



Document 2017 GW1496

Book 2017 Page 1496 Type 43 001 Pages 11

Date 5/12/2017 Time 10:40:22AM

Rec Amt \$.00

INDX
ANNO
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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

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

TRANSFEROR:

Name Stephanie J. Jackman Trust
Address 645 65th Place, West Des Moines, IA 50266
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Michael S. Frels
Address 2607 Cumming Road, Winterset, IA 50273
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
2607 Cumming Road, Winterset, IA 50273
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) See 1 in Addendum

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:

pp Inactive wells - one is located on south side of barn. Well is covered. Unaware of exact location of other inactive wells. Location and number may be noted in the abstract.

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

Signature

Stephanie J. Gaskin
(Transferor or Agent)

Telephone No.:

575-979-6686

Addendum

1. Parcel One (1) located in the Southwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Two (2), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 18.6377 acres, AND Parcel Two (2) located in the Northwest Quarter (1/4) of the Northwest Quarter (1/4) of Section Eleven (11), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 3.8816 acres, both parcels as shown in Plat of Survey filed in Book 1, Page 126 on December 1, 1977, in the Office of the Recorder of Madison County, Iowa, EXCEPT the East 100 feet of said tract Two (2), all subject to Easements of record



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

Property information

Current Owner Stephanie Jackman

Buyer _____ Realtor _____

Mailing Address 2607 Cumming Rd Winterset IA 50273

Site Address/County 2607 Cumming Rd Winterset IA 50273

No. of Bedrooms 4 Last Occupied? Yes Disposal? Y / N Softener? Yes H₂O Supply? Well

Records Available Yes Permit/Installation Date 1978 Installer _____

Septic System Information

Septic Tank(s): Size 1000 gal. Material Concrete. Condition Work condition

Tank Pumped? Yes. Date 4-25-17. Licensed Pumper Forest Septic

Septic/Trash/Processing Tank: Size _____ Material _____ Condition _____

Tank pumped? _____ Date _____ Licensed Pumper _____

Aerobic treatment unit (ATU) MFGR _____ Size _____

Tank Pumped? _____ Date _____ Licensed Pumper _____

Maintenance Contract? _____ Expiration Date _____ Service Provider _____

Condition _____

Pump Ttanks/Vaults: Type _____ Size _____ Condition _____

Distribution System: Distribution Box Concrete. Outlets Used 6. Condition Work condition

Header Pipe(s) Yes PVC. Number of Lines 6

Pressure Dosed? _____

Secondary Treatment

Length of Absorption Fields Qty.6 x 70ft = 420ft Determined by Warren Co Drawing

Condition of Fields Working condition. Determined by Hydraulic Load test.

Type of Trench Material Rock and Pipe

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 submitted _____



Time of Transfer Inspection Worksheet

Other Components

Alarms _____ Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components _____

Overall condition of the private sewage disposal system

Acceptable? YES Unacceptable? _____

Explain (attach additional pages as needed): All drains in the house go to the septic. Septic tank is 1000 gal. Concrete with risers and lid to surface, and outlet filter. Septic tank is in working condition. D-Box is concrete with 6 pvc header pipe leaving, with speed levers. D-Box is in working condition, but the lid broke on us and we had to install different lid. Hydraulic load tested lateral field, we ran water for 30min at flow rate of 5 gpm. = 150 gallons of water, and all laterals took water well.

Comments: This is not a guarantee, but a report of condition at time of inspection.

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: Rick Rogers Date: 4/21/2017
 Name (print): Rick Rogers Certificate #: 9597
 Address: 401 NE 52nd Ave Des Moines IA 50313
 Phone # 515-745-8352

MADISON COUNTY
BOARD OF HEALTH
COURT HOUSE
WINTERSET, IOWA 50273
PHONE 462-2636

APPLICATION FOR PERMIT TO INSTALL SEPTIC SEWAGE DISPOSAL SYSTEM IN MADISON COUNTY, IOWA

PERMIT NO. 892 2607 Cumming Rd. DATE: July 5, 1978

PERMIT WILL BE ISSUED UPON RECEIVING COPY OF PERCOLATION TEST REPORT FROM ENGINEER.....

APPLICANT: G. Leon Berkley ADDRESS: 8224 Harbach Blvd. Des Moines, Iowa 50311
(name) (current)

TENANT: same ADDRESS: R.R. #2 Winterset, Iowa 50273
(name) (building site)

LOCATION: SEE ATTACHED LEGAL DESCRIPTION SECTION: 11 TOWNSHIP: UNION
(legal description) (no.) (name)

PROPOSED: dwelling EXISTING: _____ MOBILE HOME: _____
(type of building) (type of building) (size)

NO. OF BEDROOMS: 3 NO. OF: STOOLS: _____ LAVATORIES: _____ TUBS: _____ SHOWERS: _____ SINKS: _____

~~Capacity of septic tank shall be at least 500 gallons capacity of septic tank required.~~

SEPTIC TANK INFORMATION: Double-Compartment required:

SIZE: 1000 GAL CONSTRUCTION: CONCRETE MANUFACTURER: _____
(gallons) (material) (name)

PERCOLATION TEST REQUIRED: TAKEN: 7/15/78 BY: TEDDE R. BLUNCK P.E. E.L.S.
(date) (Professional Engineer Licensed in Iowa)

RESULTS: 1. 31 min./in. 2. 24 min./in. 3. 12 min./in. Average: 22 min./in.
4. 12 min./in. 5. 31 min./in. 6. NT min/in. 7. NT min/in.

ABSORPTION FIELD: NUMBER OF LATERALS REQUIRED: 5 LENGTH OF LATERALS: 84 ft. each.

SEEPAGE PIT: NO. OF FIXTURES SERVED: _____ CAPACITY BELOW INLET: _____ (number of yards.)

PLUMBER/CONTRACTOR: Dennis Wright ADDRESS: Winterset
(name) (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 COMPLETED AND INSPECTED.....

(CHECKS PAYABLE TO THE MADISON COUNTY TREASURER)

FEES: SEPTIC TANK AND/OR ABSORPTION FIELD OF 600 FEET OR LESS\$ 15.00 ✓
EACH ADDITIONAL 100 FEET OF LATERALS OVER 600 FEET/PER 100FT.....\$ 1.00
SEEPAGE PIT\$ 1.00
OUTDOOR TOILET (Privy).....\$ 5.00
SAND FILTERS.....\$ 15.00 (same as septic tank and/or absorption field)

G. L. Berkley
(applicant's signature)

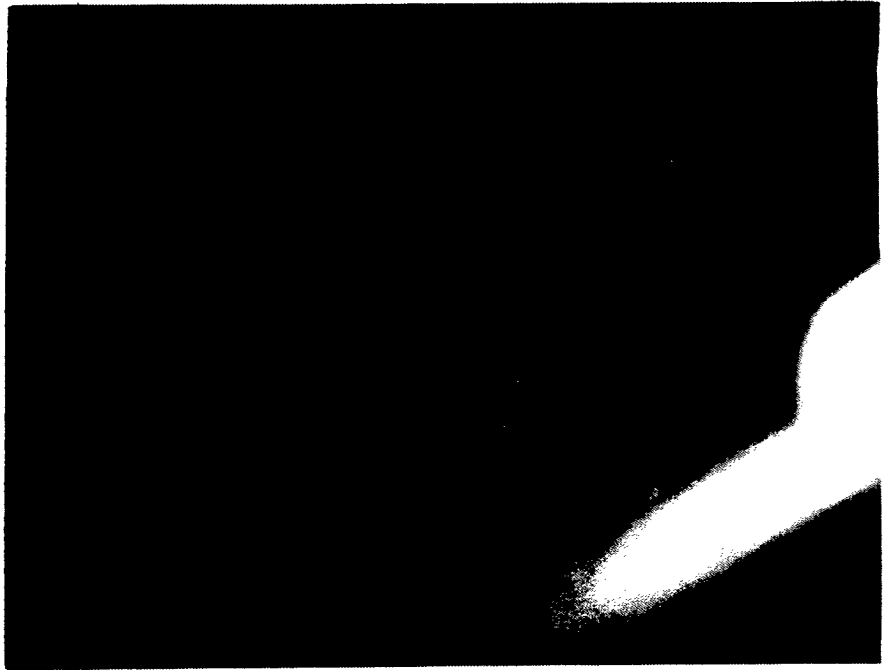
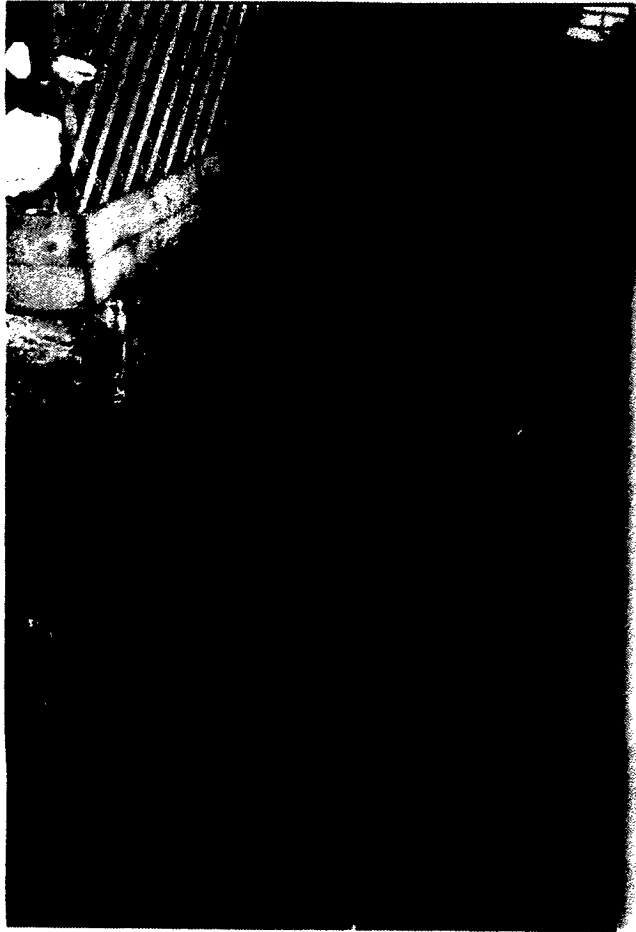
REGULATION V SEWAGE: Section 3. DEVIATIONS Cash paid - 8/3/78.

Any deviation from the rules and regulations must be approved in writing by the proper authority.

LOCATION APPROVED BY: Jerry K. Trivallyan on 3rd day of August, 1978
(Zoning Administrator)

SEPTIC SEWAGE DISPOSAL SYSTEM PERMIT ISSUED: August 4 1978.
(date)

DATE INSPECTED August 21 1978 INSPECTED BY: Jerry K. Trivallyan



#892



PERCOLATION TEST RESULTS

Applicant: G. Leon Berkley, D.O.

Location: Near Northwest Corner Section 11, Union Township, Madison
County, Iowa

Number of bedrooms: 3

Percolation Tests:

1. 31 min./inch
2. 24 min./inch
3. 12 min./inch
4. 12 min./inch
5. 31 min./inch
6. No Test
7. No Test

Average: 22 min./inch

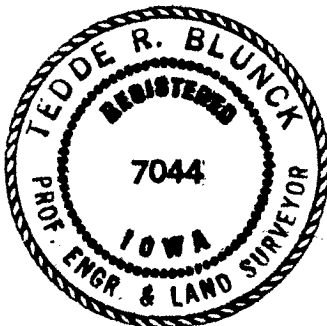
Lineal feet of absorption field required: 420 feet

Number of laterals: 5

Average length of laterals: 84 feet

Discussion: Field may be widened providing more laterals of shorter length if desired. Total field length shall be not less than 420 feet.

Seal:

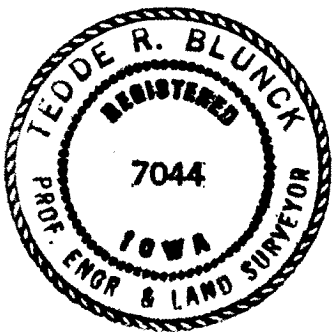
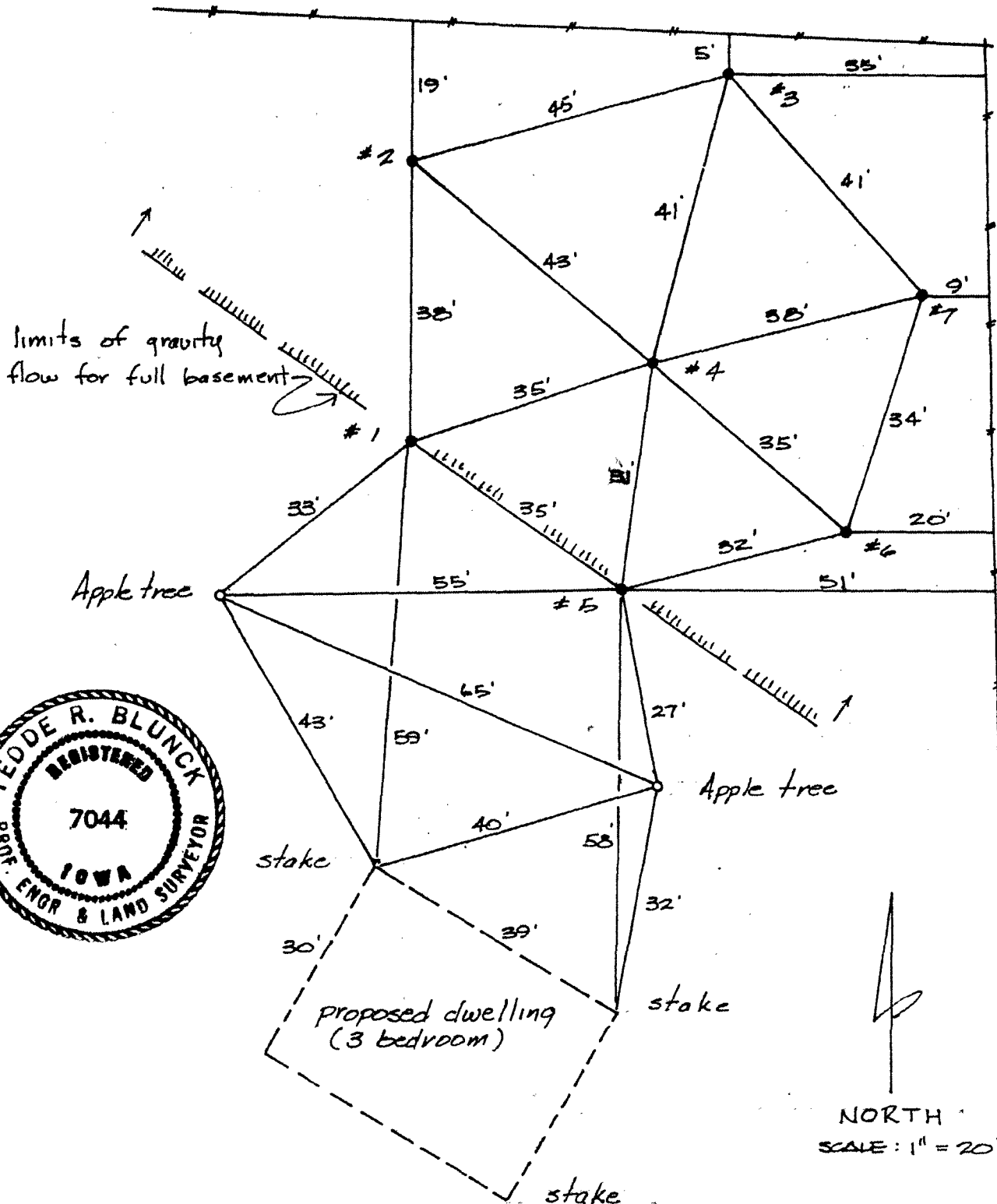


I hereby certify that this plan, specification, plat, map, survey, or report was prepared by me or under my direct personal supervision and that I am a duly Registered Professional Engineer and Land Surveyor under the laws of the State of Iowa and that I am competent to prepare this document.

Signed Tedde R. Blunck Date 7/15/78
Tedde R. Blunck, P. E. & L.S. Iowa Reg. No. 7044

G LEON BERKLEY, D.O.

PERCOLATION TEST LOCATION PLAT
N.W. CORNER SECTION 11, UNION TWP.

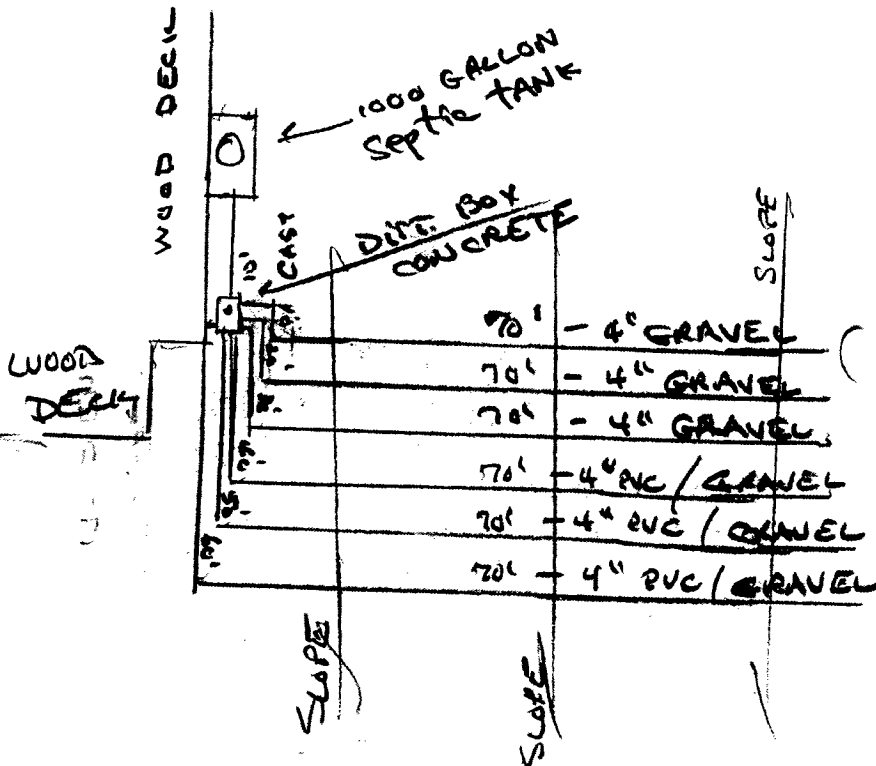


DR. G. LEON BERKLEY - OWNER

INSTALLED BY: DENNIS WRIGHT

INSPECTED BY: Jerry K. Shurligan

8/4/78



3000

PIPE

(EXTENDED IN 1986)

By: Jerry Wiedman

12/8/83 - Distr. Box uncovered
TREATED / CHEMICALS
LEVELLERS INSTALLED
FOR PROPER FLOW -

