BK: 2018 PG: 4061

Recorded: 12/12/2018 at 3:25:15.0 PM

Pages 10

County Recording Fee: lowa E-Filing Fee: \$0.00

Combined Fee: Revenue Tax:

LISA SMITH RECORDER Madison County, Iowa

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSF	EROR:			
Name	Kyle D. Stark and Jessica S	Stark		
Address	1641 G50 Highway, Saint	Charles, IA 50240		
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name	Ricardo Villanueva, Jr.			
Address	2644 Truro Rd, Saint Char	les, IA 50240		
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: iro Rd, Saint Charles, IA 502	240		
Nur	mber and Street or RR	City, Town or P.O.	State	Zip
_ 火 _TI TI st	ated below or set forth on ar	ed on this property. The type(s), loon attached separate sheet, as neces	cation(s) and legal sta	atus are
TI	Waste Disposal (check on nere is no known solid waste nere is a solid waste disposa Attachment #1, attached to	e) e disposal site on this property. al site on this property and informati this document.	ion related thereto is	provided
3. Hazar X_TI TI At	dous Wastes (check one) nere is no known hazardous nere is hazardous waste on tachment #1, attached to thi	waste on this property. this property and information relate s document.		
XTI sn ins TI	nall farm and residential mot structions.) nere is an underground stora	neck one) und storage tanks on this property. For fuel tanks, most heating oil tanks age tank on this property. The type ted below or on an attached separa	s, cisterns and septic e(s), size(s) and any k	tanks, in

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)
v.	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
	formation required by statements checked above should be provided here or on separate
sn	eets attached hereto:
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
OL.	Tolonhama No. (515) 664 7056
Olí	gnature:

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)
There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous. There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.
b Hazardous Wastes (check one)
There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.
There is hazardous waste on this property and the appropriate response or remediation actions or the need therefore, have not yet been determined.
Further descriptive information:
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) 664-7056



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

Property information

4/2010

Current owner	Jessica Startk			
Buyer Ricard	o villanueva Ji	Realtor	Jason Rude	
Mailing address	2644 Truro Rd, St. Charles			
Site Address/County Legal Description	2644 Truro Rd, St	. Charles	***************************************	dison Co
No. of bedrooms	3 Last occupied?	YES Reco	rds available	di Namangandan Nija
Permit/installation d	ateSeparat	tion distances	ok/ no?	uuuquagagadagalineessistisiigin oy nii viimmeenemmiyskiintiga (1984, ili sidho je kiilistististiin m.
Septic system inforn	nation			
Sentic/trash/process	1500 gal materia 3 date 11/28/18 ing tank: size date	material	condition	1
Aerobic treatment u Tank pumped? Maintenance contra Condition	nit (ATU) mfgr date ct? expiration date	licensed 1	size oumper service provider	
	type siz		condition	
Distribution system	distribution box <u>Plastic</u> Header pipe(s)	outlets used # of lines	Pressure dose	ion _{working c} onditio 1?
condition of fields	t: n fields3x100ft=300ft Working condition rial Rock and pipe	determ	ned by _County_rec ined by _Hydraulic L	ord/probe oad test/probe
Vent pipes above gi	rade?	dischai	ge pipe located?	······································
Media filters: typ Maintenance contra Condition	ct? expiration date		service provider	eaginhyayathan hiisa dawalaan ilaa ka k
	rmit No. 4: required?		NOI provi	ded
		Dane Lof?		

542-0191



Time of Transfer Inspection Report

	Other components Alarms	Working?	disinfection	working?	
	Control box	Timers	inspection ports	Add-shall had had been a second and the second and	
	Other components			SOME SEASON AND AND AND AND AND AND AND AND AND AN	
	Overall condition	of the private sewage disposal s	ystem		
	Report system stat	TUS		MANAGEMENT AND	
vith rise he 3x10	rs and outlet filter Oft=300ft rock and	ditional pages as needed):All wa in working condition. Plastic of dipipe laterals with 300 gal wa	distribution box in workir ater. All laterals took wate	g condition. Hydraulic load te er. Could not probe due to dep	sted
	Ve)PovRevGat	lusion of Time of Transfer insperify that controls are set on the awer is on to all components. visit all components to verify lide ther all tools for removal from the set of	appropriate mode. Is are secure. he site.	and advances are consider the Constitution of the Constitution of Constitution	
		rify that no sewage is on the gro leet, write a narrative report of the		tach a site sketch.	
	the inspection. It	tes the condition of the private s does not guarantee that it will confident inspector:	ontinue to function satisfac	torily. 11/29/18 Date:	
	Address:	Rick Rogers 401 NE 52nd Ave, Des Moines, IA 50313 515-745-8352			
		this report, the narrative report ag the inspection, the county san			
	Iowa DNR Private Sewage D 502 E. 9 th St. Des Moines, IA 5	-			

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, 1A 50273-0152

Telephone: (515) 462-2636

Permit Number

034-11

Date Issued: 06-30-11

Assued to:

Gerald Ordway

Address:

2644 Truro Rd, St. Charles Iowa 50240

PID#50092546002000

Legal Description: Parcel C 220'x656' SW Cor SW NW 3A Section 25 South Township

POWTS Components Specifications: Tank Replacement, replacing with 1500 Gallon Lister Concrete tank

ORIginal Panit # 1535

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 mull 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: Trench maximum depth:

Environmental Health Officer Madison County Office of Zoning and Environmental Health

Madison County Office of Zoning & Bnvironmental Health

Application to Construct Private Sewage Disposal System (PSDS)

112 N. John Wayne Dr. P O Box 152 Winterset, IA 50273 Telephone (515) 462-2636

Office Use Only Term Poli	The state of the s	Canada de la constitución de la
Production No. 2011 (Program of the Control of the		
Tracking No. Date Received Received Check## Date Issued Section/Township Check## BC Section/Township Check## Date Issued Section/Township Check## Section/Township		Red P. I
Application will not be accepted until site and soil analysis/percolation information have been received and fee has	s been paid. For	svstems
requiring an NPDES General Permit #4 (surface discharge), its application must be submitted to this office along	with appropriat	e forme for

requiring an recording be	NPDES Gene fore a permit	eral Permit # will be issue	4 (surface d.	discharge), its appli	cation mus	t be submitte	d to this o	ffice alor	ig with appr	ropriate forms for
	t All Informa									•	
				-		7 Ineralle	(laniCantractor	/Yerkaware		CONTRACTOR	**************************************
1. Owner Information (Applicant): Enet Name Last Name							2. Installation Contractor Information. First Name Last Name				
GERALD CROWAY.							ASHART	Car	70	,	
Address									Agginia		***************************************
City		<u> </u>	State	······································		***************************************	·	mar an a second for facilities consider an adjunction	*		
CIL.		comition.	otale		Zip	City			Sta	te	Zip
Phone Number	(200 code)		ell Phone		240	···			********************		
* 110/10 * 144/1004	(area code)	<u> </u>	curnone			Phone Num	ber (area code)		Cell)	Phone	
30 System Req	uirement Infor	mation				4. Site and	Soil Evaluator	(Percolatio	n Test/So	ils Analysis)	
IAC CHAP	TER 69 DOUB	LE COMPAR	TMENT TA	NK REQU	JIRED	PERC	OLATION/SO	ILS ANAL	YSIS MU	ST BE COM	PLETED AND
		¥ 60	dia ma	a mir am		PERCOLATION/SOILS ANALYSIS MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT					'ERMIT
1-3 Bedroom	*	,lVLIII)	imum Tan		equired	spece	. 4				
4 Bedroom				50 500		Date test	taken	Test take	m by		
5 Bødroor				750	***	Passed:	Date:		Failed	*	***************************************
6 Bedrood				000		Sofle I no	on Rate: ding Rate:	*	***************************************	**************	
			,			wome anou	ang rate	······		marks diseases and injuries.	
5. Type of Subi	mittal	6. Addi	ress Informa	tion		· · · · · · · · · · · · · · · · · · ·			***********	and the state of t	
□ New House		í.		- (10	λ						
口 Existing Hot	ise	1	ress or near	est road: <u>C</u>	<u> </u>	***************************************	······································		***************************************		
XX Repair, Tank		Legal De	escription:	12	_ (3	220' x656' SW Com- IW 3A Sect 25 South					
□ Repair, Trea				1 44	-	Salani Fred	V (N 2)(D)	200	Cult.	Warmer .	
☐ System Repl				<) , (2	C .	<i>x</i>
Previous Perm	tricomoticitationers the characteristic and a consequence of the characteristic and the cha			10	۱ / / / ا	W.	2 V	X C (<u> </u>		1
7. Type of Buil Building Square	tr :	o by Owner) Number of Bed	Ironme:		ber of Bathro		(Section 1)				
Other buildings	served by this sy	stem:	3160011131				Non-Resider h may affect wa	ntial uses: iter usage:		······································	
				ì					alamid add a d	and	
8. Tanks		Your contra	ctor or syste	m designer	should con	aplete the re	ited to a brine p maining portio	of this at	oeni oi se oplication	ptic system.	
Septic Tank			NONE		and the same and	が	Manufacturer:	7. et .			
Pump Tank	**************************************	Type:		mammaniananalar	Size:	Manufapturer:					
Additional Tan	u maarinin maanada ka	Туре:			Size:	Manufacturer:					
9. Secondary 1	reatment Area									30.1016 S.B.	
Laterals	Type:		Length of e	ach:		Total num	ber:	1	Marelman		
Sand Filter			******	insidental property of the second	Width:			MINIXIIII	n trench Dept	R:	
Peat System Model: Manufacturer		er	The state of the s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Maria de la company de la comp				
Other	Description:	raw at antiquen ne na administrative (Manage Services	Mand Ut disclift on th things and			teristano atominanamento and			######################################	
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. Applicant Signature: Date: It is unlawful to start construction, or repair of any PSDS prior to issuance of a PSDS permit by the Environmental Health											
	- Hor	L f-0	r Sin				6/30	111	1	Of	ficer.

MC-ZEH Form EH01

034-11 Permit No Name: Gerald Ordway Date of Inspection: 7-5-11 Inspected by: Jean Thompson Contractor: Dale Kephart 515-210-5677 2644 Truro Road Original Septic Permit: # 1535 Existing Dwelling Setbacks Meets required setbacks. Rural Water Yes x No Private wells/Groundwater heat pump bore holes/suction water lines/lakes Outside required 50-foot setback for tank Yes x No Outside required 100-foot setback for laterals Yes x No Streams/ponds (25-25 ft)-ditches (10-10 ft) Yes_x_ No____ Indications of water lines under pressure Yes No x Comments: **Building Sewer** Clean outs - one right outside of house Yes x No Will be location of cleanout inside house and set requirement Pipe is sch 40 and has a 4-inch diameter. Yes_x_ No Grade – has adequate fall. Yes x No____ Comments: Tank - ONLY Tank. Manufacture Lister Concrete x Plastic Capacity 1500 -gallon Two compartments, both meet the specifications for capacity. Yes_x__ No___ Yes x No____ Inlet/Outlet tees are ok. Yes No No Manufacture: Polly Effluent filter in the outlet. Yes Tank depth. Yes x at grade No Less than 12" Risers Lids above grade screwed on Yes No____ Will be x Comments:

Permit No 034-11 Name: Gerald Ordway
Inspected by: Jean Thompson
7 2644 Truro Road



Permit No 034-11 Date of Inspection: 7-5-11
Contractor: Dale Kephart 515-210-5677

Name: Gerald Ordway Inspected by: Jean Thompson
7 2644 Truro Road

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