

Book 2018 Page 4247 Type 43 001 Pages 11 Date 12/27/2018 Time 1:48:16PM

Rec Amt \$.00

INDX **ANNO SCAN** 

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

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

TO AMOREDOD.

IK/	ANSFEROR:			
Nar	ne Jeffrey D Clark			
Add	Iress 2608 120th St  Number and Street or RR	Van Meter City, Town or P.O.	IA State	50261 Zip
TRA	ANSFEREE:			
Nar	ne James E Fitzgerald			
Add	Iress 3133 Cristobal Way	Las Vegas City, Town or P.O.	NV State	89117 Zip
۸۵۵		oxy, rount or rice.	Claid	<b>p</b>
	Iress of Property Transferred: 8 120th St	Van Meter	IA	50261
	Number and Street or RR	City, Town or P.O.	State	Zip
	corder of Madison County.			
1.	Wells (check one)			
	☑ There are no known wells situated of the situated of th	• • •		
	☐ There is a well or wells situated on to or set forth on an attached separate		ion(s) and legal statu	is are stated below
2.	Solid Waste Disposal (check one)			
	☑ There is no known solid waste dispo	osal site on this property.		
	☐ There is a solid waste disposal s Attachment #1, attached to this doc		mation related ther	eto is provided in
3.	Hazardous Wastes (check one)			
	☐ There is no known hazardous waste	e on this property.		
	☐ There is hazardous waste on this pattached to this document.	property and information related	I thereto is provided	in Attachment #1,

4.	Un	derground Storage Tanks (check one)
	回	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.	Pri	vate Burial Site (check one)
	Ø	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.	Pri	vate 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.
	Image: Control of the	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
		ation required by statements checked above should be provided here or on separate sheets ed hereto:
		I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS
		FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
Sig	ınatı	re:
		// ( <i>Tre</i> nsferor or Agent)



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

## Property information

Current owner	Jeffrey Clarl	(				
Buyer	N/A		Realtor		Teresa Boal	
Mailing address	2608 120th St	Van Meter		- (444 to 14 & 18 to 24 to 14 to		
Site Address/County Legal Description					Madiso	on Co
No. of bedrooms 3	Last occupied	? <u>YE</u>	S Recor	ds availal	ole	
Permit/installation da	ite	Separation	distances o	k/ no?	·	
Septic system inform	ation					
Septic tank(s): size Tank pumped?YES Septic/trash/processin Tank pumped?YES Aerobic treatment un Tank pumped? Maintenance contract Condition	ng tank: size	0 gal //15/1 <b>% 6</b> on date	licensed pu	Plastic Imper Fo	condition <u>was</u> orest Septic e	orking condition
Pump tanks/vaults: t				condit		
Distribution system:		astic	outlets used	5	condition	working condition
Secondary treatment: length of absorption condition of fields _ type of trench materi	fields5x100ft=	on	_ aetermin	ed by _C ed by _h	ounty record/ ydraulic load	/probe test/probe
Size of sand filter Vent pipes above gra Effluent sample take	de?	Re	determin discharg sults	ed by e pipe loc	cated?	
Media filters: type Maintenance contrac Condition	t?expiration	on date	S	ervice pro	ovider	
NPDES General Per					NOI provided	



## Time of Transfer Inspection Report

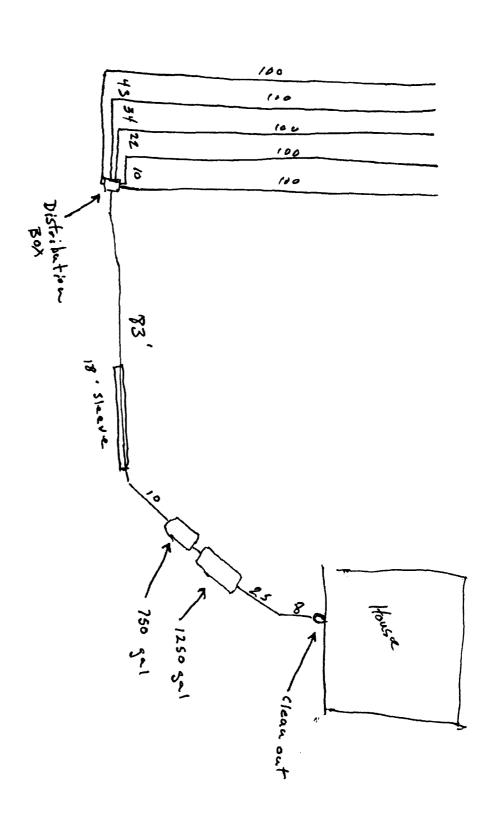
	ner components:	Working?		disinfection	working?	
Cor	ntrol box		Timers	inspection p	orts	
Oth	her components			**************************************		
Ove	erall condition o	f the private sew	age disposal syster	<u>n</u>		
Rep	port system statu	S				
with riser and distribution b	d baffle in work	ing condition. 7 condition. Hydr robed dry and o	750 gal plastic tan aulic load tested t	k with risers and the 5x100ft=500ft	house to septic. 1250 coutlet filter in working coutlet filter in working coutlet are considered with 35	condition. Plasti
Site	<ul><li>Veri</li><li>Pow</li><li>Rev</li><li>Gath</li></ul>	fy that controls a er is on to all consist all componer are all tools for r	Transfer inspection are set on the apprompts. It is to verify lids are emoval from the size is on the ground	priate mode. e secure. ee.		
Usi	ing this workshe	et, write a narrat	tive report of the in	spection results an	d attach a site sketch.	
the	inspection. It d	oes not guarante	of the private sewage that it will contin			
Na Ad Pho Pro	* *	Rick Rogers 401 NE 52nd Ave, Des 515-745-8352 his report, the na	s Moines, IA 50313  Arrative report and s	ketch to the seller	Date: 12/14/18 Certificate #: 9597  /agent, buyer/agent or nealth office, and to;	
Pri	wa DNR ivate Sewage Dis 2 E. 9 <sup>th</sup> St.	sposal Program				

Des Moines, IA 50319

Plastic

T of

: :



Permit # 133-04 Hughes Inspection 10/26/04

Permit No 133-04 Name: Hughes 911 Sign Locate
Date of Inspection: 10/26/04 Inspected by: Elton Root
Contractor: M&M Construction
Dwelling under construction or moved in Yes \( \scale \) No \( \scale \)
Setbacks
Meets required setbacks.
• Rural Water Yes No No
<ul> <li>Private wells/Groundwater heat pump bore holes/suction water lines/lakes</li> </ul>
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:
Building Sewer
• Clean outs – one right outside of house Yes ⊠ No □
<ul> <li>location of cleanout inside house and set requirement</li> </ul>
<ul> <li>Pipe is sch 40 and has a 4-inch diameter.</li> <li>Yes ∑</li> <li>No □</li> </ul>
<ul> <li>Grade – has adequate fall.</li> <li>Yes   No □</li> </ul>
Comments:
<ul> <li>Tank</li> <li>Tank. Manufacture Xactic Concrete Plastic </li> <li>Capacity 1250 &amp; 750 -gallon</li> <li>Two compartments, both meet the specs for capacity. Yes No □</li> <li>Baffle Yes No □</li> <li>Inlet/Outlet tees are ok. Yes No □</li> <li>Effluent filter in the outlet. Yes No □ Manuf.Tuf-Tite</li> <li>Tank depth.10 inches</li> </ul>
• Risers Yes No Lide shave greated an experience of No Will be No.
<ul> <li>Lids above grade screwed on Yes No Will be X</li> <li>Comments:</li> </ul>
Distribution Box  • Brand <u>Tuf-Tite</u> 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 – SCH35
• Distribution lines screwed to laterals. Yes No Will be
• Lateral used. ADS 24 Reduction? Yes No
• Lateral depth 24 inches Perc depth 36 inches
• Laterals were level. Yes No
• Adequate amount of undisturbed soil between laterals. Yes No
• Distance 7 feet between laterals.
Comments:

;

1

Date taken: 10-4-04

Owner: John & Bergetta Hughes

By: Jim Vance

- 120th St Site Address: 2608

Sec.14-77N-R27W of the NW. 1 of "B" in the NW. # Bedrooms: Legal Description: Parcel Existing 5 ac. Lot Size:

Installer: 50261 Iowa Van Meter, Owner's Current Mailing Address: 2608 120th St. Structure:

Q

16.0 min

36"

17.1 min 36" ભં ભં 18.5 min 36" نه نه 1. 15.0 min Time for 1 inch of water: Depth of holes tested:

100 feet Drawing of perc site below. feet 500 Min. recommended lateral footage per IAC Ch. 69:

Average length of laterals: 5 each Number of laterals required:

No Water

Results of 6 foot hole: No Rock

20th Street

11-5

641+51X= Drive 12nms 021

CHARLES T. VANCE 5041

WW. SULL

4 N O / V

CENSEO.

75noH

I hereby certify that this engineering document was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of lowa.

Signed:

Date: 50ct

Reg. No. 504

Exp. Date: 31 Dec.

~ **\** 

Phone No. 996-2517

RLI1002 PID 111021444002000 00 Tax Dist 111 000 Class A INQUIRY

**2004 061** Map# 000000314100007 GIS#

Property 002954800 DED Hughes, John & Brigetta

Ownership 2608 120Th St

Van Meter IA 50261-

000000000

Location 2608 Street 120TH ST City VAN METER

Rec REC 139 332 ....

Doc , . . .

Misc Exempt Code No Ag Cr VIN#

Sec-Twp-Rng 014 077 027 Cty-Adn-Blk 00014 Title

Legal Desc PARCEL B 4.94A NW CORNER NW NW

Applications Typ 1 AGL Ovr Amt 1,600 Typ 2 H Ovr Amt

Typ 3 ... Ovr Amt Typ 4 ... Ovr Amt

			Acres	Тур	Desc	Value	Rollback	Acres
	100%	Rollback Gr	4.94	LND	Land	1,600	1,600	4.55
Grs	78,000	39,239 Ex	.39	DWL	Ag Dwlg	75,200	36,439	
Mil		PE	.00	BLD	Bldgs	1,200	1,200	
Net	78,000	39,239 Dr	.00	EXM	Exempt			.39
		Net	4.55					

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

### **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

	Office U	se Only	Temp E911:			
Tracking No. 133-04	Date Received life Pai		Date Inspected	Date Approved	Section/Township	NPDES Authorization #

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 Informati	on.						
1. Owner Information (Applican	nt)		2. Contractor Information				
First Name	Last Name		First Name		Last Name		
John	Hydros		Grea		Mapes		
Address	U		Address		•		
2608 120th	St. IA.	50261	Van Meter Ciry 29		IA	5026 1 Zip	
City	State	Zip	City 29	75 120th	5) State	Zìp	
Wan Maler			(515) 996.	7427	, ,		
Phone Number (area code)	Fax or E-mail Cell I	Phone	Phone Number (a		Fax or E-mail	Cell Phone	
(515) 996-2517			7110110114111001 (1		T WA OF L. TOWN	con i done	
3. System Requirement Informa	ation		A Site and Sail	E-valuation (Paras	lasion Tace)		
3. System Requirement Into in	1008		4. Site RBU Soil	Evaluator (Perco	IMITOR 1 est)		
IAC CHAPTER 69 DOUBLI	E COMPARTMENT TANK	REQUIRED	PERCOLATIO			D AND APPROVED PRIOR	
	Minimum Tool	Cina Daguirad		10 IHE	SSUANCE OF P	ERMIT	
1.2 Dadasass	Minimum Tank		Dan tanak kala	Tr. 4	. 1 1		
1-3 Bedroom	100		Date test take	enTest	taken by		
4 Bedroom	12		Test taken Test taken by min/in Hole 2 min/in Hole 3 min/in Hole 4 min/in				
5 Bedroom		00	Hole 3 min/in Hole 4 min/in				
6 Bedroom	17	50	Averagemin/in Depth of Test Holes				
			Number of L	aterals Require	ed		
			Length of La	terals Require	d	ft. ea	
5. Type of Submittal	6.Address Information				1204	< +	
☑ New	Location, Number & St	treet of project (if	unknown, indicat	te nearest road):	1300	31.	
☐ Revision	Legal Description:						
Repair, Tank	1	ツー ファー	27				
☐ Repair, Treatment Area			•				
☐ System Replacement	Por	rel B	49A	NU Gor	ner Nu	, NW	
Previous Permit #:	' '		- 1. () (	1	, , , , ,	1	
7. Type of Building (Completed	by Owner)		<del></del>				
☑ Residential	Number of Bedroom	ns: 4	☐ Commercia	al/Other Non-Resid	lential Use:	***************************************	
Other buildings served by this syst	em:		Garbage D		· · · · · · · · · · · · · · · · · · ·		
Hone					(i.e. whirlpool bat	h, water softener) Qty:	
True					·		
	Your contractor or system	designer should c	omplete the rema	lining portion of	his application.		
8. Primary and/or	Type Plastic	Manufacturer:	(atic	Model:		Size (gal): 3000	
Mechanical Treatment	Type:	Manufacturer:		Model:		Size (gal):	
9. Pump/Siphon  D Not Applicable	Туре:	Manufacturer:		Model:		Dosing Frequency:	
10. Secondary Treatment Area	Type:	☐ Not Applicab	ole				
Type of Laterals Num		th of ea. Lateral	Other	Otl	ner	Maximum Trench Depth	
6G24	Z.	100'				(inches): 36	
					<u> </u>		
I hereby attest the truth an	d accuracy of all facts ar	nd information p	oresented on thi	is application.			
Request for inspection of th							
the distribution box must					It is unlaw	ful to start construction,	
filter and must be covered l	oy a maintenance agreen	nent, which mus	t be recorded in	n the Madison		n, or repair of any POWTS	
County Recorders Office. I						nce of a POWTS permit by	
	rth in IAC Chapter 69 a	nd the results su	ibmitted to BO			nmental Health Officer.	
Applicant Signature:	1			Date:			
1 Sha Sheli	<i>,</i> ,		1				

**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:

133-04

Date Issued: October 8, 2004

Issued to:

٠, ۲

John & Brigetta Hughes

Address:

2608 - 120th Street

Van Meter, Iowa 50261

Legal Description:

PARCEL B 4.9A NW CORNER NW NW Section 14 T77 R27 Jefferson Twp

POWTS Components Specifications: 2000 gal septic tank - EQ24 5 @ 100'

#### 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
- 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