

Document 2016 GW2912

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Book 2016 Page 2912 Type 43 001 Pages 11 Date 9/30/2016 Time 2:10:36PM

INDX **ANNO SCAN**

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TRANSF									
Name	Adam M. Sonntag and Li								
Address	2449 Clark Tower Road, Winterset, IA 50273								
	Number and Street or RR	City, Town or P.O.	State	Zip					
TRANSF	EREE:								
Name	Stephen C. Uding and Jan	ice M. Uding							
	3241 Nugget Lane, Anchorage, AK 99516								
	Number and Street or RR	City, Town or P.O.	State	Zip					
Addroce (of Property Transferred:								
	rk Tower Road, Winterset,	IA 50273							
Nur	mber and Street or RR	City, Town or P.O.	State	Zip					
TI	(check one) here are no known wells sithere is a well or wells situated below or set forth on a	tuated on this property. Ited on this property. The type(s), local an attached separate sheet, as neces	ation(s) and legal state	us are					
	Waste Disposal (check o		day. 200p. 100 go	, 1 k					
	• • •	te disposal site on this property.							
TI		sal site on this property and informati	on related thereto is pr	rovided					
	dous Wastes (check one)								
	here is no known hazardou								
		n this property and information related	d thereto is provided in)					
	ttachment #1, attached to t	• •	•						
4. Under	rground Storage Tanks (d	heck one)							
		ound storage tanks on this property.							
sr	nall farm and residential m	otor fuel tanks, most heating oil tanks	s, cisterns and septic t	anks, in					

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.

instructions.)

5.	Private Burial Site (check one)
	X 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
	ormation required by statements checked above should be provided here or on separate tets attached hereto:
)IIC	rato attachen Hereto.
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	Since the second
Sig	nature: Telephone No.: <u>(712) 249-7062</u>

Anytime Septic Services It 502 W. Main St. Saint Charles, Iowa 50240 227817

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

Property information

Current owner Adam and Lisa Sonntag
Buyer Realtor Vickie Replacts 238-0843
Buyer Realtor Vickie Reports 238-0843 Mailing address 804 East Madison St. Winterset To. 50273
Site Address/County 2449 Clark Tower Rd. Winterset / Madison Co. Legal Description NW 14 SW 14 Sec. 18.75:27
Tekat Describtion #1 (2) 14 200 14 2551 19 31
No. of bedrooms 3 Lest occupied? Records available 428
Permit/installation date 11-7-78 Separation distances & no? 4-6
Septic system information
Septic tank(s): size 1.000 qq.\ material concrete condition = Tank pumped? date licensed pumper S.T. 36.7 Septic/trash/processing tank: size material condition Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) mfgr size Tank pumped? date licensed pumper
Tank pumped? date licensed pumper
Maintenance contract?expiration date service provider Condition
Pump tanks/vaults: type size condition
Distribution system: distribution box ues outlets used condition used condition used repeter pipe(s) # of lines Pressure dosed?
Secondary treatment: length of absorption fields
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

542-0191



Time of Transfer Inspection Worksheet

Other Components Alarms Working? Diginfection ~~ Timers Control Box _____ Inspection Ports Other Components Overall condition of the private sewage disposal system Acceptable? _____ Unacceptable? Explain (attach additional pages as needed): Tire next to Septic ton 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 parrative 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: Certificate #: 9992 Name (print): Unacce Smith Address: 502 west Main Street St. Charles In 50240 Phone # 441. 394. 2440

10-2008

542-0191

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

REAL ESTATE SEPTIC INSPECTION

On September 19, 2016, Anytime Septic Service II and Mark Mease Construction did Time of Transfer Real Estate Inspection on Septic tank, Distribution box, and Lateral Field at 2449 Clark Tower Road. Winterset, Iowa 5027. Adam and Lisa Sonntag residence. Septic tank is a 1,000 gallon Lister tank with slide off ends which I pumped and cleaned with water and removed tree roots in front of none baffled inlet pipe that is cast iron coming into tank from the house. On the outlet end of septic tank is a schedule 40 piped tee baffle with a drop. There is deterioration around both inlet and outlet pipes and between separation wall and side walls of septic tank. Tank is 6 feet below ground surface with only one access that is a 7 foot schedule 35 piped riser with plastic cap on the inlet side of tank.

Distribution box is a concrete box that is 42 inches below ground surface with cast iron pipe coming into box. Inside distribution box is a clay tile pipe for a baffle and five 4 inch schedule 35 piped lines leaving box through 5 speed levelers equally distributing effluence's into lateral field. Original concrete lid has been replaced with a 28 inch round concrete lid with plastic handle.

Lateral field is on sloped to level ground and consist of five runs of schedule 35 perforated pipe and septic rock at 84 feet each totaling 420 feet of laterals. Deepest lateral is the furthest West lateral number one and is 44 inches below ground surface other four laterals are at 30 inches below ground surface with no evidence of any ponding, surfacing of septic or popping sound from probing all five laterals above absorption field.

NOT RESPOSIBLE FOR ANY FAILED SEPTIC SYSTEMS.

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APPLICATION FOR PERMIT TO INSTALL SEPTIC SEWAGE DISPOSAL SYSTEM IN MADISON COUNTY, IOWA
PERMIT NO. 913 2449 Clark Tower Rd. DATE: November 7 1978
PERMIT WILL BE ISSUED UPON RECEIVING COPY OF PERCOLATION TEST REPORT FROM ENGINEER
APPLICANT: John Shaw ADDRESS: 302 West Summit Winterset, Iowa 50273 (name) (current)
TENANT: Same ADDRESS: R.R. #L Winterset, Iowa 50273 (name) (building site)
LOCATION: SECTION: 18 TOWNSHIP: SCOTT (no.) (name)
PROPOSED: DWELLING EXISTING: MOBILE HOME: (size)
NO. OF BEDROOMS: 3 NO. OF: STOOLS: 2 LAVATORIES: 2 TUBS: 1 SHOWERS: 1 SINKS: 1
G. D. DYCDOCAT. VRS/NO. TE you, additional 500 galler Capacity of contin tank required
SEPTIC TANK INFORMATION: Double-Compartment required:
SIZE: 1000 gallon CONSTRUCTION: concrete MANUFACTURER: (gallons) (material) D. ROSS ROR (name)
PERCOLATION TEST REQUIRED: TAKEN: 5/9/79 (data) BY: (lance & Noch 5/e #/er- (Professional Engineer Licensed in Iowa)
RESULTS: 1.60 min./in. 2. 75 min./in. 3. 30 min./in. Average: 38 min./in.
ABSORPTION FIELD: NUMBER OF LATERALS REQUIRED: LENGTH OF LATERALS: IT. each.
SEEPAGE PIT: NO. OF FIXTURES SERVED: CAPACITY BELOW INLET: (number of yards.)
PLUMBER/CONTRACTOR: (name) ADDRESS: (P.O. Box-RFD # town/state zip)
I hereby certify the above information is correct and all construction will be in accordance with the Madison County Board of Health Rules and Regulations. I further acknowledge that the septic sewage system must remain open and uncovered until proper inspection is made with approval to cover.
SEPTIC TANK SHALL NOT BE PUT INTO OPERATION OR USED UNTIL ABSORPTION FIELD HAS BEEN COM- PLETED AND INSPECTED
PEES: SEPTIC TANK AND/OR ABSORPTION FIELD OF 600 PEET OR LESS
Any deviation from the rules and regulations must be approved in writing by the proper
authority.
TOCATION APPROVED BY TETAL A LECELLIGATION OF THE Cay of neverther 1978

PERCOLATION TEST RESULTS



APPLICANT John Shaw							
(Name)							
ADDRESS 302 W. Summit (Current) (Street/RFD)	Wintereset, (City/State)	10wa 50273 (Zip Code)					
TELEPHONE NO: 462-3494 (Home)		(Business)					
BUILDING SITE: NW SW Sec. (Legal Des	18-75-27, Madison Cou cription)	Inty, Iowa (Township/Section)					
NUMBER OF BEDROOMS: 3							
PERCOLATION TEST	HOLE NUMBER	MINUTES PER INCH					
DATE TAKEN: 5/18/79	1	20 min/inch					
BY: D. Ross	2	15 min/inch					
	3	30 min/inch					
	4						
	AVERAGE:	22 min/inch	•				
TOTAL NUMBER LATERAL FEET OF	F ABSORPTION FIELD:	420 feet					
NUMBER OF LATERALS REQUIRED	: _5	•					
AVERAGE LENGTH OF LATERALS:	84 feet each (Not	to exceed 100 feet)					
COMMENTS:							
							
SEAL:		• •					

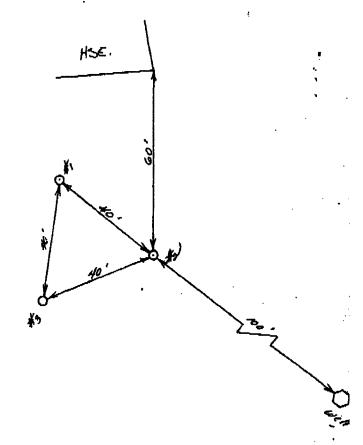
I hereby certify that this plan, specification or report was prepared by me or under my direct personal supervision and that I am a duly registered Professional Engineer under the laws of the State of Iewa.

Signed Date

J.M. Hochstetler P.E., lowe Reg. No. 8808

Solo Olew

Scalo:1"-30'

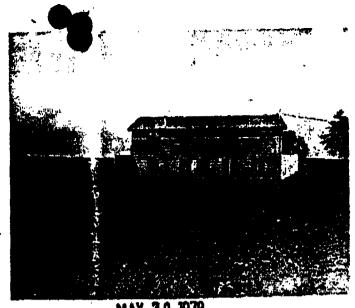


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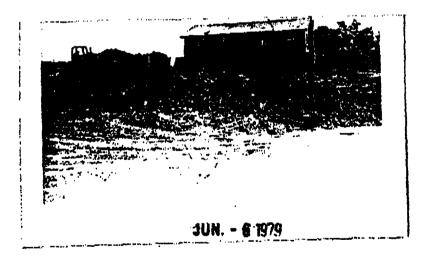
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MAY 30 1979

The South 11 rods of the Southwest Fractional Quarter (%) of the Northwest West Quarter (%) (containing 6.23 acres more or less), and the Northwest Fractional Quarter (%) of the Southwest Quarter (%), except the South 11 acres thereof, (containing 33.82 acres more or less), except a tract commencing at the point of intersection of the West line of the public highway with the South line of said North 33.82 acres of said Northwest Fractional Quarter (%) of the Southwest Quarter (%), and running thence North along the West line of said highway 295 feet, thence West 295 feet, thence South 295 feet to the South line of said 33.82 acre tract, thence East 295 feet to the point of beginning containing 2 acres, more or less, in Section Eighteen (18) in Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P. M., Madison County, Iowa.



#913

