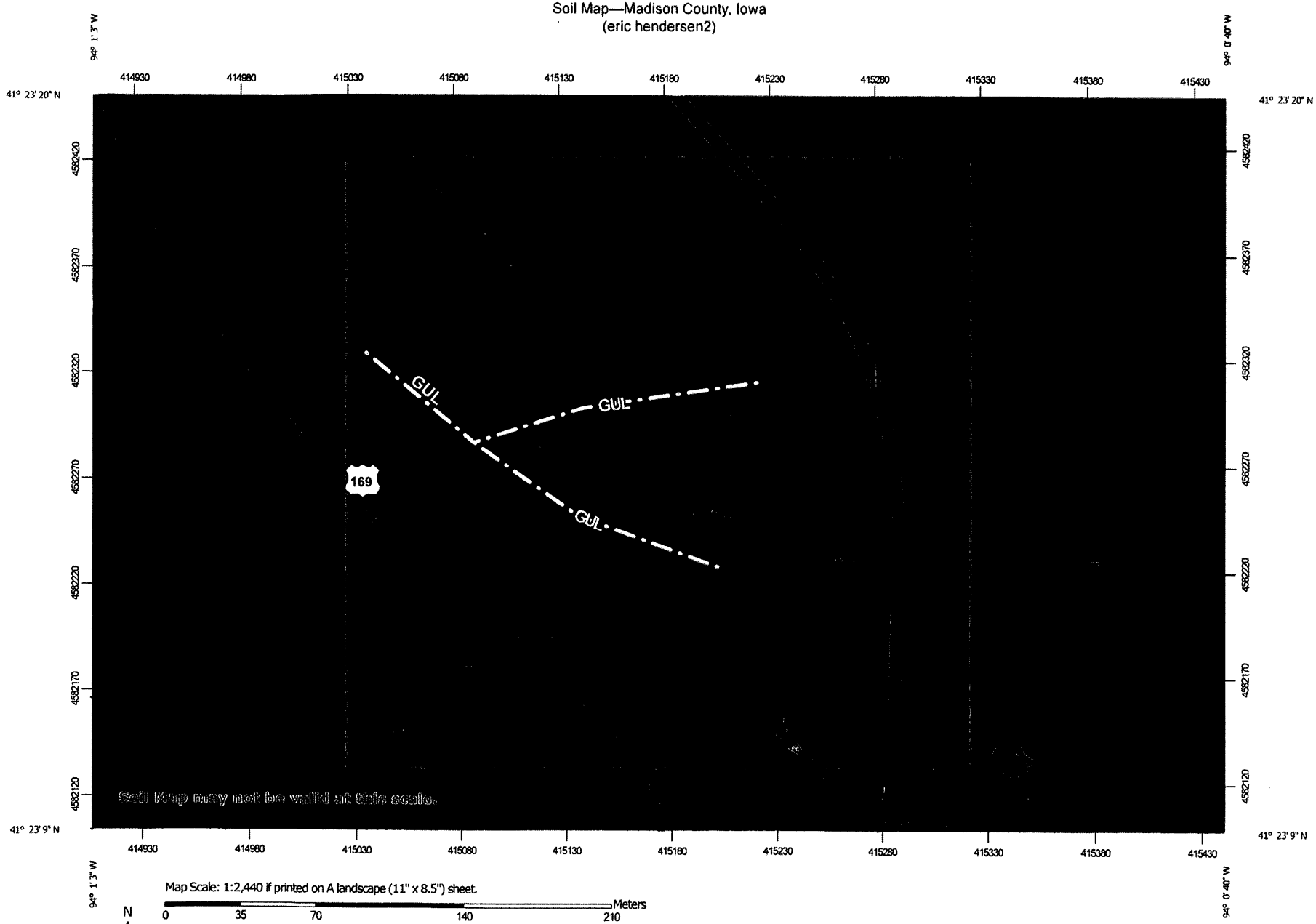
TW = 2 = ft. = ft.

TW = 3 = ft. = ft.

Formula: Gallons Per Day/Loading Rate = Linear Loading Rate/Trench Width = Total Footage
Example: 450 GPD/.5 LR = 900 LLR (If trench width 2 foot then 900 LRR/2 = 450 ft. round to nearest 100 = 500 total footage.


electric
line
house
150'
Maple Ct
electric
hub
Aric Henderson
Maple Ct

Soil Map—Madison County, Iowa
(eric hendersen2)




Map Scale: 1:2,440 if printed on A landscape (11" x 8.5") sheet.

N

Meters: 0 35 70 140 210

Feet: 0 100 200 400 600

Map projection: Web Mercator Corner coordinates: WGS84 Edge tics: UTM Zone 15N WGS84

## MAP LEGEND

**Area of Interest (AOI)**
- Area of Interest (AOI)

**Soils**
- Soil Map Unit Polygons
- Soil Map Unit Lines
- Soil Map Unit Points

**Special Point Features**
- Blowout
- Borrow Pit
- Clay Spot
- Closed Depression
- Gravel Pit
- Gravelly Spot
- Landfill
- Lava Flow
- Marsh or swamp
- Mine or Quarry
- Miscellaneous Water
- Perennial Water
- Rock Outcrop
- Saline Spot
- Sandy Spot
- Severely Eroded Spot
- Sinkhole
- Slide or Slip
- Sodic Spot
- Spoil Area
- Stony Spot
- Very Stony Spot
- Wet Spot
- Other
- Special Line Features

**Water Features**
- Streams and Canals

**Transportation**
- Rails
- Interstate Highways
- US Routes
- Major Roads
- Local Roads

**Background**
- Aerial Photography

## MAP INFORMATION

The soil surveys that comprise your AOI were mapped at 1:15,800.

Warning: Soil Map may not be valid at this scale.

Enlargement of maps beyond the scale of mapping can cause misunderstanding of the detail of mapping and accuracy of soil line placement. The maps do not show the small areas of contrasting soils that could have been shown at a more detailed scale.

Please rely on the bar scale on each map sheet for map measurements.

Source of Map: Natural Resources Conservation Service
Web Soil Survey URL:
Coordinate System: Web Mercator (EPSG:3857)

Maps from the Web Soil Survey are based on the Web Mercator projection, which preserves direction and shape but distorts distance and area. A projection that preserves area, such as the Albers equal-area conic projection, should be used if more accurate calculations of distance or area are required.

This product is generated from the USDA-NRCS certified data as of the version date(s) listed below.

Soil Survey Area: Madison County, Iowa
Survey Area Data: Version 20, Sep 22, 2016

Soil map units are labeled (as space allows) for map scales 1:50,000 or larger.

Date(s) aerial images were photographed: Apr 21, 2009—Sep 19, 2016

The orthophoto or other base map on which the soil lines were compiled and digitized probably differs from the background imagery displayed on these maps. As a result, some minor shifting of map unit boundaries may be evident.

# Map Unit Legend

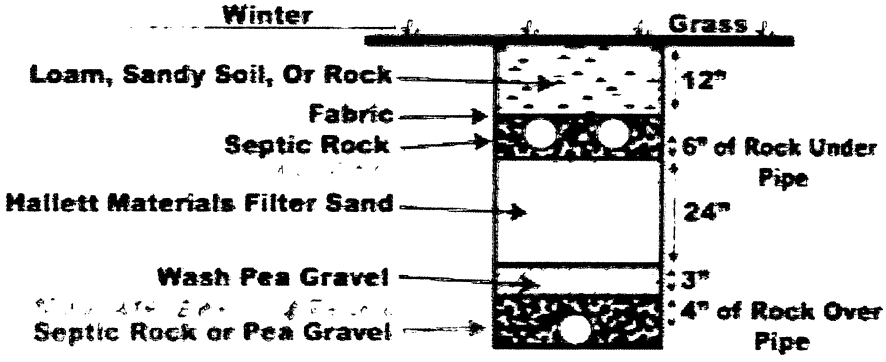
| Madison County, Iowa (IA121) | | | |
|---|---|---|---|
| **Map Unit Symbol** | **Map Unit Name** | **Acres in AOI** | **Percent of AOI** |
| CsB | Clinton silt loam, 2 to 5 percent slopes | 3.4 | 16.0% |
| CsC2 | Clinton silt loam, 5 to 9 percent slopes, eroded | 2.6 | 12.1% |
| CsD2 | Clinton silt loam, 9 to 14 percent slopes, eroded | 0.3 | 1.6% |
| GaE2 | Gara loam, 14 to 18 percent slopes, moderately eroded | 4.8 | 22.8% |
| Gn | Givin silt loam | 0.2 | 0.9% |
| LaB | Ladoga silt loam, 2 to 5 percent slopes | 0.3 | 1.6% |
| LaC2 | Ladoga silt loam, 5 to 9 percent slopes, moderately eroded | 4.1 | 19.3% |
| NrE | Nordness loam, 15 to 25 percent slopes | 0.3 | 1.4% |
| StG | Steep rock land | 5.1 | 24.3% |
| **Totals for Area of Interest** | | **21.2** | **100.0%** |

# PROJECT:
# SAND FILTER PUMPED 150 SF PER BEDROOM

| # Of Bedrooms | Ft² |
|---|---|
| 2 | 300 |
| 3 | 450 |
| 4 | 600 |
| 5 | 750 |
| 6 | 900 |

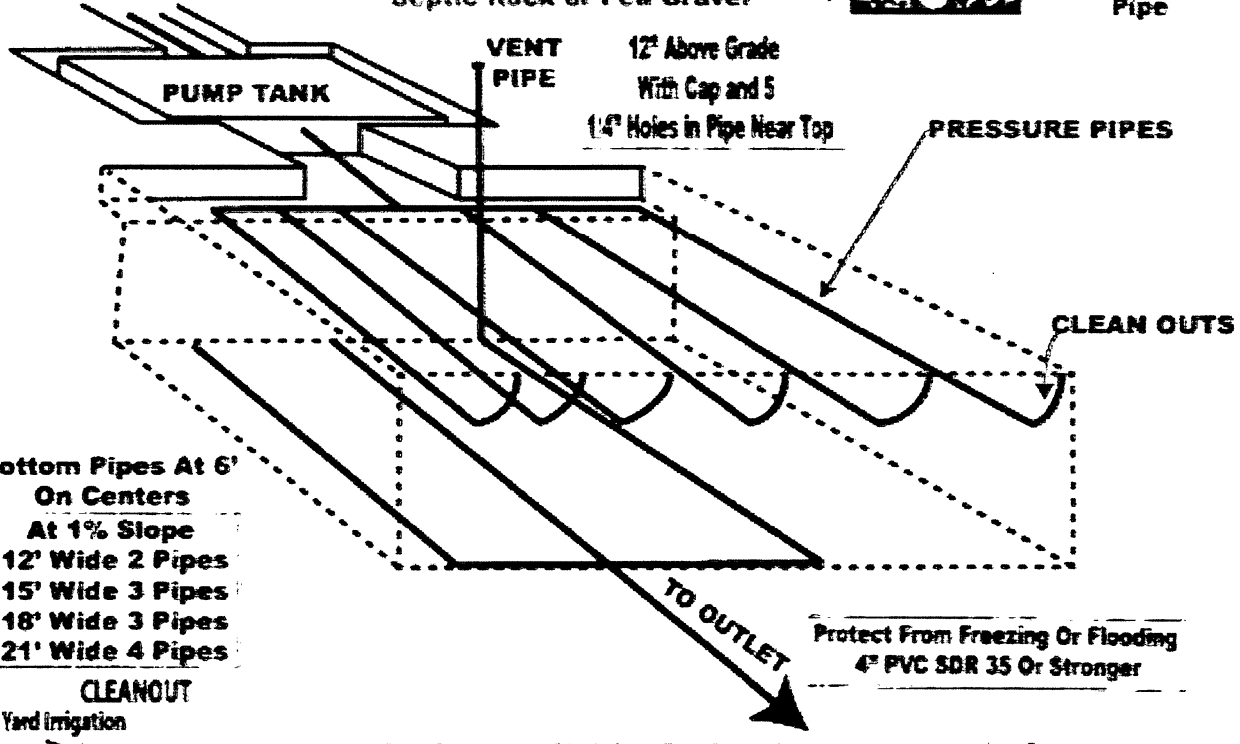
**ALL PIPES SDR 35 OR STRONGER**

Thick Grass Cover Required Prior To Winter




**Top Pipes At 3' On Center**

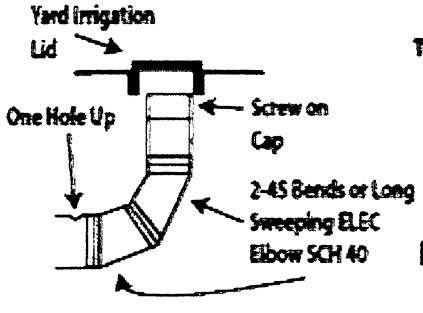
12' Wide 4 Pipes
15' Wide 5 Pipes
18' Wide 6 Pipes
21' Wide 7 Pipes




**Bottom Pipes At 6' On Centers**

At 1% Slope
12' Wide 2 Pipes
15' Wide 3 Pipes
18' Wide 3 Pipes
21' Wide 4 Pipes

Protect From Freezing Or Flooding
4" PVC SDR 35 Or Stronger




The Contractor Shall Size The Pump To Meet The Following Requirements:
The Distribution Pipe Shall Have Holes Spaced No Greater Than 3 Feet.
The Holes Shall Be a Minimum of 3/16 inch diameter.
The Squirt Height Above The Pipe Shall Be a Minimum of 3 Feet.
The Pressure System Shall Drain Back To The Pump Tank. A 1/4 inch hole Shall Be Drilled into The Pipe Pointing Down Inside The Pump Tank To Allow The Sytem To Drain

**Hansen's M & M Services**

202 North Division Street
Audubon, Iowa 50025

Telephone or Fax Number: 712-563-2030
Email lynhansen@iowatelecom.net

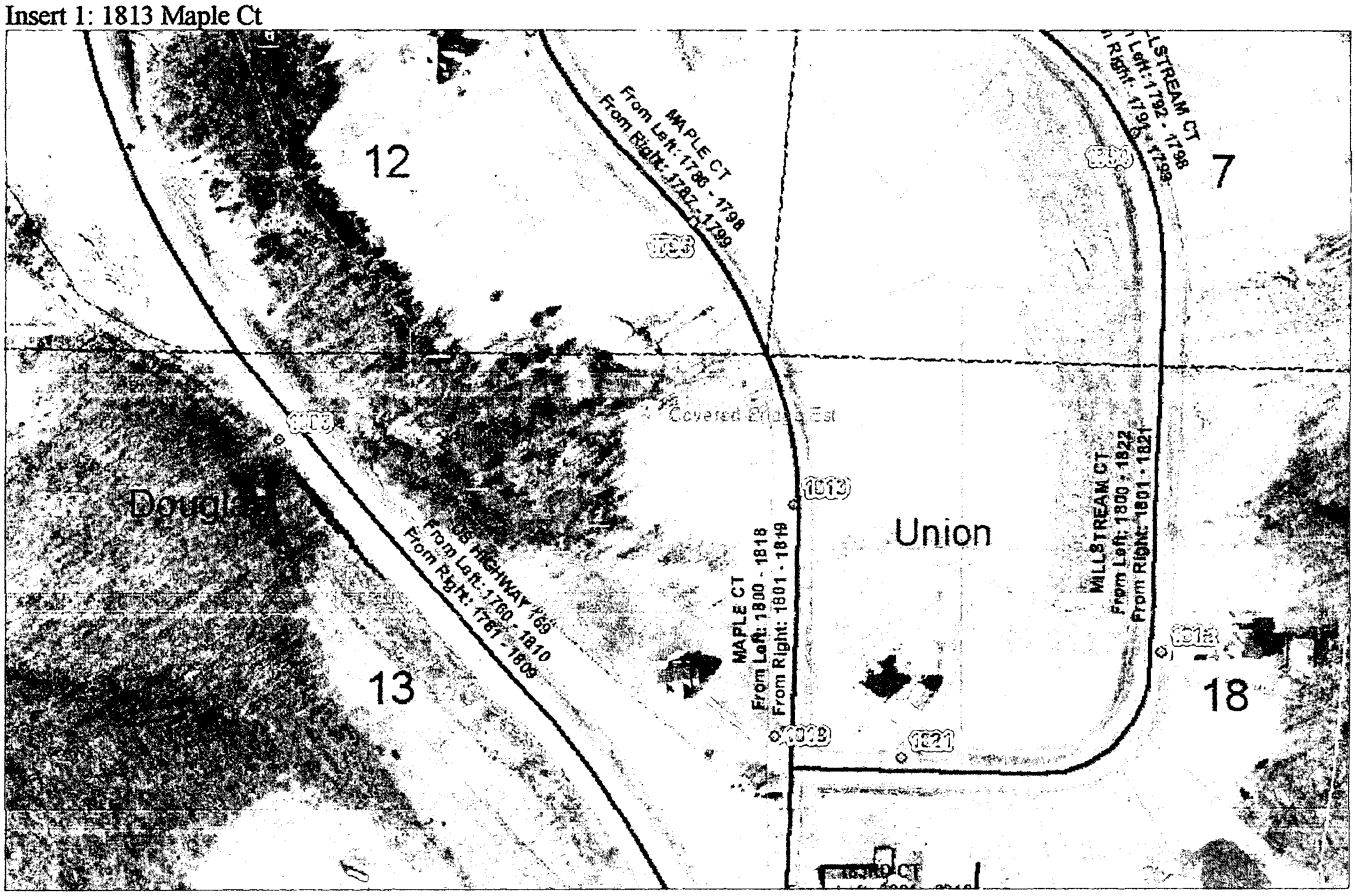
October 16, 2017

## REF: Madison County: Address Issued – 1813 Maple Ct

**Madison County Map Entries**

| MAP INSERT | MAPPED | Verified | Location | # | Date | Name | Address | Community | Township | Section | Zip Code | ESN | MEMO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | x | | County | 2432 | 10/16/2017 | Aric & Kathy Henderson | 1813 Maple Ct | Winterset | DOUGLAS | 13 | 50273 | 507 | GPS 41.387261 - 94.013195 Covered Bridge Estates Lot 2 |

Insert 1: 1813 Maple Ct



***Permit No 093-17 Name: Henderson*** **911 Sign Locate ☐**
***Date of Inspection: 11/16/17 Inspected by: Elton Root***
***Contractor:***
***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
- Pipe is SCH 40 and has a 4-inch diameter. — Yes ☒ No ☐
- Grade – has adequate fall. — Yes ☒ No ☐

Comments:

## *Tank*

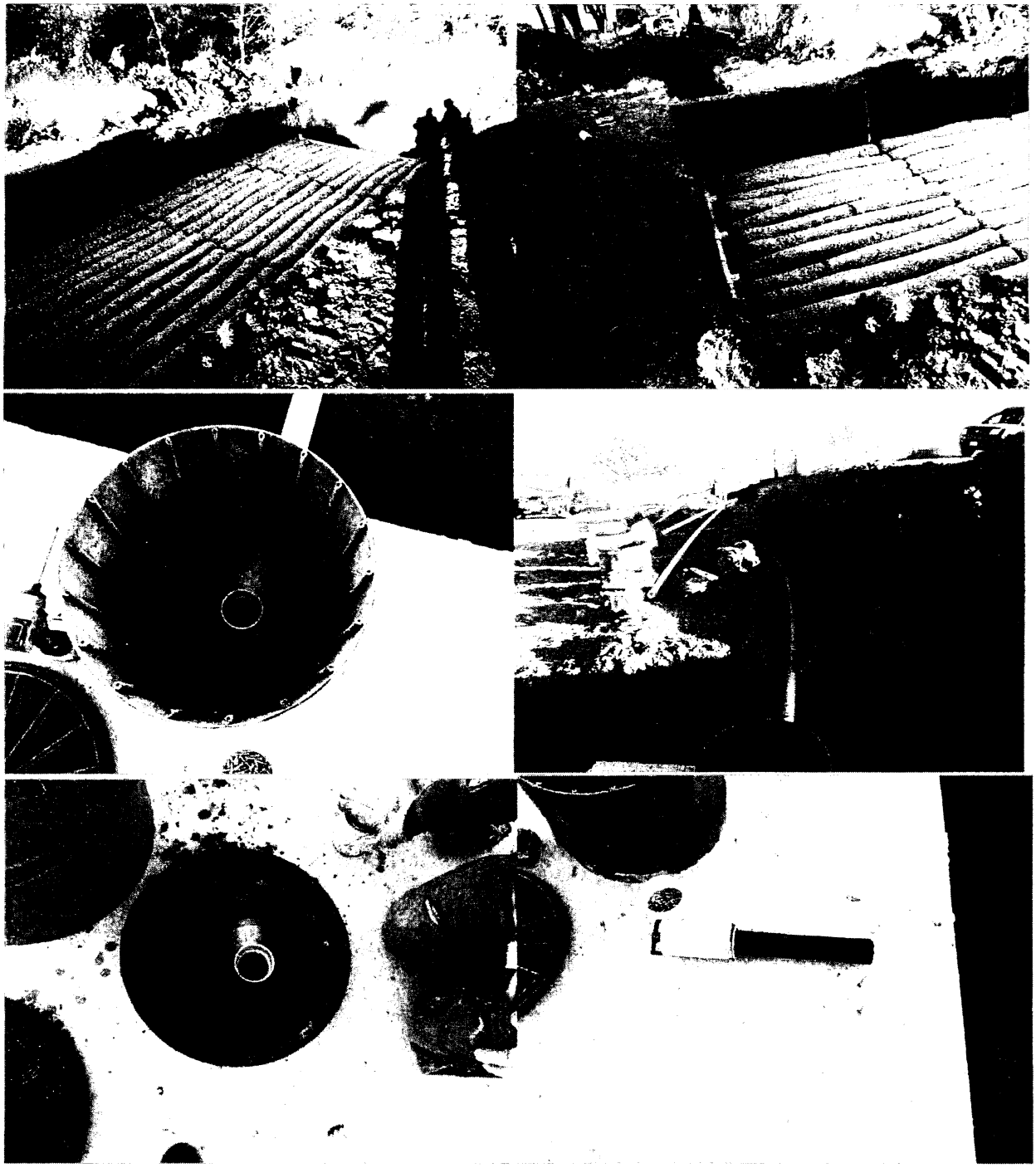
- Septic/Pump Tank Size & Manufacturer Lister 1500/500 — Concrete ☒ Plastic ☐
- Pump Tank Size & Manufacturer — Concrete ☐ Plastic ☐
- 
- Septic compartments meet the specs for capacity. — Yes ☒ No ☐
- Baffle — Yes ☒ No ☐
- Inlet/Outlet tees are ok. — Yes ☒ No ☐
- Effluent filter in the outlet. Yes ☒ No ☐ Manuf. Zoeler
- Tank depth 12 inches
- Risers — Yes ☒ No ☐
- Lids above grade screwed on — Yes ☐ No ☐ Will be ☒

Comments:

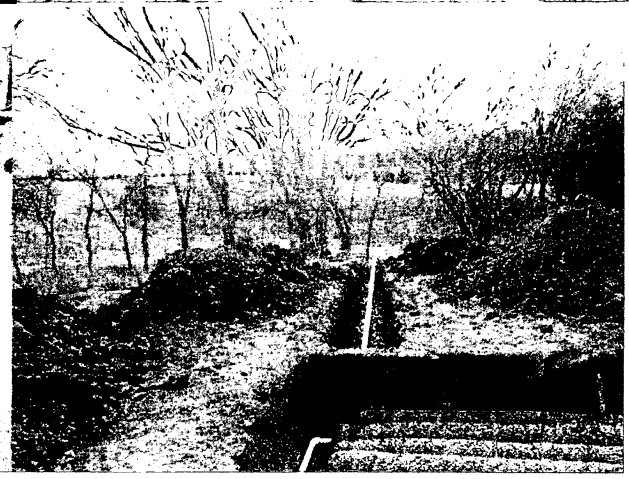
## *Sand Filter*

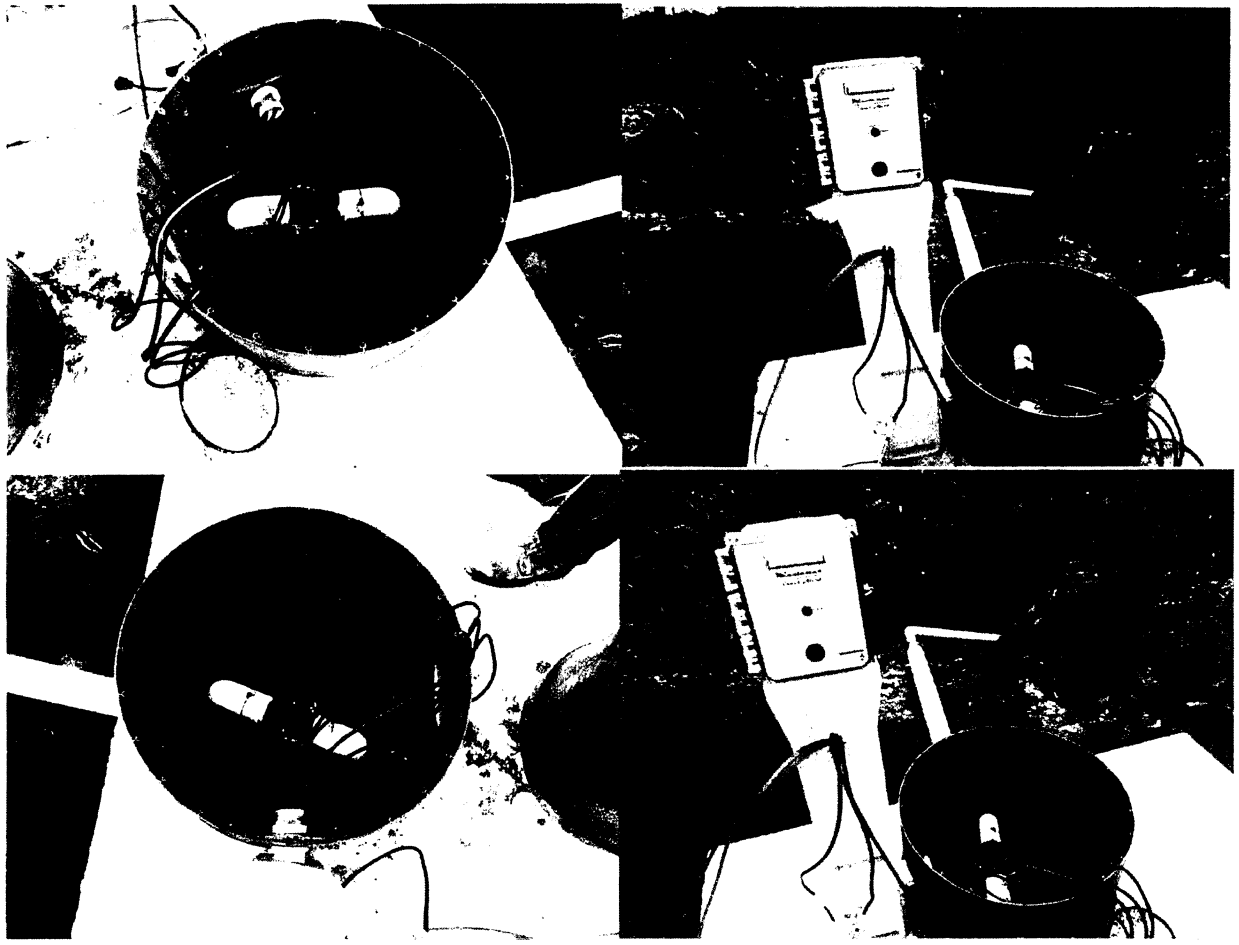
- Pressure Dosed Sand filter
- 15 ft. x 30 ft.
- ½ HP pump

Comments:



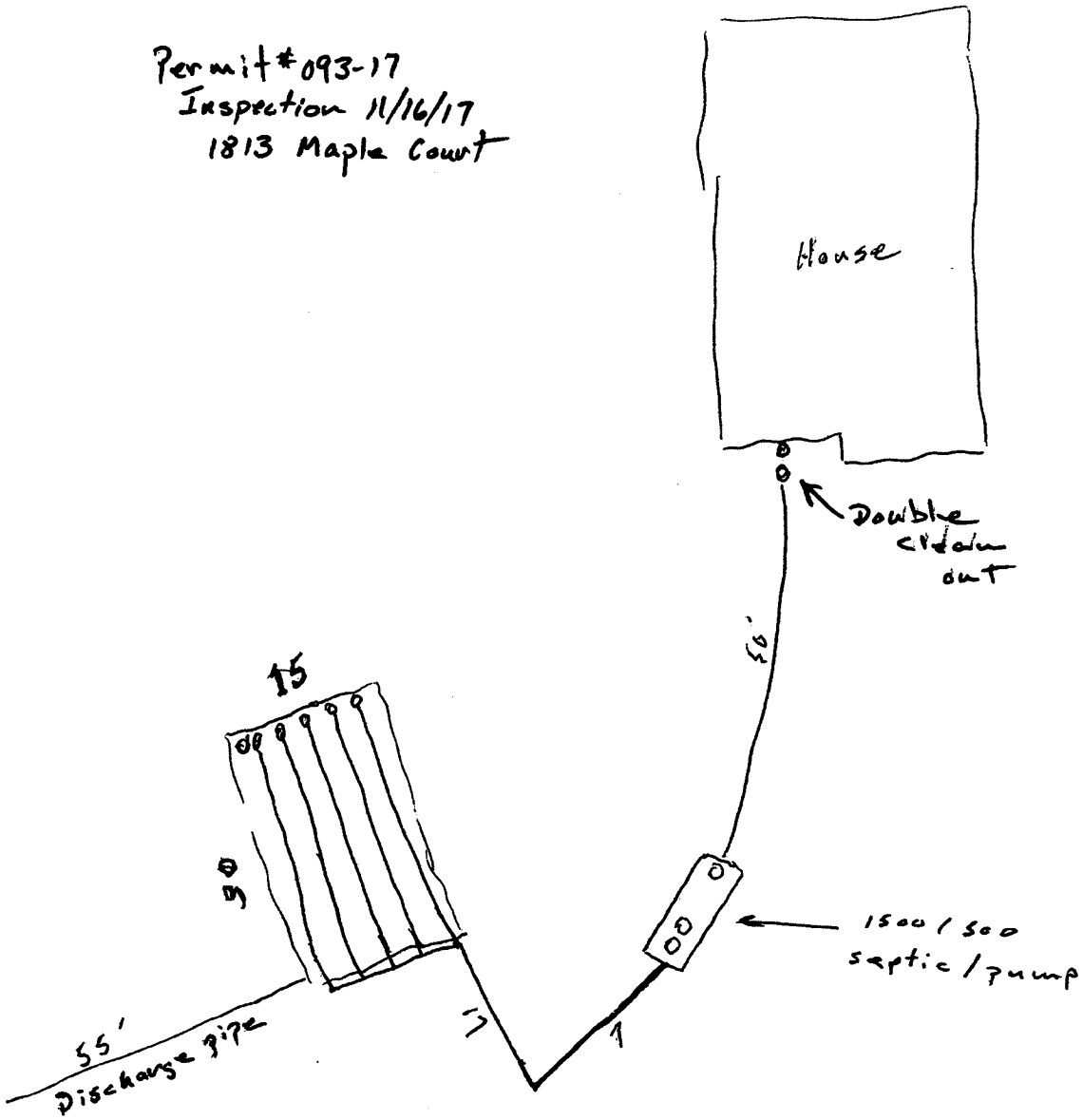
Permit #093-17 Henderson inspection 11/16/17 1813 Maple Court





North

Permit #093-17
Inspection 11/16/17
1813 Maple Court




Squirt 39"

| Collection Location | Collector and Phone | Client Reference | Accession # |
|---|---|---|---|
| septic | jeb<br>515/681-6568 | aric | 2687076 |
| WINTERSET, | Collected<br>2025-07-28 13:30 | Received<br>2025-07-28 14:29 | Project |

Report To

BEN
BEDWELL BUILDERS

1500 NORTH B ST
INDIANOLA, IA 50125

| Sample Description | Sample Type | Sample Source | Sample Note(s) |
|---|---|---|---|
| waste water | Non-Drinking Water | | 1 |

## RESULTS OF ANALYSIS - FINAL REPORT

| TEST | RESULT (mg/L) | QUANT LIMIT | ANALYSIS NOTE(S) |
|---|---|---|---|
| *BOD, Carbonaceous 5 Day, SM 5210 B* | | | |
| **CBOD, 5 Day** | **16** | **2** | |
| *Total Suspended Solids, USGS I-3765-85* | | | |
| **Total Suspended Solids** | **7** | **1** | |

## PENDING/CANCELLED ANALYSES

| TEST | STATUS | ANALYSIS NOTE(S) |
|---|---|---|
| E.coli Bacteria, SM 9223 B | Cancelled | 2 |

## SAMPLE AND ANALYSIS NOTES

1. Unless otherwise noted, the sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

2. Test was canceled per client's request.

## ANALYSIS INFORMATION

| TEST | ANALYZED | SITE | RELEASED | ANALYSIS PREP |
|---|---|---|---|---|
| 1. BOD, Carbonaceous 5 Day, SM 5210 B | 2025-07-30 07:10 AMG, MLS | 3201 | 2025-08-05 08:33 DLS | |
| 2. Total Suspended Solids, USGS I-3765-85 | 2025-07-29 13:30 WMH | 3201 | 2025-07-30 15:27 JAE | |
| 3. E.coli Bacteria, SM 9223 B | | 3201 | 2025-07-29 10:45 AMG | |

## DESCRIPTION OF UNITS

mg/L = Milligrams per Liter

## SITE(S) PERFORMING TESTING

3201 STATE HYGIENIC LAB AT THE UNIV. OF IOWA, IOWA LABORATORIES COMPLEX, 2220 S ANKENY BLVD, ANKENY, IA 50023; Phone 515/725-1600; Fax 515/725-1642; Dustin M. May, Ph.D., Associate Director; Michael A. Pentella, Ph.D., D(ABMM), Director; IOWA ENVIRONMENTAL LAB ID #397; CLIA ID Number 16D0709302