



Document 2018 GW2349

Book 2018 Page 2349 Type 43 001 Pages 7  
Date 7/23/2018 Time 10:22:27AM  
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LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

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

**TRANSFEROR:**

Name James R. Leech and Linda M. Leech

Address 3395 218th Street, St. Charles, IA 50240

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name McLain Properties, LLC

Address 521 3rd Street, West Des Moines, IA 50265

Number and Street or RR

City, Town or P.O.

State

Zip

**Address of Property Transferred:**

3395 218th Street, St. Charles, IA 50265

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) The South Half (S½) of the Northeast Quarter (NE¼) of the Southeast Quarter (SE¼) of Section Thirty-six (36), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., 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.

**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:**

Well is located west of the house  
approximately 250 feet.

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

Signature: *Metta S. Harvey*  
(Transferor or Agent)

Telephone No.: 641-782-7051

## Time of Transfer Inspection Report

### Property Information

Current Owner: James and Linda Leech

Buyer: \_\_\_\_\_ Realtor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Site Address/County: 3345 218<sup>th</sup> Street Saint Charles IA 50125

### Legal Description

No. of bedrooms: 3 Last occupied: Current Records available: Yes

Permit/ installation date: 9-28-11 Separation distances (ok/no?): OK

### Septic System Information

Septic tank(s): Size: 1500 gal Material: Plastic Condition: good

Tank pumped?  Y  N Date: 5-21-18 Licensed pumper: ST-237

Septic/Trash/Processing tank: Size: \_\_\_\_\_ Material: \_\_\_\_\_ Condition: \_\_\_\_\_

Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_

Aerobic treatment unit (ATU) mfg \_\_\_\_\_ Size \_\_\_\_\_

Tank pumped?  Y  N Date: \_\_\_\_\_ Licensed pumper: \_\_\_\_\_

Maintenance contract?  Y  N Expiration date: \_\_\_\_\_ Service provider: \_\_\_\_\_

Condition: \_\_\_\_\_

Pump tanks/vaults: Type: \_\_\_\_\_ Size: \_\_\_\_\_ Condition: \_\_\_\_\_

Distribution system: Distribution box \_\_\_\_\_ Outlets used \_\_\_\_\_ Condition: \_\_\_\_\_

Header pipe(s): \_\_\_\_\_ No. of lines: \_\_\_\_\_ Pressure dosed? \_\_\_\_\_

Secondary Treatment: \_\_\_\_\_

Length of absorption fields: \_\_\_\_\_ Determined by: \_\_\_\_\_

Condition of fields: \_\_\_\_\_ Determined by: \_\_\_\_\_

Type of trench material: \_\_\_\_\_

Size of sand filter: \_\_\_\_\_ Determined by: \_\_\_\_\_

Vent pipes above grade?  Y  N Discharge pipe located?  Y  N

Effluent sample taken See Attached Results: \_\_\_\_\_

Media Filters: Type: Peat filter

Maintenance contract?  Y  N Expiration date: \_\_\_\_\_ Service provider: Allen Akers

Condition: Good

NPDES General Permit No. 4: Required?  Y  N Permitted?  Y  N NOI provided: \_\_\_\_\_



# Time of Transfer Inspection Report

Other components:

Alarms:  Y  N Working:  Y  N Disinfection:  Y  N Working:  Y  N

Control Box: \_\_\_\_\_ Timers: \_\_\_\_\_ Inspection Ports: \_\_\_\_\_

Other components: \_\_\_\_\_

Overall condition of the private sewage disposal system: Good

Report system status: System was working properly on day of inspection.

Explain (attach additional pages as needed): System looked good and was working properly on day of inspection.

Comments: Sewage ejection pit in basement was also working properly when inspected.

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: Joe Bedwell Date: 5-9-18

Name (print): Joe Bedwell Certificate #: 10974

Address: 1310 East Clinton Avenue Indianola IA 50125

Phone #: 515-681-5885

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 9<sup>th</sup> St  
Des Moines IA 50319



# State Hygienic Laboratory

The University of Iowa

ALLEN AKERS  
2204 175TH CT  
WINTERSET, IA 50273-

Accession Number	643432
Date Sample Finalized	2018-04-18 07:08
Date Received	2018-04-10 12:58
Sample Source	Non-Drinking Water
Project	
Date Collected	2018-04-10 11:30
Collection Site	3395 218 st
Collection Address	
Sample Description	ST CHARLES, waste water discharge
Client Reference	james leech
Collector	akers allen
Phone	515/462-1015

Note: Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

### Results of Analyses

#### Biological Oxygen Demand, 5 Day, 20°C

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2018-04-12 08:00	Date Verified	2018-04-18 07:08
Analyst	AMJ	Verifier	RWR

Analyte	Result	Quant Limit
CBOD, 5 Day	19	2

#### Total Suspended Solids, USGS 1-3705-85

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2018-04-12 09:50	Date Verified	2018-04-16 07:15
Analyst	MLS	Verifier	RWR

Analyte	Result	Quant Limit
Total Suspended Solids	20	1

mg/L = Milligrams per Liter

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

Iowa Environmental Laboratory IDs are: Ankeny #397, Iowa City/Coralville #027, Lakeside #393.

If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.

IOWA DEPARTMENT OF NATURAL RESOURCES

National Pollution Discharge Elimination System (NPDES)

GENERAL DISCHARGE PERMIT No. 4

For

Discharge from Private Sewage Disposal Systems

Effective Dates: March 1, 2018 through March 1, 2023

This authorization for discharge of secondary treated effluent from private sewage disposal systems is issued pursuant to the authority of section 402(b) of the Clean Water Act (33 U.S.C. 1342(b)), Iowa Code Section 455B.174(12) and 567 IAC 64.3(3). A Notice of Intent has been filed with the Iowa Department of Natural Resources that this wastewater discharge complies with the terms and conditions of NPDES General Permit No. 4. Authorization is hereby issued to operate the disposal system and to discharge the pollutants specified in this permit in accordance with the special conditions, effluent limitations, monitoring requirements, standard conditions and other terms set forth in the general permit.

Discharge Authorization Number: 11-2344

Discharge Authorization Date: 12/13/2012

Secondary Treatment Type: PEAT FILTER

Permit coverage is issued for the following owner and location:

Owner: JAMES R LEECH

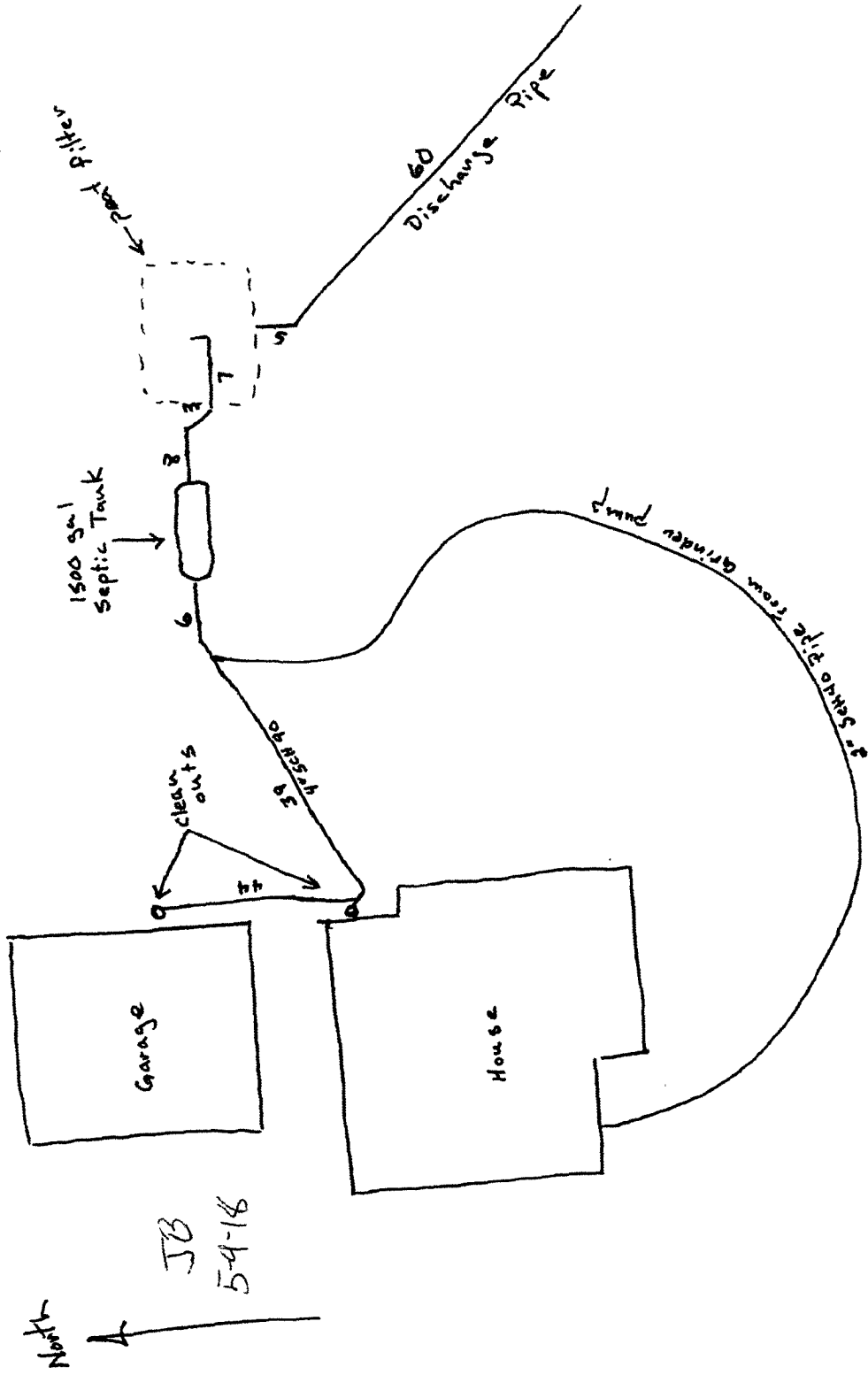
County: MADISON

Address: 3395 218TH STREET, ST CHARLES

Mailing Address:

3395 218TH STREET, ST CHARLES, IA 50240

Permit # 009-11  
Inspection 9/28/11  
3395 - 218th Street



24X 40