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Rec Amt \$.00

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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TRANSF	EROR:							
Name	Chance L. Berry and Mar	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				
Address	ddress 1159 - 220th street, Winterset, IA 50273							
	Number and Street or RR	City, Town or P.O.	State	Zip				
TRANSF	EREE:							
Name	Lucas Keuning and Nico	ole Keuning						
Address	616 West North Street, W	interset, IA 50273						
	Number and Street or RR	City, Town or P.O.	State	Zip				
	of Property Transferred: 20th Street, Winterset, IA 5	0273						
Nur	mber and Street or RR	City, Town or P.O.	State	Zip				
<u>▼</u> T Si 2. Solid	tated below or set forth on a Waste Disposal (check o	ited on this property. The type(s), local an attached separate sheet, as nece		itus are				
<u> </u>		sal site on this property and informat	ion related thereto is p	provided				
3. Hazaı	dous Wastes (check one	)						
<u> </u>	here is no known hazardou here is hazardous waste o ttachment #1, attached to t	n this property and information relate	ed thereto is provided	in				
4. Under	rground Storage Tanks (d	check one)						
sı	_	round storage tanks on this property otor fuel tanks, most heating oil tank	•					
		orage tank on this property. The type isted below or on an attached separe						

<ol><li>Private Burial Site (check on</li></ol>	e)
X There are no known private	te burial sites on this property.
	te on this property. The location(s) of the site(s) and known
	he decedent(s) is stated below or on an attached separate sheet, as
necessary.	To dooddin(o) to stated boton of on an attached coparate ontoti, do
6. Private Sewage Disposal Sys	stom (chack ana)
	rty are served by a public or semi-public sewage disposal system.
	involve the transfer of any building which has or is required by law to
have a sewage disposal s	ystem.
¬√X There is a building served	by private sewage disposal system on this property or a building
	disposal system. A certified inspector's report is attached which
documents the condition of	of the private sewage disposal system and whether any modifications
	standards adopted by the Department of Natural Resources. A
	must be accompanied by this form when recording.
	by private sewage disposal system on this property. Weather or
	conditions prevent the certified inspection of the private sewage
	g conducted. The buyer has executed a binding acknowledgment
	ealth to conduct a certified inspection of the private sewage disposal
system at the earliest prac	cticable time and to be responsible for any required modifications to
the private sewage dispos	al system as identified by the certified inspection. A copy of the
binding acknowledgment i	
	by private sewage disposal system on this property. The buyer has
	wledgment with the county board of health to install a new private
	on this property within an agreed upon time period. A copy of the
•	
binding acknowledgment i	
	by private sewage disposal system on this property. The building to
	al system is connected will be demolished without being occupied. The
buyer has executed a bind	ling 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	
	om the private sewage disposal inspection requirements pursuant to
	lote: for exemption #9 use prior check box]:
	sal system has been installed within the past two years pursuant to
permit number	<u> </u>
	ents checked above should be provided here or on separate
sheets attached hereto:	
1. Well located SE of	house next to County Road.
$\nu$	0
I HEREBY DECLARE THA	AT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
AND THAT THE INF	ORMATION STATED ABOVE IS TRUE AND CORRECT.
	TE IFA ONLO
Signature:	Telephone No.: 515 - 250 - 8495
(Transferor or Agent)	

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: 080-16

Date Issued: 11/1/16

Issued to: Chance & Mary Berry
Address: 4139 220th Street (23)

Winterset, IA 50273

Legal Description: Par A S 1/2 SW 3.30A Section 33 Jackson Township

PID# 29005 3360010000

POWTS Components Specifications: 1500gal. Septic Tank & 3 each 36" Chamber laterals @ 88'

#### **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: Maximum trench depth is 36 inches.

Environmental Health Officer

**Madison County** 

Office of Zoning and Environmental Health

### Madison County Office of Zoning & Environmental Health

# Application to Construct Private Sewage Disposal System (PSDS)

112 N. John Wayne Dr. P O Box 152 Winterset, IA 50273 Telephone (\$15) 462-2636

Office Use Only					Temp E911			
Tracking No.	Date Received	Fee Paid	Check #	Date Issued	Section/Township			
080-16	11/1/16	#150		11/1/16	33 Jackson			

Application will not be accepted until site and soil analysis/percolation information have been received and fee has been paid. For systems

Please Print.  1. Owner Infor First Name Chance Address 1159 City Winf Phone Number a  3. System Requi	mation (Appli + Ma 220 evset irea code)	Last N  H  S-	2414	Zip	77	ation Contractor		st Name		
Address  // 5 9 City  Win + Phone Number (a)  3. System Required  IAC CHAPTE	+ Mac 220 evset irea code)	Last V B +- S-	2414	Zip	77			st Name		
Chance Address 1159 City Wint Phone Number (a) 3. System Requi	220 evset irea code)	+ S	2414	Zip	First Name Address	911e_	Las A.Y.	st Name		
Oin Wint Phone Number to	220 evset irea code)	+- 5	t. State	Zip	Address	111eu	A L			
Oin Win 7 Phone Number a  3. System Requi	220 evset irea code)	+- 5	F. State	Zip	Address			<u> </u>		
Phone Number (a  3. System Requi	irea code)	. C	State A	Zip	Allen Akers  Address  Address  2204 /75 + 5 +  City State Zip  Winterset IA Soz73  Phone Number (area code) Cell Phone:					
Phone Number (a  3. System Requi	irea code)	. C		50273	City	inters	et	State IA	50273	
IAC CHAPTE	rement Infor	( 2/7)	ell Phone	7495	Phone Nun	nber (area code)		4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0091	
					4. Site and	J Soil Evaluator	(Percolation 7	Fest/Soils Analysis)	<u> </u>	
i I 3 Badmaam	ER 69 DOUBL	E COMPAR	TMENT TANK R	EQUIRED		APPROVED P	RIOR TO TH	IS MUST BE COM E ISSUANCE OF I	PERMIT	
1 2 Dadmaam		Min	imum Tank Siz	e Required		May 4.78		.1 , ,	11	
mounds and			1250		Date test	taken	Test taken b	by Hochste	7/20	
4 Bedroom			1500		Passed: _		F	Failed:		
5 Bedroom			1750		Date test taken Passed: Percolation Rate:  9					
5 Bedroom			2000		Soils Loading Rate:					
5. Type of Submi	ttal	6. Add	ress Information							
□ New House		į.			<b>.</b>		الم			
YEXISTING House		911 Add	ress or nearest roa	id: //	2/ 27	20.	<i>57.</i>			
Repair, Tank		Legal De	escription:							
Repair, Treatm	ent Area	Par	Recription:	SW 3.	30A	Section.	28.	74-29		
☐ System Replac				_		//02		10 - 1		
Previous Permit		-								
7. Type of Buildi	ng (Complete	d by Owner)								
Building Square ft		Number of Bea		Number of Bath		Non-Resider				
Cther buildings se	• • • • • • • • • • • • • • • • • • • •			Any other circu	imstances whi	nstances which may affect water usage:				
	None			Water softene	rs must be ro	uted to a brine p	pit independen	it of septic system.		
		Your contra	ctor or system des							
8. Tanks									1	
Septic Tank		Type: Co.	nevete		soo Manufacturer Lister					
Pump Tank		Type:		Size:	Manufacturer:					
Additional Tank		Type.		Size:	Manufacturer:					
9 Secondary Tro	eatment Area									
l aterals	Type: 36"/	Profile	Length of each:	88	Total num	iber: 3	M	aximum trench Dept	h: 36 "	
	Square ft.:	<u> </u>	Length:		Width:	01100000				
Peat System :	Model:		Manufacturer							
	Description									
				and the Bull and the same of t						
for inspection box must be av recorded in the	of the systen ailable. Disc Madison Co	n must be m harging syst unty Record	of all facts and in ade 24 hours in tems must be cov ders Office. Disc d Madison Coun	advance. Wa vered by a ma harging syste	iter at the si aintenance a ems also req	te to test the d agreement, wh uire periodic	istribution nich shall be testing as set	construction, or repair of an	wful to start reconstruction, by PSDS prior to PSDS permit by	

Mills County Public Health Michael D. Sukup

4/1/2009

PERCOLATION	Number	Trench	Soil	Linear
RATE	Bedroom	(2 or 3 ft)	Loading	feet_
9 mi	n/in 3	3 ft	0.65 gal/ft2	232 ft

	_	Origina	al table	III						
		2	450	gal.	•	gal.	•	5 gal.		gal.
Width of trench in feet	2	3	2 3		2	3	2	3	2	3
Soil loading rate gal/ft <sup>2</sup>										
0.1	Not suital	ble for soi	absorptio	n trenches	;					
0.2	750	500	1125	750	1500	1000	1875	1250	2250	1500
0.3	500	333	750	500	1000	666	1250	833	1500	1000
0.4	375	250	562	375	750	500	938	625	1125	750
0.5	300	200	450	300	600	400	750	500	900	600
0.6	250	167	375	250	500	333	625	417	750	500
0.7	214	143	321	214	428	286	536	357	643	429
0.8	188	125	281	188	375	250	469	312	562	375
0.9	167	111	250	167	333	222	417	278	500	333
1	150	100	225	150	300	200	375	250	450	300
1.1	136	91	205	136	273	182	341	227	409	273
1.2	125	84	188	125	250	167	313	208	375	250

### SOIL LOADING RATE CALCULATION

(Soil loading ABOVE) - (Soil Loading BELOW) = (Soil loading ABOVE) - (Soil Loading WANTED) (Percolation ABOVE) - (Percolation BELOW) (Percolation ABOVE) - (Percolation GIVEN)

Solve for Soil Loading WANTED: Soil Loading ABOVE -

> ((Soil loading ABOVE) - (Soil Loading BELOW))\*((Percolation ABOVE) - (Percolation GIVEN)) (Percolation ABOVE) - (Percolation BELOW)

### PERCOLATION TEST RESULTS

	APPLICANT Rex Haymond		
	LOCATION SW4 Sec. 33-76-29	Jackson Twp.	
	NUMBER OF BEDROOMS 3		
	PERCOLATION TESTS:		
	1. 13 min/inch	ada.	
* **	2. 8 min/inch		
	3. 5 min/inch		
	4. <u>- 12 2</u>		
	AVERAGE 9 min/inch	-	
	LINEAL FEET OF ABSORPTION FIELD	D: 265'	en e
	NUMBER OF LATERALS: 3	<del></del>	
	AVERAGE LENGTH OF LATERALS:	88'	, ,
	DISCUSSION:		
*	•		
	SEAL:		

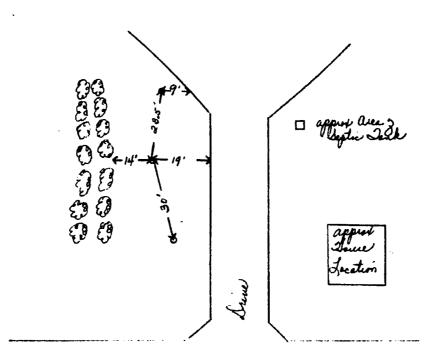
mereby certify that this plan, specification on most was prepared by me or under my direct present supervision and that I am a day solved Professional Engineer under this laws of the State of lows.  $\mathbb{N}_{f} \, \, \mathsf{ned} \,$ 

m Gn Intell my 19 18

Rex Daymond

May 23. 1978

N Shale 1' - 300'



Permit No 080-16 Name: Berry 91  Date of Installation: 11/1/16 Inspected by: Elton Root  Contractor: Allen Akers  Dwelling under construction or moved in Yes ⋈ No □	1 Sign Locate [	
Setbacks		
Meets required setbacks.		
·	. 57	—
<ul><li>Rural Water</li><li>Private wells/heat pump wells/suction water lines/lakes</li></ul>	Yes ⊠ Yes ⊠	No 📗
Outside required 50-foot setback for tank	Yes 🔀	No 🗍
<ul> <li>Outside required 100-foot setback for laterals</li> </ul>	Yes 🔀	No 🔲
Streams/ponds (25-25 ft)-ditches (10-10 ft)	Yes 🔀	No
<ul> <li>Indications of water lines under pressure</li> <li>Comments:</li> </ul>	Yes 🔀	No [_]
Building Sewer		
Clean outs – one right outside of house	Yes 🗌	No 🔀
location of cleanout inside house and set requirement	. <b>5</b> 7	$\Box$
<ul> <li>Pipe is SCH 40 and has a 4-inch diameter.</li> <li>Grade – has adequate fall.</li> </ul>	Yes ⊠ Yes ⊠	No 🗌 No 🗍
Comments: Double clean out located in line going under Cave		140 🗀
Tank		
	Concrete	Plastic 🔲
Pump Tank Size & Manufacturer	Concrete	Plastic
<ul> <li>Septic compartments meet the specs for capacity.</li> </ul>	Yes 🔀	No 🗍
Baffle	Yes 🖂	No 🗍
• Inlet/Outlet tees are ok.	Yes 🔯	No 🗌
Effluent filter in the outlet. Yes ☑ No ☐ Ma	nuf. Poly Lock 4"	gray
Tank depth 24 inches	v	N - 🗀
Risers  Lide above greeds serevied an	Yes ⊠ Yes ⊠	No Will be
<ul> <li>Lids above grade screwed on Comments:</li> </ul>	res 🔼	NO WILDE
Distribution Box		
<ul> <li>Brand <u>Tuf-Tite</u> Other</li> </ul>	5-72	
Bedded in cement.	Yes⊠	No Will be Will be
<ul> <li>Has required inlet baffle.</li> <li>Outlet levels –are level.</li> </ul>	Yes⊠ Yes⊠	No Will be No Unknown
Comments:	16367	
Laterals		
• Distribution lines: 4 -inch PVC pipe - Sch 35		[7]
	ction?	Yes No
<ul> <li>Lateral depth. 36 inches</li> <li>Laterals were level.</li> </ul>	Yes⊠	No
<ul> <li>Laterals were level.</li> <li>Adequate amount of undisturbed soil between laterals.</li> </ul>	Yes⊠	No
Distance 9 feet between laterals.	لاست	

Comments:



Permit # 080-16 1281 220+2 57 Installed 11/1/16 1500 Ed. Le Ohamber oright Pole Treco otres otress o