Document 2023 GW2492
Book 2023 Page 2492 Type 43 001 Pages 16
Date 10/10/2023 Time 12:52:54PM
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BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA
CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED IN FULL BY TRANSFEROR

If the transaction is exempt from filing a declaration of value pursuant to Iowa Code 428A.1(2), **STOP HERE**. Pursuant to Iowa Code section 558.69(1), when no declaration of value is submitted during a transaction, you are not required to submit a groundwater hazard statement or include the statutory language in Iowa Code section 558.69(8A). Please consult your realtor or legal counsel for further advice, including on whether a declaration of value is required. The Department provides this information for statutory reference only.

Instructions for this document can be found at:
https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960%20Instructions.pdf

Attachment 1, if required, can be found at: https://www.iowadnr.gov/Portals/idnr/uploads/forms/5420960a.pdf

TRANSFEROR:

Name Lundi L. Johnson and Joseph R. Johnson, Jr

Address 25513 Fanny Creek Road Howe, OK 74940
Number and Street or RR | City, Town or PO | State | Zip

TRANSFEREE:

Name Bryan Jacobs

Address 2238 Rustic Avenue, Winterset, IA 50273
Number and Street or RR | City, Town or PO | State | Zip

Address of Property Transferred:

2238 Rustic Avenue, Winterset, IA 50273
Number and Street or RR | City, Town or PO | State | Zip

Legal Description of Property: (Attach if necessary)

See Attached

1. Wells (check one)

- [x] No Condition - There are no known wells situated on this property.
- [ ] Condition Present - 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)

- [x] No Condition - There is no known solid waste disposal site on this property.
- [ ] Condition Present - 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)

- [x] No Condition - There is no known hazardous waste on this property.
- [ ] Condition Present - 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)

- [x] No Condition - 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.)
- [ ] Condition Present - 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)

- [x] No Condition - There are no known private burial sites on this property.
- [ ] Condition Present - 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)

- [ ] No Condition - All buildings on this property are served by a public or semi-public sewage disposal system.
- [ ] No Condition - This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- [ ] Condition Present - 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.
- [x] Condition Present - 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.
- [ ] Condition Present - There is a building served by private sewage disposal system on this property. The system is failing to ensure effective wastewater treatment or is otherwise improperly functioning, and 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.
- [ ] Condition Present - 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 #7]
- [ ] Condition Present - There is a building served by private sewage disposal system on this property. This property is exempt from the private sewage disposal inspection requirements pursuant to the following

  Exemption [Note: for exemption #7 use prior check box]: _____
- [ ] Condition Present - There is a building served by private sewage disposal system on this property. The private sewage disposal system has been installed within the past two years pursuant to permit number:

  _____

Review the following two directions carefully:

A. **If you selected a box stating "No Condition" for every numbered section above, STOP HERE. Do not submit this form.** Instead, pursuant to Iowa Code section 558.69(8A), you must include the following language on the first page of the recorded deed, instrument, or other writing:

> "There is no known private burial site, well, solid waste disposal site, underground storage tank, hazardous waste, or private sewage disposal system on the property as described in Iowa Code section 558.69, and therefore the transaction is exempt from the requirement to submit a groundwater hazard statement."

Please consult your realtor or legal counsel for further advice on this exemption. By law, the owner of the property is responsible for the accuracy of this statement, and the Department provides this information for statutory reference only.

B. **If you checked any box stating "Condition Present" for any of the numbered sections above, continue below.** You must complete this form, including providing all required information, and you must submit this form to the county recorder's office with declaration of value.

Information required by statements checked above should be provided here or on separate sheets attached hereto:

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.: 515-493-9737
(Transferor or Agent)

Legal Description

Parcel "F", located in the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of Section One (1), Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 4.594 acres, as shown in Plat of Survey filed in Book 3, Page 513 on November 22, 1999, in the Office of the Recorder of Madison County, Iowa.

TIME OF TRANSFER INSPECTION TOT# 7198 BEN BEDWELL CERT # 11612

Site Information

Parcel Description: **520100164005000**

Address: **2238 Rustic Ave, Winterset, IA 50273** County: **Madison**

Owner Information

Property is owned by a business: **No**

Business Name:

Owner Name: **Lundi L & Joseph Johnson**

Email Address: **88jrj1107@gmail.com**

Address: **2238 Rustic Ave, Winterset, IA 50273**

Phone No: **515-493-9737**

Additional Contact Information

Name	Email Address	Affiliate Type
Rachel Eller	**rachel@racheleller.com**	**Realtor**

Site related information

No Of Bedrooms: **3**

Inspection Date: **09/08/2023**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date: **10/12/2004**

Permit issued by County: **Yes**

Permit Number: **037-04**

All plumbing fixtures enter septic system: **Yes**

County contacted for records: **Yes**

Property Information Comments:

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Type: **Septic Tank**

Tank Size (Gal): **1500**

Tank Material: **Concrete**

Tank Corrosion Type: **None**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **No**

Licensed Pumper Name: **Wiegert**

Date Pumped: **9/13/2023** | Meets Setback to Well: **N/A** | Well Type:

Distance To Well (Ft.): | Is Accessible: **Yes** | Lid Intact: **Yes**

Risers Intact: **Yes** | Effluent Filter Present: **Yes** | Watertight: **Yes**

Tank/Vault Pumped: **Yes** | Inlet Baffle Present: **Yes** | Outlet Baffle Present: **Yes** | Functioning as Designed: **Yes**

Tank Comments:

General Primary Treatment Comments:

Distribution Type

Distribution Box 1

Label: **Distribution Box 1** | Material Type: **Plastic** | Accessible: **Yes**

Box Opened: **Yes** | Baffle Present: **Yes** | Speed Levelers Present: **Yes**

Watertight: **Yes** | Functioning As Designed: **Yes**

General Distribution System Comments :

Secondary Treatment

Lateral Field1

Distribution Type: **Distribution Box** | Material Type: **Leaching Chamber** | Trench Width: **36**

Lines: **4** | Total Length of Absorption Line: **400** | System Hydraulic Loaded: **Yes**

Gallons Loaded: **250** | Meets Setback to Well: **N/A** | Well Type:

Distance To Well (Ft.): | Lateral Lines Probed: **Yes** | Saturation or Ponding Present: **No**

Grass Cover Present: **Yes** | Lateral Lines Equal Length: **Yes** | System Located on Owner Property: **Yes**

Easement Present: **N/A** | Functioning as Designed: **Yes**

Comments:

General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: **The system was working properly during the Inspection.**

TIME OF TRANSFER INSPECTION TOT# 7198 BEN BEDWELL CERT # 11612

Owner Name:	**Lundi L & Joseph Johnson**		
Address:	**2238 Rustic Ave , Winterset , IA 50273**		
County:	**Madison**		
Inspection Date:	**09/08/2023**	Submitted Date:	**9/19/2023**

This page certifies a Time of Transfer inspection was conducted and submitted for the property listed above in accordance with Subrule 567 IAC 69.2(8).

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: **037-04** ***Date Issued:*** **6/1/04**

520100164005000

Issued to: **Dale & Lundi Johnson**
Address: ~~219 S 4th St.~~ 2238 Rustic Ave
Winterset, IA 50273

Legal Description: **Par F 4.32A NW SW Sec 1-75-27 Scott Twp.**

POWTS Components Specifications: **1500 gal. Septic Tank & 5ea. EQ24 Lateral @ 100ft.**

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: Maximum trench depth for laterals is 24 inches.

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

Office Use Only					Temp E911: 2238 Rustic Ave		
Tracking No.	Date Received	Fee Paid	Date Issued	Date Inspected	Date Approved	Section/Township	NPDES Authorization #
057-04	6/1/04	$150 cs	6/1/04			1 Scott	

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. Owner Information (Applicant)

First Name: Lurdi + Joe — Last Name: Johnson
Address: 219 S. 4th St.
City: Winterset — State: IA — Zip: 50273
Phone Number (area code): 515 707-7277 — Fax or E-mail: → — Cell Phone:

2. Contractor Information

First Name: Justin — Last Name: SAVAGE
Address: 2302 Rustic Ave
City: Winterset — State: IA — Zip: 50273
Phone Number (area code): 462-6932 — Fax or E-mail: — Cell Phone:

3. System Requirement Information

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 Evaluator (Percolation Test)

PERCOLATION TEST MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE O F PERMIT

Date test taken 5-7-04 Test taken by Jim Vance
Test Results: Hole 1 40 min/in Hole 2 30 min/in
Hole 3 48 min/in Hole 4 40 min/in
Average 39.5 min/in Depth of Test Holes 24"
Number of Laterals Required 5
Length of Laterals Required 100' ft. ea

5. Type of Submittal

- ☑ New
- ☐ Revision
- ☐ Repair, Tank
- ☐ Repair, Treatment Area
- ☐ System Replacement

Previous Permit #:

6. Address Information

Location, Number & Street of project (if unknown, indicate nearest road): Rustic Ave

Legal Description:

Parcel F in the NW 1/4 of the SW 1/4 of Section 1-T75N-R27W

7. Type of Building (Completed by Owner)

☑ Residential — Number of Bedrooms: 3 — ☐ Commercial/Other Non-Residential — Use:

Other buildings served by this system: NONE

☐ Garbage Disposal
☐ High Water Usage Appliance (i.e. whirlpool bath, water softener) Qty: ___

Your contractor or system designer should complete the remaining portion of this application.

8. Primary and/or Mechanical Treatment	Type: Concrete	Manufacturer: Pella	Model:	Size (gal): 1500
	Type:	Manufacturer:	Model:	Size (gal):
9. Pump/Siphon ☐ Not Applicable	Type:	Manufacturer:	Model:	Dosing Frequency:

10. Secondary Treatment Area Type: ☐ Not Applicable

Type of Laterals	Number of Laterals	Length of ea. Lateral	Other	Other	Maximum Trench Depth (inches):
EQ 24	5	100'			24"

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.

Applicant Signature: Lurdi J Johnson — Date: 6/1/04

It is unlawful to start construction, reconstruction, or repair of any POWTS prior to issuance of a POWTS permit by the Environmental Health Officer.

MADISON COUNTY ENVIRONMENTAL HEALTH | PERCOLATION TEST REPORT | TEST # _____

Date taken: 5-7-04 By: Jim Vance

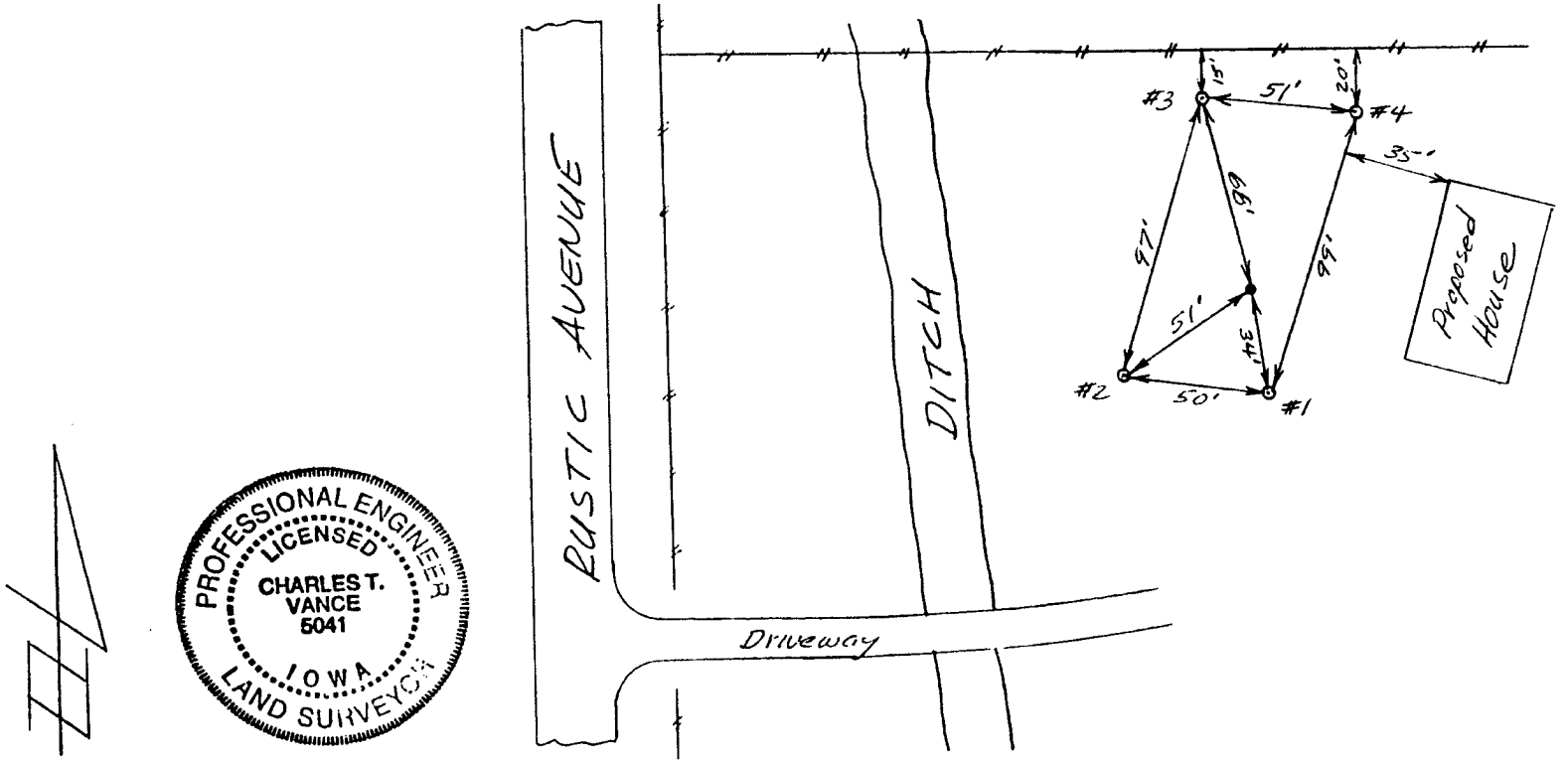
Owner: Joe & Lundi Johnson Site Address: _____ Phone No. 707-7277

Lot Size: 4.3 Ac. Legal Description: Parcel "F" in the NW.¼ of the SW.¼ of Sec. 1-T75N-R27W
Structure: X New _____ Existing # Bedrooms: 3 Installer: _____
Owner's Current Mailing Address: 219 S. 4th St., Winterset, Iowa 50273

Time for 1 inch of water:	1. 40 min.	2. 30 min.	3. 48 min.	4. 40 min.
Depth of holes tested:	1. 24"	2. 24"	3. 24"	4. 24"

Results of 6 foot hole: No rock, No water

Min. recommended lateral footage per IAC Ch. 69: 500 feet Drawing of perc site below.
Number of laterals required: 5 each Average length of laterals: 100 feet



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 Iowa.

Signed: Charles T. Vance Date: 7 May 2004 Reg. No. 5041 Exp. Date: 31 Dec. 2005

2003 061 Map# 000001101300013 GIS#

Property 003173510 DED JOHNSON, DALE AND LUNDI L
Ownership 219 S 4TH ST
WINTERSET IA 50273

000000000
Location 000000 Street City
Recorded DED 2004 617 2/10/2004
Documents
Misc Exempt Code No Ag Cr VIN#
Sec-Twp-Rng 001 075 027 Cty-Adn-Blk 00001 Title
Legal Desc PARCEL F 4.32A NW SW
Applications Typ 1 . . . . Ovr Amt Typ 2 . . . . Ovr Amt
Typ 3 . . . . Ovr Amt Typ 4 . . . . Ovr Amt

	100%	Rollback Gr	Acres 4.59	Typ Desc LND Land	Value 10,800	Rollback 5,233	Acres 4.32
Grs	10,800	5,233	Ex .27	EXM Exempt			.27
Mil			PE .00				
Net	10,800	5,233	Dr .00				
			Net 4.32				

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

Permit No 037-04 ***Name: Dale & Lundi Johnson***
Date of Inspection: 10-13-04 Inspected by: Jean Thompson
Contractor: Justin Savage
Dwelling under construction ***_x__ Yes*** ***____No***
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

- Tank. Manufacture Vanderpool Concrete__x___ Plastic____ ___
- Capacity 1500 -gallon
- Two compartments, both meet the specifications for capacity. Yes_x__ No___
- Baffle Yes____x_____ No_____
- Inlet/Outlet tees are ok. Yes___x_____ No_____
- Effluent filter in the outlet. Yes__x_____ No_____ Manuf. Polly
- Tank depth.
- Risers Yes___ _____ No___x _____ Less than 12" _____
- Lids above grade screwed on Yes___x_____ No_____ Will be__x_____

Comments:_____

Distribution Box

- Brand **Tuf-Tite** Other_____
- Bedded in cement. Yes___x___ No_____ Will be_____
- Has required inlet baffle. Yes___x___ No_____ Will be_____
- Outlet levels –are level. Yes___x___ No_____ Unknown____

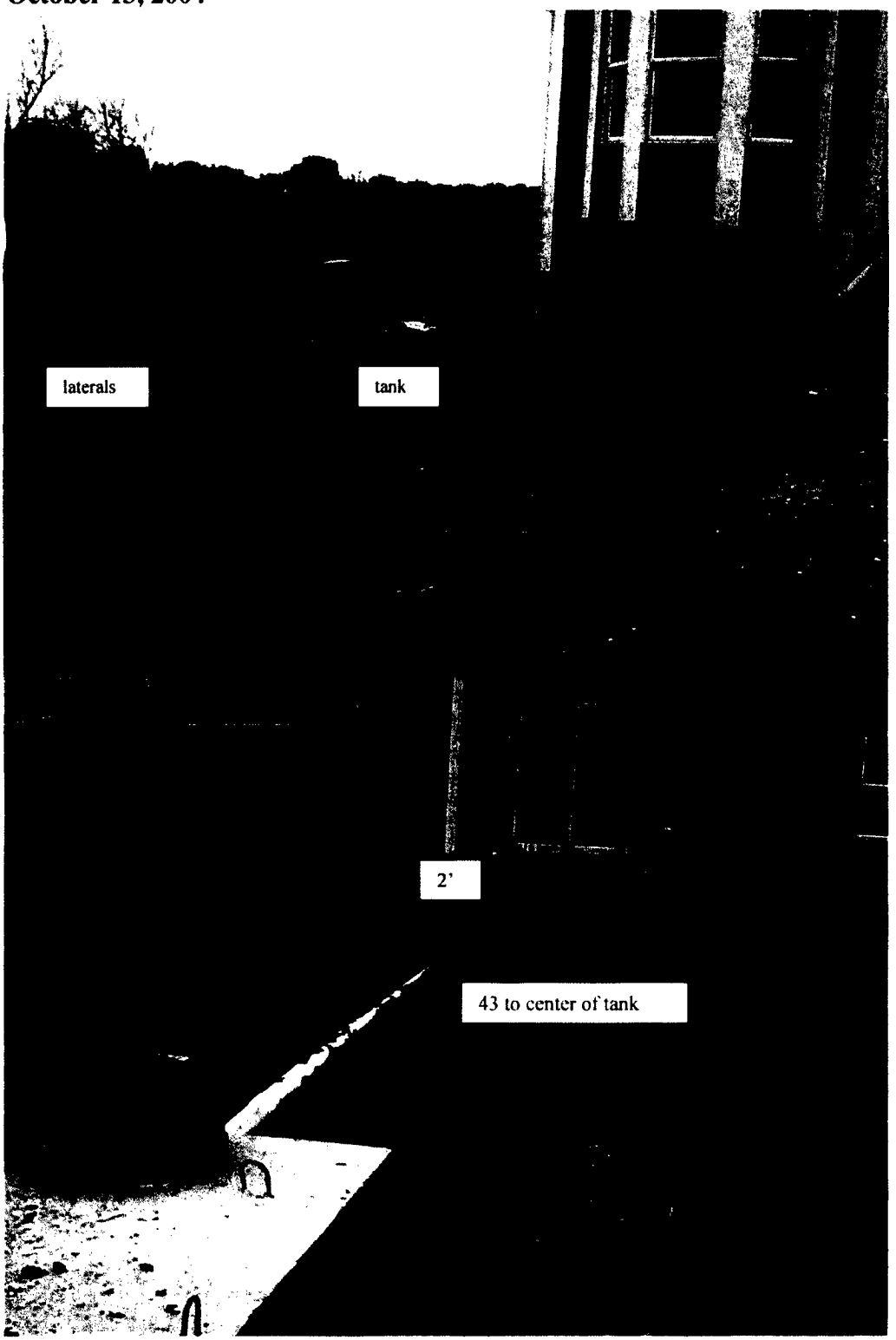
Comments:_____

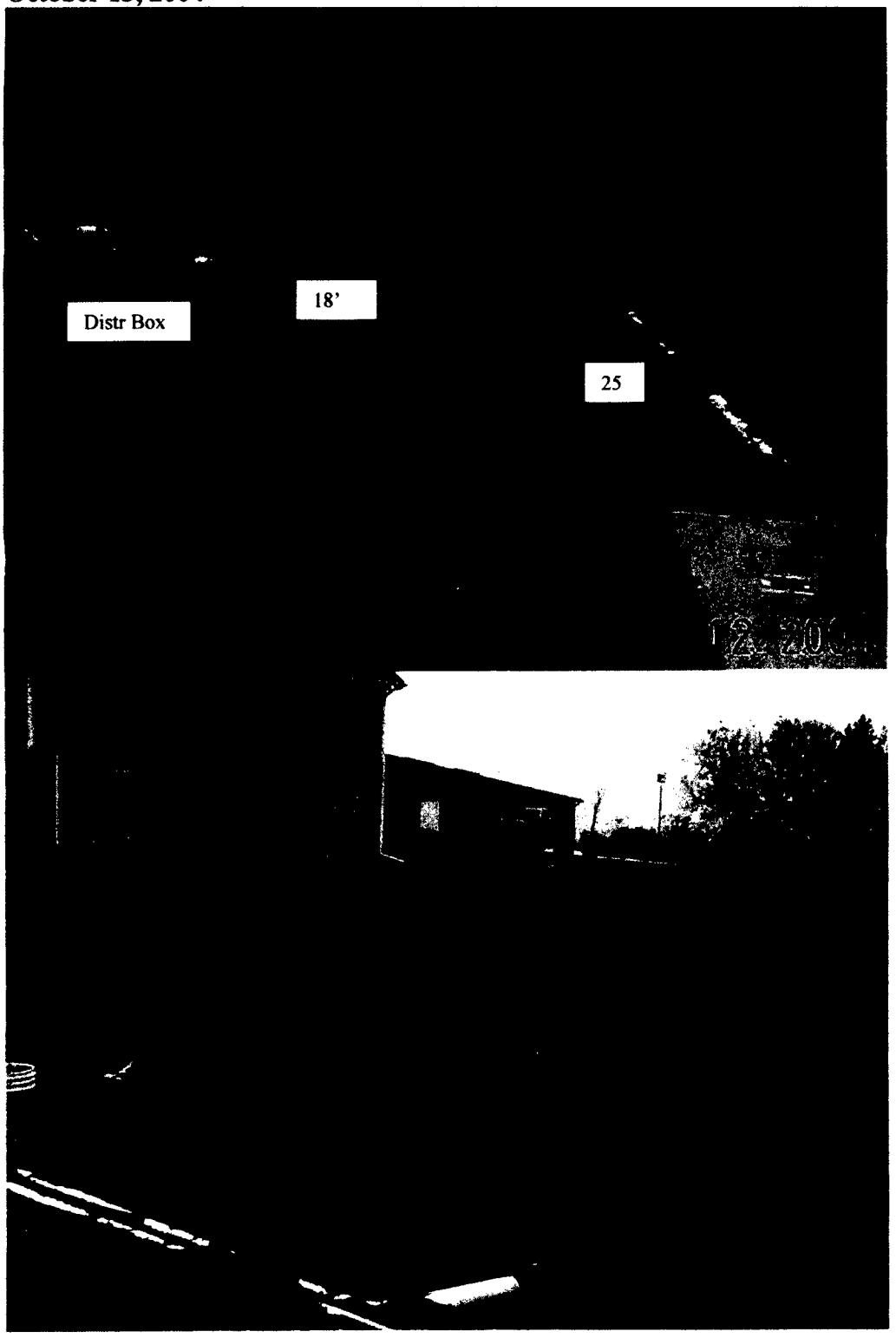
Laterals

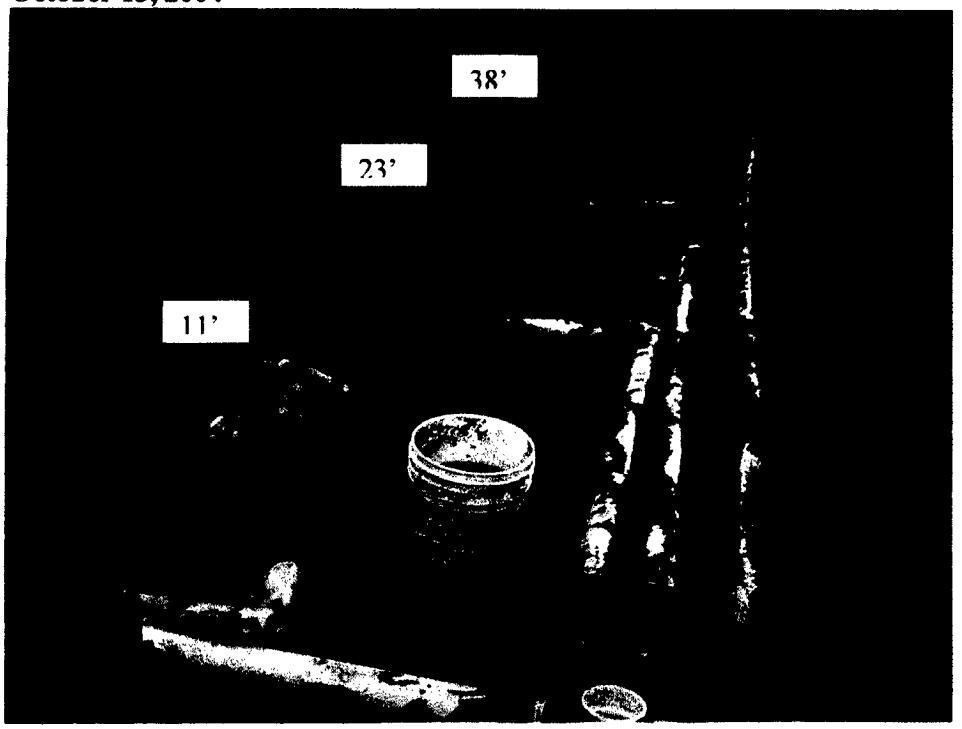
- Distribution lines: ___4___ -inch PVC pipe – __35___ SDR.
- Distribution lines screwed to laterals. Yes___ x _____ Will be_____
- Lateral used. 36" chamber Reduction? Yes_x_ No__
- Lateral depth less than 24" Perc depth 24 inches
- Laterals were level. Yes__x__ No_____
- Adequate amount of undisturbed soil between laterals. Yes___x____ No_____
- Between ___11_____ feet between laterals.

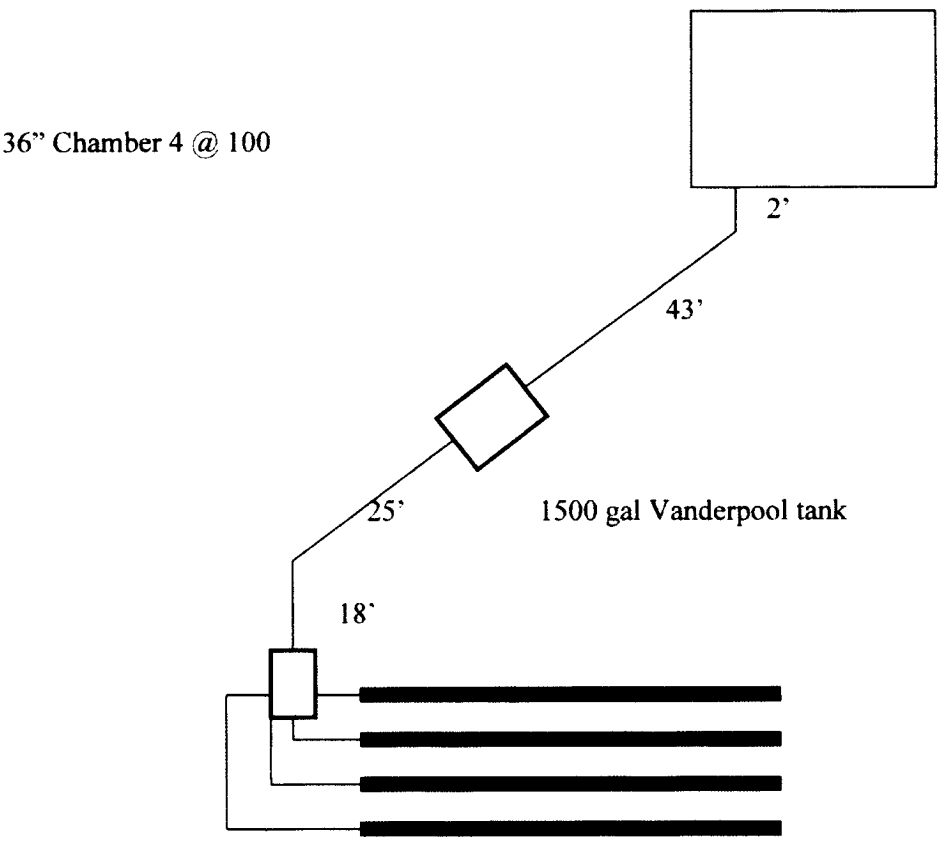
Comments:_____

Dale & Lundi Johnson 1
Permit # 037-04
October 13, 2004




Distr Box
18'
25
36" Chamber
4 @ 100


38'
23'
11'


36" Chamber 4 @ 100
2'
43'
25'
1500 gal Vanderpool tank
18'

E.D.IN. 42-1421732

Wiegert Septic Service

A Division of
WIEGERT DISPOSAL INC.
P.O. Box 344 • 1-800-728-4908
Martensdale, IA 50160

Customer's
Order No. _____ Date 9-13-23

Sold To Ben Bedwell

Address 2238 Rustic Ave Winterset

CASH	CHARGE	C.O.D	SALESMAN	RE. ON ACCT.

QUAN.	DESCRIPTION	PRICE	AMOUNT	
1	Septic		475	00
	Good To Go			
	In Good Working Order			
	At this Time			

Net 15 Days

Thank You

TAX	33	25
TOTAL	508	25

SIGNATURE _____