



Document 2025 GW3490

Book 2025 Page 3490 Type 43 001 Pages 24  
Date 12/22/2025 Time 12:53:18PM  
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/media/5465>.

Attachment 1, if required, can be found at: <https://www.iowadnr.gov/media/5466>.

**TRANSFEROR:**

Name	Cinda Whitten and James Whitten		
Address	2903 Truro Road	Truro	IA 50257
	Number and Street or RR	City, Town or PO	State Zip

**TRANSFeree:**

Name	Colton J. McConnaha and Elizabeth D. McConnaha		
Address	2846 260th Street	Saint Charles	IA 50240
	Number and Street or RR	City, Town or PO	State Zip

Address of Property Transferred:

2846 260th Street	Saint Charles	Iowa	50240
Number and Street or RR	City, Town or PO	State	Zip

Legal Description of Property: (Attach if necessary)

Parcel "N" located in the East 36 acres of the Southwest Quarter (¼) of the Northeast Quarter (¼) of Section Thirty (30), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 9.902 acres, as shown in Plat of Survey filed in Book 2020, Page 3278 on September 1, 2020, in the Office of the Recorder of 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:

pull into Driveway 50 ft on east side of Driveway  
old non working covered pit/well no water ever seen  
no electric at site. Dug/Bored

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

Signature: X *Cinda White* Telephone No.: X (515) 468-1639  
(Transferor or Agent)

## TIME OF TRANSFER INSPECTION TOT# 15313 SAM VANSUMPLE CERT # 13193

### Site Information

Parcel Description: **500093026011000**

Address: **2846 260TH ST, St. Charles, IA 50240**

County: **Madison**

### Owner Information

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

Business Name:

Owner Name: **CINDA & JAMES WHITTEN**

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

Address: **2846 260TH ST, St. Charles, IA 50240**

Phone No: **515-468-1639**

### Additional Contact Information

Name

Email Address

Affiliate Type

**Becky Knight**

**beckyknight@iowarealty.com**

**Realtor**

### Site related information

No Of Bedrooms: **4**

Inspection Date: **05/15/2025**

Facility Type: **Residential**

Currently Occupied: **No**

Last Occupied:

System Installation Date:

Permit issued by County: **No**

Permit Number:

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): **2000**

Tank Material: **Concrete**

Tank Corrosion Type: **Slight**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **No**

Licensed Pumper Name: **Rogers septic**

Date Pumped: **5/15/2025**                      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

**Distribution Box 1**

Label: **Distribution Box 1**                      Material Type: **Plastic**                      Accessible: **Yes**  
 Box Opened: **Yes**                      Baffle Present: **Yes**                      Speed Levelers Present: **Yes**  
 Watertight: **No**                      Functioning As Designed: **No**

General Distribution System Comments : **inlet baffle present but has been pressed against the bottom of the distribution box, this has caused the plastic to be pressed down making box non water tight.**

Secondary Treatment

**Sand Filter1**

Filter Type: **Subsurface**                      Distribution Type: **Distribution Box**                      Material Type: **Rock and PVC Pipe**  
 Absorption Area: **960**                      System Hydraulic Loaded: **Yes**                      Gallons Loaded: **200**  
 Discharge At Time of Inspection: **Yes**                      CBOD5 Results: **8**                      TSS Results: **8**  
 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:                      GP4 Required:  
 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: **all waste water goes to 2000 gallon water tight concrete septic tank with slight deterioration. Accessable by inlet and outlet lids. Inlet and outlet baffle present, outlet filter also present. 2 compartment tank. Plastic distribution box with excessive distortion, inlet baffle present but has been pressed against the bottom of the distribution box, this has caused the plastic to be pressed down making box non water tight. Speed levlers in place. Hydraulic loaded 200 gallons of water from house to 24x40=960 sqft sandfilter. Sandfilter took all water and**

**probed dry and clean. Outlet found and sample taken.**

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IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS  
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

**TIME OF TRANSFER INSPECTION TOT# 15313 SAM VANSUMPLE CERT # 13193**

Owner Name: CINDA & JAMES WHITTEN

Address: 2846 260TH ST , St. Charles , IA 50240

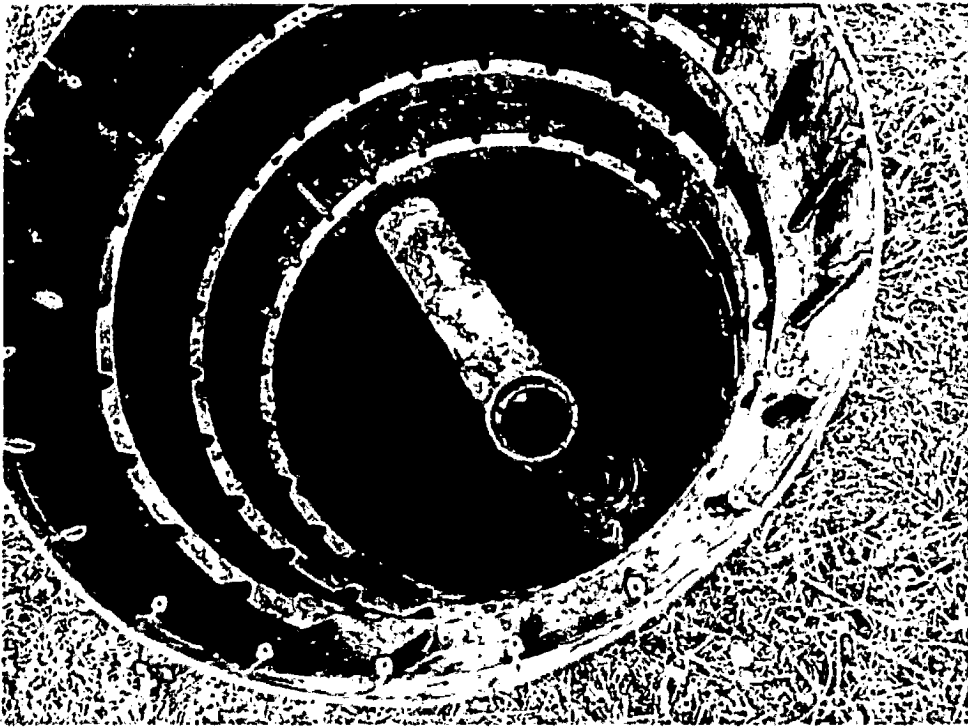
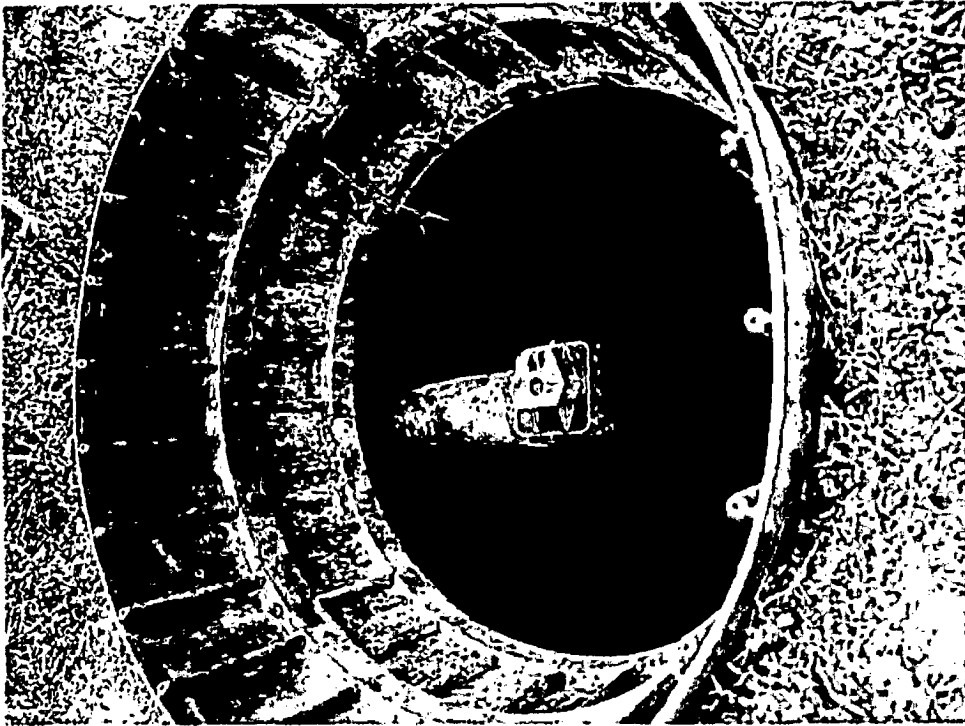
County: Madison

Inspection Date: 05/15/2025

Submitted Date: 5/28/2025

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).





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:** 077-04

**Date Issued:** July 29, 2004

**Issued to:** Douglas & Lori Jones

**Address:** 2846 - 260<sup>th</sup> Street  
St. Charles, Iowa 50240

PID# 500093026610000

**Legal Description:** E 36A SW NE EX .37A RD Section 30 T7S R26 South Twp

**POWTS Components Specifications:** 2000 gal septic tank - 960 sq ft sand 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:**



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

Application to Construct  
Private On-Site Wastewater Treatment  
System (POWTS)  
\$50 Annual Fee + \$11 Recording

Office Use Only					Temp E911.		
Tracking No.	Date Received	Fee Paid	Date Issued	Date Inspected	Date Approved	Section/Township	NPDES Authorization #
077-04	7-29-04	200	7-29-04				

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 <i>Boug</i>		Last Name <i>C Jones</i>		First Name <i>Chris Hansen</i>		Last Name <i>H + H PLUMBING</i>	
Address <i>2846 - 260th St</i>				Address <i>3223 170th St</i>			
City <i>St Charles, IA</i>		Zip <i>50240</i>		City <i>Granger</i>		Zip <i>50109</i>	
Phone Number (area code)		Fax or E-mail		Phone Number (area code)		Fax or E-mail	
				<i>515 277 5755</i>		<i>201 8004</i>	

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): <i>260th Street</i> Legal Description: <i>30-75-26 South Twp E 36A SW T26 LK .37A Rd</i>	

7. Type of Building (Completed by Owner)			
<input checked="" type="checkbox"/> Residential Other buildings served by this system: <i>None</i>		Number of Bedrooms: <i>4</i> <input type="checkbox"/> Commercial/Other Non-Residential Use:	
		<input checked="" type="checkbox"/> Garbage Disposal <input type="checkbox"/> High Water Usage Appliance (i.e. whirlpool bath, water softener) Qty: <i>3</i>	

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

8. Primary and/or Mechanical Treatment		9. Pump/Siphon	
Type: <i>concrete</i>	Manufacturer: <i>Underpool</i>	Type:	Manufacturer:
Model:	Size (gal): <i>2000</i>	Model:	Dosing Frequency:
Type:	Manufacturer:	Model:	
<input type="checkbox"/> Not Applicable			

10. Secondary Treatment Area Type: <input type="checkbox"/> Not Applicable				
Type of Laterals	Number of Laterals	Length of ea. Lateral	Other	Maximum Trench Depth (inches):
			<i>960</i>	<i>1-2</i>

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 Recorder's Office. Discharge from mechanical systems 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.

Applicant Signature: *[Signature]* Date: *7/29/04*

RLI1002 PID 50009302601000 00 Tax Dist 500 00 Class A INQUIRY  
 2003 061 Map# 000001230200005 GIS#

Property 003218200 DED Jones, Douglas T & Lori S  
 Ownership 2846 260Th St  
 St Charles IA 50240-

000000000

Location 2846 Street 260TH ST City ST CHARLES

Rec REC 136 609

Doc .....

Misc Exempt Code No Ag Cr VIN#  
 Sec-Twp-Rng 030 075 026 Cty-Adn-Blk 00030 Title

Legal Desc E 36A SW NE EX .37A RD

Applications Typ 1 AGL Ovr Amt 11,800 Typ 2 .... Ovr Amt  
 Typ 3 .... Ovr Amt Typ 4 .... Ovr Amt

	100%	Rollback Gr	Acres	Typ Desc	Value	Rollback	Acres
Grs	60,920	35,199	35.63	LND Land	10,000	10,000	34.63
Mil			1.00	DWL Ag Dwlg	49,900	24,179	
Net	60,920	35,199	.00	BLD Bldgs	1,020	1,020	
			.00	EXM Exempt			1.00
			Net				34.63

F3=Exit F10=Ownership F12=Prev F13=Rec Doc F14=Image F15=Legal F16=IE  
 F18=TaxHist F19=Aplic F20=Value F21=Print F22=View Image F23=Indexing

**ONSITE WASTEWATER SITE EVALUATION FOR SEPTIC SYSTEM**

REPORT # \_\_\_\_\_

OWNER NAME: Doug Johnson Jones PROPERTY ADDRESS: 2658 260<sup>th</sup> ST.

OWNER ADDRESS: \_\_\_\_\_ LEGAL DESCRIPTION: \_\_\_\_\_

PHONE # \_\_\_\_\_ LOT SIZE: \_\_\_\_\_ acres Madison County

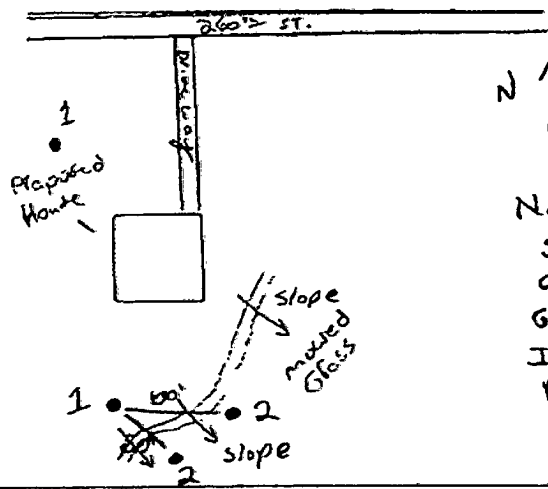
NO. BEDROOMS: 4 DESIGN FLOW 600 gallons STRUCTURE \* NEW EXISTING

BUILDER: Aldright Development Corp PLUMBER: \_\_\_\_\_

**THE TREATMENT SITE SHALL BE PROTECTED FROM ANY AND ALL TRAFFIC, AND ANY SOIL DISTURBANCES. DISTURBING THE TREATMENT SITE SHALL VOID THIS RECOMMENDATION.**

Abbreviations: silty loam-sil; silty clay loam-sicl; clay loam-cl; sandy clay loam-scl; sandy clay-sc; silty clay-sic; sandy loam-sl; structure-str; moderate-mod;

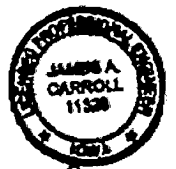
DEPTH IN FEET	1	2
1	Dark Brown Hvy Silty Clay loam mod. str.	Dark Brown Hvy Silty Clay loam mod. str.
2	Yellow Brown Hvy Silty Clay loam	Yellow Brown Hvy Silty Clay loam
3	Yellow Brown Hvy Silty Clay loam	Yellow Brown Hvy Silty Clay loam
4	Gray & rust	Gray & rust
5		
6		



N | Not To Scale

Notes: soils not suitable for laterals or mound. Grays and rust at 2 1/2 ft. I recommend either a peat or sand filter.

I RECOMMEND AN EFFLUENT FILTER WITH ALL SYSTEMS.



SOIL LOADING RATE <u>0</u> gpf.	BASED ON SURFACE AREA OF TRENCH BOTTOM.
WATER TABLE/CONFINING AT <u>0</u> FEET	2-FOOT WIDE TRENCH _____ FEET
MAXIMUM DEPTH OF TRENCH <u>0</u> INCHES	3-FOOT WIDE TRENCH _____ FEET.
	EQUALIZER 24 REQUIRES _____ FEET.

James A. Carroll  
JAMES A. CARROLL, P.E.

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. DATE: 7-9-04 REG. NO. 11328. MY LICENSE RENEWAL DATE IS DECEMBER 31, 2005. PAGES WITH THIS REPORT 1.

The analyses and recommendations in this report are based in part upon the data obtained from the soil tests performed at the indicated locations, the SCS County Soil Survey book, onsite inspection, and the soil textural class was determined by the "Feel Method". This report does not reflect any variations, which may occur between borings or across the site. The nature and extent of such variations may not become evident until construction. If variations then appear evident, it will be necessary to reevaluate the recommendations of this report.

In the event that any changes in the design, nature, or location of the project as outlined in this report occur, the data and recommendations contained in this report shall not be considered valid unless the changes are reviewed and verified in writing by James A. Carroll, P.E..

Jul. 09 2004 10:28PM P2

FAX NO. : 515 225 3846

FROM: JIM CARROLL

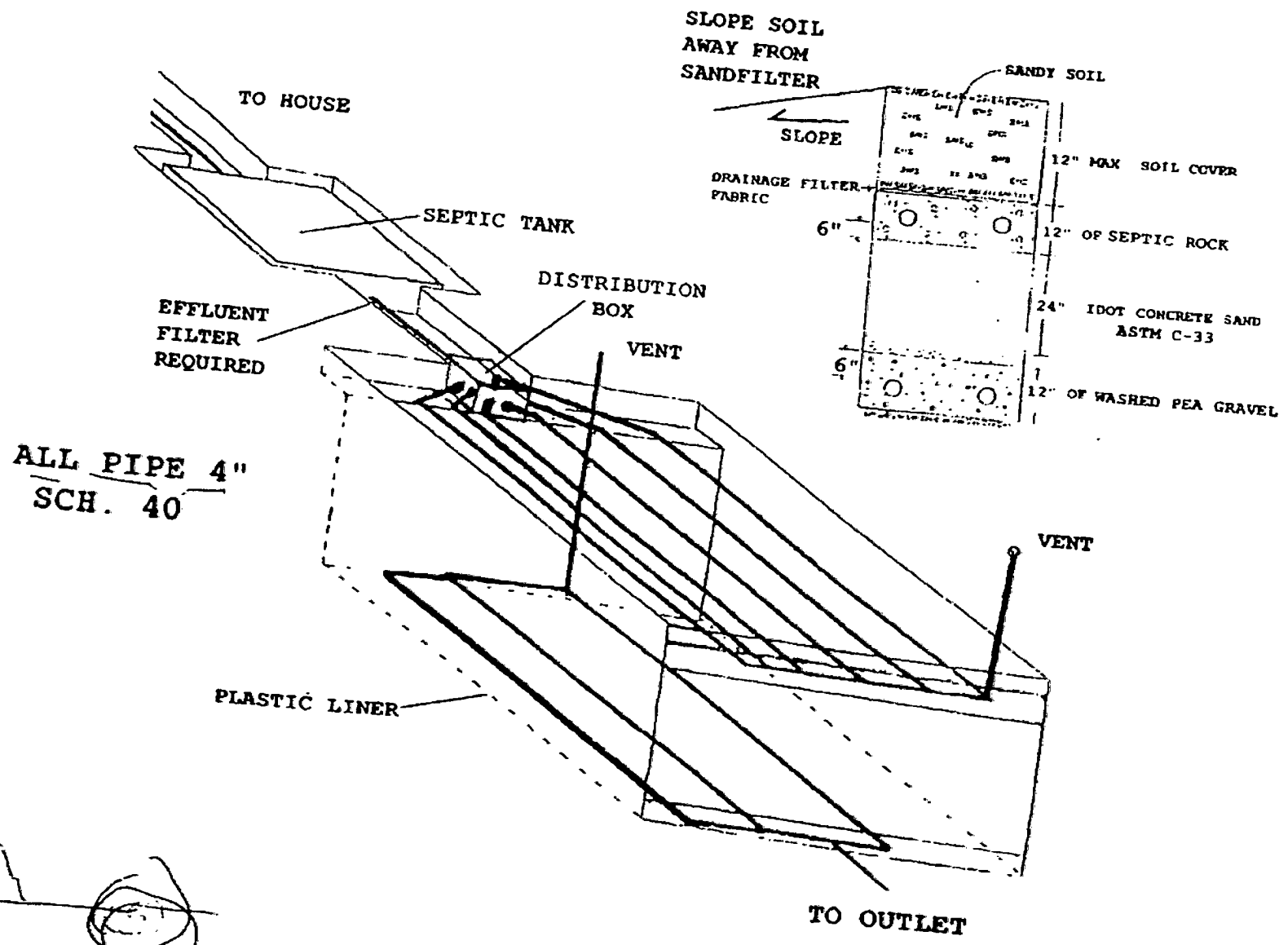
P. 02

94%

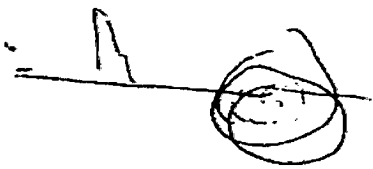
515 225 3846

JUL-09-2004 22:14

1" WASHED D-57  
307 blanket -  
Inspection Port ??

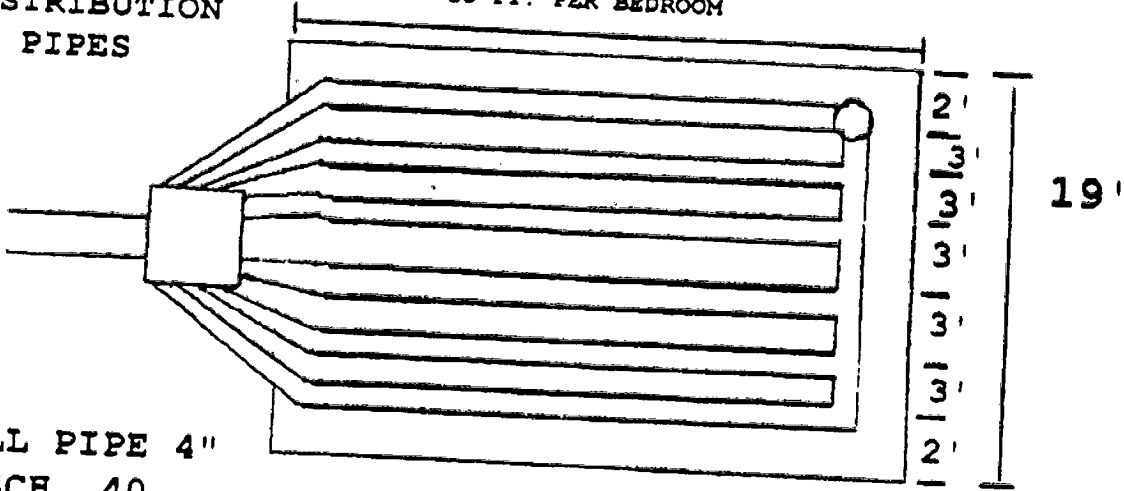


ALL PIPE 4"  
SCH. 40



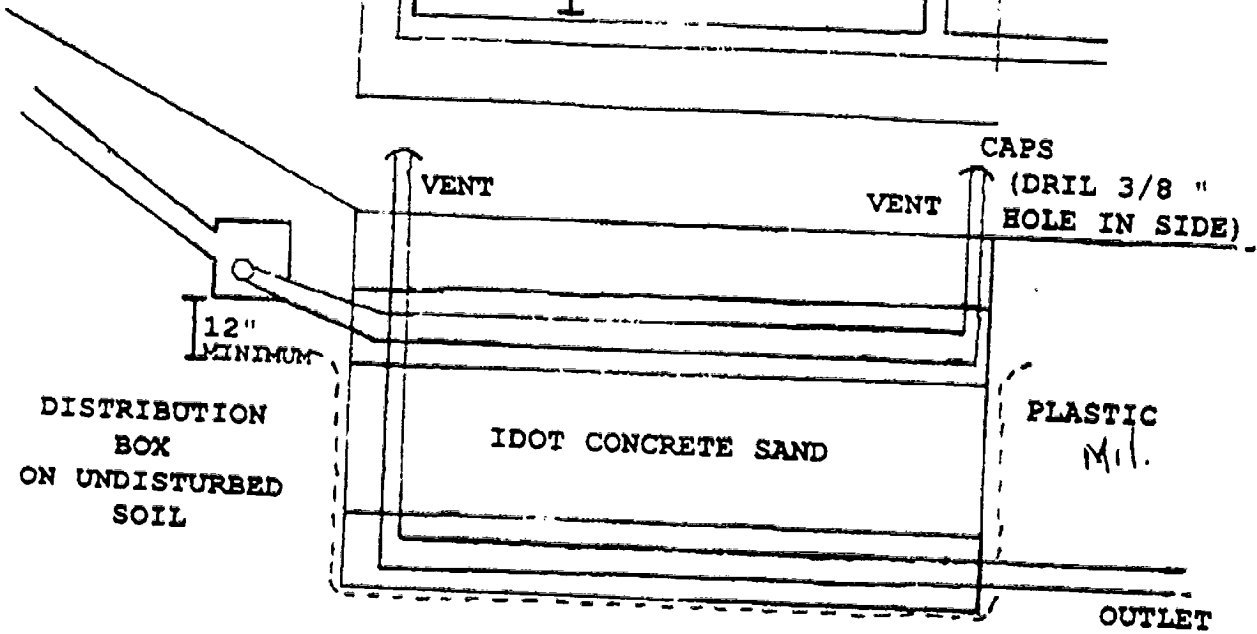
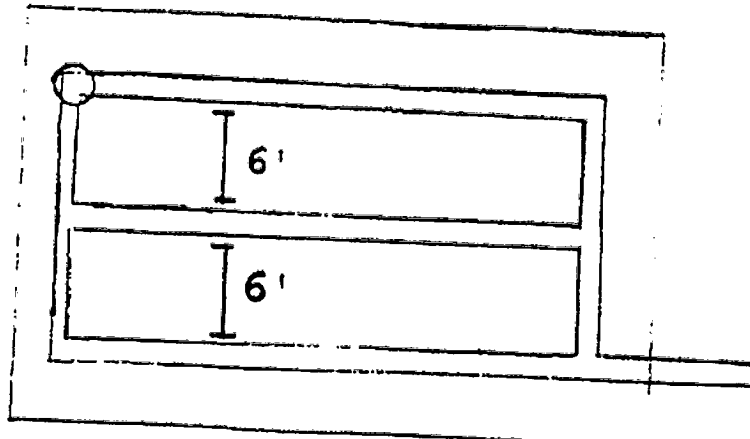
DISTRIBUTION  
PIPES

13 FT. PER BEDROOM



ALL PIPE 4"  
SCH. 40

COLLECTION  
PIPES



CAPS  
(DRIL 3/8 "  
HOLE IN SIDE)

DISTRIBUTION  
BOX  
ON UNDISTURBED  
SOIL

12"  
MINIMUM

IDOT CONCRETE SAND

PLASTIC  
Mil.

OUTLET

**MADISON COUNTY BOARD OF HEALTH**

COURTHOUSE  
P.O. BOX 152  
WINTERSE, IOWA 50273

**SURFACE DISCHARGING  
WASTEWATER TREATMENT SYSTEMS**

**PROPERTY OWNERS AGREEMENT TO FOLLOW CHAPTER 69 REQUIREMENTS**

576—69.2 (455B) Requirements when discharged into surface water. All discharges from on-site wastewater treatment and disposal systems which are discharged into any surface water shall be treated in a manner that will conform with the requirements of NPDES General Permit No. 4 issued by the department of natural resources

NPDES General Permit No. 4 covers the discharge from any On-Site Wastewater Treatment and Disposal System constructed in accordance with 567 IAC Chapter 69 which is not absorbed underground into the soil but discharges to the surface of the ground, into surface waters or into an underground drainage tile.

All conditions of the Iowa Department of Natural Resources National Pollutant Discharge Elimination System (NPDES) General Discharge Permit No.4 for Discharge from On-Site Wastewater Treatment and Disposal Systems and all conditions as set forth in Madison County Health regulations shall be met.

**The NPDES permit is non-transferable and must be applied for with a Notice of Intent every time ownership is transferred.**

The above requirements shall run perpetuity with the real estate described as Follows:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Disposal Treatment: Subsurface Sand Filter  Free Access Sand Filter   
Peat Biofilter  Mechanical Aerobic  Other

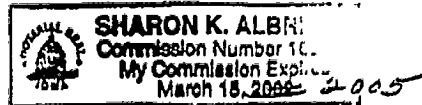
Certification:  
I certify the above information is true and accurate, to the best of my knowledge. I agree to abide by all of the terms and conditions stated above.

Signature: \_\_\_\_\_  
S.S.

STATE OF IOWA  
COUNTY OF MADISON

On this 29<sup>th</sup> of July, 2004 before me a Notary Public in and for said County and State, personally appeared Della Jones, to be the persons named in and who executed the foregoing and acknowledged that he/she executed same as his/her voluntary act and deed.

*Sharon K. Albright*  
NOTARY PUBLIC  
STATE OF IOWA  
My commission Expires:





IOWA DEPARTMENT OF NATURAL RESOURCES  
ENVIRONMENTAL SERVICES DIVISION

**NOTICE OF INTENT**

TO BE COVERED UNDER NPDES GENERAL PERMIT #4

"DISCHARGE FROM ON-SITE WASTEWATER TREATMENT AND DISPOSAL SYSTEMS"

Current Owner Information (Type or Print)

Name Douglas T. Jones Sr.  
Address 2846 260th St. City St. Charles  
State Iowa Zip 50240 Telephone (515) 728-4708

Facility Location

1/4 Section 1/4 Section 1/4 Section Section Township Range County  
1/4 of 1/4 of 1/4 of Sec. 030, T. 075N, R. 026 W/E Madison

Facility address: (E911 system or other) E-36A-SW-NE-EX-37A-RD  
Street address 2846 260th St.  
City St. Charles, Ia Zip 50240

Type of Secondary Treatment

Sand Filter  Mechanical/Aerobic Unit  Constructed Wetland  Lagoons   
Other  (describe) \_\_\_\_\_

Certification:

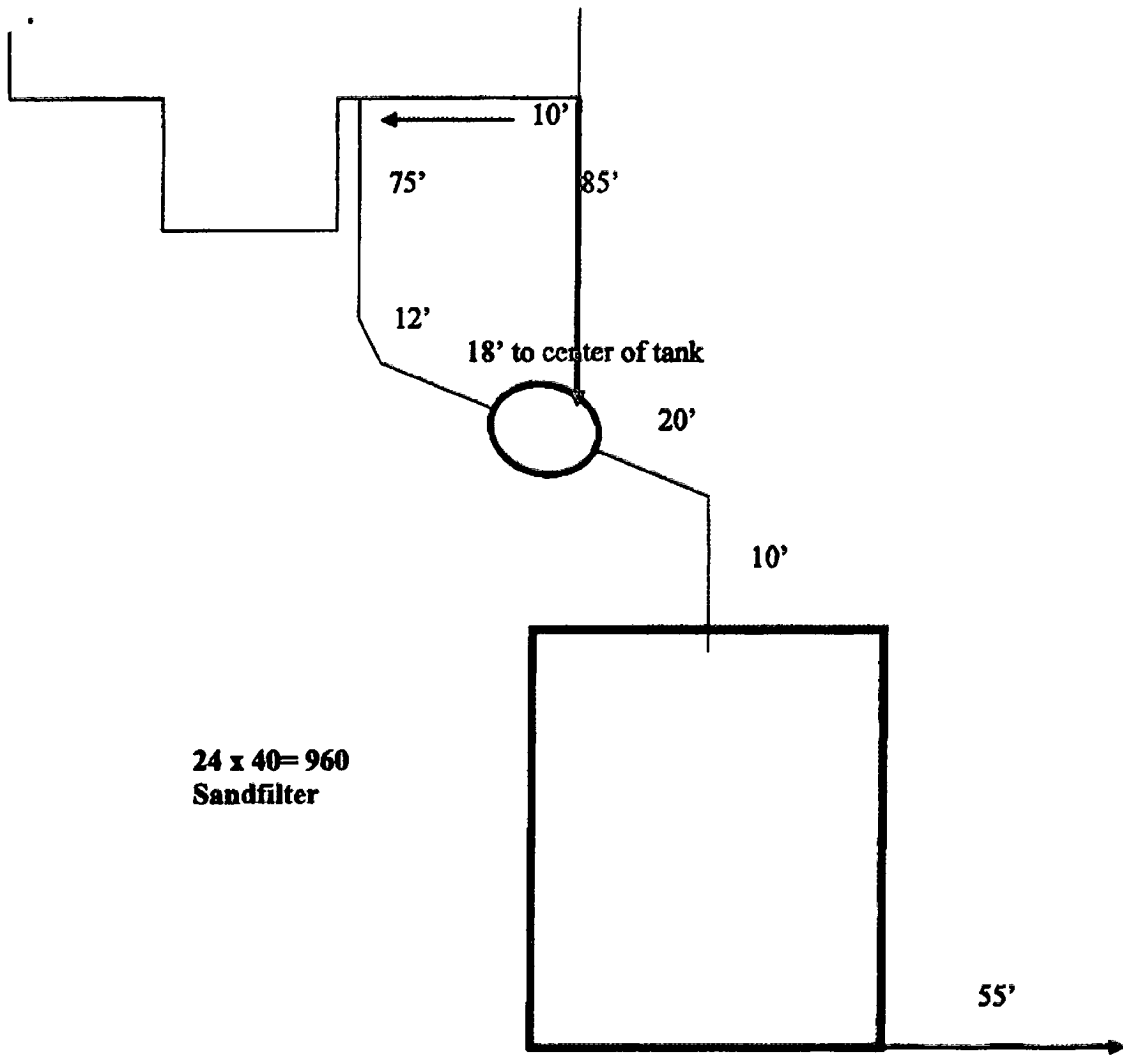
I certify the above information is true and accurate, to the best of my knowledge. I agree to abide by all terms and conditions of the DNR NPDES General Permit #4. The permitted system will be constructed in conformance with the requirements of IAC 567 - Chapter 69 and all applicable County requirements.

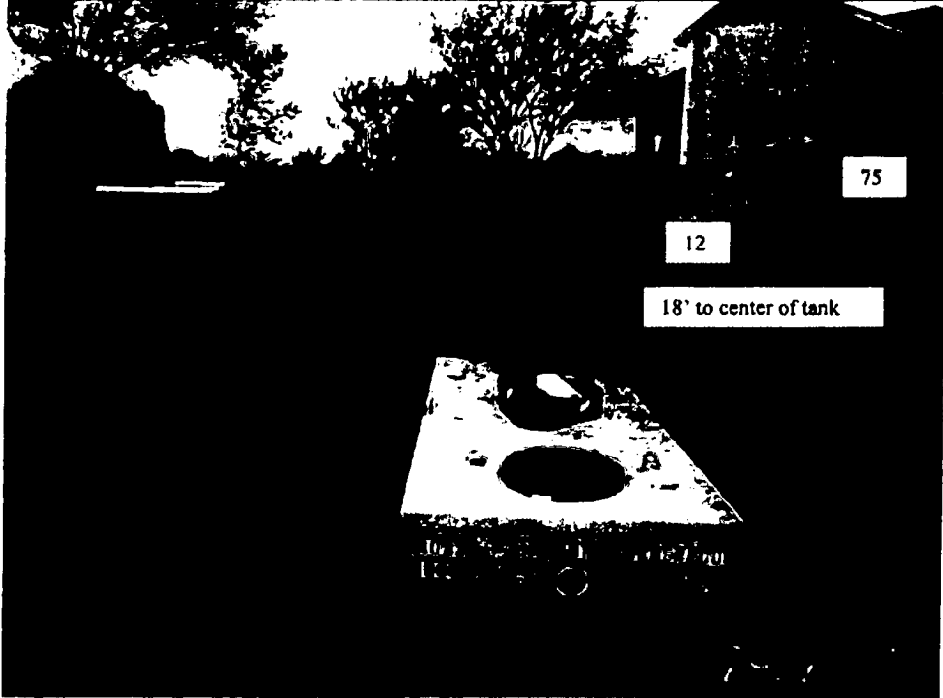
Signature [Signature] Date 7/29/04

A copy of the permit will be mailed to you along with your discharge authorization.

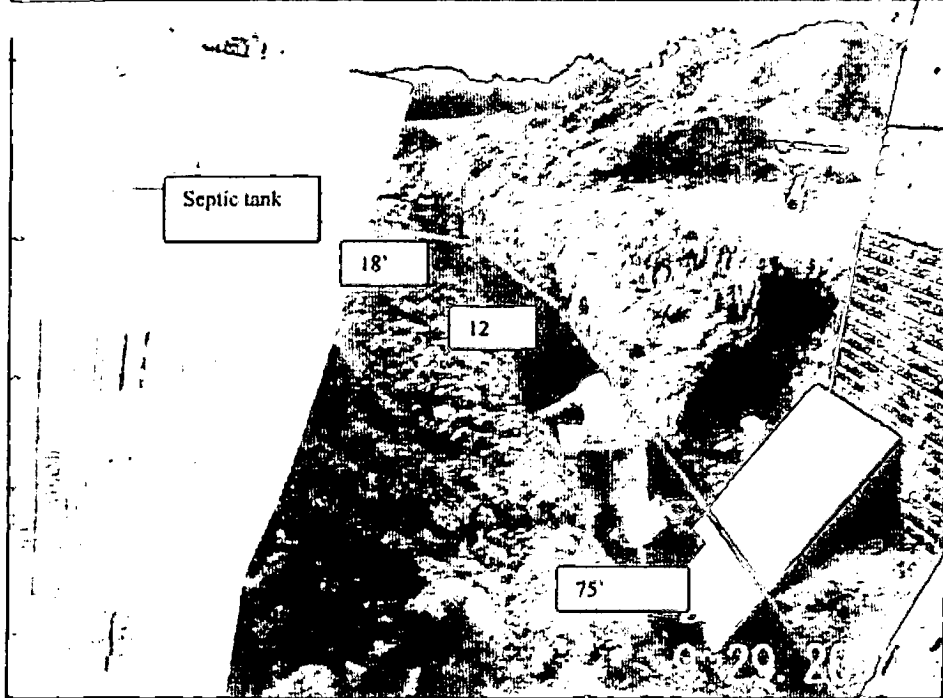
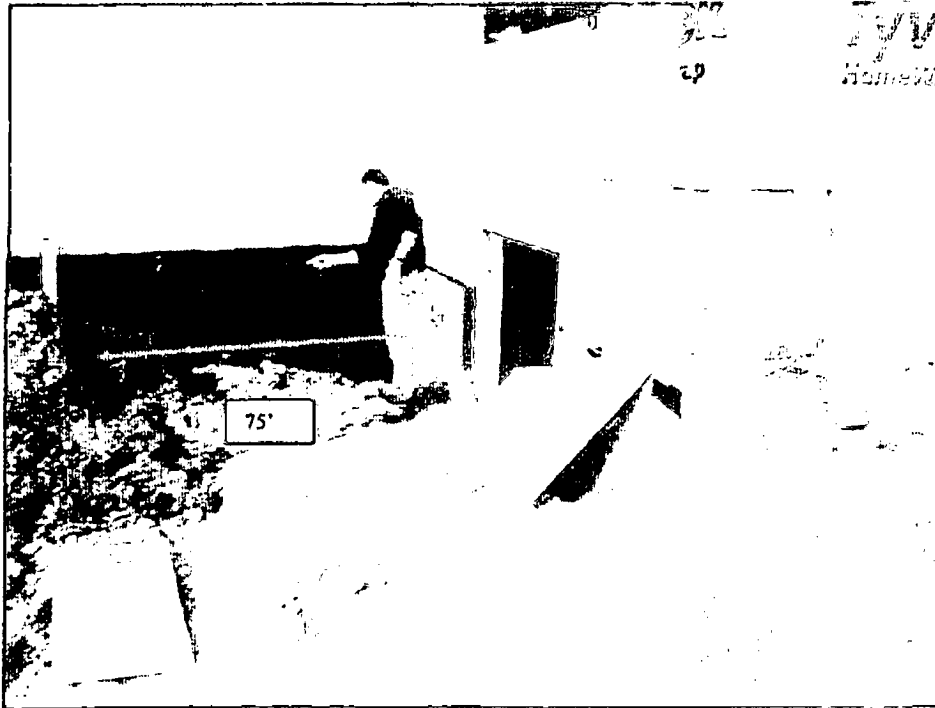
Send completed form to: Department of Natural Resources  
Madison Water Supply Section  
County 401 SW 7th Street, Suite M  
Des Moines, IA 50309

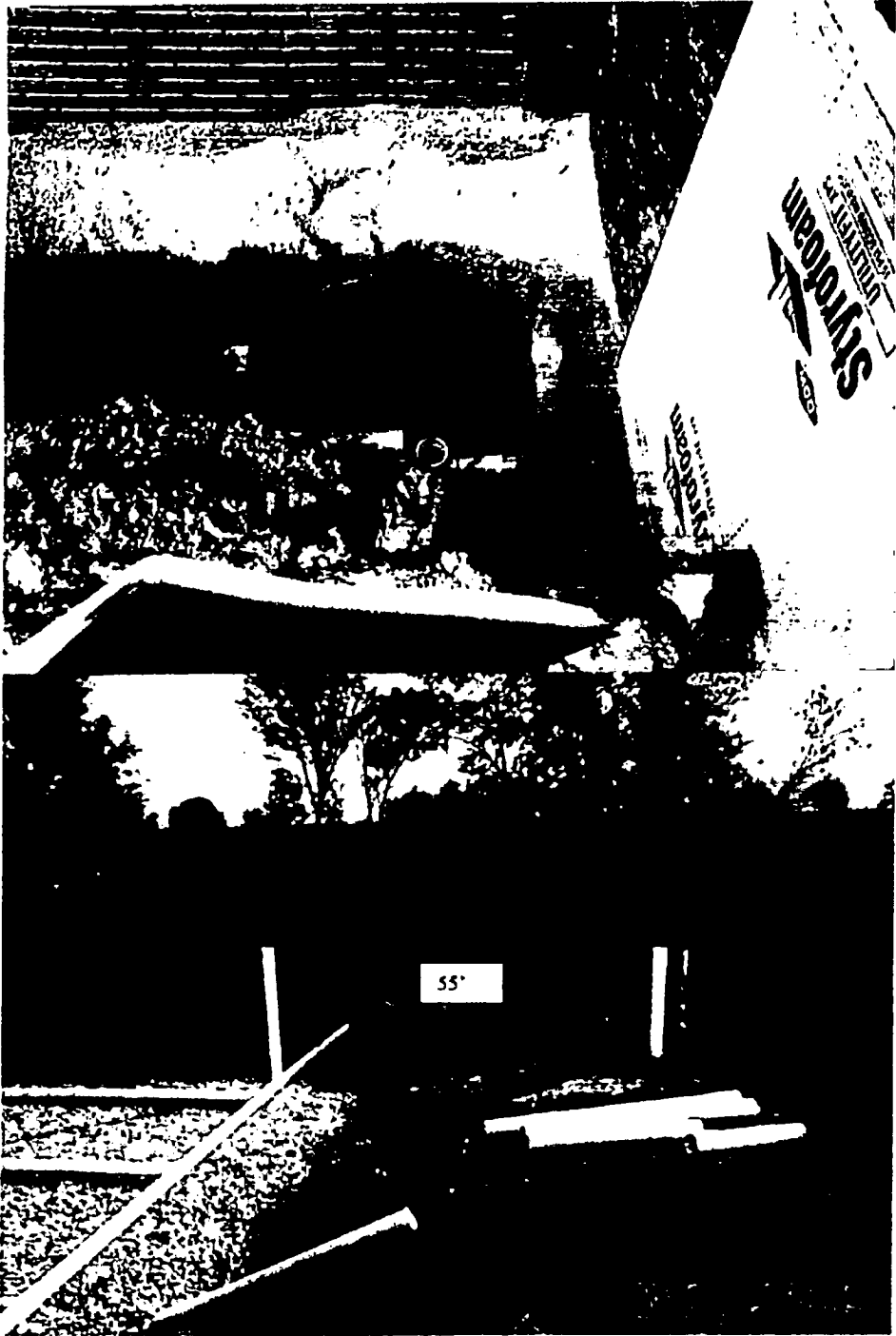






2000 gal  
Vanderpool tank









Microbac Laboratories, Inc., Newton

CERTIFICATE OF ANALYSIS

11E1434

<b>Client Sample ID:</b>	Written 2548 260th St Saint Charles	<b>Collected By:</b>	Unknown
<b>Sample Matrix:</b>	AQUEOUS	<b>Collection Date:</b>	05/19/2025 14:30
<b>Lab Sample ID:</b>	11E1434-02		

Determination of Conventional Chemistry Parameters	Result	RL	Units	DF	Note	Prepared	Analyzed	Analyst
<b>SM 5210 B-2016</b>								
CBOD (5 day)	<8	8	mg/L	4			05/20/25 0600	MND
<b>USGS 1-3765-85</b>								
Total Suspended Solids (TSS)	8	1	mg/L	1		05/21/25 1224	05/22/25 0832	LAW

Definitions

DF:

RL:

RPD:

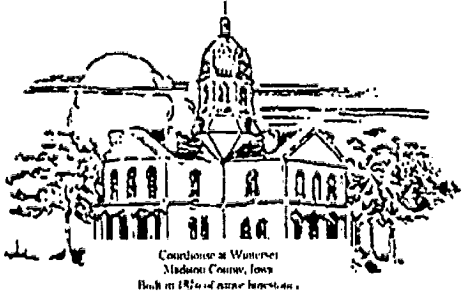
Report Comments

The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included. The services were provided under and subject to Microbac's standard terms and conditions which can be located and reviewed at <<https://www.microbac.com/standard-terms-conditions>>.

Reviewed and Approved By:

*Tiffannie Clymer*

Tiffannie Clymer  
Customer Relationship Specialist  
tiffannie.clymer@microbac.com  
05/27/25 15:08



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

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**Ryan Hobart, Zoning Administrator**  
**Andrew Hornback, Environmental Health Officer**  
Phone: 515-462-2636, Fax: 515-462-5002

June 5th, 2025

James & Cinda Whitten  
2846 260<sup>th</sup> St  
St. Charles, IA 50240

Dear Mr. & Mrs. Whitten,

According to the Time of Transfer inspection TOT# 15313 the Distribution box was distorted and no longer water-tight. However, according to the repair information provided to my office, the system serving 2846 260th St, St. Charles, IA now meets the requirements of IAC 567 Chapter 69. If you have any questions or concerns, please do not hesitate to contact me.

If you have any questions, please contact my office.

Sincerely,

Andrew Hornback, Environmental Health Officer  
Madison County Environmental Health & Zoning