



Document 2018 GW2222

Book 2018 Page 2222 Type 43 001 Pages 16

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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 Barbara J. Croy Trust and David M. Croy Trust

Address 1251 Heritage Avenue, Earlham, IA 50072

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Derrick W. Duff

Address 1251 Heritage Avenue, Earlham, IA 50072

Number and Street or RR

City, Town or P.O.

State

Zip

**Address of Property Transferred:**

1251 Heritage Avenue, Earlham, IA 50072

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) Parcel "A", located in the Northeast Quarter (1/4) of the Southeast Quarter (1/4) of Section Eighteen (18), Township Seventy-seven (77) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, as shown in Plat of Survey filed in Book 3, Page 283 on July 1, 1998 in the Office of the Recorder of Madison County, Iowa.

**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.

*Well is in Timber area - Previous owner son set  
Fire on pit + Round Pump - I removed Pump in 2010*

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

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 2048.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

Well is located in timber - I removed Pump  
New Septic installed July 2018

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

Signature: *D. M. Gray* Telephone No.: 515 979 5565  
(Transferor or Agent)



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

Property information

Current owner David Gray 515-979-5565
Buyer \_\_\_\_\_ Realtor Nancy Johnson 515-710-0474
Mailing address 9412 Aurora Ave, Urbana, Ia 52322

Site Address/County 1251 Heritage Ave, Earlham Ia 50072/Madison County
Legal Description \_\_\_\_\_

No. of bedrooms 3 Last occupied? April 2018 Records available yes

Permit/installation date \_\_\_\_\_ Separation distances @/no? yes
2018

Septic system information

Septic tank(s): size 1,500 gal. material Poly Vinyl condition Very Distorted
Tank pumped? no date 6-13-18 licensed pumper yes S.T. 307
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 yes outlets used no condition Broken
Header pipe(s) 1 # of lines 3 Pressure dosed? no

Secondary treatment:
length of absorption fields 3x100' 300 feet determined by [Signature]
condition of fields Good determined by [Signature]
type of trench material 24" Chambers

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 \_\_\_\_\_

No Compliance
RePAse Tax
ADSF 201



Time of Transfer Inspection Worksheet

Other Components

Alarms no Working? \_\_\_\_\_ Disinfection no Working? \_\_\_\_\_

Control Box no Timers no Inspection Ports no

Other Components none

Overall condition of the private sewage disposal system

Acceptable? No Unacceptable? \_\_\_\_\_

Explain (attach additional pages as needed):  
\_\_\_\_\_  
\_\_\_\_\_

Comments: Replace septic tank and distribution box

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: *Wance Smith* Date: 6-13-18  
 Name (print): Wance Smith Certificate #: 8992  
 Address: 502 West Main Street St. Charles, Mo 63340  
 Phone #: 641-396-2440

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

**REAL ESTATE SEPTIC INSPECTION**

On June 13<sup>th</sup>, 2018. Anytime Septic Services II did Time of Transfer Real Estate Inspection on Septic tank, Distribution box, and Lateral field at 1251 Heritage Ave, Earlham, Iowa 50072. David Croy residence.

Septic tank is 1,500 gallon two compartment Poly Vinyl Norwesco tank which I didn't pump and clean because of not having running water to refill tank and ground saturation from recent rain. Tank is inches below ground surface with 24 inch plastic lock down lids at ground level that are severely deformed and broken an unable to be properly secured and locked into place. On both inlet and outlet ends of tank are 4 inch schedule 40 piped tee baffles with drops that are pushed upward also separation wall in tank appears broken and pushed inches away from outlet tee baffle. Appears to me septic tank has been driven over.

Distribution box is a plastic Tuff Tite box with lid at ground level with none or very little concrete surrounding for support because box is badly damaged and full of dirt. Inside of box is a 4 inch schedule 40 piped tee baffle and 3 lines of schedule 35 piped lines leaving box through 3 speed levelers.

Lateral field starts on bottom of slightly sloped hill that runs slightly up hill and consist of 3 runs of 24 inch plastic infiltrated chambers at 100 feet each totaling 300 feet of laterals that varies 8 to 12 inches below ground surface at the start of laterals and varies 18 to 22 inches below ground surface on the ends with no evidence of any ponding or surfacing above absorption field and no popping sound from probing all 3 laterals.

**NOT RESPOSIBLE FOR ANY FAILED SEPTIC SYSTEMS.**

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: 052-18**

**Date Issued: 6/20/2018**

**Issued to: David Croy**  
**Address: 1251 Heritage Ave.**  
**Earlham, IA 50061**

*Binding Agreement w/Duff*

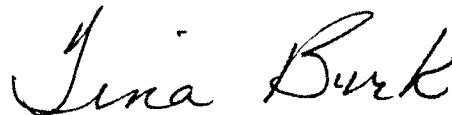
**Legal Description: Parcel A NE SE PID# 200031882002000**  
**Sec 18 T77N R28W Madsion TWP**

***POWTS Components Specifications:*** Replacing to a 1500 gal. Plastic Septic Tank & a new distribution box.

**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 Assistant  
Madison County  
Office of Zoning and Environmental Health***

Application to Construct  
Private Sewage Disposal System (PSDS)

Office Use Only					Temp E911:		
Tracking No.	Date Received	Fee Paid	Check #	Date Issued	Section/Township		
052-18	6-20-18	100.00	42662	6-20-18	18-17/Adisona		

Application will not be accepted until site and soil analysis/percolation information 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 along with appropriate forms for recording before a permit will be issued.

Please Print All Information.

1. Owner Information (Applicant)			2. Installation Contractor Information		
First Name	Last Name		First Name	Last Name	
DAVID	CROY		MIKE	HARRIN	
Address			Address		
1251 Heritage Ave			3311 140th St		
City	State	Zip	City	State	Zip
Earlham	Ia	50061	Cumming	Ia	50061
Phone Number (area code)		Cell Phone	Phone Number (area code)		Cell Phone
515-979-5565			515-360-0399		

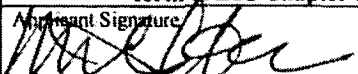
3. System Requirement Information		4. Site and Soil Evaluator (Percolation Test/Soils Analysis)	
IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED		PERCOLATION/SOILS ANALYSIS MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT	
	Minimum Tank Size Required	Date test taken _____	Test taken by _____
<u>1-3 Bedroom</u>	1250	Passed: _____	Failed: _____
4 Bedroom	1500	Percolation Rate: _____	Soils Loading Rate: _____
5 Bedroom	1750	Septic TANK & Dist Box on li	
6 Bedroom	2000		

5. Type of Submittal		6. Address Information	
<input type="checkbox"/> New House	<input checked="" type="checkbox"/> Existing House	911 Address or nearest road:	1251 Heritage Ave
<input type="checkbox"/> Repair, Tank	<input type="checkbox"/> Repair, Treatment Area	Legal Description:	Parcel A NE SE
<input type="checkbox"/> System Replacement	Previous Permit #: 2018	PID #	20003188 2002000
			18-77-28

7. Type of Building (Completed by Owner)			
Building Square ft.:	Number of Bedrooms:	Number of Bathrooms:	Non-Residential uses:
Other buildings served by this system:		Any other circumstances which may affect water usage:	
NO		Water softeners must be routed to a brine pit independent of septic system.	

8. Tanks			
Your contractor or system designer should complete the remaining portion of this application.			
Septic Tank	Type: plastic	Size: 1500	Manufacturer: AK
Pump Tank	Type: —	Size: —	Manufacturer: —
Additional Tank	Type: —	Size: —	Manufacturer: —

9. Secondary Treatment Area				
Laterals	Type:	Length of each:	Total number:	Maximum trench Depth:
Sand Filter	Square ft.:	Length:	Width:	
Peat System	Model:	Manufacturer:		
Other	Description:			

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. Discharging systems must be covered by a maintenance agreement, which shall be recorded in the Madison County Recorders Office. Discharging systems also require periodic testing as set forth in IAC Chapter 69 and Madison County Environmental Health Regulations.		It is unlawful to start construction, reconstruction, or repair of any PSDS prior to issuance of a PSDS permit by the Environmental Health Officer.
Applicant Signature: 	Date: 6-20-18	

PERCOLATION RATE	Number Bedroom	Trench (2 or 3 ft)	Soil Loading	Linear feet
12.5 min/in	3	3 ft	0.592 gal/ft <sup>2</sup>	254.1667 ft

Original table III

	2		3 450 gal.		4 600 gal.		5 750 gal.		6 900 gal.		
Width of trench in feet	2	3	2	3	2	3	2	3	2	3	
Soil loading rate gal/ft <sup>2</sup>	Not suitable for soil absorption trenches										
0.1	Not suitable for soil absorption 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	

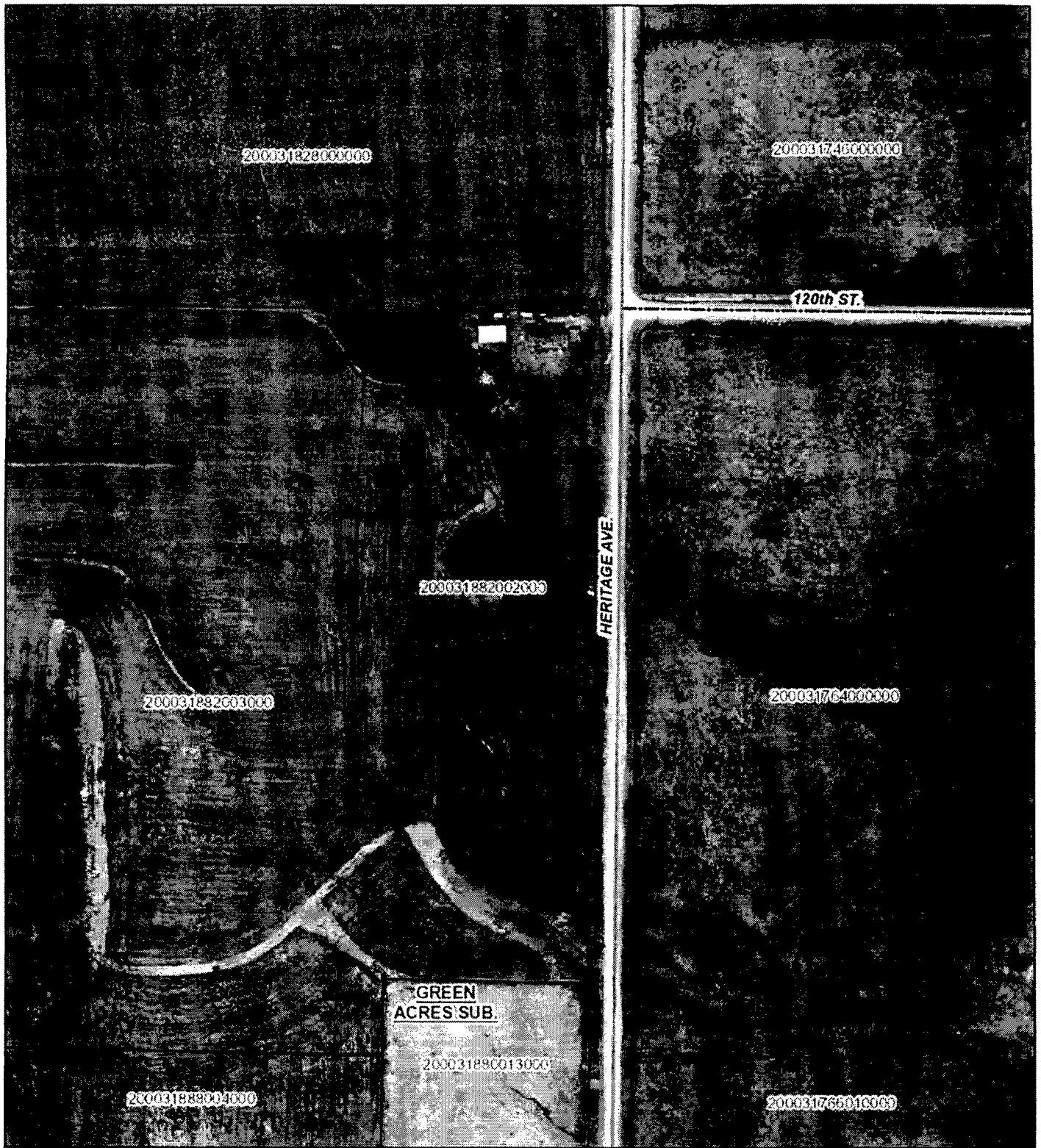
SOIL LOADING RATE CALCULATION

$$\frac{(\text{Soil loading ABOVE}) - (\text{Soil Loading BELOW})}{(\text{Percolation ABOVE}) - (\text{Percolation BELOW})} = \frac{(\text{Soil loading ABOVE}) - (\text{Soil Loading WANTED})}{(\text{Percolation ABOVE}) - (\text{Percolation GIVEN})}$$

Solve for Soil Loading WANTED:  
 Soil Loading ABOVE -

$$\frac{((\text{Soil loading ABOVE}) - (\text{Soil Loading BELOW})) * ((\text{Percolation ABOVE}) - (\text{Percolation GIVEN}))}{(\text{Percolation ABOVE}) - (\text{Percolation BELOW})}$$





<b>Parcel ID</b>	200031882002000	<b>Alternate ID</b>	n/a	<b>Owner Address</b>	CROY, DAVID M & BARBARA J TRUST
<b>Sec/Twp/Rng</b>	18-77-28	<b>Class</b>	R		9412 AURORA AVE
<b>Property Address</b>	1251 HERITAGE AVE	<b>Acreage</b>	10.01		URBANDALE, IA 50322
	EARLHAM				
<b>District</b>	MADISON				
<b>Brief Tax Description</b>	PARCEL A NE SE				
	(Note: Not to be used on legal documents)				













1251 Heritage Ave  
Permit # 052-18

