



Document 2016 GW2835

Book 2016 Page 2835 Type 43 001 Pages 18
Date 9/27/2016 Time 2:53:31PM
Rec Amt \$.00

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Steven P. Steenhoek

Address 14060 Fairfax St Indianola IA 50125
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Peter M. Trost

Address 570 SE Prairie Park Ln Waukee IA 50263
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

2959 260th St Saint Charles IA 50240
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

The South 25.7 rods of the West 47.75 rods of the Northwest Quarter (1/4) of the Northeast Quarter (1/4) of Section Twenty-nine (29), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, EXCEPT Parcel "G" located therein, as shown in Plat of Survey filed in Book 2003, Page 6576 on October 31, 2003, in the Office of the Recorder of Madison County, 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.

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.

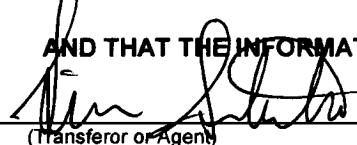
6. Private Sewage Disposal System (check one)

- 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 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: _____



(Transferor or Agent)

Telephone No.: _____

515) 249-5507



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

Property information

Current owner Steven & Linda Steenbeck 4241-594-2364
Buyer
Mailing address 2959 260th Street St. Charles Ia 52340

Site Address/County 2959 260th Street St. Charles Ia / Madison County
Legal Description 7.83a SPT NW NE Sec. 29. 15. 21a South Trp.

No. of bedrooms 3 Last occupied? yes Records available yes

Permit/installation date 4-2-04 Separation distances OK no? yes
136.03

Septic system information

Septic tank(s): size 1,500 gallons material concrete condition Very Good
Tank pumped? yes date 1-28-14 licensed pumper yes S.J. 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: type concrete size 500 gallons condition Very Good

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

Secondary treatment:
length of absorption fields determined by
condition of fields determined by
type of trench material

Size of sand filter 18x30 sq. ft. 720 sq. ft. determined by
Vent pipes above grade? yes discharge pipe located? yes
Effluent sample taken? yes 7-26-15 Results See Keystone Lab. Sheet

Media filters: type Sand Filter
Maintenance contract? no expiration date service provider Homeowner
Condition Steven Steenbeck

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



Time of Transfer Inspection Worksheet

Other Components

Alarms yes Working? _____ Disinfection no Working? _____

Control Box no Timers no Inspection Ports _____

Other Components Electric Pump, High level float, Effluent Filter

Overall condition of the private sewage disposal system

Acceptable? yes Unacceptable? _____

Explain (attach additional pages as needed):

Comments: septic tank needs to be pumped and cleaned every 3 to 5 years, clean effluent filter once 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.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: _____
 Name (print): Vance Smith Certificate #: 8992
 Address: 502 West Main Street St. Charles Ia. 50240
 Phone #: 414-346-2440

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

REAL ESTATE SEPTIC INSPECTION

On March 9th, 2016 Anytime Septic Services II did Time of Transfer Real Estate Inspection on Septic tank, Lift station and Sand filter Bed at 2959 260th Street, St. Charles, Iowa 50240. Steve and Linda Steenhoek residence. Septic tank is a 1,500 gallon two compartment concrete Vanderpool tank in very good condition that I pumped and cleaned with clean water on January 29th, 2016. Septic tank is 12 inches below ground surface with 26 inch round plastic Poly Lok risers and 26 inch round plastic Poly Lok screwed down lids at ground level, above Inlet schedule 40 piped tee baffle with a drop. On the Outlet end of septic tank is a Blue 4 inch square shaped plastic Poly Lok Effluence filter inserted into a squared baffle that needs to be cleaned at least once a year, Very Important to do, by simply lifting 4 inch Blue squared shaped plastic filter straight upward from baffle and hosing off with clean water and reinserting into baffle tightly which I did.

Lift station is a 500 gallon single compartment concrete Vanderpool tank in very good condition I also pumped and cleaned with clean water on January 29th, 2016. Tank is 24 inches below ground surface with 26 inch round plastic Poly Lok riser and 26 inch round plastic Poly Lok screwed down lid at ground level above 1 horse powered A.B.S single float pump, pumping through 2 inch schedule 40 pipe that is sleeved through 4 inch schedule 40 piped leaving Lift station. High level float is separate from pump and is plugged into clear plastic covered outlet on wooden 4x4 post and wasn't working, new float was installed by Hanley Electric on March 7th, 2016. Both pump and High level float are wired from house and are marked, pump is number 24, High level float is number 18 in Breaker box located in utility room. Alarm and Alarm light are on the same 4x4 wooden post has the plug in outlet outside beside Lift station. Both pump and High level float are working properly, red alarm light is lighting and alarm is equalling sounding.

Absorption field measures 18x30 square feet Equalling 720 square

footage of Sand filter bed with schedule 35 piped air vent 32 inches above ground surface with elbow. Sand Filter bed consist of 6 1/4 inch schedule 40 piped manifold distributing effluence's down through 4 layers of Septic River Rock, Septic course Sand, Pea Gravel and Septic River Rock then being collected by 3, 4 inch schedule 35 perforated pipe going to one 4 inch schedule 40 discharge pipe that is located South and West on backside of pond dam that extends 10 inches out and 5 inches above ground surface.

No evidence of any ponding or surfacing of septic or popping sound from probing above Sand filter bed.

Effluent sample was taken on July 26, 2015 by Certified Homeowner Steve Steenhoek results are shown on Keystone Laboratory sheet.

Maintenance agreement is required for this particular Septic System for taken yearly effluent samplings by a certified person or by new homeowner getting certified at Madison County Court House, Enviromental, Health, and Zoning Department. Phone number is 515-462-2636

NOT RESPOSIBLE FOR ANY FAILED SEPTIC SYSTEMS.



ANALYTICAL REPORT

| |
|--|
| Report To |
| Steven Steenhoek 2959 260th Street St. Charles, IA 50240 |

August 03, 2015
Page 1 of 1

Work Order: 1G51968

| Analyte | Result | MRL | Method | Analyst | Analyzed | Qualifier |
|--------------------------|-----------------|-----|----------------|---------|---------------------------|-----------|
| 1G51968-01 | 2959 260th | | Matrix: Water | | Collected: 07/26/15 18:32 | |
| BOD (5 day) | <5 mg/L | 5 | SM 5210 B | LAE | 07/28/15 13:00 | |
| Solids, total suspended | 2 mg/L | 2 | USGS I-3765-85 | AKM | 07/27/15 17:10 | |
| Coliform Bacteria, fecal | 1800 MPN/100 ml | 10 | SM 9223B-18QTR | LAE | 07/27/15 17:15 | L-05 |

Notes and Definitions

I-05 Sample received at laboratory past hold time for this analyte.

End of Report

Dara Hanson

Keystone Laboratories, Inc.
Dara Hanson
Project Manager I

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Permit # 136-03 Steenhoek Inspection 6/2/04 & 6/3/04

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: 136-03

Date Issued: 10/27/03

Issued to: Steenhoek, Steven & Linda
Address: ~~2965-260th~~ Street
St. Charles, IA 50240

2959 260th St.
PID # 50009292402000

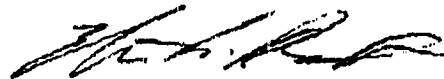
Legal Description: S PT NW NE SEC 29-75-26 South Twp
EX PARCEL C

POWTS Components Specifications: 1500 gal. Septic Tank & 720 square foot Sand Filter

General Conditions:

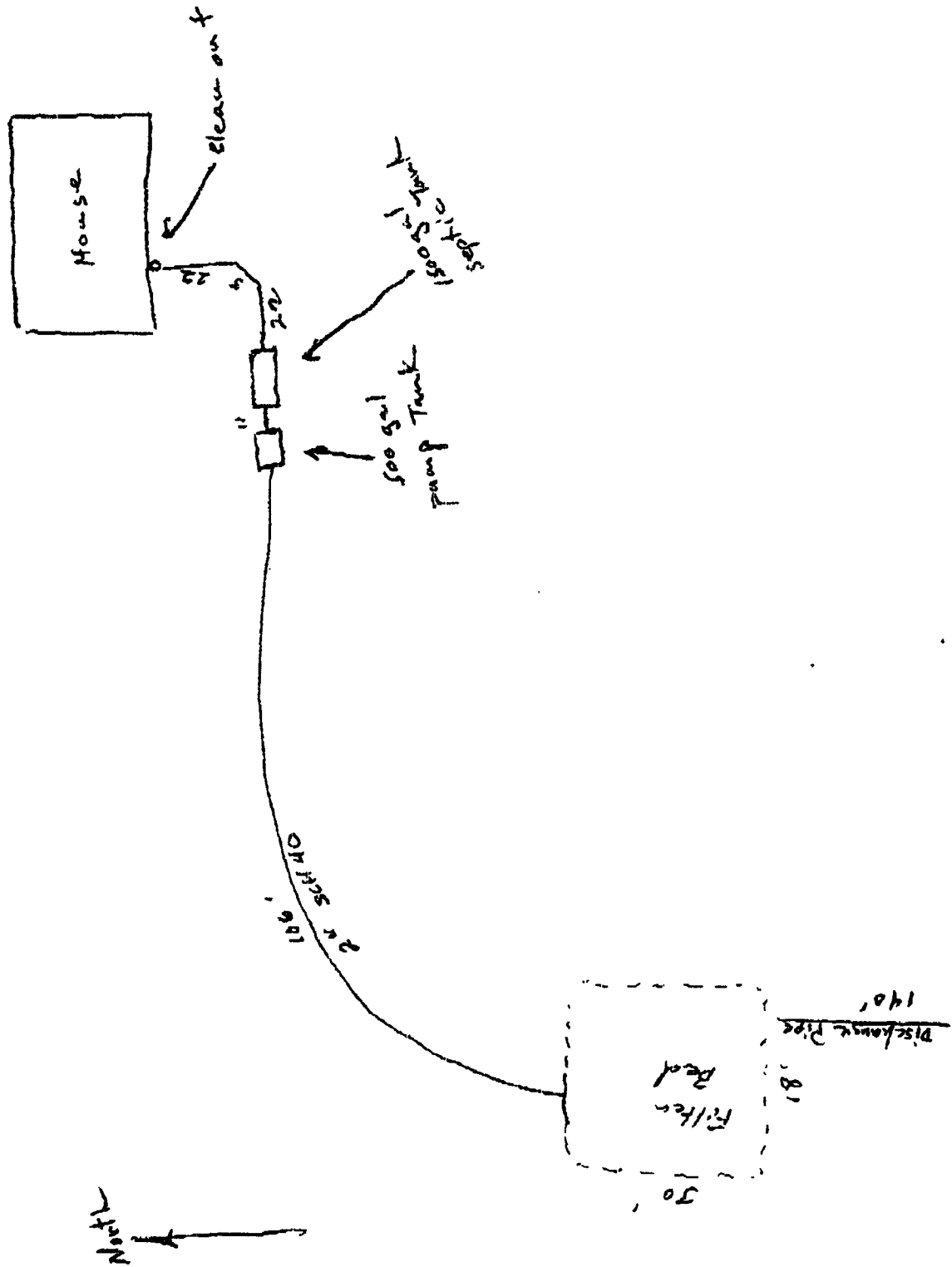
1. System must be constructed in conformance with attached system layout, profiles, and cross-sections.
2. Structures must be constructed in conformance with 567 IAC Chapter 69 and the Madison County Environmental Health Regulations.
3. Permit shall be null and void if system is not constructed within 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: Testing and Maintenance and Fees Due annually per Madison County Regulations.



Environmental Health Officer
Madison County
Office of Zoning and Environmental Health

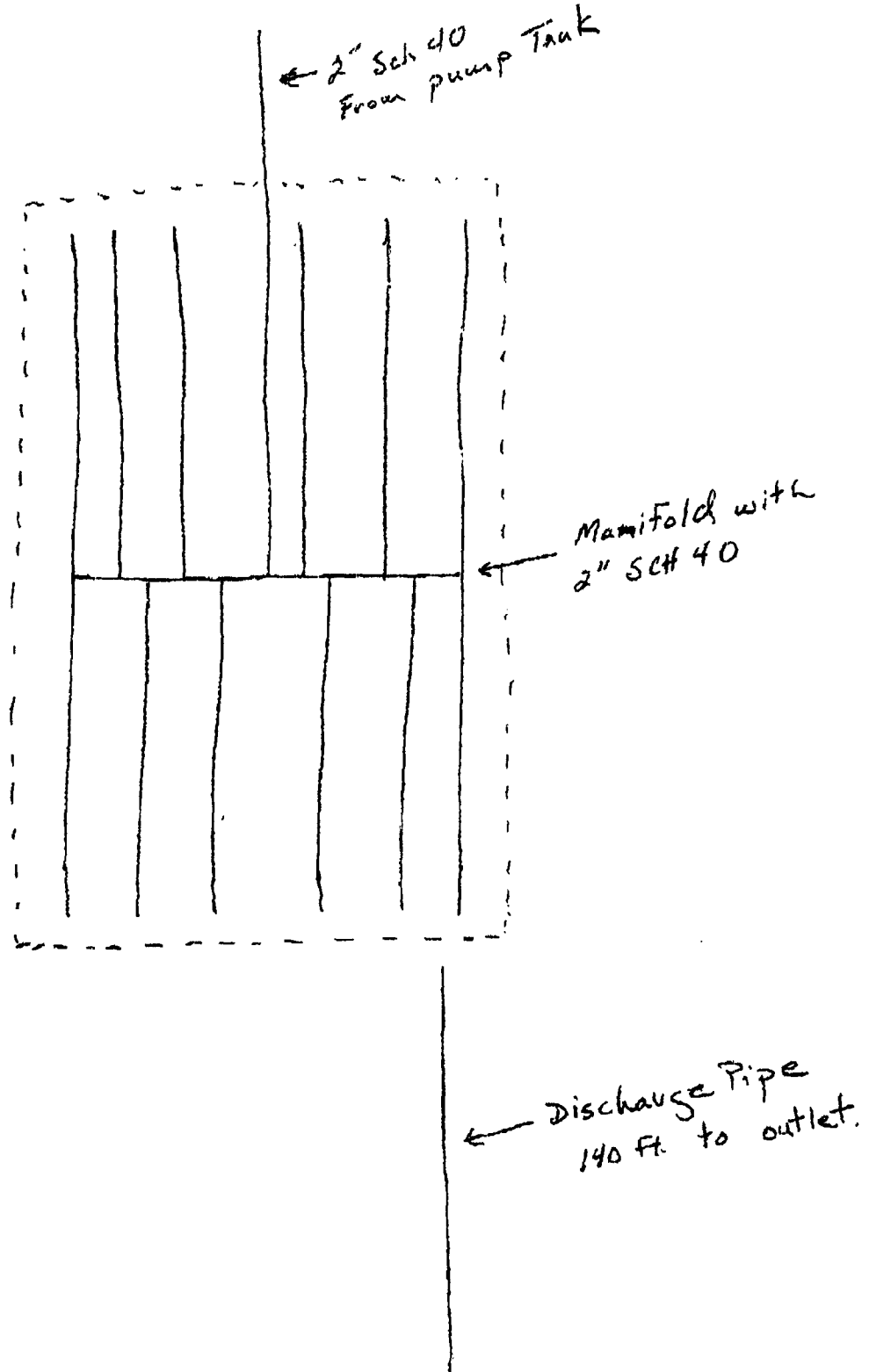
Permit # 136-03 Steerlock Inspection 6/3/04
pressure dosed sand filter



Permit # 136-03 Steerlock Inspection 6/3/04

Sand filter. Pressure Distribution Lines:

1 HP ABS Pump + SFE Rhombus Alavan



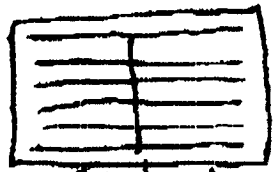
Sand Filter Design

For Steve Steenhoek

By Justin Savage J+S Const. 360-5322

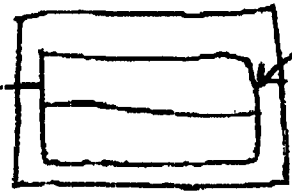
Dim. 18' x 30' 540 ft²
Pressure Dosed

Dist.



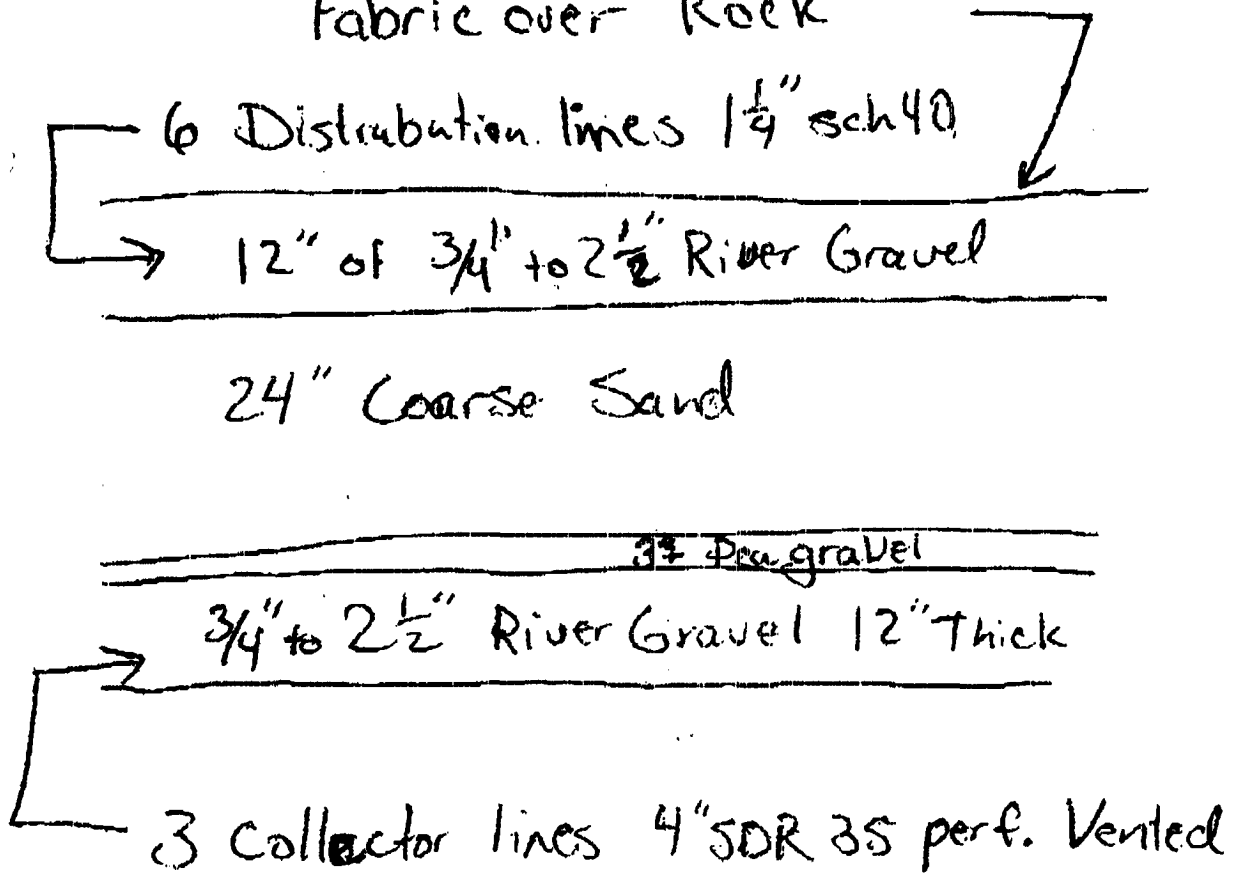
Center Manifold

Collector



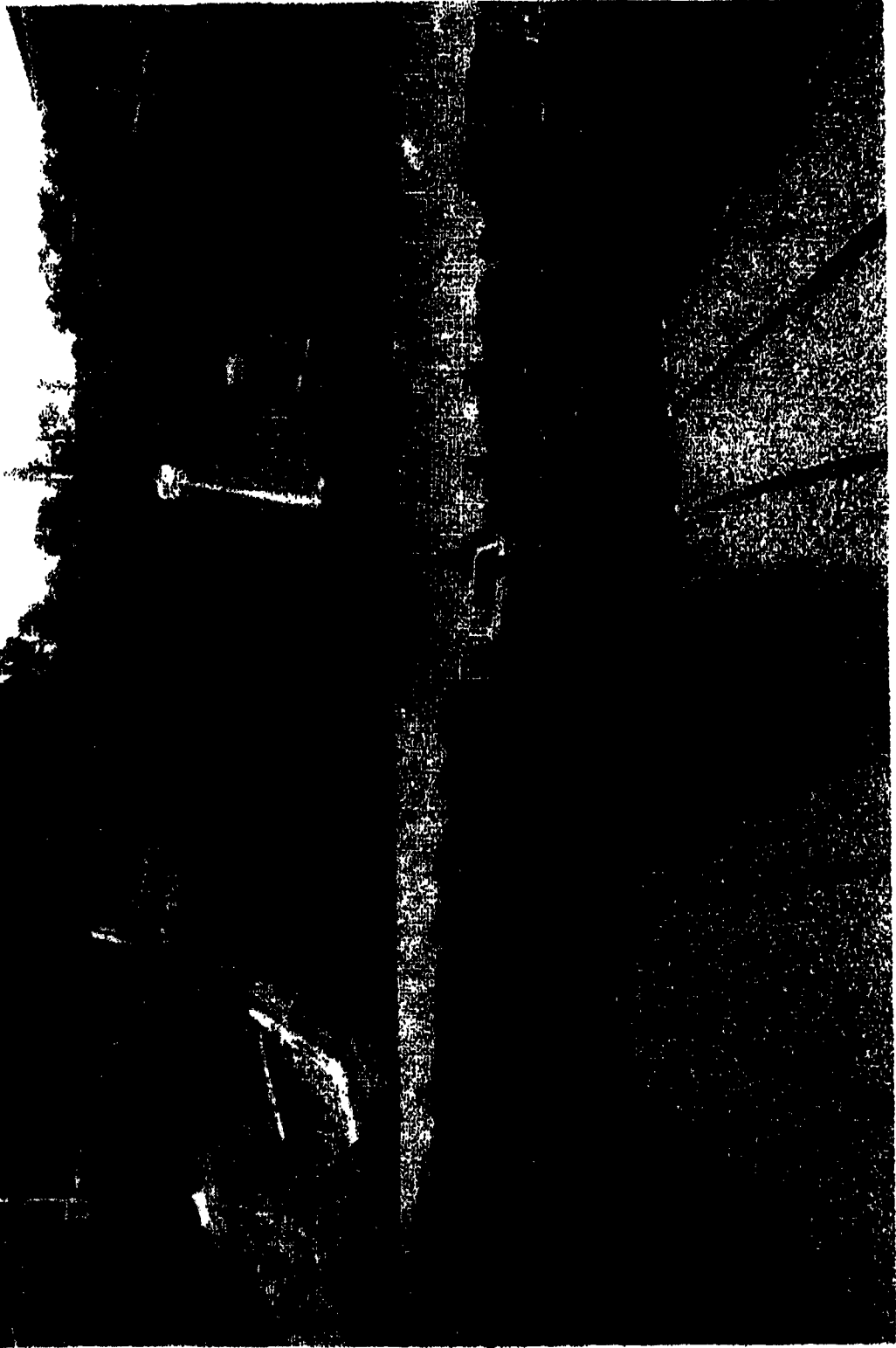
Common Vent
GOES
here

Fabric over Rock



Xactic

Permit #136-03 Steenhoek Inspection 6/2/04 & 6/3/04





IOWA DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL PROTECTION DIVISION

NOTICE OF INTENT

TO BE COVERED UNDER NPDES GENERAL PERMIT #4

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

Facility Owner Information (Type or Print)

Name Steve Steerhock Address 2965 Wood St
City St Charles County Madison State Ia Zip Code 50240
Telephone (641) 396-2346

Facility Location

1/4 Section 1/4 Section 1/4 Section Section Township Range County
SW 1/4 of NW 1/4 of NE 1/4 of Sec. 29 T. 75 N. R. 26 WE Madison

Local address or parcel number: (E911 system or other)(optional)

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.

Name (please print)

Lisa Steerhock
Signature [Signature]

Date 10-23-02

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

Send completed form to: Department of Natural Resources
Water Supply Section
502 E 9th Street
Des Moines, IA 50319



MADISON COUNTY
BOARD OF HEALTH
COURTHOUSE
P.O. BOX 152
WINTERSSET, IOWA 50273



6609
FILED NO.
5007 2003 PAGE 6609
2003 NOV -3 AM 11:16

**INTERMITTENT SAND FILTERS
MECHANICAL AEROBIC WASTEWATER TREATMENT SYSTEM**

PROPERTY OWNERS AGREEMENT TO FOLLOW CHAPTER 69 REQUIREMENTS

| | |
|----------|-------------------------------------|
| COMPUTER | <input checked="" type="checkbox"/> |
| RECORDED | <input checked="" type="checkbox"/> |
| INDEXED | <input checked="" type="checkbox"/> |

567--69.9(455B) Intermittent sand filters.

Sampling Effluent sampling of intermittent sand filters shall be performed annually or as directed by the administrative authority.

567--69.10(5) Mechanical Aerobic Wastewater Treatment System

Maintenance Contract. A maintenance contract with a manufacturer certified technician shall be maintained at all times. Maintenance agreements and responsibility waivers shall be recorded with the county recorder and in the abstract of title for the premises on which mechanical aerobic treatment systems are installed. Mechanical aerobic units shall be inspected for proper operation at least twice a year on six month intervals.

69.10(6) Effluent Sampling. Any open discharge from systems involving mechanical aeration shall have the effluent sampled at each inspection. A copy of the findings shall be mailed to the Madison County Sanitarian immediately thereafter. If the BOD tests higher than the allowable limits as set by the Department of Natural Resources the system must be shut down and repaired

These requirements shall run with the following real estate described as follows.

733A S PT NW NE Section 29 T25N R26W
South Township As Recorded Book 109 Page 690

Name: Steve Steenhoek Address: 2965 260th St
City: St Charles State: Ia Zip Code: 50240

Type of Disposal Treatment

Sand Filter Pear System Mechanical Aerobic System

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 stated above. The permitted system will be constructed in conformance with the requirements of IAC 567 - Chapter 69 and all applicable County requirements.

Name (please print) Linda I. Steenhoek
Signature: [Handwritten Signature] Date: 10-22-03

Subscribed and sworn to before me this 22nd day of October, 2003

Kerry B. Staples
Title: _____
KERRY B. STAPLES
Commission Number 178710
My Commission Expires
January 14, 2008

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

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

| Office Use Only | | | | Temp EHP | | | |
|-----------------|---------------|-----------------|-------------|----------------|---------------|------------------|-----------------------|
| Tracking No. | Date Received | Fee Paid | Date Issued | Date Inspected | Date Approved | Section/Township | NPDES Authorization # |
| 136-03 | 10/24/03 | 2056 or 9635 | 10/27/03 | | | 29 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 approved before 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 |
| Linda | Steenhoek | Justin | Satriage |
| Address | | Address | |
| 29165 260th St | | 2302 Rustic Ave | |
| City | State | City | State |
| St Charles Ia 50240 | | Wintersville Ia | 50273 |
| Phone Number (area code) | Fax or E-mail | Phone Number (area code) | Fax or E-mail |
| 641-396-3266 | 515-249-5507 | | 360-5322 |

| 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 100 | Test Results: Hole 1 _____ min/in Hole 2 _____ min/in |
| 4 Bedroom 125 | Hole 3 _____ min/in Hole 4 _____ min/in |
| 5 Bedroom 150 | Average _____ min/in Depth of Test Holes _____ |
| 6 Bedroom 175 | 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"/> Reconnect <input type="checkbox"/> Repair Tank <input type="checkbox"/> Repair Treatment Area <input type="checkbox"/> System Replacement Previous Permit #: _____ | Location, Number & Street (If unknown, indicate nearest road): <u>260th St</u> Legal Description: <u>7.83A S PT NW NE Sec 29-75-26</u> <u>South TWP</u> |

| 7. Type of Building (Completed by Owner) | 8. Other Building(s) served by this system |
|---|--|
| <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial/Other Non-Residential Use: _____ | NONE |

| Your contractor or system designer should complete the remaining portion of this application. | | | |
|---|------|-----------|-------------------------------|
| 9. Primary and/or Mechanical Treatment | Type | Model | Size (gal) |
| | | | 1500 |
| 9. Pump/Siphon | Type | Model | Dosing Frequency |
| <input type="checkbox"/> Not Applicable | | | |
| 10. Secondary Treatment Area | Type | Other | Maximum Trench Depth (inches) |
| | | 720 sq ft | |

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. All work 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 results submitted to EOH.

Applicant Signature: [Signature] Date: _____

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

REC &
 AUD &
 R.M.F. 5.00
5.00

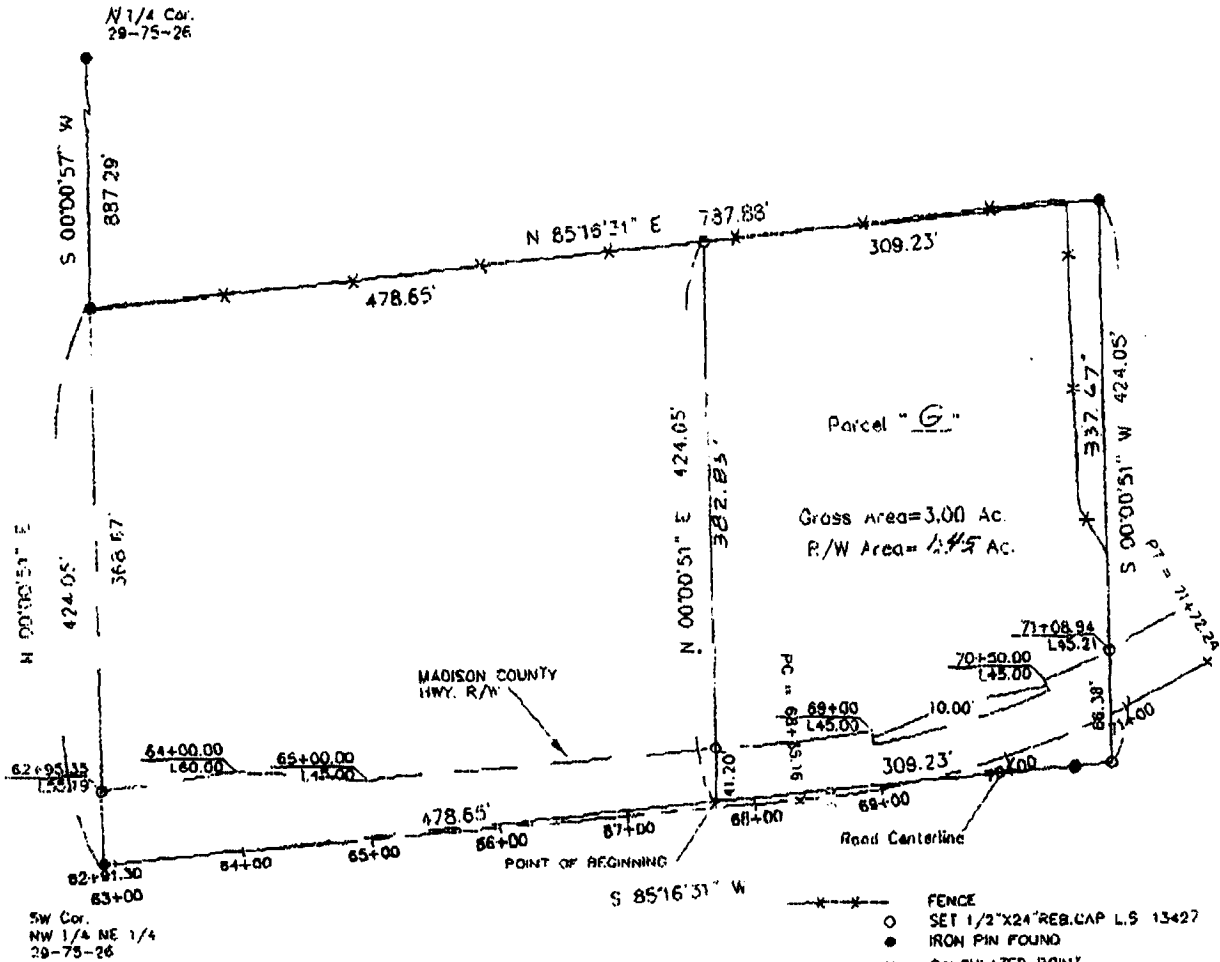
BOOK 203 PAGE 15

2003 OCT 31 PM 1:38

COMPUTER _____
 RECORDED _____
 CORRECTED _____

HICKI UTSLER
 RECORDER
 MADISON COUNTY, IOWA

Prepared by: Boldman Land Surveying, L.L.C., P.O. Box 66, Winterset, Ia. 50273. (515)462-9242

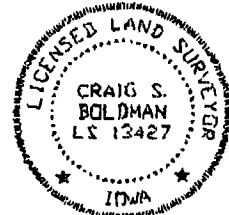


Parcel "G" Part of the Northwest 1/4 of the Northeast 1/4 (NW 1/4 NE 1/4) of Section 29, Township 76 North, Range 28 West of the 5th P.M., Madison County, Iowa, described as follows:

Commencing at an iron pin found at the Southwest corner of said NW 1/4 NE 1/4 of Section 29:

- thence N 85°16'31" E a distance of 478.65' to the Point of Beginning;
- thence N 00°00'51" E a distance of 424.05';
- thence N 85°16'31" E a distance of 309.23';
- thence S 00°00'51" W a distance of 424.05';
- thence S 85°16'31" W a distance of 309.23' to the Point of Beginning;

Containing 3.00 acres of land including 1.45 acres of county road right of way



Plat of Survey

Date taken: 10-16-03

By: Jim Vance

Owner: Steve Steenhoek

Site Address: _____

Phone No. (641) 396-2366

Lot Size: _____ Legal Description: Pt. of the NW. 1 of the NW. 1 of Sec. 29-T75N-R26W

Structure: New Existing # Bedrooms: 3 Installer: J & S Construction - 462-6932

Owner's Current Mailing Address: 2065 260th St., Charles, Iowa 50240

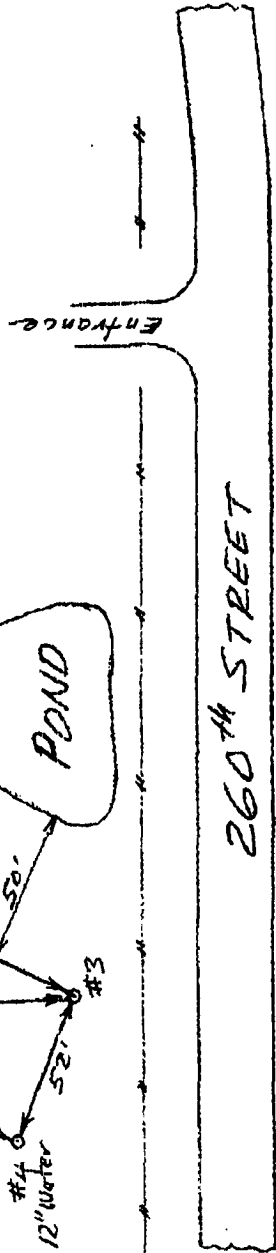
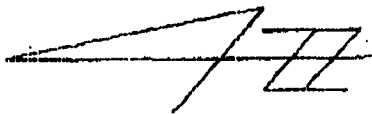
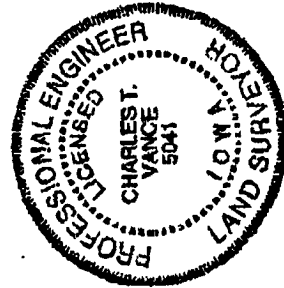
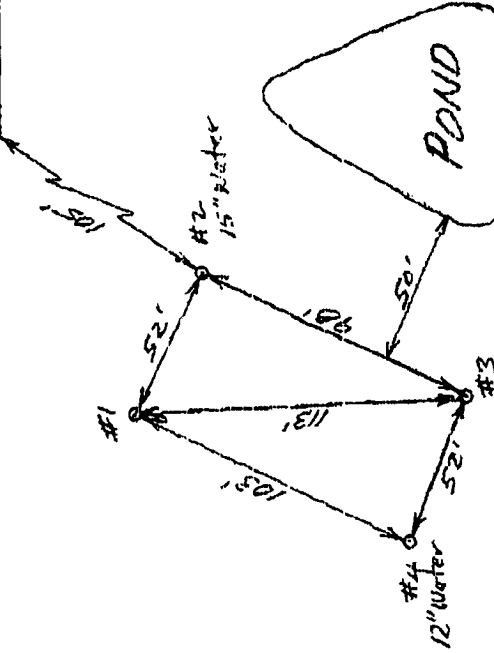
Two test holes are holding water.

| | | | | |
|---------------------------|---------------|---------------|---------------|---------------|
| Time for 1 inch of water: | 1. _____ | 2. <u>X</u> | 3. _____ | 4. <u>X</u> |
| Depth of holes tested: | 1. <u>36"</u> | 2. <u>36"</u> | 3. <u>36"</u> | 4. <u>36"</u> |
| Results of 6 foot hole: | _____ | _____ | _____ | _____ |

Min. recommended lateral footage per IAC Ch. 69: Fail Drawing of perc site below.
Number of laterals required: _____ Average length of laterals: _____

NOTE: SOIL CONDITIONS ARE UNSUITABLE FOR THE USE OF A CONVENTIONAL SUBSURFACE SOIL ABSORPTION SYSTEM.

Proposed HOUSE



I hereby certify that this engineering document was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Iowa.

Signed: Charles T. Vance Date: 17 Oct. 2003 Reg. No. 5041 Exp. Date: 31 Dec. 2003