

Book 2017 Page 3131 Type 43 001 Pages 11 Date 10/04/2017 Time 12:13:45PM

Rec Amt \$.00

INDX **ANNO SCAN** 

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

#### **REAL ESTATE TRANSFER – GROUNDWATER HAZARD STATEMENT**

TO BE COMPLETED BY TRANSFEROR

TDANSEEDOD.

Name	LEROY H. BAIR			
	2203 - 183 <sup>rd</sup> Court	Winterset	lowa	50273
Address	Number and Street or RR	City, Town or P.O.	State	<u> </u>
		,		•
TRANSFER				
Name	WESLEY R. LAMB			
Address	1165 SE OLSON DR.	WAURKE	IA	50263
	Number and Street or RR	City, Town or P.O.	State	Zip
Address of I	Property Transferred:			
	2203 - 183 <sup>rd</sup> Court	Winterset	lowa	50273
	Number and Street or RR	City, Town or P.O.	State	Zìp
☐ The stat	ere are no known wells situated on this ere is a well or wells situated on this pr ed below or set forth on an attached s laste Disposal (check one)	roperty. The type(s), loca	• • •	al status are
☐ The Atta	ere is no known solid waste disposal s ere is a solid waste disposal site on thi achment # 1, attached to this documer	s property and information	on related theret	o is provided in
	ous Wastes (check one)			
	re is no known hazardous waste on th			
	re is hazardous waste on this propert	=	thereto is provi	ded in
	chment # 1, attached to this documer	nt.		
/ -	round Storage Tanks (check one)	. A surface our Alada ou man a surface	(A.)	
	ere are no known underground storage	• • •	•	
	n and residential motor fuel tanks, mo	st neating oil tanks, ciste	ms and septic t	anks, in
	ructions.)	this property. The type!	a) sizo(a) and s	any known
	ere is an underground storage tank on stance(s) contained are listed below o			-

V	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.
	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.
囡	There is a building served by a 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 a 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 acknowledgement 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 acknowledgement is attached to this form.
	There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgement with the county board of health to install a new private sewage disposal system on this property with an agreed-upon time period. A copy of the binding acknowledgement 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 acknowledgement with the county board of health to demolish the building within an agreed-upon time period. A copy of the binding acknowledgement 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  prmation required by statements checked above should be provided here or on separate sets attached hereto:
	REBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM  ND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
jnatu	re: Display Law Telephone No.: 319 360-9595

Legal:

Lot A of the Replat of Lot 47 of COVERED BRIDGE ESTATES, a Subdivision located in Sections 12 and 13 of Township 76 North, Range 28, West of the 5<sup>th</sup> P.M., Madison County, Iowa, and in Sections 7 and 18 of Township 76 North, Range 27, West of the 5<sup>th</sup> P.M., Madison County, Iowa, as shown in the Corrected Replat of said Lot 47, filed in Book 2014, Page 2517 in the Office of the

Recorder of Madison County, Iowa

Address:

2203 – 183<sup>rd</sup> Court, Winterset, Iowa 50273



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

altor Seller: Ben Van Zee. Buyer: Lyndsey Lamb					
50273, MADISON					
nl? Y N Softener? Y N H2O Supply? Rural					
2006 Installer					
Condition good condition					
Licensed Pumper Forest septic					
terial Condition					
Licensed Pumper					
Size Licensed Pumper Service Provider					
Licensed Pumper					
Service Provider					
Condition					
Hote Head Condition					
tlets Used Condition Number of Lines					
Number of Lines					
Determined by Probing and drawling					
Determined by Probing and drawling Determined by Hydraulic load test w/ 150gal					
Condition of Fields Working Determined by Hydraulic load test w/ 150gal  Type of Trench Material Chambers					
Determined by					
Discharge Pipe Located?					
Results					
Service Provider					
ermitted? NOI submitted					

10-2008 542-0191



#### Time of Transfer Inspection Worksheet

### Other Components Alarms \_\_\_\_\_ Working? \_\_\_\_ Disinfection \_\_\_\_ Working? \_\_\_\_ Timers Inspection Ports Control Box Other Components Overall condition of the private sewage disposal system Unacceptable? Acceptable? Explain (attach additional pages as needed): All waste water goes from house to septic, 1500 gal concrete tank with riser, outlet tee and filter in good working condition. Plastic distribution box in good working condition. Hydraulic load tested the 4x85ft=340ft chamber laterals with 150 gal. Laterals took all the water at this time and probed clean. 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. Date: 8-17-17 Certficate #: 9597 Signature of Certified Inspector: Name (print): \_ Rick Rogers Address: 401 NE 52nd Ave Des Moines IA 50313 Phone # 515-745-8352

10-2008 542-0191

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: 164-05

Date Issued: 11/2/05

Issued to:

New Homes By Brill

Address: 304

3044-104th Street

Urbandale, IA 50322

2203 183rd (f. 400071800470100

Legal Description: Lot A Covered Bridge Estates Section 18-76-27 Union Twp.

POWTS Components Specifications: 1500gal. Septic Tank & 4ea. 36" Chamber Laterals @ 85ft.

#### 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.
- 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

To h. Row

## Madison County Office of Zoning & Environmental Health

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

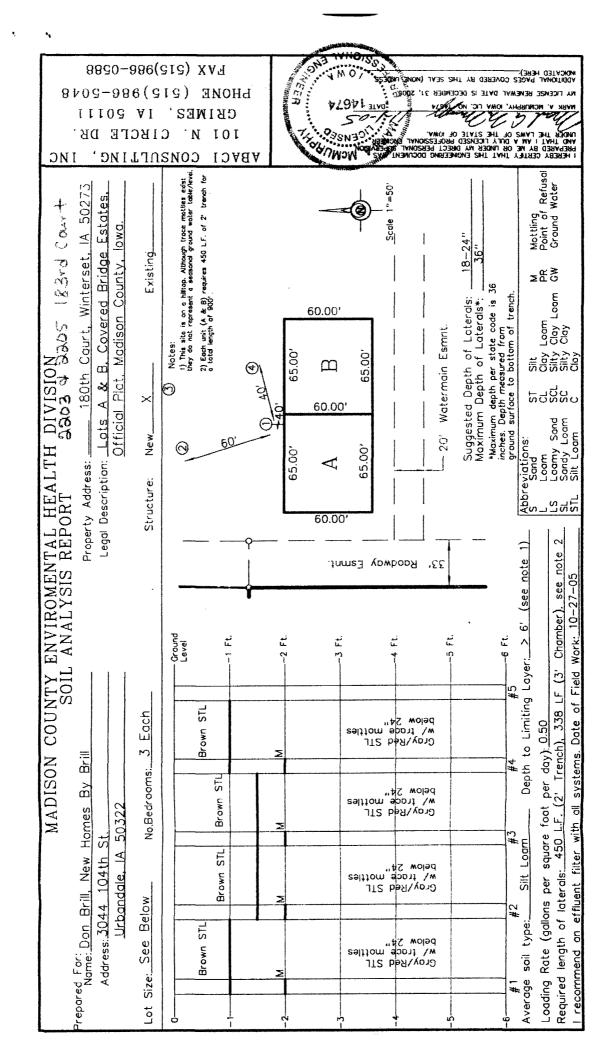
112 N. John Wayne Dr P O Box 152 Winterset, IA: 50273 Telephone (515) 462-2636

CK 1626

	0	ffice Use On	ly		Temp E911:		
Tracking No	Date Received	Fee Paid	Date Issued	Date Inspected	Date Approved	Section/Township	NPDES Authorization #
164-05	11/2/05	150	11/2/05			18 Union	

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 appropriate forms recorded before a permit will be issued.

Please Print All Informat	rian	(pp. 0)> (acc 10: 113 1 c	co. oca beto, c a p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 103464.	
1. Owner Information (Applic	2. Contractor Information					
First Name	First Name		. Last Name			
NEW homes	By Brill	INC	MIKE	2 Har	KIN	
Address	n 6t		Address			
City	State	Zip	City	arminingili di Birmininin ama ipanisanggalin	State	Zip
urbandale	Ia	<i>50388</i>				
Phone Number (area code) 870-8-444	220-9111	Cell Phone 240-8660	Phone Number (are	ea code)	Fax or E-mail	Cell Phone 360-0399
3. System Requirement Infort	nation		4. Site and Soll E	valuator (Perc	olation Test)	
IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED  Minimum Tank Size Required			PERCOLATION TEST MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT			
1-3 Bedroom		1000	Date test taken	Tes	t taken by	
	v	1250	Test Results:	Hole I	min/in Hole :	2 min/in
וויססים כ ן		1500		Hole 3	min/in Hole	4 min/in
6 Bedroom		1750	Average		oth of Test Hol	
200,000		• • •			ed	
			Length of Late			ft. ea
	,			and integration	***************************************	
5. Type of Submittal	6.Address Informa	ıtion		···	<b>A</b>	
S New	Location, Number	& Street of project (if)	unknown, indicate	nearest road):	8303 A S.	205183rd
Revision	Legal Description:					
Repair, Tank		Lot A	0+ (	Loveved	. Bridge	estates !
☐ Repair, Treatment Area	}		= 18-76		3	_
☐ System Replacement		26	4 10-16	-21 U	wiew	9
Previous Permit #:						
7. Type of Building (Complete	d by Owner)	-			***************************************	<b>***</b>
Residential	! Number of Bed	Irooms 3	☐ Commercial Other Non-Residential Use			
Other buildings served by this sy		`	☑ Garbage Disposal			
None			☐ High Water Usage Appliance (i e whirlpool bath) water softener) Qty			
	Your contractor or sy	stem designer should co	mplete the remain	ing portion of t	this application.	
8. Primary and/or	Tim Concrete			Model:		Size (gal): 1-500
Mechanical Treatment	Type:	Manufacturer:		Model:		Size (gal):
9. Pump/Siphon  Not Applicable	Type	Manufacturer		Model:		Dosing Frequency:
10. Secondary Treatment Area Type: Son Applicable						
		ength of each aterai	Other	Oti	ier	Maximum Trench Depth
36" Chander	4	85'			***************************************	(inches): 36 "
Request for inspection of the	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, which must be recorded in the Madison County Recorders Office. Discharge from mechanical systems and sand filters require periodic testing as set forth in IAC Chapter 69 and the results submitted to BOH.  Applicant Sugnature  Date:  Date:					
filter and must be covered County Recorders Office. testing as set for	Discharge from mech	anical systems and s	and filters requiremented to BOH.	re periodic	prior to issuar	ice of a POWTS permit by



Permit No 164-05	Name: Cov Bridge Est Lot.	A 911 Sign Locate
Date of Inspection:4/18/06	Inspected by: Elton Root	
Contractor: Mike Harkin		
Dwelling under construction	or moved in Yes 🛛	No 🗌
Setbacks		
Meets required setbacks	<b>.</b>	
Rural Water Yes    ✓		
Private wells/Groundwate	er heat pump bore holes/sucti	ion water lines/lakes
	50-foot setback for tank	Yes ⊠ No □
<del>-</del>	foot setback for laterals	Yes 🖾 No 🗔
. Streams/ponds (25-25 ft)-		Yes No
. Indications of water lines	•	Yes No
Comments:	•	
Building Sewer		
• Clean outs - one right out	tside of house Yes	No □
	de house and set requireme	
• Pipe is sch 40 and has a 4	•	No 🗌
• Grade – has adequate fall.	·	No 🗌
Comments:	100 23	2 · · · · · · · · · · · · · · · · · · ·
Committee.		
Tank		
Tank, Manufacture Pella	Concrete⊠ Plasti	сП
• Capacity 1500 -gallon	Concreted	
	meet the specs for capacity.	Yes⊠ No □
• Baffle	Yes No 🗌	10323 110 []
• Inlet/Outlet tees are ok.	Yes No	
• Effluent filter in the outlet		nuf.Zabel
• Tank depth.6 inches	. 105 23 110 23 1114	
• Risers Yes ⊠ No □	1	
<ul> <li>Lids above grade screwed</li> </ul>		he 🕅
Comments:	On Tes_ 140 _ Will t	SC 52
Comments.		
Distribution Box		
	Other	
Bedded in cement.		ll be□
Has required inlet baffle.		ll be□
• Outlet levels –are level.	Yes⊠ No Unkn	
Comments:	100 <u>C</u> 3	· · · · · · · · · · · · · · · · · · ·
Commonts.		
Laterals		
• Distribution lines: 4-inch	PVC nine - SCH40	
<ul> <li>Distribution lines: 4-men</li> <li>Distribution lines screwed</li> </ul>		No Will be
<ul> <li>Lateral used, 36"Chamber</li> </ul>		
<ul> <li>Lateral depth 22 inches</li> </ul>	Perc depth 36 inches	
	Yes⊠ No□	
	sturbed soil between laterals.	Yes⊠ No□
<ul> <li>Distance 6 feet between la</li> </ul>		- 10 T
Comments:	re-war serie Mr.s.	

