

BK: 2018 PG: 2067
Recorded: 7/2/2018 at 10:58:48.0 AM
Fee Amount:
Revenue Tax:
LISA SMITH RECORDER
Madison County, Iowa

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

TRANSFEROR:

Name Brandi Williams

Address 2707 220th Street, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Emily A. Staudacher

Address 705 9th Street, Grundy Center, IA 50638

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

2707 220th Street, Winterset, IA 50273

Number and Street or RR

City, Town, or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) _____

See attached: Exhibit A

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)

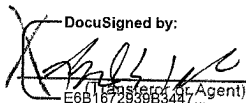
- There are no known private burial sites on this property.
- There is a private burial site on this property. The location(s) of the site(s) and known identifying information of the decedent(s) is stated below or on an attached separate sheet, as necessary.

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:

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

DocuSigned by:  Signature: _____
E6B1672539B3447... Agent

Telephone No: (210) 871-2286

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

- There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.
- There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

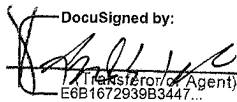
b.. Hazardous Wastes (check one)

- There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.
- There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

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

Signature:

DocuSigned by:

(X) Transferor (Agent)
 E6B1672939B3447...

Telephone No.: (~~515~~ ~~220~~)
 270-871-2286



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

Property information

Current owner Kyle Overton
Buyer Emily Staudacher Realtor Seller-Gary Garvis
Mailing address 2707 220th St, Winterset

Site Address/County 2707 220th St, Winterset
Legal Description

No. of bedrooms 3 Last occupied? yes Records available

Permit/installation date Separation distances ok/ no?

Septic system information

Septic tank(s): size 1250 gal material Concrete condition working condition
Tank pumped? YES date 06/20/18 licensed pumper Forest Septic
Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper

Aerobic treatment unit (ATU) mfg size
Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider
Condition

Pump tanks/vaults: type size condition

Distribution system: distribution box Plastic outlets used 4 condition working condition
Header pipe(s) # of lines Pressure dosed?

Secondary treatment:
length of absorption fields 4x100ft=400ft determined by County record/probe
condition of fields working condition determined by hydraulic load test/probe
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 provided



Time of Transfer Inspection Report

Other components:

Alarms _____ Working? _____ disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status Acceptable- YES

Explain (attach additional pages as needed): All waste water goes from house to septic. The laundry, kitchen sink and sump are tied into the same line. 1250 gal concrete tank with baffles in good working condition. Plastic distribution box in good working condition. Hydraulic load tested the 4x100ft=400ft rock and pipe laterals with 200 gal water. All laterals took water and probed dry and clean.

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 and attach a site sketch.

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: 06/21/18
 Name (print): Rick Rogers Certificate #: 9597
 Address: 401 NE 52nd Ave, Des Moines, IA 50313
 Phone #: 515-745-8352

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office, and to;

Iowa DNR
Private Sewage Disposal Program
502 E. 9th St.
Des Moines, IA 50319



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Secondary treatment:
length of absorption fields 4x100ft=400ft determined by County record/probe
condition of fields working condition determined by hydraulic load test/probe
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

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Time of Transfer Inspection Report

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Iowa DNR
 Private Sewage Disposal Program
 502 E. 9th St.
 Des Moines, IA 50319

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: 155-04

Date Issued: 11-16-04

Issued to: David & Janette Caligiuri
**Address: ~~2911 Homestead~~
Lorimor, Iowa 50149**

2707 220th St.
408073666012000

Legal Description: Parcel C SW SW Section 36 T76N R27W Union Township

POWTS Components Specifications: 1250 gal. Septic Tank & 4ea. EQ24 Laterls @ 100ft.

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**

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

Office Use Only				CIC 2407	Temp E911: 2711		
Tracking No.	Date Received	Fee Paid	Date Issued	Date Inspected	Date Approved	Section/Township	NPDES Authorization #
15504	11/16/04	\$150	11/16/04				

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 Information.

1. Owner Information (Applicant)			2. Contractor Information		
First Name David	Last Name Cahigiani		First Name Mike Harkin	Last Name	
Address 2911 Homestead			Address 3311 - 140th Street		
City Locimer	State IA	Zip 50149	City Cummins, IA	State IA	Zip 50061
Phone Number (area code)	Fax or E-mail	Cell Phone	Phone Number (area code)	Fax or E-mail	Cell Phone

3. System Requirement Information		4. Site and Soil Evaluator (Percolation Test)	
IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED		PERCOLATION TEST MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT	
Minimum Tank Size Required		Date test taken 11-1 Test taken by Ted Graure	
1-3 Bedroom	1000	Test Results: Hole 1 20 min/in Hole 2 50 min/in	
4 Bedroom	1250	Hole 3 7.5 min/in Hole 4 7.5 min/in	
5 Bedroom	1500	Average 22 min/in Depth of Test Holes 34"	
6 Bedroom	1750	Number of Laterals Required 4	
		Length of Laterals Required 100' ft. ea	

5. Type of Submittal		6. Address Information	
<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Repair, Tank <input type="checkbox"/> Repair, Treatment Area <input type="checkbox"/> System Replacement Previous Permit #:		Location, Number & Street of project (if unknown, indicate nearest road): 220th St Legal Description: PAR-C SW-SW 36-76-27	

7. Type of Building (Completed by Owner)			
<input checked="" type="checkbox"/> Residential	Number of Bedrooms: 3	<input type="checkbox"/> Commercial/Other Non-Residential	Use:
Other buildings served by this system: NONE		<input type="checkbox"/> Garbage Disposal <input type="checkbox"/> High Water Usage Appliance (i.e. whirlpool bath, water softener) Qty: NONE	

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

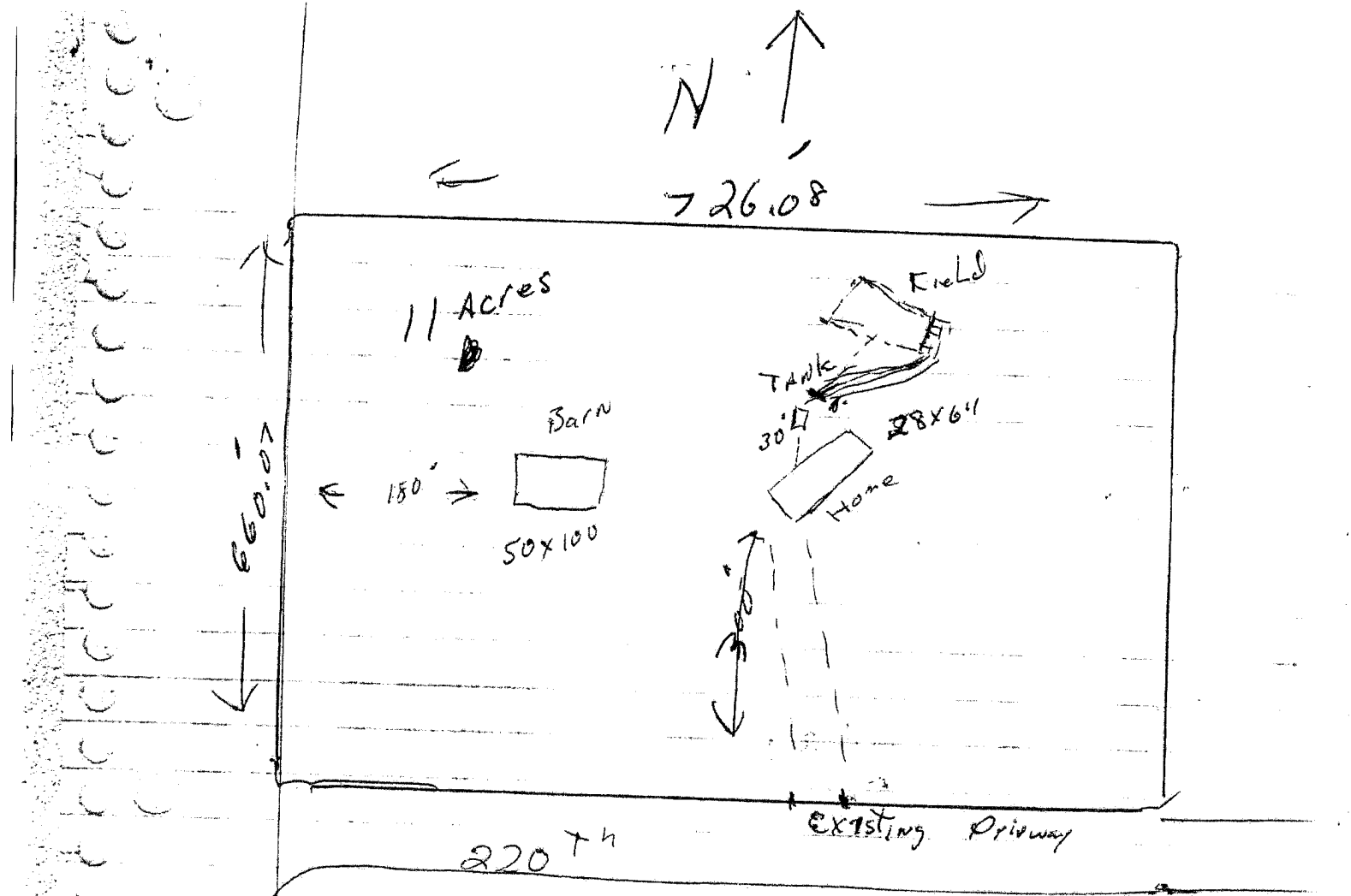
8. Primary and/or Mechanical Treatment		Type: Concrete	Manufacturer: Sinter	Model:	Size (gal): 1250
9. Pump/Siphon		Type:	Manufacturer:	Model:	Size (gal):
<input type="checkbox"/> Not Applicable		Dosing Frequency:			

10. Secondary Treatment Area Type: <input type="checkbox"/> Not Applicable					
Type of Laterals	Number of Laterals	Length of ea. Lateral	Other	Other	Maximum Trench Depth (inches):
24" Triangle	4	100'			34"

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.

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

Applicant Signature: 	Date: 11-15-04
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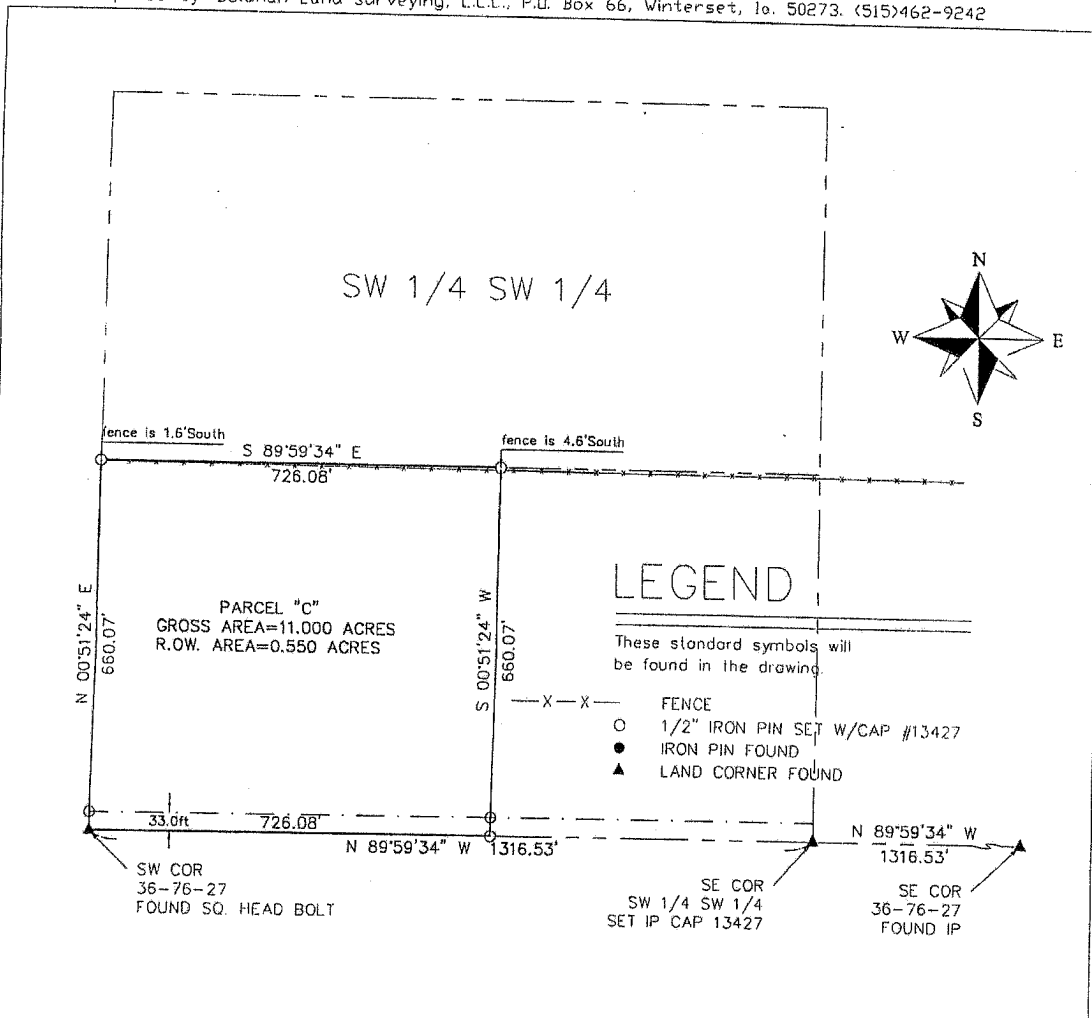


Usher Ave

Parcel C part of the SW of
 the SW. $\frac{1}{4}$ of section 36 Township 76
 North, Range 27 West of the
 5th P.M. Madison County, Iowa.

Permit For Home
 Septe
 Barn

Prepared by: Boldman Land Surveying, L.L.C., P.O. Box 66, Winterset, Ia. 50273. (515)462-9242

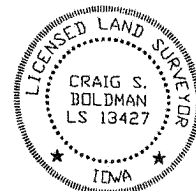


Parcel "C"- a Port of the Southwest 1/4 of the Southwest 1/4 of Section 36 Township 76 North, Range 27 West of the 5th P.M., Madison County, Iowa, described as follows:

Beginning at the Southwest corner of said Section 36;

thence N 00°51'24" E a distance of 660.07';
 thence S 89°59'34" E a distance of 726.08';
 thence S 00°51'24" W a distance of 660.07';
 thence N 89°59'34" W a distance of 726.08' to the Point of Beginning;

Containing 11.000 acres of land including 0.550 acres of county road right of way



I HEREBY CERTIFY THAT THIS LAND SURVEYING DOCUMENT WAS PREPARED AND THE RELATED SURVEY WORK WAS PERFORMED BY ME OR UNDER MY DIRECT PERSONAL SUPERVISION AND THAT I AM A DULY LICENSED LAND SURVEYOR UNDER THE LAWS OF THE STATE OF IOWA.

SIGNATURE: *Craig S. Boldman*

NAME: CRAIG S. BOLDMAN

DATE: 11/11/04

MY LICENSE RENEWAL DATE IS: DECEMBER 31, 2004

Plat of Survey	
REQUESTED BY: Terry Lyon	BOLDMAN LAND SURVEYING, L.L.C. P.O. BOX 66 WINTERSSET, IA. 50273 (515)462-9242
SURVEYED 11/4/04	SCALE 1"=200'
PROJECT NO. 04092	DATE 11/5/04
OWNER Leona Lyons Est	

PERCOLATION TEST RESULTS

APPLICANT: Dave Caligiuri

CURRENT ADDRESS: 2911 Homestead Ave, Lorimor, Ia 50149

TELEPHONE NO. Home: (515) 462-6903 Business : 515-250-1775

BUILDING SITE: West 11 acres of the south 20 acres of the SW ¼ of the SW ¼ of Section 036, T-76, R-27, Madison County, Iowa.

NUMBER OF BEDROOMS: three (3)

PERCOLATION TEST RESULTS:	HOLE NUMBER		MINUTES PER INCH
DATE TAKEN: November, 2004	1	NW	20
BY: Ted H Grauer, P.E.	2	NE	50
	3	SE	7.5
	4	SW	7.5
		AVERAGE:	22
		(revised is in red)	

TOTAL NUMBER LATERAL FEET OF ABSORPTION FIELD: 400 IAC Ch. 69

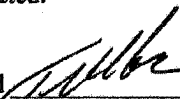
NUMBER OF LATERALS REQUIRED: 4
AVERAGE LENGTH OF LATERALS: 100 FT. EACH (Not to exceed 100 feet)
COMMENTS: The subsoil was wet, probably a result of spring rains and no grass cover.

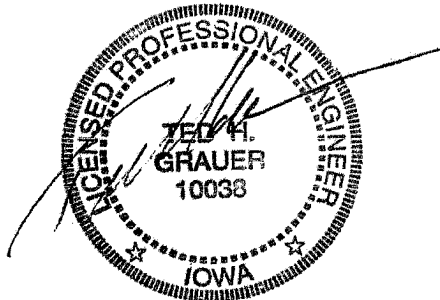
6 foot hole in center showed no high water, and no bedrock.

SIZE OF PERC TEST AREA REQUIRED 50 FT. X 100 FT. - 4 test holes - center hole 6 ft. in depth - indicate rock or water at that depth if found. Layout of perc test area required.

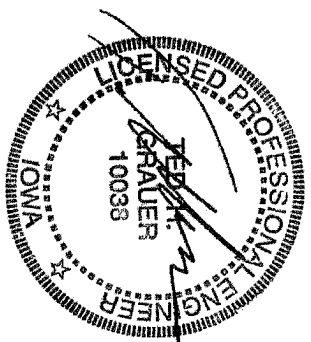
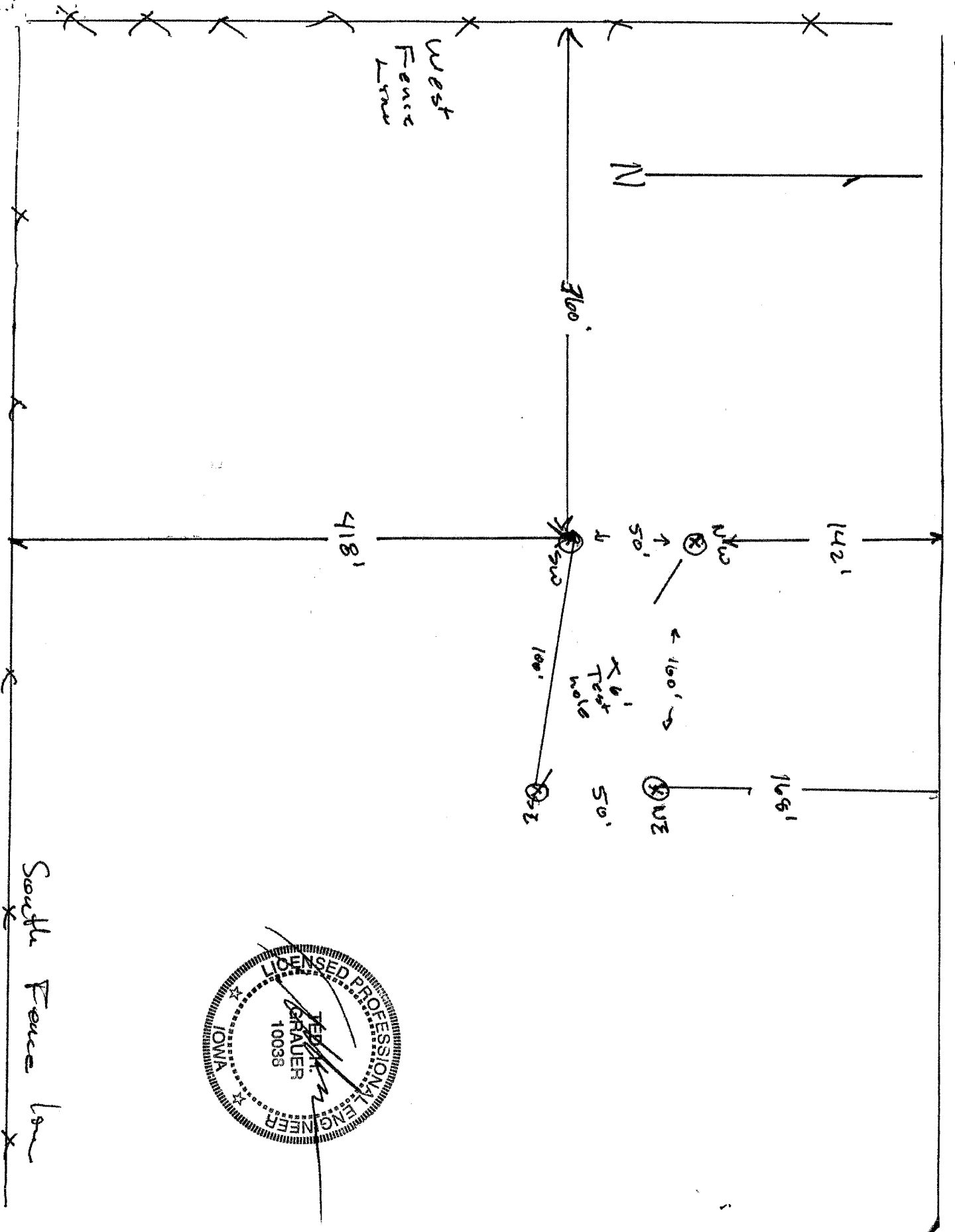
Drawing of perc site is attached.

NOTE: Percolation test to be done by licensed Engineer or their agent and certified after perc test has been completed.

Signed  Date 11/15/04 Reg No 10038 Exp Date 12-31-04



Dave Calligaris



Permit No 155-04 Name: Caligiuri 911 Sign Locate

Date of Inspection: 12/3/04 Inspected by: Elton Root

Contractor: Mike Harkin

Dwelling under construction or moved in Yes No

Setbacks

Meets required setbacks.

- Rural Water Yes 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
- 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
- Pipe is sch 40 and has a 4-inch diameter. Yes No
- Grade – has adequate fall. Yes No

Comments:

Tank

- Tank. Manufacture Pella Pre-Cast Concrete Plastic
- Capacity 1250 -gallon
- Two compartments, both 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.Zabel
- Tank depth.6 inches
- Risers Yes No
- Lids above grade screwed on Yes No Will be

Comments:

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

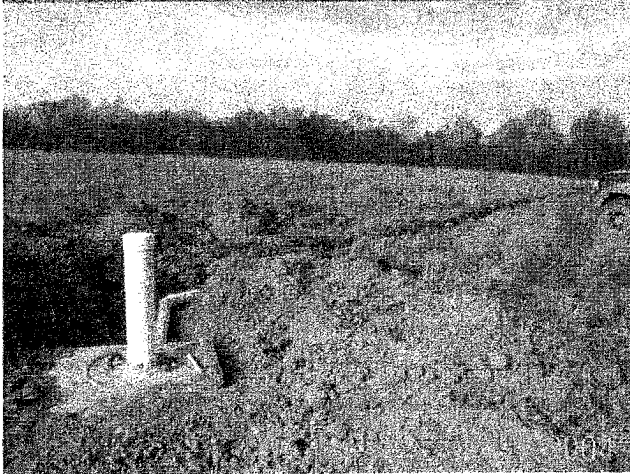
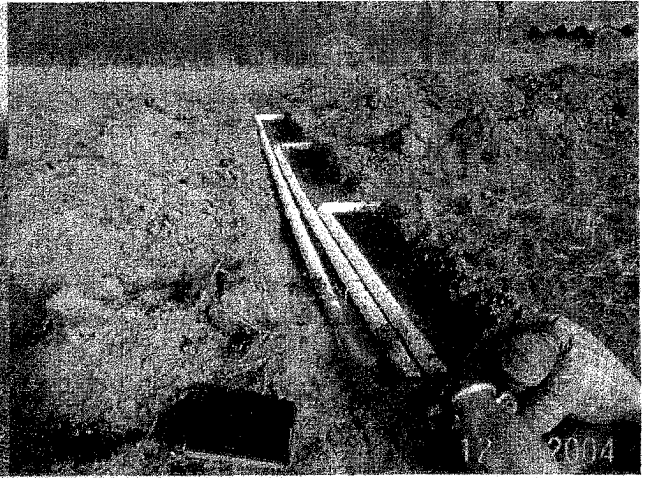
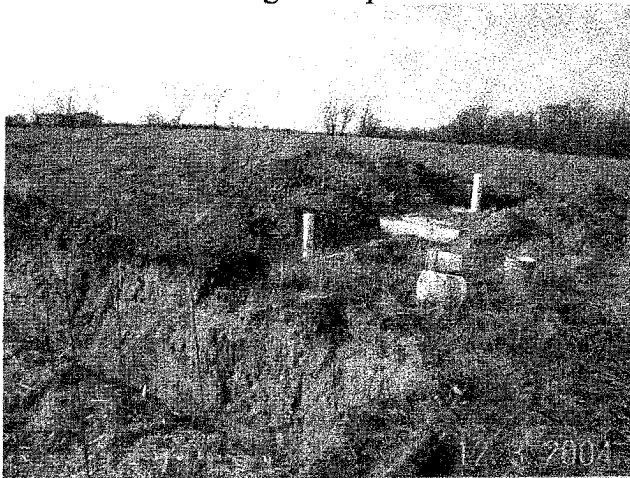
Comments:

Laterals

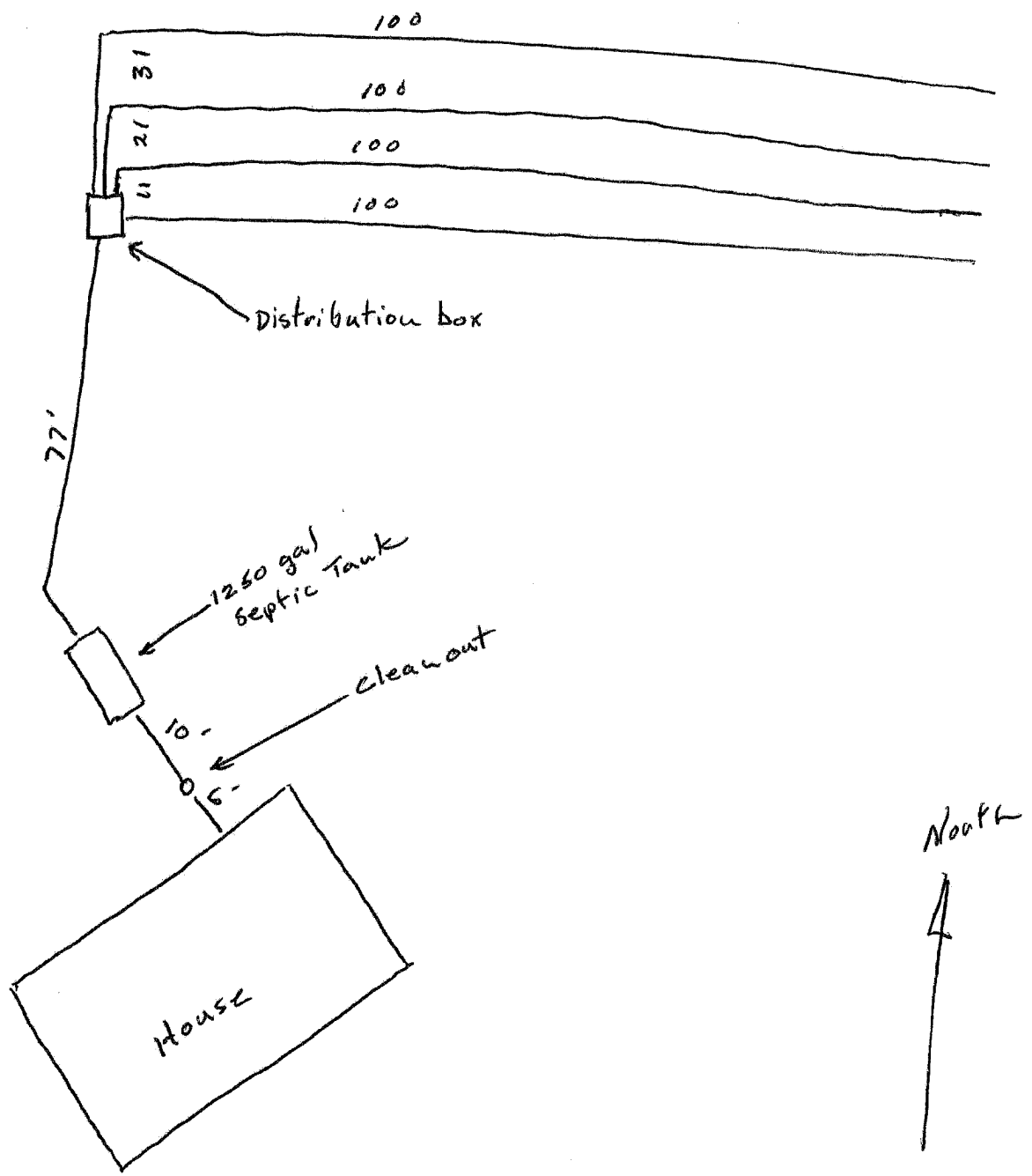
- Distribution lines: 4-inch PVC pipe – SCH40
- Distribution lines screwed to laterals. Yes No Will be
- Lateral used. EQ24 Reduction? Yes No
- Lateral depth 18 inches Perc depth 34 inches
- Laterals were level. Yes No
- Adequate amount of undisturbed soil between laterals. Yes No
- Distance 6 feet between laterals.

Comments:

Permit # 155-04 Caligiuri Inspection 12/3/04



Permit # 155-04 Caligiuri Inspection 12/3/04



Caligiuri

Rustic 204.8mi

2201

NEW
2711 204.7

204.45

2742

2743

ROAD