



Document 2013 GW3825

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Matthew and Angie Richey

Address 8149 Elk Horn St. Norwalk, IA 50211

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Jenni A. and Darren R. Elings

Address 735 High Rd. Norwalk, IA 50211

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

2765 Woodland Ave. St. Charles, IA 50240

Number and Street or RR

City, Town, or P.O.

State

Zip

Legal Description of Property: (Attach if necessary)

Parcel "B", located in the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Thirty-Six,
Township Seventy-five (75) North, Range Twenty-Six (26) West of the 5th P.M. Madison Co. Iowa

1. Wells (check one)

There are no known wells situated on this property.

There is a well or wells situated on this property. The type(s), location(s) and legal status are stated below or set forth on an attached separate sheet, as necessary. *(See Attached)*

2. Solid Waste Disposal (check one)

There is no known solid waste disposal site on this property.

There is a solid waste disposal site on this property and information related thereto is provided in Attachment #1, attached to this document.

3. Hazardous Wastes (check one)

There is no known hazardous waste on this property.

There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.

4. Underground Storage Tanks (check one)

There are no known underground storage tanks on this property. (Note exclusions such as small farm and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in instructions.)

There is an underground storage tank on this property. The type(s), size(s) and any known substance(s) contained are listed below or on an attached separate sheet, as necessary.

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

AR MR

5. Private Burial Site (check one)

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

6. Private Sewage Disposal System (check one)

- All buildings on this property are served by a public or semi-public sewage disposal system.
- This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- There is a building served by private sewage disposal system on this property or a building without any lawful sewage disposal system. A certified inspector's report is attached which documents the condition of the private sewage disposal system and whether any modifications are required to conform to standards adopted by the Department of Natural Resources. A certified inspection report must be accompanied by this form when recording.
- There is a building served by private sewage disposal system on this property. Weather or other temporary physical conditions prevent the certified inspection of the private sewage disposal system from being conducted. The buyer has executed a binding acknowledgment with the county board of health to conduct a certified inspection of the private sewage disposal system at the earliest practicable time and to be responsible for any required modifications to the private sewage disposal system as identified by the certified inspection. A copy of the binding acknowledgment is attached to this form.
- There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgment with the county board of health to install a new private sewage disposal system on this property within an agreed upon time period. A copy of the binding acknowledgment is provided with this form.
- There is a building served by private sewage disposal system on this property. The building to which the sewage disposal system is connected will be demolished without being occupied. The buyer has executed a binding acknowledgment with the county board of health to demolish the building within an agreed upon time period. A copy of the binding acknowledgment is provided with this form. [Exemption #9]
- This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption [Note: for exemption #9 use prior check box]: _____.
- The private sewage disposal system has been installed within the past two years pursuant to permit number _____.

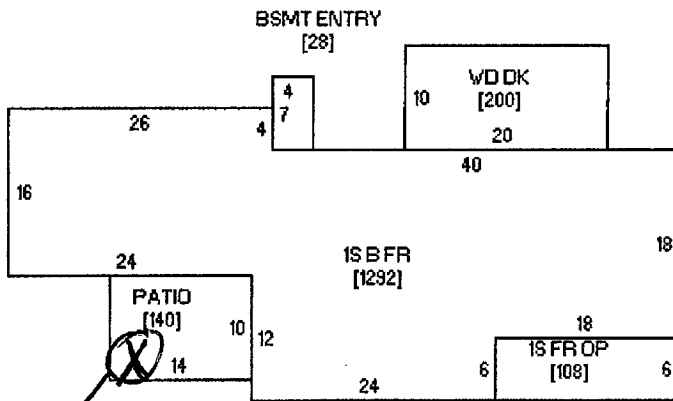
Information required by statements checked above should be provided here or on separate sheets attached hereto:

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

Signature: _____

Angie Riehy
(Transferor or Agent)

Telephone No.: (515) 577-3642



NC FOR 1/4 BSMT

1/2 S BRK = 60 LF

WELL



Time of Transfer Inspection Report (DNR Form 542-0191)

Property information

Current owner Matt and Angie Richey 641.396.2915
Buyer Realtor Dawn Avery 515.469.1328
Mailing address 2745 Woodland Ave St. Charles Ia 50246

Site Address/County 2745 Woodland Ave St. Charles Ia Madison county
Legal Description N.W. 3/4 Sec 36-75-26 South Twp.

No. of bedrooms 2 Last occupied? 12-20-13 Records available yes

Permit/installation date 2-27-06 Separation distances OK/No? yes
015-016

Septic system information

Septic tank(s): size 1,250 gal. material Plastic condition excellent
Tank pumped? yes date 3-1-13 licensed pumper yes S.T. 307
Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper

Aerobic treatment unit (ATU) mfg size
Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider
Condition

Pump tanks/vaults: type size condition

Distribution system: distribution box yes outlets used no condition excellent
Header pipe(s) 1 # of lines 4 Pressure dosed? no

Secondary treatment:
length of absorption fields 4x100' = 400' determined by
condition of fields excellent determined by
type of trench material EQ 24

Size of sand filter determined by
Vent pipes above grade? discharge pipe located?
Effluent sample taken? Results

Media filters: type
Maintenance contract? expiration date service provider
Condition

NPDES General Permit No. 4: required? permitted? NOI provided



Time of Transfer Inspection Report

Other components:

Alarms no Working? _____ disinfection no working? _____

Control box no Timers no inspection ports _____

Other components none

Overall condition of the private sewage disposal system

Report system status Excellent working Order

Explain (attach additional pages as needed): _____

Comments: Pump and clean Septic tank every 3 to 5 years.
Clean effluent filter at least once or twice a year.

Site status at conclusion of Time of Transfer inspection:

- Verify that controls are set on the appropriate mode.
- Power is on to all components.
- Revisit all components to verify lids are secure.
- Gather all tools for removal from the site.
- Verify that no sewage is on the ground surface.

Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

This report indicates the condition of the private sewage disposal system at the time of the inspection. It does not guarantee that it will continue to function satisfactorily.

Signature of Certified inspector: [Signature] Date: 12-1-13
 Name (print): Vance Smith Certificate #: 8992
 Address: 502 West Main Street St. Charles Ia 50240
 Phone # 515.396.2440

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program
502 E. 9th St.
Des Moines, IA 50319

**ANYTIME SEPTIC SERVICES II
VANCE SMITH
ST. CHARLES, IA 50240
641-396-2440**

REAL ESTATE SEPTIC INSPECTION

On December 1st 2013, Anytime Septic Services II did Time of Transfer Real Estate Inspection on distribution box, septic tank, and lateral field at 2765 Woodland Ave, ST. Charles, Iowa 50240. Matt and Angie Richey residence. The septic tank is a 1,250 gallon two compartment Poly Vinyl Rochester septic tank with 24 inch in round diameter plastic screw down cleanout or access lids on both inlet and outlet ends of septic tank at ground surface. Below both inlet and outlet lids are tee baffles inside of the septic tank on both ends. On the outlet end of septic tank is a 4 inch round diameter Zoeller effluent filter inserted inside the tee baffle that needs to be cleaned out at least once or twice a year, by simply lifting straight upward from inside of tee baffle and hosing clean with garden hose than reinsert. On December 1st, 2013 I did not pump and clean septic tank, I did inspect septic tank and cleaned effluent filter. On March 1st, 2013, exactly 9 months ago Anytime Septic Services II, Myself did pump and clean the 1,250 gallon Poly Vinyl Rochester septic tank and Zoeller effluent filter. Under the Time of Transfer Real Estate Inspection regulations it states that if septic tank has not been pumped and cleaned within a 3 year time of inspection it is not required unless necessary or other wise. The Distribution box is a plastic Tuff Tite box with a tee baffle inside. Distribution box is a 12 inches below ground surface with a concrete surrounding for support. There is 4 lines leaving distribution box through 4 speed levelers equally distributing effluence's into 4 E.Q. 24 inch plastic bio-defuser chambers that are 100 feet each totaling 400 feet of laterals. The absorption field shows no evidence of any ponding or surfacing of effluence's at ground surface. There is a clean out port outside of the West side of the house and appears the complete septic system was piped with schedule 40 pipe. Complete septic system appears to be in excellent working order at this time.

**ANYTIME SEPTIC SERVICES II IS NOT RESPONSIBLE
FOR ANY FAILED SEPTIC SYSTEMS.**

Madison County
Office of
Engineering & Environmental Health

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

112 N. John Wayne Dr.
P O Box 152
Winterset, IA 50273
Telephone (515) 462-2636

Chad Davidson CR# 4764

Office Use Only					Temp. E911	
Release No.	Date Received	Fee Paid	Date Issued	Date Inspected	Date Approved	Section/Township
6015-06	2/21/06	1250	2/21/06			26 South

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	Last Name		First Name	Last Name	
Matthew	Richey		Davidson	Teaching & Backhoe	
Address			Address		
2765 Woodland Ave			5591 Piece St.		
City	State	Zip	City	State	Zip
St Charles	IA	50240	St Charles	IA	50240
Phone Number (area code)	Fax or E-mail	Cell Phone	Phone Number (area code)	Fax or E-mail	Cell Phone
(641) 396-2915		(515) 377-1829	(641) 297-2103		(515) 480-2377

3. System Requirement Information		4. Site and Soil Evaluator (Percolation Test)									
<p>IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED</p> <p>Minimum Tank Size Required</p> <table border="1"> <tr><td>1-3 Bedroom</td><td>1000</td></tr> <tr><td>4 Bedroom</td><td>1250</td></tr> <tr><td>5 Bedroom</td><td>1500</td></tr> <tr><td>6 Bedroom</td><td>1750</td></tr> </table>		1-3 Bedroom	1000	4 Bedroom	1250	5 Bedroom	1500	6 Bedroom	1750	<p>PERCOLATION TEST MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT</p> <p>Date test taken <u>2/16/06</u> Test taken by <u>Lutis Brown</u></p> <p>Test Results: Hole 1 <u>10.9</u> min/in Hole 2 <u>17.8</u> min/in Hole 3 <u>2.4</u> min/in Hole 4 <u>21</u> min/in</p> <p>Average <u>18.4</u> min/in Depth of Test Holes <u>24</u> "</p> <p>Number of Laterals Required <u>4</u></p> <p>Length of Laterals Required <u>100</u> ft. ea</p>	
1-3 Bedroom	1000										
4 Bedroom	1250										
5 Bedroom	1500										
6 Bedroom	1750										

<p>5. Type of Submittal</p> <input 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 #:	<p>6. Address Information</p> <p>Location, Number & Street of project (if unknown, indicate nearest road): <u>2765 Woodland Ave</u></p> <p>Legal Description: <u>Tax B NW SW SA Sec 36-75-26 South Twp</u></p>
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<p>7. Type of Building (Completed by Owner)</p> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Other Non-Residential Use:	<p>Number of Bedrooms: <u>3</u></p> <p>Other buildings served by this system: <u>None</u></p> <p><input type="checkbox"/> Garbage Disposal <input checked="" type="checkbox"/> High Water Usage Appliance (i.e. whirlpool bath, water softener) Qty: <u>2</u></p>
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Your contractor or system designer should complete the remaining portion of this application.

8. Primary and/or Mechanical Treatment	Type: <u>Plastic</u>	Manufacturer: <u>Rochester</u>	Model:	Size (gal): <u>1250</u>
9. Pump/Wiphon	Type:	Manufacturer:	Model:	Dosing Frequency:
<input type="checkbox"/> Not Applicable				

10. Secondary Treatment Area					<input type="checkbox"/> Not Applicable
Type of Laterals	Number of Laterals	Length of ea. Lateral	Other	Other	Maximum Trench Depth (Inches):
<u>24" Chamber</u>	<u>4</u>	<u>100</u>			<u>24</u>

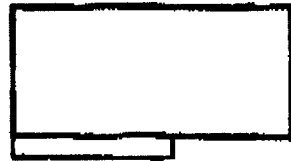
I hereby attest the truth and accuracy of all facts and information presented on this application. Request for inspection of the systems must be made 24 hours in advance. Water at the site to test the distribution box must be available. Mechanical systems require use of a free-access sand filter and 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.

Applicant Signature: Chad Davidson (for Matthew Richey) Date: 2-27-06

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



Woodland Ave



26'



1250 gal tank

6'

71'

17'

EQ24 - 4 @ 100'

