



Document 2016 GW2931

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Jonathan J. Cornish and Rochelle Cornish
Address 1020 - 130th Street, Dexter, Iowa 50070
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Amanda Beeler and Bon Beeler
Address 1370 Adair-Madison Avenue, Dexter, Iowa 50070
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
1370 Adair-Madison Avenue, Dexter, Iowa 50070
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) Parcels B & C in NWfr1/4 SW1/4 Section 19-T77N, R29W, 5th P.M., 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.

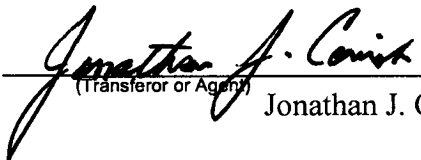
6. Private Sewage Disposal System (check one)

- 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]: Exemption #5.
- 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:

One active well is located 30 feet southwest of the southwest corner of the dwelling house.

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

Signature:  Telephone No.: (515) 249-9483

(Transferor or Agent) Jonathan J. Cornish

SEPTIC

Permit No 041-15 Name: Lawson 911 Sign Locate
 Date of Inspection: 7/20/15 Inspected by: Elton Root
 Contractor: West Central Services
 Dwelling under construction or moved in Yes No

Setbacks

Meets required setbacks.

- Rural Water Yes No
- Private wells/heat pump wells/suction water lines/lakes Yes No
- Outside required 50-foot setback for tank Yes No
- Outside required 100-foot setback for laterals Yes No
- Streams/ponds (25-25 ft)-ditches (10-10 ft) Yes No
- Indications of water lines under pressure Yes No

Comments:

Building Sewer

- Clean outs -- one right outside of house Yes No
- location of cleanout inside house and set requirement Yes No
- Pipe is SCH 40 and has a 4-inch diameter. Yes No
- Grade -- has adequate fall. Yes No

Comments:

Tank

- Septic/Pump Tank Size & Manufacturer 1750 Creston Concrete Plastic
- Pump Tank Size & Manufacturer Concrete Plastic
- Septic compartments meet the specs for capacity. Yes No
- Baffle Yes No
- Inlet/Outlet tees are ok. Yes No
- Effluent filter in the outlet. Yes No Manuf. Poly Lock 4" Red
- Tank depth 12 inches Yes No
- Risers Yes No
- Lids above grade screwed on Yes No Will be

Comments:

Distribution Box

- Brand Tuf-Itte Other
- Bedded in cement. Yes No Will be
- Has required inlet baffle. Yes No Will be
- Outlet levels -- are level. Yes No Unknown

Comments:

Laterals

- Distribution lines: 4 -inch PVC pipe -- SCH40 Yes No
- Lateral used. 36" Low Profile Reduction? Yes No
- Lateral depth. 36 inches Perc depth 36 inches Yes No
- Laterals were level. Yes No
- Adequate amount of undisturbed soil between laterals. Yes No
- Distance 10 feet between laterals. Yes No

Comments:

Date taken: 3-24-2015

By: Jim Vance & Bryan McDonald

Owner: Vivian Lawson

Site Address: 1370 Adair Madison Ave., Dexter, IA 50070

Phone No. 515-210-2846/Wes Bode

Lot Size: 30.79 Acres

Legal Description: Frl. NW. 1/4 SW. 1/4 of Section 19-T77N-R29W

Structure: New Existing

Bedrooms: 5

Installer: _____

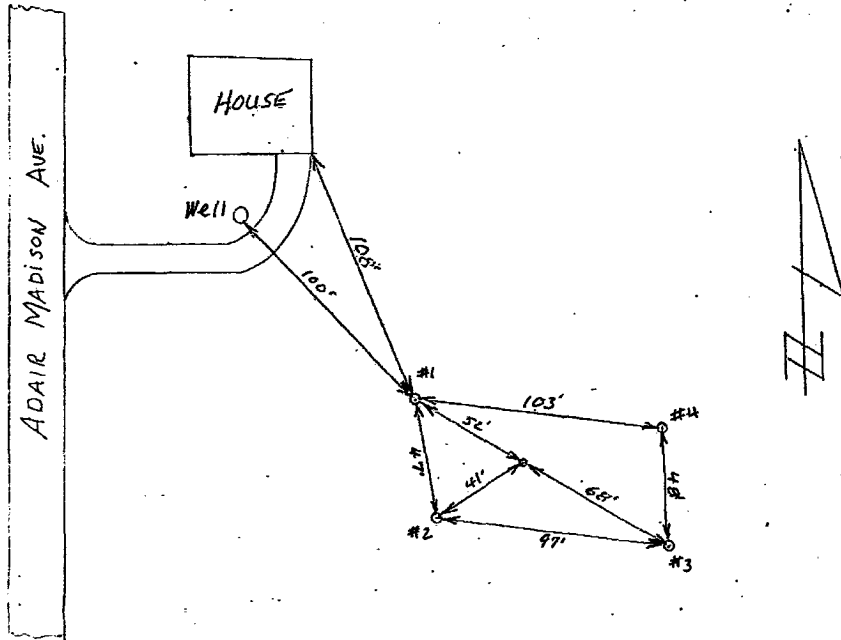
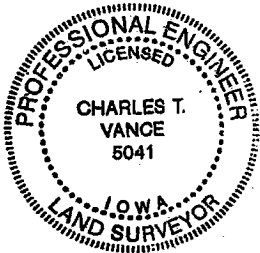
Owner's Current Mailing Address: 324 SW. 6th St. Apt. 107, Stuart, IA 50250

Time for 1 inch of water: 1. 16.0 min. 2. 16.0 min. 3. 13.3 min. 4. 16.0 min. 5. _____ 6. _____

Depth of hole at time of test: 1. 36" 2. 36" 3. 36" 4. 36" 5. _____ 6. _____

Results of 6 foot hole: No Rock, No Water

Width of Trench	Total Lateral Footage	Number of Laterals Req'd.	Avg. Length of Laterals
2 feet	665 feet	7 each	95 feet
3 feet	450 feet	5 each	90 feet



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: 26 March 2015

Reg. No. 5041

Exp. Date: 31 Dec. 2015

Office Use Only				Temp E911:	
Tracking No. 041-15	Date Received 7/7/15	Fee Paid \$150.00	Check # Cash	Date Issued \$150.00	Section/Township 19 Penn

Application will not be accepted until site and soil analysis/percolation information 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 along with appropriate forms for recording before a permit will be issued.

Please Print All Information.

1. Owner Information (Applicant) First Name: Vivian Lawson Address: 1370 Adair-Madison Ave. City: Dexter, IA 50070 Phone Number (area code): (Contact Wes) 515-210-2846		Last Name: _____ Address: _____ City: _____ Phone Number (area code): _____	
2. Installation Contractor Information First Name: _____ Address: West Central Services 1020 130 th Street City: _____ Dexter, IA 50070 Phone Number (area code): _____		Last Name: _____ Address: _____ City: _____ Phone Number (area code): _____	
3. System Requirement Information IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED Minimum Tank Size Required 1-3 Bedroom 1250 4 Bedroom 1500 5 Bedroom 1750 6 Bedroom 2000			
4. Site and Soil Evaluator (Percolation Test/Soils Analysis) PERCOLATION/SOILS ANALYSIS MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT Date test taken: 3/24/15 Test taken by: Vance/McDonald Passed: Yes ___ Failed: ___ Percolation Rate: 154 Soils Loading Rate: _____		Section/Township: _____	

5. Type of Submittal <input type="checkbox"/> New House <input checked="" type="checkbox"/> Existing House <input type="checkbox"/> Repair, Tank <input type="checkbox"/> Repair, Treatment Area <input type="checkbox"/> System Replacement Previous Permit #: _____	6. Address Information 911 Address or nearest road: 1370 Adair-Madison Ave. Legal Description: FRL NW SW Section 19 Penn Township
7. Type of Building (Completed by Owner) Building Square Ft.: _____ Number of Bedrooms: 5 Other buildings served by this system: None	Number of Bathroom: 2 Non-Residential uses: _____ Any other circumstances which may affect water usage: _____

Water softeners must be routed to a brine pit independent of septic system.

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

8. Tanks	
Septic Tank	Type: Concrete Size: 1750 Manufacturer: Coston Pre-Cast
Pump Tank	Type: _____ Size: _____ Manufacturer: _____
Additional Tank	Type: _____ Size: _____ Manufacturer: _____
9. Secondary Treatment Area	
Laterals	Type: 36" Chamber Length of each: 90' Total number: 5 Maximum trench Depth: 36"
Sand Filter	Square Ft.: _____ Length: _____ Width: _____
Peat System	Model: _____ Manufacturer: _____
Other	Description: _____

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. Discharging systems must be covered by a maintenance agreement, which shall be recorded in the Madison County Recorder's Office. Discharging systems also require periodic testing as set forth in IAC Chapter 69 and Madison County Environmental Health Regulations.

Applicant Signature: *Vivian Lawson* Date: 7-7-15
 MC-ZEH Form EH01
 March 2009

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

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: 041-15

Date Issued: 7/7/15

Issued to: **Vivian Lawson**
Address: **1370 Adair-Madison Ave.**
Dexter, IA 50070

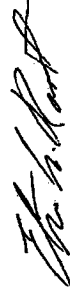
Legal Description: **FRL NW SW Section 19 Penn Township**

POWTS Components Specifications: **1750gal. Septic Tank & 5ea. 36in. Chamber Laterals @ 90 ft.**

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.

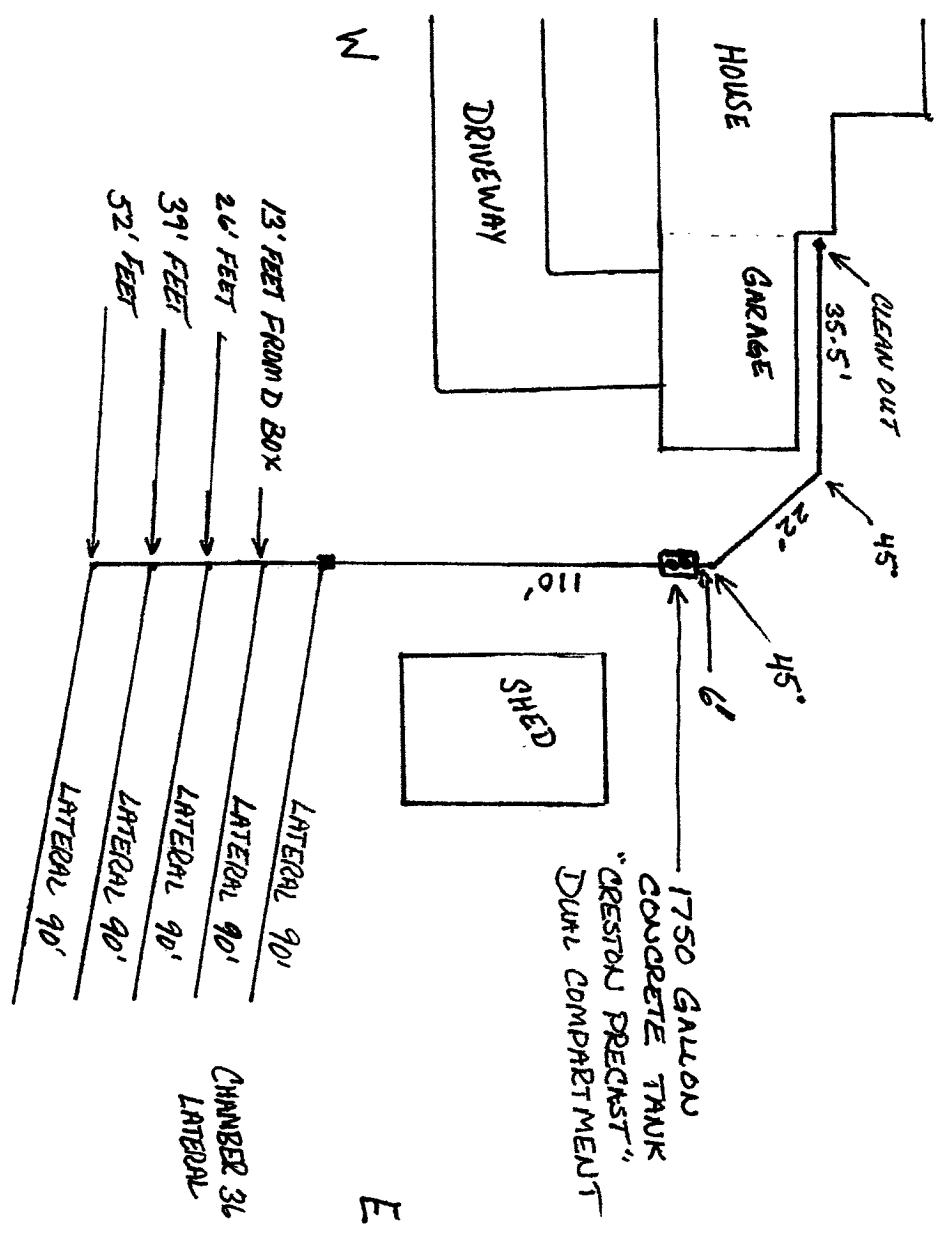
Special Conditions:



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

AMANDA COBAUSH
 1370 ADAIR MADISON AVE N
 DEXTER, IA. 50070

Permit # 041-15



INSTALLED JULY 18TH 2015

BY: WEST CENTRAL SERVICE
 1020 130TH DEXTER, IA. 50070

TOM COBAUSH
 515-249-9483