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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name Donald Barry Hitt

Address 3016 Hickory Ridge Rd Saint Charles IA 50240
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Ashli Anderson

Address 8676 45th Ln Prole IA 50229
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

3016 Hickory Ridge Rd Saint Charles IA 50240
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

Parcel "A" located in the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Sixteen (16), Township Seventy-Five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, containing 17.0104 acres, as shown in Amended Plat of Survey filed in Book 2, Page 432 on December 22, 1993, 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.

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 located South of the house, to the back of the lot, on the
North side of the pond. There is a spigot at the well site.

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

Signature: Donald B. Hill Telephone No.: (515) 250-8764
(Transferor or Agent)

318108

CUSTOMER'S ORDER NO. 515-250-8764		DEPARTMENT		DATE 11-29-17		
NAME Donald Barry Hitt						
ADDRESS 3016 Hickory Ridge Road						
CITY, STATE, ZIP St. Charles Ia 50340						
SOLD BY	CASH	C.O.D.	CHARGE	ON. ACCT.	MDSE. RETD.	PAID OUT
QUANTITY	DESCRIPTION				PRICE	AMOUNT
1						
2	on 11-29-17, I did Time					
3	of Transfer Inspection on					
4	septic system at 3016					
5	Hickory Ridge Road.					
6						
7	D.B.A.				\$ 300	00
8						
9						
10	Thank You Barry					
11						
12	<i>[Signature]</i>					
13						
14						
15						
16	(Paid)					
17						
18	Total				\$ 300	00
RECEIVED BY						

A-5805
T-46320/46350

KEEP THIS SLIP FOR REFERENCE

01-11



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

Property information

Current owner Donald Barry Hitt 515-250-8164
Buyer Realtor
Mailing address 3016 Hickory Ridge Rd. St. Charles Ia 50240

Site Address/County 3016 Hickory Ridge Rd. Madison County
Legal Description Sec. 16 Town. 75 Range. 26

No. of bedrooms 3 Last occupied? is Records available yes

Permit/installation date 7-20-94 Separation distances no? yes
1422

Septic system information

Septic tank(s): size 1,500 gal. material PolyVinyl condition Very Good
Tank pumped? yes date 10-3-16 licensed pumper yes S.T 301
Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper

Aerobic treatment unit (ATU) mfr 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 Good
Header pipe(s) 1 # of lines 4 Pressure dosed? no

Secondary treatment:
length of absorption fields 4 x 85 = 340 ft. determined by
condition of fields Good determined by
type of trench material 10" gravelless

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 Worksheet

Other Components

Alarms no Working? _____ Disinfection no Working? _____

Control Box no Timers no Inspection Ports no

Other Components effluent filter

Overall condition of the private sewage disposal system

Acceptable? yes Unacceptable? _____

Explain (attach additional pages as needed):

Comments: Recommended to have septic tank pumped every 3 to 5 years clean effluent filter once a year!

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: Vance Smith Date: 11-29-17
 Name (print): Vance Smith Certificate #: 8992
 Address: 502 West Main Street St. Charles Ia 50240
 Phone #: 641-394-2440

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

REAL ESTATE SEPTIC INSPECTION

On November 29, 2017. Anytime Septic Services II did Time of Transfer Real Estate Inspection on septic tank, distribution box, and lateral field at 3016 Hickory Ridge Road, Saint Charles, Iowa 50240. Donald Barry Hitt residence.

Septic tank is a 1,500 gallon two compartment Poly Vinyl plastic Fralo tank that I pumped and cleaned with water on October 3, 2016. Time of Transfer regulations state if septic tank has been pumped and cleaned within three years of inspection it's not required unless necessary which wasn't. It does have a little crust behind tee baffle and very thin scum layer on inlet side. Septic tank is 6 inches below ground surface with 30 inch round plastic threaded lids at ground level above 4 inch schedule 40 pipe and 4 inch manufactured tee baffle on inlet side of tank and 4 inch schedule 40 pipe with a 6 inch manufactured tee baffle on outlet side of tank. On outlet side of tank is a 6 inch round blue colored effluent filter inserted into tee baffle that needs to be cleaned at least once a year! Very Important to do. By lifting filter straight upward from baffle and hosing off and reinserting into baffle which I did on November 29, 2017. Septic tank is in very good condition.

Distribution box is a plastic Tuff Tite box that I pumped and cleaned on November 29, 2017. Box is 8 inches below ground surface with concrete surrounding for support. Inside distribution box is a 4 inch schedule pipe filled with concrete for a baffle and 4 lines of 4 inch schedule 40 pipe lines leaving box through 4 speed levelers equally distributing effluence's to lateral field and is in good condition.

Lateral field is on very slightly sloped hillside and consist of 4 runs of 10 inch infiltrated gravel-less tile at 85 feet each totaling 340 feet of laterals that varies 15 to 18 inches below ground surface with no evidence of any ponding or surfacing of septic above absorption field and no popping sound from probing all 4 laterals.

NOT RESPOSIBLE FOR ANY FAILED SEPTIC SYSTEMS.

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

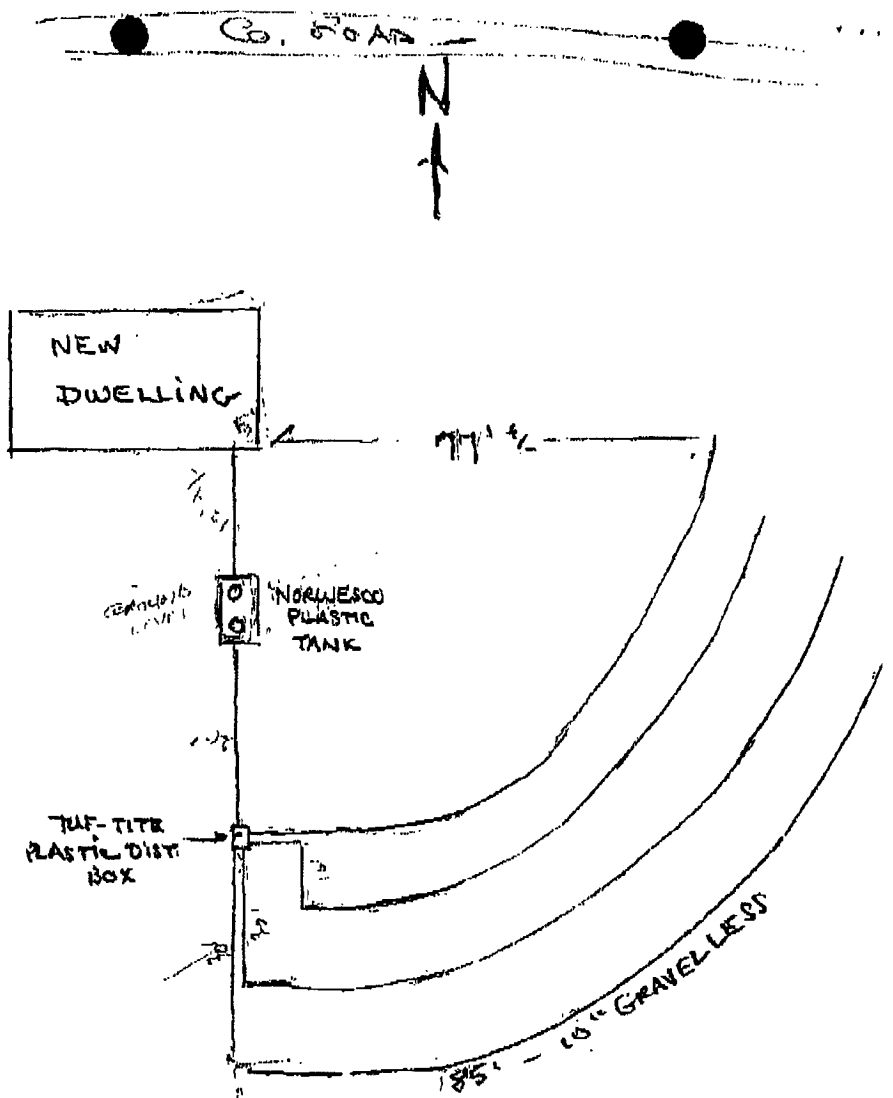


Application will not be accepted until site and soil analysis/percolation information, and two diagrams of the system layout, profiles and cross-sections have been received; and fee has been paid. For systems requiring an NPDES General Permit #4 (surface discharge), its application must be submitted to this office and appropriate forms recorded before a permit will be issued.

Please Print All Information.

1. Applicant Information First Name: Donald B. Last Name: Hitt Address: 3016 Hickory Ridge Rd City: St. Charles State: IOWA Zip: 50240 Phone Number (area code): 641-376-2265 Fax or E-mail: areathumb@comcast.net Cell Phone:		2. Contractor Information First Name: MARK Last Name: MEASE Address: 3189 PERU RD City: TRUVO State: IA Zip: Phone Number (area code): Fax or E-mail: Cell Phone: 641-414-2700	
3. System Requirements IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED Minimum Tank Size Required 1-3 Bedroom: 1000 4 Bedroom: 1250 5 Bedroom: 1500 6 Bedroom: 1750		4. Site and Soil Evaluation PERCOLATION TEST MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT Date test taken: Test taken by: Test Results: Hole 1 min/in Hole 2 min/in Hole 3 min/in Hole 4 min/in Average min/in Depth of Test Holes: Number of Laterals Required: Length of Laterals Required: ft. ea	
5. Type of Submittal <input type="checkbox"/> New <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Repair, Tank <input type="checkbox"/> Repair, Treatment Area <input type="checkbox"/> System Replacement Previous Permit #:		6. Address Information Location, Number & Street of project (if unknown, indicate nearest road): 3016 Hickory Ridge Rd Legal Description: 16-75-26 par A W 1/2 SW Bg NE CORN NW SW	
7. Building Information <input checked="" type="checkbox"/> Residential Number of Bedrooms: 3 Other buildings served by this system: NONE <input type="checkbox"/> Commercial/Other Non-Residential Use:		<input checked="" type="checkbox"/> Garbage Disposal <input type="checkbox"/> High Water Usage Appliances (i.e. whirlpool bath, water softener); Qty:	
8. Primary and/or Mechanical Treatment Type: Plastic Manufacturer: Inalo Model: Size (gal): 1,500		Type: Manufacturer: Model: Size (gal):	
9. Pump/Siphon <input type="checkbox"/> Not Applicable Type: Manufacturer: Model: Dosing Frequency:			
10. Secondary Treatment Type of Laterals: Number of Laterals: Length of ea. Lateral: Other: Other: Maximum Trench Depth (inches):		Tank only	
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 Records 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 Signature: <i>Donald B. Hitt</i>		Date: 5/8/06	

Original Permit. 1422



INSTALLED BY: SON CONST.
DOYLE ASHBY

INSPECTED BY: *Jerry K. Trevillyan*
7/20/94

From the office of:
JERRY K. TREVILLYAN

SEP. - 2 1994

BOARD OF HEALTH
COURTHOUSE
Winterset, Iowa 50273