



Document 2018 GW2923

Book 2018 Page 2923 Type 43 001 Pages 15

Date 9/11/2018 Time 8:20:47AM

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INDX  
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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 Tony Lee Perkins and Barbara Jane Perkins

Address 14301 Goodman Drive, Urbandale, IA 50323

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Thomas Rewerts

Address 12225 Nieman Road, Overland Park, KS 66213

Number and Street or RR

City, Town or P.O.

State

Zip

**Address of Property Transferred:**

1270 315th Street , Macksburg, IA 50155

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) See 1 in Addendum

**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:**

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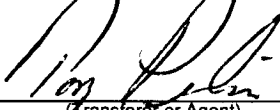


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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature:  Telephone No.: (515) 771-5807  
(Transferor or Agent)

## Addendum

1. Parcel "A" located in the Northwest Quarter (1/4) of the Southeast Quarter (1/4) of Section Twenty-one (21), Township Seventy-four (74) North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa, containing 10.27 acres, as shown in Amended Plat of Survey filed in Book 2006, Page 1594 on April 25, 2006, in the Office of the Recorder of Madison County, Iowa

AND

Parcel "B" located in the Northwest Quarter (1/4) of the Southeast Quarter (1/4) of Section Twenty-one (21), Township Seventy-four (74) North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa, containing 3.68 acres, as shown in Plat of Survey filed in Book 2009, Page 3133 on October 14, 2009, in the Office of the Recorder of Madison County, Iowa.



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

Property information

Current owner Tony & Barbara Perkins 515-771-5807
Buyer Realtor Self
Mailing address 1270 315th Street, Macksburg, Ia 50155

Site Address/County 1270 315th Street, Macksburg, Ia / Madison Co.
Legal Description Parcel A 10.27 Acres NW/SE Grand River Section 21

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

Permit/installation date 10-29-08 Separation distances no? yes
056-08

Septic system information

Septic tank(s): size 1,500 gal. material concrete condition Good
Tank pumped? yes date Aug 14 2018 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 Good
Header pipe(s) 1 # of lines 3 Pressure dosed? no

Secondary treatment:
length of absorption fields 3 x 70' 210 ft. determined by
condition of fields Good determined by
type of trench material EQ 24

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 \_\_\_\_\_

Other Components effluent filter clean once a year!

Overall condition of the private sewage disposal system

Acceptable? yes Unacceptable? \_\_\_\_\_

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

Comments: Pump septic tank every 3 to 5 years

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: 8-14-18  
 Name (print): Vance Smith Certificate #: 8992  
 Address: 502 West main Street, St. Charles, Ia 50240  
 Phone #: 641-396-2440

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

**REAL ESTATE SEPTIC INSPECTION**

On August 14<sup>th</sup>, 2018. Anytime Septic Services II did Time of Transfer Real Estate Inspection on septic tank, distribution box and lateral field at 1270 315<sup>th</sup> Street, Macksburg, Iowa 50155. Tony and Barbara Perkins residence.

Septic tank is a 1,500 gallon two compartment concrete Lister tank which I pumped and cleaned with clean water. Original depth of septic tank was maybe 6 inches below ground surface since then Tony built surrounding wall around an above septic tank with decorative concrete blocks filled in with dirt and white decorative rock on top to prevent septic tank from freezing. On both inlet and outlet ends of tank are 22 ½ inch E.Z. Screwed down lids to original 6 inch risers above 4 inch schedule 40 piped tee baffles. Tony installed 24x24 inch A.D.S. plastic tubing around each lid with 6x24 inch round Styrofoam insulation for add protection and 24 inch round ¾ inch plywood on top of A.D.S. plastic tubing for easy access.

On outlet end of tank is a 4 inch round red colored effluent filter inserted into tee baffle that needs 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. Septic tank is in good condition.

Distribution box is a plastic Tuff Tite box 3 inches below ground surface with concrete surrounding for support. Inside of box is a 4 inch schedule 40 piped tee baffle and 3,4 inch schedule 40 piped lines leaving box through 3 speed levelers equally distributing effluence's to lateral field. Distribution box is in good condition.

Lateral field is on very slightly sloped hillside and consist of 3 runs of E.Q. 24 inch plastic infiltrated chambers at 70 feet each totaling 210 feet of laterals that varies 12 to 14 inches below ground surface 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: 056-08***

***Date Issued: 10/13/08***

***Issued to: Tony & Barbara Perkins  
Address: 1270 315<sup>th</sup> Street  
Macksburg, IA 50155***

***Legal Description: Par A 10.27A NW SE Section 21 Grand River Township***

***POWTS Components Specifications: 1500 gal. Septic Tank & 3 ea. 24 in. Chamber laterals @ 70 ft.***

***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***

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

Brownlee CK#6643

Office Use Only					Temp E911:		
Tracking No.	Date Received	Fee Paid	Date Issued	Date Inspected	Date Approved	Section/Township	NPDES Authorization #
056-08	10/13/08	#150	10/13/08			21 Grand River	

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.

<b>1. Owner Information (Applicant)</b>			<b>2. Contractor Information</b>		
First Name Tony	Last Name Perkins		First Name Larry Huff	Last Name	
Address 7312 Oak Brook Drive			Address 1996 295 <sup>th</sup> Ln		
City Urbandale	State IA	Zip 50322	City Winterset	State IA	Zip 50273
Phone Number (area code) 515/278-5922	Fax or E-mail	Cell Phone 515/771-5807	Phone Number (area code)	Fax or E-mail	Cell Phone 468 1668
<b>3. System Requirement Information</b>			<b>4. Site and Soil Evaluator (Percolation Test)</b>		
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 10/4/08		
1-3 Bedroom	1000		Test taken by Wayne Farrand, PE		
4 Bedroom	1250		Test Results: Hole 1 5.1 min/in Hole 2 5.3 min/in		
5 Bedroom	1500		Hole 3 6 min/in Hole 4 5.1 min/in		
6 Bedroom	1750		Average 5.4 min/in Depth of Test Holes 36 in.		
			Number of Laterals Required 2 (3 proposed)		
			Length of Laterals Required 200 ft. ea		
<b>5. Type of Submittal</b>		<b>6. Address Information</b>			
<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Repair, Tank <input type="checkbox"/> Repair, Treatment Area <input checked="" type="checkbox"/> System Replacement		Location, Number & Street of project (if unknown, indicate nearest road): 1270 315th St. Macksburg, IA 50155 Legal Description: Parcel A 10.27 Acres NW/SE Grand River Twp, Section 21			
Previous Permit #:					
<b>7. Type of Building (Completed by Owner)</b>					
<input checked="" type="checkbox"/> Residential		Number of Bedrooms: 2		<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: ____			
Your contractor or system designer should complete the remaining portion of this application.					
<b>8. Primary and/or Mechanical Treatment</b>		Type: Concrete	Manufacturer: Lister	Model:	Size (gal): 1500
		Type:	Manufacturer:	Model:	Size (gal):
<b>9. Pump/Siphon</b>		Type:	Manufacturer:	Model:	Dosing Frequency:
<input type="checkbox"/> Not Applicable					
<b>10. Secondary Treatment Area</b> Type: <input type="checkbox"/> Not Applicable					
Type of Laterals EG 24	Number of Laterals 3	Length of ea. Lateral 70	Other	Other	Maximum Trench Depth (inches): 36
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: Tony Perkins				Date: 10/11/08	

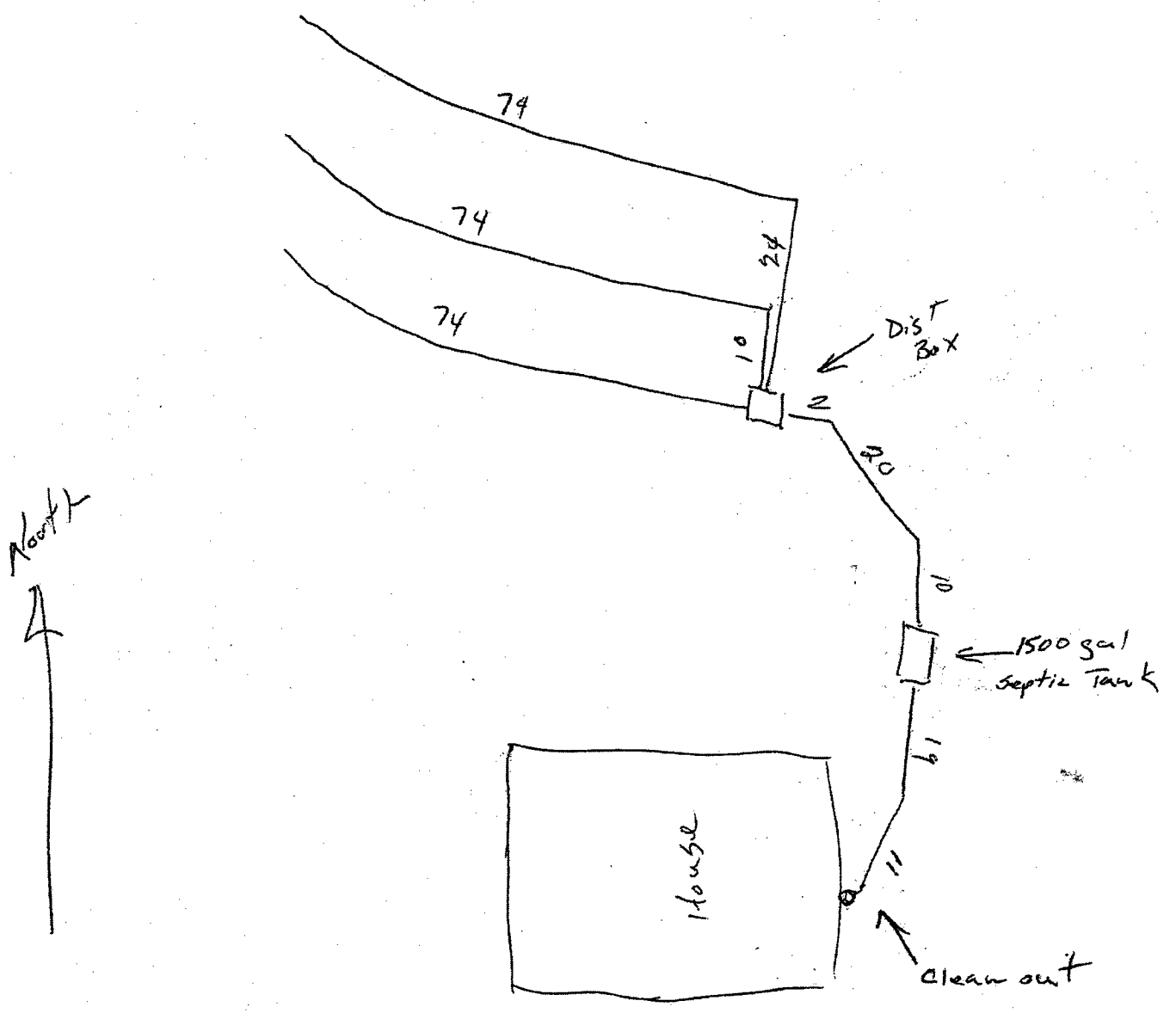
MC-ZEH Form EH01

April 2001

Print Form



Permit # 056-08 Perkins Inspection 10/29/08  
1270 31st Street



**Septic System General Specifications and Construction**  
**Address: 1270 315<sup>th</sup> St, Macksburg, IA 50151**

**Residence to septic tank piping:**

Schedule 40 PVC – solvent weld, 4 inch diameter;  
Change in direction with 45 degree bends;  
Cleanout access near residence

**Septic tank:**

Tank – Two compartment 1500 gallon, approved by county;  
Plastic/fiberglas material, resistant to corrosion and decay;  
Designed for earthen and hydrostatic pressure for depth of use,  
Minimum wall thickness: 0.25 inches;  
Bedded per manufacturer specifications  
Access openings as required by 567 IAC 69  
Installed with inlet 2-4 inches above outlet  
Inlet tee – minimum 6 in. above and 8 in. below liquid depth  
Outlet tee – minimum 6 inches above and 10 inches below liquid depth

**Gravelless lateral system:**

Use manufacturer's specifications and installation procedures\  
Minimum trench width – 18 inches  
Trench depth – 18-24 inches  
Leave 10 feet undisturbed soil between trenches  
Trench bottom constructed level end to end  
Follow uniform land contour to maintain 6 inch soil cover and ensuring level  
trench bottom  
Minimize equipment traffic on absorption area

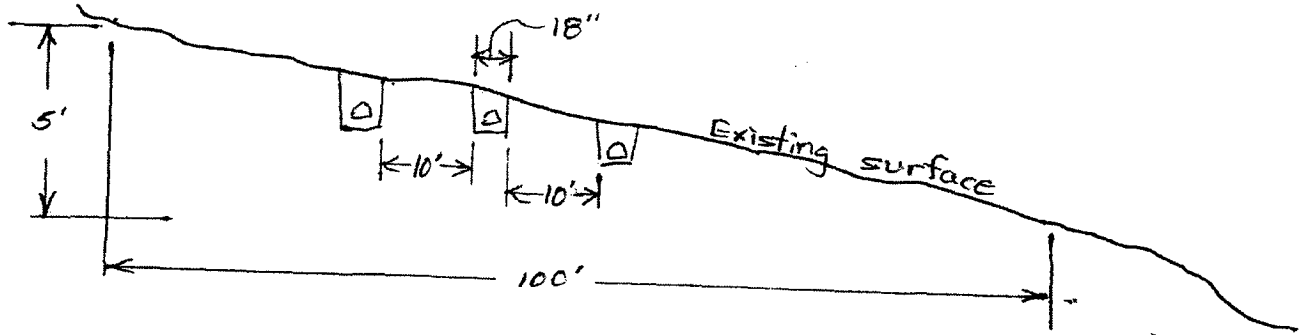
**Distribution box:**

Proper design of corrosion resistant rigid plastic or approved equal by  
administrative authority  
Use a separate header to each lateral; headers to be rigid PVC (ASTM 2729 or  
equivalent)  
Box outlets – minimum 4 inches above box bottom and all level  
Baffle box as necessary to break water flow

I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION OR REPORT  
WAS PREPARED BY ME OR UNDER MY DIRECT PERSONAL  
SUPERVISION AND THAT I AM A DULY REGISTERED PROFESSIONAL  
ENGINEER UNDER THE LAWS OF THE STATE OF IOWA.

  
WAYNE FARRAND, P.E.

Expires 12/31/08  
19  
IOWA REG. NO. 7325



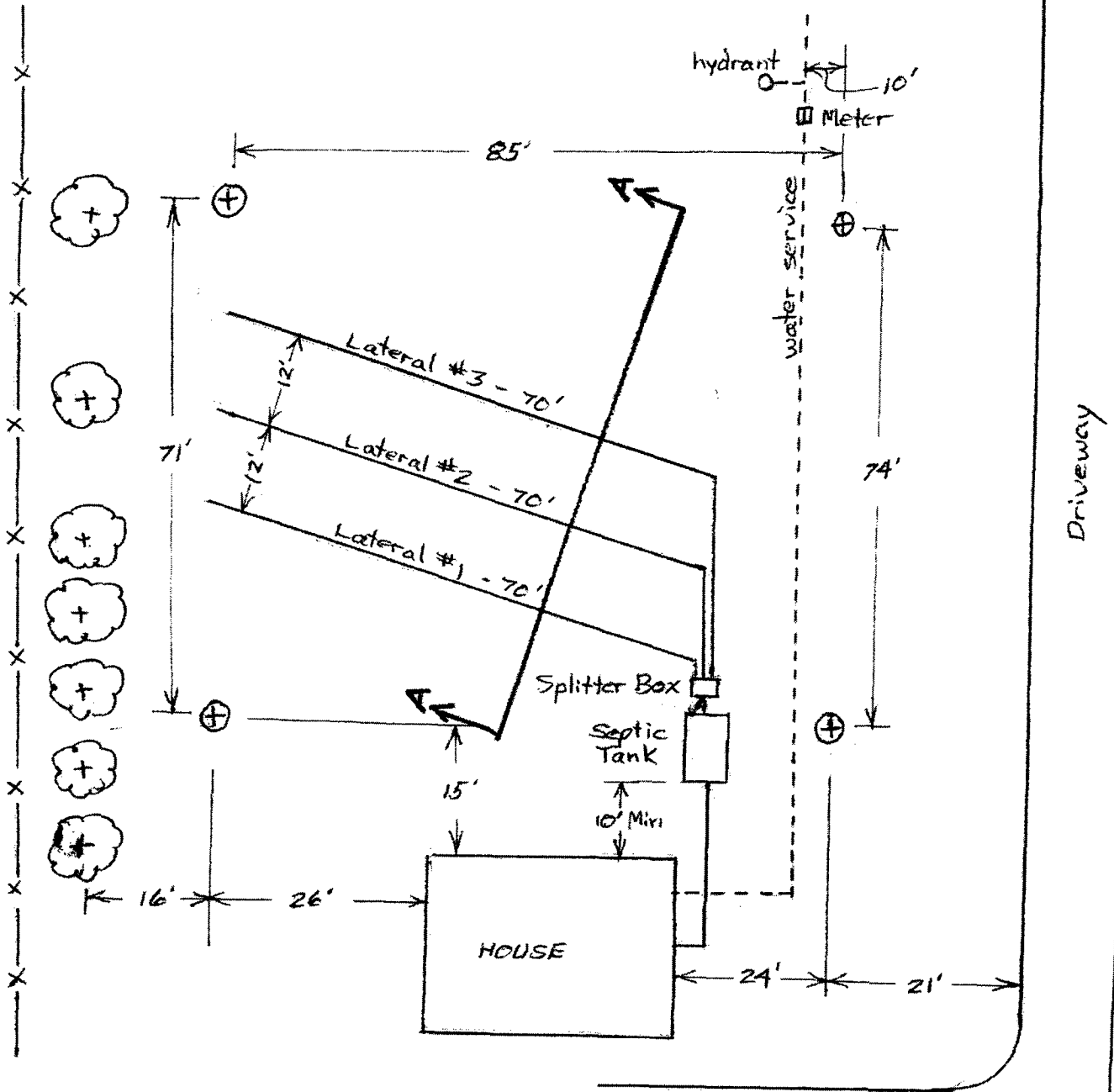
Section A-A

I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION OR REPORT  
 WAS PREPARED BY ME OR UNDER MY DIRECT PERSONAL  
 SUPERVISION AND THAT I AM A DULY REGISTERED PROFESSIONAL  
 ENGINEER UNDER THE LAWS OF THE STATE OF IOWA.

*Katne Farrand*  
 KATNE FARRAND, P.E. Expires 12/31/08

19 IOWA REG. NO. 7325

Gravel Road - 315 St



Septic System Layout  
 Location: 1270 315<sup>th</sup> St.  
 Macksburg, IA

I HEREBY CERTIFY THAT THIS PLAN, SPECIFICATION OR REPORT  
 WAS PREPARED BY ME OR UNDER MY DIRECT PERSONAL  
 SUPERVISION AND THAT I AM A DULY REGISTERED PROFESSIONAL  
 ENGINEER UNDER THE LAWS OF THE STATE OF IOWA

*Wayne Farrand*  
 WAYNE FARRAND, P.E. Expires 12/31/08  
 IOWA REG. NO. 7325

RLI1002 PID 630132184002000 00 Tax Dist 630 000 Class A INQUIRY  
 2008 061 Map# 000001321400006 GIS#

Property Ownership 009991797 DED PERKINS, TONY LEE & BARBARA JANE  
 1270 315TH ST  
 MACKSBURG IA 50155

000000000  
 Location 1270 Street 315TH ST City MACKSBURG  
 Recorded DED 2006 4758 11/15/2006 4758 2006/10/27

Documents

Misc Exempt Code No Ag Cr Vin  
 Sec-Twp-Rng 021 074 029 Cty-Adn-Blk 00021 Title  
 Legal Desc PAR A 10.27A NW SE  
 Applications Typ 1 AGL Ovr Amt 3,154 Typ 2 Ovr Amt  
 Typ 3 Ovr Amt Typ 4 Ovr Amt

	Acres	Typ	Value	Rollback	Acres
100%Gs	109,140	Gr	10.27 LND	3,500	10.00
100%Nt	109,140	Ex	.27 DWL	103,200	103,200
TaxGr	109,140	PE	.00 BLD	2,440	2,440
Milt		Dr	.00 EXM		.27
TaxNet	109,140	Net	10.00		

F3=Exit F10=Owners F12=Prev F13=Rec Doc F14=Image F15=Legal F16=Notes  
 F17=IE F18=TaxHist F19=Aplc F20=Value F21=Print F22=View Image F23=Indexing

Permit No 056-08 Name: Perkins 911 Sign Locate

Date of Inspection: 10/29/08 Inspected by: Elton Root

Contractor: Huff & Son

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: Well to be plugged

**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 Lister Concrete  Plastic
- Capacity 1500 -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 – SDR35
- Distribution lines screwed to laterals. Yes  No  Will be
- Lateral used. 24" Chamber Reduction? Yes  No
- Lateral depth. 24 inches Perc depth 24 inches
- Laterals were level. Yes  No
- Adequate amount of undisturbed soil between laterals. Yes  No
- Distance 10 feet between laterals.

Comments:

Permit # 056-08 Perkins Inspection 10/29/08

1270 315<sup>th</sup> Street

