

Document 2016 GW3620

Book 2016 Page 3620 Type 43 001 Pages 11 Date 11/29/2016 Time 3:39:04PM Rec Amt \$.00 INDX

INDX **ANNO SCAN** 

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TR#	ANSFEROR:		1	
	ne Steven P. Steenhoek			
	ress 14060 Fairfax St Number and Street or RR	Indianola City, Town or P.O.	IA State	50125 Zip
TD	ANSFEREE:	·		·
	ne Francis Neuenkirk			
Hall	TE TRICIS NEUGINIK			
Add	Iress 1967 Quail Ridge Ave Number and Street or RR	Winterset City, Town or P.O.	IA State	50273 Zip
Add	ress of Property Transferred:			
296	5 260th St	Saint Charles	IA	50240
	Number and Street or RR	City, Town or P.O.	State	Zip
•	Wells (check one)  There are no known wells situated of the control of the contro	this property. The type(s), locati	on(s) and legal status	s are stated below
	Solid Waste Disposal (check one)			
	There is no known solid waste disposal:  There is a solid waste disposal:  Attachment #1, attached to this doc	site on this property and infor	mation related there	eto is provided in
3.	Hazardous Wastes (check one)			
`	There is no known hazardous waste	on this property.	*	
,	There is hazardous waste on this pattached to this document.	property and information related	thereto is provided	in Attachment #1,

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DNR form 542-0960 (July 18, 2012)

4.	Un	derground Storage Tanks (check one)	
		There are no known underground storage tanks on this property. (Note exclusion and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in	
		There is an underground storage tank on this property. The type(s), size(s) and an contained are listed below or on an attached separate sheet, as necessary.	y known substance(s)
5.	Pri	vate Burial Site (check one)	
	ASK.	OThere are no known private burial sites on this property.	
	Ó	There is a private burial site on this property. The location(s) of the site(s) a information of the decedent(s) is stated below or on an attached separate sheet, as n	nd known identifying ecessary.
6.	Pri	vate Sewage Disposal System (check one)	
		All buildings on this property are served by a public or semi-public sewage disposal s	ystem.
		This transaction does not involve the transfer of any building which has or is required sewage disposal system.	by law to have a
	×	There is a building served by private sewage disposal system on this property or a lawful sewage disposal system. A certified inspector's report is attached which document the private sewage disposal system and whether any modifications are required to adopted by the Department of Natural Resources. A certified inspection report must this form when recording.	nents the condition of conform to standards
		There is a building served by private sewage disposal system on this proper temporary physical conditions prevent the certified inspection of the private sewage being conducted. The buyer has executed a binding acknowledgment with the cour conduct a certified inspection of the private sewage disposal system at the earliest p be responsible for any required modifications to the private sewage disposal system certified inspection. A copy of the binding acknowledgment is attached to this form.	disposal system from ty board of health to facticable time and to
		There is a building served by private sewage disposal system on this property. The binding acknowledgment with the county board of health to install a new private seven this property within an agreed upon time period. A copy of the binding acknowledge this form.	age disposal system
		There is a building served by private sewage disposal system on this property. The sewage disposal system is connected will be demolished without being occupied. The a binding acknowledgment with the county board of health to demolish the building time period. A copy of the binding acknowledgment is provided with this form. [Exem	buyer has executed within an agreed upon
		This property is exempt from the private sewage disposal inspection requirem following exemption [Note: for exemption #9 use prior check box]:	ents pursuant to the
		The private sewage disposal system has been installed within the past two year number	rs pursuant to permit
inf att	orm:	ation required by statements checked above should be provided here or and hereto:	on separate sheets
1	اور	I located under the windmill	
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR	THIS
		AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRE	¢т.
_		X/MA A.MA) Vaca	10-CK7
Siç	ınatu	(Thensferor or Agent) Telephone No. (51)	149-5567
			1

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DNR form 542-0960 (July 18, 2012)



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

### Property information

Current owner Steven & Linda Ste	Restor Backs K-2010 - 2366
Buyer Mailing address 3245 245 Street	al character manual
Watting actions _ 4745 3 Alex 1571227	
Site Address/County 2945 26048 Street Logal Description 783 a SPT NW NE	
TOSH DESCRIPTION	
No. of bedrooms 3 Last occupied?	Records available
Permit/installation date <u>9-24-54</u> Separation ( ) 115-04 or 134-53  Septic system information	distances (62) no?
Septic tank(s): size 1,500 and material c Tank pumped? date 1-24-16 Septic/trash/processing tank: size r Tank pumped? date r	licensed pumper condition
Aerobic treatment unit (ATU) mfgr Tank pumped? date Maintenance contract? expiration date Condition	service provider
Pump tanks/vaults: type size	condition
Distribution system: distribution box G Header pipe(s)	# of lines Le Pressure dosed?
Secondary treatment: length of absorption fields 6 x 64, 60 = 372' condition of fields 6 cod type of trench material Reserved 6 5 = 2	determined by // washing and a second
Size of sand filter	determined by
Vant pines share grade?	discharge pipe located?
Vent pipes above grade?  Effluent sample taken?  Res	
ETHICAL SAMPLE IGPORT	
Media filters: type expiration date Condition	service provider
NPDES General Permit No. 4: required?	permitted? NOI provided

542-0191



Time of Transfer Inspection Worksheet

Other Components		
Alarms Working?	Disinfection r	Working?
Control Box Timers	Inspect	on Ports
Other Components FCC Large E	iller	
Overall condition of the private sewage dispo	sal system	
Acceptable? 45	Unacceptable?	manada a a gilligar an anna an an dha mhaidh a an ghagairth an
Explain (attach additional pages as needed):	and a state of the	
Comments: Septic Lank need of Comments.  Site status at conclusion of Time of Transfer  Verify that controls are set on the appropriate Power is on to all components.  Revisit all components to verify lids are seed Gather all tools for removal from the site.  Verify that no sewage is on the ground surface.	inspection: o mode. re.	filler and cheased
Using this worksheet, write a narrative report Submit a copy of this report, including your DNR and the county Recorder in the county	narrative, to the city/co	unty environmental health office, the
This report indicates the condition of the pri- does not guarantee that it will continue to for	notion satisfactorily.	• •
Signature of Certified Inspector.	The State	Date: 2. 2-4.14
Name (print): Lance 500.16		Certificate #: 4992
Address: 5/22 West Main Store Phone # 641.3416.2440	et Sticharles	Trac 50240

10-2008

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

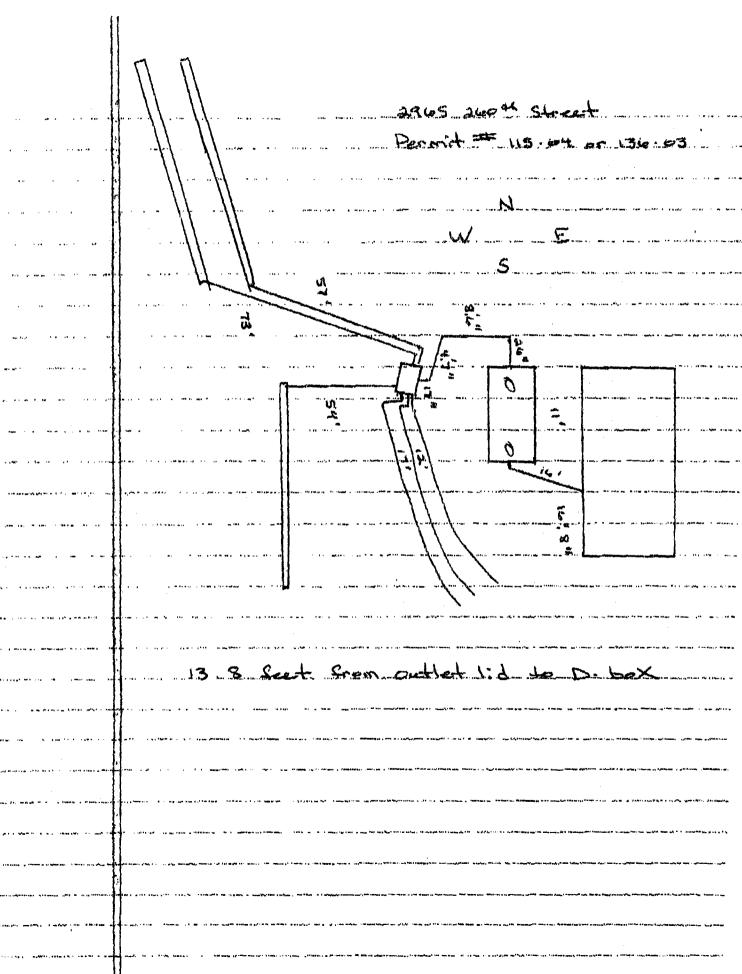
### REAL ESTATE SEPTIC INSPECTION

On February 24, 2016 Anytime Septic Services II did Time of Transfer Real Estate Inspection on Septic tank, Distribution box and Lateral Field at 2965 260th Street, St. Charles, Iowa 50240. Steven and Linda Steenhoek's rental house. 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 18 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 square shaped plastic filter straight upward from baffle and hosing off with clean water and reinserting into baffle tightly which I did.

Distribution box is a plastic Tuff Tite box, I also pumped and cleaned with clean water on February 24, 2016 and is 22 inches below ground surface with a concrete surrounding for support, box is in very good condition. Inside Distribution box is a 4 inch schedule 40 piped tee baffle and 6 schedule 35 piped lines leaving Distribution box through 6 speed levelers now equally distributing Effluences into Lateral field.

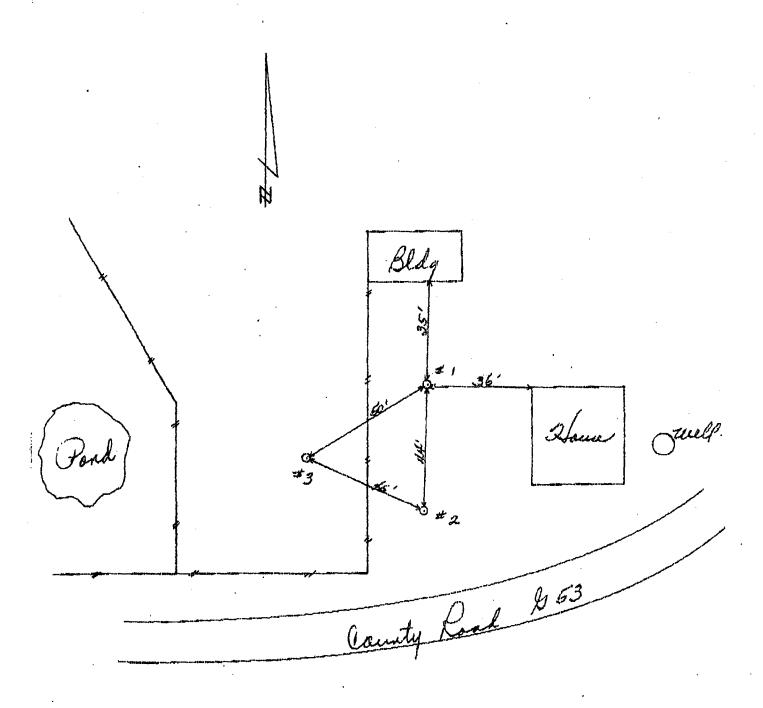
Lateral field consist of 6 runs first 3 runs are Perforated pipe and Septic Rock going South and East alittle at 64 feet each, totaling 192 feet and are 20 to 24 inches below ground surface. Lateral 4, going straight South and Laterals 5 and 6 going North and West alittle are 24 inch plastic Infiltrated chambers at 60 feet each totaling 180 feet and are 20 inches below ground surface. Total Lateral footage is 372 feet with no evidence of any ponding or surfacing above absorption field.

ANYTIME SEPTIC SERVICES II IS NOT RESPOSIBLE FOR ANY FAILED SEPTIC SYSTEMS.



Steenhoek

Fase 5/11/82



Madison County
Office of Zouing and
Knytronmental Heath

Authorization to Construct a Private On-site Wastewater

Treatment System (POWTS)

112 N. John Wayne Drive P.O. Bax 152 Wintersei, IA 50273-9152 Telephone: (515) 462-2636

Permit Number: 115-04 See Fermit # 136-03

Date Issued: 9/24/04

Issued to:

.,,

Steven & Linda Steenhock

Address:

-4965-260<sup>th</sup> Street

St. Charles, IA 50240

2959 2604 St. PIN # 50009292402000

Logal Description: 7.83A S PT NW NE Sec 29-75-26 South Township

POWTS Components Specifications: Replacement of Septic Tank & Pump Tank.

#### General Conditions:

1. System must be constructed in conformance with attached system layout, profiles, and cross-sections.

Structures must be constructed in conformance with 567 IAC Chapter 69 and the Madison County Environmental Health Regulations.

Permit shall be mill 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 s.m. through 4:30 p.m.. Monday - Priday). 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

	DATE: June 3, 1982 2956 2607 57. PERMIT NO. 15 15
	APPLICANT: Steve Steenhoek ADDRESS: R.R. #1 P.O. Box 271 (name) (current-house/P.O. Box/street / rural route No.)
	TELEPHONE NO. 396-2366 St. Charles, Iowa 50240 (area code - number) (city/town) (zip code)
	TENANT: same ADDRESS: same (name) (current-house/P.O.Box/street / rural route no.)
	TELEPHONE NO. same same (area code - number) (city/town) (zip code)
	PROPERTY LOCATION: NW NE NE SECTION 29 TOWNSHIP South (number) (name)
	PROPOSED: CHECK ONE
	DWELLING: MODILE HOME: / EXISTING: DWELLING: X MOBILE HOME: / (size)
	NUMPER OF: BEDROOMS: 3 STOOLS: 1 174. 1 TUBS: 1 SHOWERS: 1 SINKS: 1 GARB.DISP. 0
	PERCOLATION TEST IS REQUIRED BY LICENSED PROFESSIONAL ENGINEER:
	Dean Ross for TAKEN: 5/11/82 By: Vance & Hochstetler Winterset, Iowa (date) (name) (address)
	RESULTS: HOLE NUMBER: 1. 18 min./in. 2. 30 min./in. 3. 12 mim./in. 4min./in
	Average: 20 min./in. 6 LATERALS REQUIRED 61 LENGTH OF LATERALS (each) (feet)
	SEEPAGE PIT INFORMATION: FIXTURES TO SERVE (yards)
	SEPTIC TANK INFORMATION: DOUBLE COMPARTMENT TANKS REQUIRED: 1-2 Bedroom - 750 gallon bedroom - 1000 gallon x 4 bedroom - 1250 gallon 5 bedroom - 1500 gallon
	CONTRACTOR: Kephort Court ADDRESS: St. Charles Foun 50240
¢"	TELL PHONE NO. 396 _ 2239
	I hereby partify that the above information is correct to the best of my knowledge said sent c sawage treatment system will be installed in accordance with the State Health Department and Modison County Board of Health Riles and Regulations. I further ack whealth that the entire system must memory necessary for inspection and approval by the county sant arraw and cannot be but into service until completed.
	Date: 6-4-82 Stum Strenhoch
	Date: Capplicants signature)  SEP IC SEWAGE TREATMENT PERMIT WILL NOT BE ISSUED UNTIL APPROVED PERC TEST REPORT HAS BEEN USED BY THE OCAL TRAIL SEPARATION OF THE STREET O
	Any Jeviation from the Rules and Regulations must be submitted and approved by the proper authority.
	FEES: Septic tank/absorption field of 600 feet of laterals or less
	and the second of the second o

## Madison County Office of Zoning & Environmental Health

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

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

Office Use Only				Temp 2911:			
Tracking No. Date Received 115-04 9/24/04	3735 9/1	24/04	nero inspected	Date Approved	Section/Township 29 South	NPDES Authorization #	
Application will not be accopted until site and soll analysis/percolation information, and two diagrams of the sy cross-sections have been received; and fee has been paid. For systems requiring an NPDES General Permit #4 application must be submitted to this office and appropriate forms recorded before a permit will be issued.				ES General Permit #4 ( mit will bejissued.	icm layout, profiles and Surface discharge), its		
Please Print All Informati L. Owner Information (Applica		aink		ontractor informs			
First Name	Last Name	4,0 7-00	Fire	Name	Lust Name		
Steven + line		61			Savace	535	
N Adelias			1	race	Bx 854		
City	Stato	7	ip City		State	Zio	
St Charle	25 TA	502	40	Charton IA Son49			
Phone Number (uses code)	PER OF E-MON	Lou Phone		ne Number (area cod	o) Fax or E-mail	Coll Phone	
والمستوالة المستوالية والمستوالة والمستوالة والمستوالة والمستوالة والمستوالة والمستوالة والمستوالة والمستوالة				515 ) 30	0-5327-	nikating ngapy Africania, ngapawa walion ngapawa	
3. System Requirement inform	stion	······································		ilte and Soil Evalua	tor (Percelation Test)		
IAC CHAPTER 69 DOUBLE	Compartment T	ank reque	red pe	PERCOLATION TEST MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT			
	Minimum T	ank Size Re	equired				
1-3 Bedroom		1000	Da	te test taken	Test taken by	**************************************	
4 Bedroom		1250	Te	st Results: Hol	e l min/in Hole	2 min/in	
5 Bedroom		1500	1	110	le 3 min/in Hol	e4 min/in	
6 Bedroom		1750	Av	eragemin	in Depth of Test He	oles	
			Nu	mber of Laterals	Required		
			Lei	Number of Laterals Requiredft. ca			
			1	•	I sometime of the designation of the second	d Saystanes was returned in high page.	
5. Type of Submittel	6.Address Informs	tion		file was more and light to be appropried	۱۳۰۸ <del>بازی کی بیرون در </del>	a f	
□ New	Locatius, Number	& Street of p	roject (if unkn	own, indicate onare	est road): 260 T	٠, ح	
C Kevision	Legal Deveriorient		malac	ins To	ink &		
				NWNE Sec 29-75-26			
D'Repair, Tank	7.83	A S	PT NI	NW NE Sec 29-75-26			
C Repuir, Treatment Area				0			
System Replacement		Dow	th T	wf			
Previous Permit #:  7. Type of Building (Completed	he (heart)	مرشوعيه ومستحور		nichterstätte i Seine mittel i die für die geben eine bei	مراها المراها ا		
7, Type of thursday (Compressor  Residential	Number of Bed	rooms: 2	77	Countries In Vother	Non-Residential Use:	ما د الموادرة التي مساورون عامل الأورون و الموادرة الأورون و الموادرة الأورون و الموادرة الأورون و الموادرة ال	
Other buildings served by this syst							
The second secon				☐ Gurbage Disposal ☐ High Water Usage Appliance (i.e. whirtpool bath, water softener) Qty!			
		مر ب <u>ر موسوس ال</u> ادر مراون					
L			والقيمين بسووا والمواملة أنبيا ويستب	complete the remaining portion of this application.			
8. Primary and/or	Typo: Concuet	C Monulaci	weer: Using	burgery Mou	let:	Sizo (yai): 1250	
Meebunical Trentateur	Type: Concust			ev saul Mod		Size (gal): 500	
9. Puntp/S/phon	Teps:	Munulae		Mod	jej:	Dosing Frequency:	
D Not Applicable	A	DBIDTH: ",	<del>),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	14200	****		
10. Secondary Treatment Area Type:   Not Applicable							
Type of Laterels Nun	Type of Laterals   Number of Laterals   Length of ea. Lateral		atoral (	Other Other Max		Maximum Trench Depth	
	į		}			(inches):	
[ hereby attest the truth and accuracy of all facts and information presented on this application.							
Request for inspection of the	se system must be m	ade 24 hour	s in advance.	Water at the sit	· ,		
the distribution box must	be available. Mecha	mical system	ns require us	e of a firet-socies:		yful to start construction,	
filter and must be covered by a maintenance agreement, which must be County Recorders Office. Discharge from mechanical systems and say			ich wast pa	recorded in the A		on, or repair of any POWTS	
A testing as set forth in IAC Chapter 69 and the results sub						ince of a POWTS parmit by	
Applicant Signature			Conito 9 Mauri	Date:	the winvir	pamental Health Officer.	
	all the	. <	1 1		1		
May Don	1 Vac		Bearley-			an in the particular way of the particular way to be a particular or the particular or the particular or the p	
MCFZEH Form EROT	1					April 2001	

Permit No 115-04 Name: Steenhoek 911 Sign Locate Date of Inspection: 9/24/04 Replacement of Tanks Inspected by: Elton Root Contractor: J&S Construction
Dwelling under construction or moved in Yes No Setbacks
Meets required setbacks.  Rural Water Yes No No No No Private wells/Groundwater heat pump bore holes/suction water lines/lakes  Outside required 50-foot setback for tank Yes No Outside required 100-foot setback for laterals Yes No No Indications of water lines under pressure Yes No Comments:
Building Sewer  Clean outs — one right outside of house Yes No No location of cleanout inside house and set requirement
Pipe is sch 40 and has a 4-inch diameter. Yes No Comments:  No Comments:
Tank. Manufacture Vanderpool Concrete Plastic Capacity Septic 1500 gallon pump 500 -gallon.  Two compartments, both meet the specs for capacity. Yes No Capacity N
Distribution Box  Brand Tuf-Tite 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: -inch PVC pipe - Distribution lines screwed to laterals. Yes No Will be Reduction? Yes No Lateral used. Reduction? Yes No Lateral depth Perc depth inches Laterals were level. Yes No

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