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Book 2014 Page 1393 Type 43 001 Pages 9

Date 6/12/2014 Time 10:27 AM

Rec Amt \$.00

INDX
ANNO
SCAN

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

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

TRANSFEROR:

Name BETTY J. GOLAY

Address 2863 - 260th Street St. Charles Iowa 50240
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name TROY J. JAROS

Address 5458 Westwood Drive West Des Moines Iowa 50265
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
2863 - 260th Street St. Charles Iowa 50240
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) _____
LONG LEGAL - SEE ATTACHED

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.

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.

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 a 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 a 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 acknowledgement 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 acknowledgement is attached to this form.
- There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgement with the county board of health to install a new private sewage disposal system on this property with an agreed-upon time period. A copy of the binding acknowledgement 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 acknowledgement with the county board of health to demolish the building within an agreed-upon time period. A copy of the binding acknowledgement 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: Betty J. Golay
(Transferor or Agent)

Telephone No.: 515-202-2646

Legal: **Parcel "C" located in the NE $\frac{1}{4}$ of the NE $\frac{1}{4}$ of Section 30, Township 75 North, Range 26, West of the 5th P.M., Madison County, Iowa, containing 21.07 acres, as shown in Amended Plat of Survey filed in Book 2010, Page 1830 on August 6, 2010, in the Office of the Recorder of Madison County, Iowa**

Address: 2863 – 260th Street, St. Charles, Iowa



Buyer

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

Property information

Current owner Betty Colay
Buyer _____ Realtor Ronny - Norm Olson
Mailing address _____ Madison Co

Site Address/County 2863-2600 E. St. Charles, Ia. 50240
Legal Description _____

No. of bedrooms 3 Last occupied? now Records available yes
Permit/installation date 7-17-98 Separation distances ok/ no? OK
1711

Septic system information

Septic tank(s): size pc. tank - house - at shop - 650 gal concrete
500 gal material Plastic condition good
Tank pumped? yes date 2-30-14 licensed pumper Mayer S.T. 75
Septic/trash/processing tank: size _____ material _____ condition _____
Tank pumped? _____ date _____ licensed pumper _____

Aerobic treatment unit (ATU) mfr White Water System size 800 gal
Tank pumped? yes date 2-30-14 licensed pumper Mayer S.T. 75
Maintenance contract? yes expiration date _____ service provider Jerry Huff
Condition good Selling Place

Pump tanks/vaults: type _____ size _____ condition _____

Distribution system: distribution box _____ outlets used _____ condition _____
Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:

length of absorption fields _____ determined by _____
condition of fields _____ determined by _____
type of trench material _____

Size of sand filter W/ White Water System approx. 70 cu ft determined by _____
Vent pipes above grade? _____ discharge pipe located? yes
Effluent sample taken? yes Results next page

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 yes Working? yes disinfection working?

Control box _____ Timers _____ inspection ports _____

Other components White Water System air pump working

Overall condition of the private sewage disposal system

Report system status The sewage system at 2863-2604 St.

St. Charles, Ia. 50240-
Explain (attach additional pages as needed): is in good working cond.

The tanks were opened & pumped & all was in good cond. W/ baffles & water was at correct level before pumping -
Comments: system working properly on 4-29-14
Water tests on next page -

Site status at conclusion of Time of Transfer inspection:

- yes • Verify that controls are set on the appropriate mode.
- yes • Power is on to all components.
- Done • Revisit all components to verify lids are secure.
- Done • Gather all tools for removal from the site.
- None • 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: John W. Mayer Date: 4-29-2014
 Name (print): **JOHN MAYER** Certificate #: 8979
 Address: **SEPTIC TANK PUMPING**
 Phone #: 515-462-2624 **1509 St. Hwy. 92**
Winterset, IA 50273-8411

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

Water Test & map ->



HUFF WELL LLC
133 S 10TH AVE
WINTERSET, IA 50273

Accession Number 156090
Date Sample Finalized 2014-04-11 15:00
Date Received 2014-04-03 14:13
Sample Source Non-Drinking Water
Project
Date Collected 2014-04-03 11:00
Collection Site sample port
Collection Town
Sample Description wastewater
Client Reference golay
Collector witt travis
Phone 515/971-0549

Note: Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

Results of Analyses

BOD - Carbonaceous 5 Day SM5/20 Bal 18th

Units mg/L
Date Analyzed 2014-04-03 12:45
Analyst PB, DMJ

Analyzed In Ankeny
Date Verified 2014-04-11 15:00
Verifier JAE

Analyte	Result	Quant Limit
CBOD, 5 Day	< 2	2

Total Suspended Solids Dried at 103°C, US EPA 200.5

Units mg/L
Date Analyzed 2014-04-04 00:00
Analyst RWR

Analyzed In Ankeny
Date Verified 2014-04-09 08:06
Verifier JAE

Analyte	Result	Quant Limit
Total Suspended Solids	2	1

Description of Units used within this report

mg/L = Milligrams per Liter

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

Iowa Environmental Laboratory IDs are: Ankeny #397, Iowa City/Coralville #027, Lakeside #393.

If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.



State Hygienic Laboratory

The University of Iowa

LARRY HUFF
HUFF & SONS WELL BORING
1996 295TH LN
WINTERSET, IA 50273-

Accession Number	91423
Date Sample Finalized	2013-04-24 08:46
Date Received	2013-04-15 15:37
Sample Source	Non-Drinking Water
Project	
Date Collected	2013-04-15 11:21
Collection Site	discharge
Collection Town	
Sample Description	waste water
Client Reference	golay
Collector	witt travis
Phone	515/462-3569

Note: Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

Results of Analyses

Units	mg/L
Date Analyzed	2013-04-17 07:55
Analyst	PB, MGB

Analyzed In	Ankeny
Date Verified	2013-04-24 08:46
Verifier	DLS

Analyte	Result	Quant Limit
CBOD, 5 Day	<	2

Units	mg/L
Date Analyzed	2013-04-16 00:00
Analyst	RWR

Analyzed In	Ankeny
Date Verified	2013-04-18 11:43
Verifier	LAF

Analyte	Result	Quant Limit
Total Suspended Solids	3	1

mg/L = Milligrams per Liter

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

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If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.



MADISON COUNTY
BOARD OF HEALTH
COURT HOUSE
WINTERSSET, IOWA 50273

PHONE
515-462-2636

SEPTIC SEWAGE DISPOSAL TREATMENT SYSTEM
PERMIT APPLICATION

PERMIT NO. 1711

FEE PAID: 7-17-98
PERMIT ISSUED: 7-17-98

Applicant: Randall Golay Telephone No. 515-279-3543

Address: 720 - 45th. Place Des Moines, Iowa 50312

Tenant: _____ Telephone No. _____

Address: 3863 - 260TH STREET PERU, IA (Bldg Location)

Proposed Structure: dwelling Legal Description: PARCEL C NE $\frac{1}{2}$ NE $\frac{1}{2}$

Existing Structure: _____ Section: 30 Township: South

Number of: Bedrooms: 3 Stools: 3 Lavatories: 3 Showers: 3 Tubs: 2 Sinks: 2

PERCOLATION TEST MUST BE TAKEN AND APPROVED PRIOR TO ISSUANCE OF THE SEWAGE DISPOSAL TREATMENT SYSTEMS PERMIT.....

Percolation Test Taken: 5-19-98 By: WOULD NOT PERC

Results: Test hole: #1 _____ min./in. #2 _____ min./in. #3 _____ min./in. #4 _____ min./in.

Average: _____ min./in. No. of Laterals Required: _____ Length of Laterals: _____ ft. ea.

DOUBLE COMPARTMENT SEPTIC TANKS REQUIRED / STATE APPROVED
2 Bedrooms: 800 gal. 3 Bedrooms: 1000 gal. 4 Bedrooms: 1250 gal. 5 Bedrooms: 1500 gal.

FEEs: Check payable to Madison County Treasurer - Return with application.....
SEPTIC TANKS/ABSORPTION FIELDS - (ALTERNATIVE SYSTEMS) - MOUNDS - DOUBLE SAND FILTERS - APPROVED MECHANICAL SYSTEMS.....\$ 100.00

TYPE OF SYSTEM INSTALLED: White Water System

Contractor: Larry Huff Telephone No. 515-462-3569

Address: 1996 - 295. Lane Winterset, Iowa 50273

I hereby certify that the above information is correct to the best of my knowledge and I agree that the system will be installed in accordance with the rules and regulations of Madison County Board of Health and Chapter 69, I.A.C. I further acknowledge that the system must remain open so that proper inspection and approval can be made by the local Health Sanitarian and that the system cannot be put into operation until approved.

Date: 7/16/98 Applicant: A. D. Huff