Document 2023 GW438
Book 2023 Page 438 Type 43 001 Pages 18
Date 3/03/2023 Time 12:17:26PM
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BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA
CHEK

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

TRANSFEROR:
Name: Anchored Walls, Inc.
Address: 1962 State Highway 92, Winterset, IA 50273
TRANSFEREE:
Name: Trebil Properties, LLC
Address: 60335 US Highway 12, Litchfield, MN 55355

Address of Property Transferred:
1962 State Highway 92, Winterset, Iowa 50273

Legal Description of Property: (Attach if necessary)
The Northwest Fractional Quarter (¼) of the Northeast Quarter (¼) of Section Three (3), Township Seventy-five (75) North, Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa, EXCEPT that part thereof conveyed for highway purposes AND EXCEPT a tract commencing 926.3 feet East of the North Quarter (¼) corner of said Section Three (3), running thence East 389.55 feet, thence South 0°12' West 339.90 feet, thence South 88° 49' West 494.80 feet, thence North 1° 25' East 265.0 feet, thence North 89° 53' East 100 feet, thence North 0°07' West 85 feet to the point of beginning and containing 2.64 acres, more or less; AND EXCEPT the South Thirty (30) acres of the Northwest Fractional Quarter (¼) of the Northeast Quarter (¼) of said Section Three (3).

1. Wells (check one)
☑ 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)
☑ 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)
☑ 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)
☑ 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)

☑ 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.

☐ 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:

_____

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) 468-7851
(Transferor)

TIME OF TRANSFER INSPECTION TOT# 3991 BEN BEDWELL CERT # 11612

Site Information

Parcel Description: **560110324030000**

Address: **1692 State Hwy 92, Winterset, IA 50273** County: **Madison**

Owner Information

Property is owned by a business: **Yes**

Business Name: **Anchored Walls Inc**

Owner Name:

Email Address: **utslercorey@gmail.com**

Address: **1692 State Hwy 92, Winterset, IA 50273**

Phone No: **515-468-7851**

Site related information

No Of Bedrooms: **0**

Inspection Date: **03/01/2023**

Facility Type: **Commercial**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date: **03/23/2004**

Permit issued by County: **Yes**

Permit Number: **014-04**

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): **2000**

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: **3/1/2023**

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:

Tank 2

Tank Name: **Tank 2** Type: **Pump Tank** Tank Size (Gal): **500**

Tank Material: **Concrete** Tank Corrosion Type: **None** Liquid Level Type: **Normal**

No. of Compartments: **1** Pump Tank Chamber: **Yes** Licensed Pumper Name: **wiegert**

Date Pumped: **3/1/2023** Meets Setback to Well: **N/A** Well Type:

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

Risers Intact: **Yes** Effluent Filter Present: **No** 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 : **The D-box does have a hairline crack in the lid.**

Secondary Treatment

Lateral Field1

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

Lines: **3** Total Length of Absorption Line: **300** 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# 3991 BEN BEDWELL CERT # 11612

Owner Name:	**Anchored Walls Inc**		
Address:	**1692 State Hwy 92 , Winterset , IA 50273**		
County:	**Madison**		
Inspection Date:	**03/01/2023**	Submitted Date:	**3/1/2023**

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: **014-04** ***Date Issued:*** **March 23, 2004**

Issued to: **C & L Construction**
Address: **1962 State Highway 92**
Winterset, Iowa 50273

Legal Description: **7.26A N & W PT FRL NW NE EX .17A RD Section 3 T75 R28 Lincoln Twp**

POWTS Components Specifications: **2000 gal septic tank with a 500 gal pump tank – 36" Chamber 3 @ 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 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:

Jean Thompson

Environmental Health Officer Assistant
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:		
Tracking No.	Date Received	Fee Paid	Date Issued	Date Inspected	Date Approved	Section/Township	NPDES Authorization #
014-04	3-23-04	150.00	3-23-04				

CC 3185

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	Last Name
C & L Construction	
Address	
1962 State Highway 92	
City	State / Zip
Winterset, Iowa 50273	
Phone Number (area code)	Fax or E-mail / Cell Phone
462-4782	468-0985

2. Contractor Information

First Name	Last Name
Self	
Address	
City	State / Zip
Phone Number (area code)	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 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

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

Previous Permit #:

6. Address Information

Location, Number & Street of project (If unknown, indicate nearest road): State Highway 92

Legal Description:

7.26A N & W PT FRL NW NE EX .17A RD Section 3 T75 R28 Lincoln Twp

7. Type of Building (Completed by Owner)

☐ Residential	Number of Bedrooms:	☐ Commercial/Other Non-Residential	Use:
Other buildings served by this system: North Shop and South Shop		☐ Garbage Disposal None ☐ 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): 2000
	Type: Concrete	Manufacturer: Pella	Model:	Size (gal): 500 gal pump tank
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)
36" Chamber	3	100'			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.

Applicant Signature: Larry Ahsler By Jim Davis — Date: 3-23-04

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

LI1002 **PID** 560110324030000 00 **Tax Dist** 560 00 **Class** C **INQUIRY**
003 061 **Map#** 000001003200001 **GIS#**

operty 000931500 DED C & L Construction Co
nership 1962 Hwy 92
Winterset IA 50273-
000000000

cation 1962 **Street** STATE HWY 92 **City** WINTERSET
corded
cuments
sc **Exempt Code** **No Ag Cr** **VIN#**
c-Twp-Rng 003 075 028 **Cty-Adn-Blk** 00003 **Title**
gal Desc 7.26A N & W PT FRL NW NE EX .17A RD
plications **Typ 1** .... **Ovr Amt** **Typ 2** .... **Ovr Amt**
Typ 3 .... **Ovr Amt** **Typ 4** .... **Ovr Amt**

	100%	**Rollback**		**Acres**	**Typ**	**Desc**	**Value**	**Rollback**	**Acres**
s	105,200	104,419	**Gr**	7.09	LND	Land	22,100	21,936	
l			**Ex**	7.09	BLD	Bldgs	83,100	82,483	
t	105,200	104,419	**PE**	.00	EXM	Exempt			7.09
			Dr	.00					
			Net	.00					

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

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

Date taken: 3-19-04 — By: Jim Vance

Owner: C&L Construction — Site Address: 1962 Hwy. 92 — Phone No. 462-2422

Lot Size: 5.6 Ac. — Legal Description: Pt. of the NW.¼ of the NE.¼ of Sec.3-T75N-R28W

Structure: _____ New X Existing — # Bedrooms: ——→ — Installer: C&L Construction

Owner's Current Mailing Address: same as above — //: Office-Shop less than 300 gal/day

Time for 1 inch of water:	1. 30.0 min.	2. 40.0 min.	3. 30.0 min.	4. 34.3 min.
Depth of holes tested:	1. 36"	2. 36"	3. 36"	4. 36"

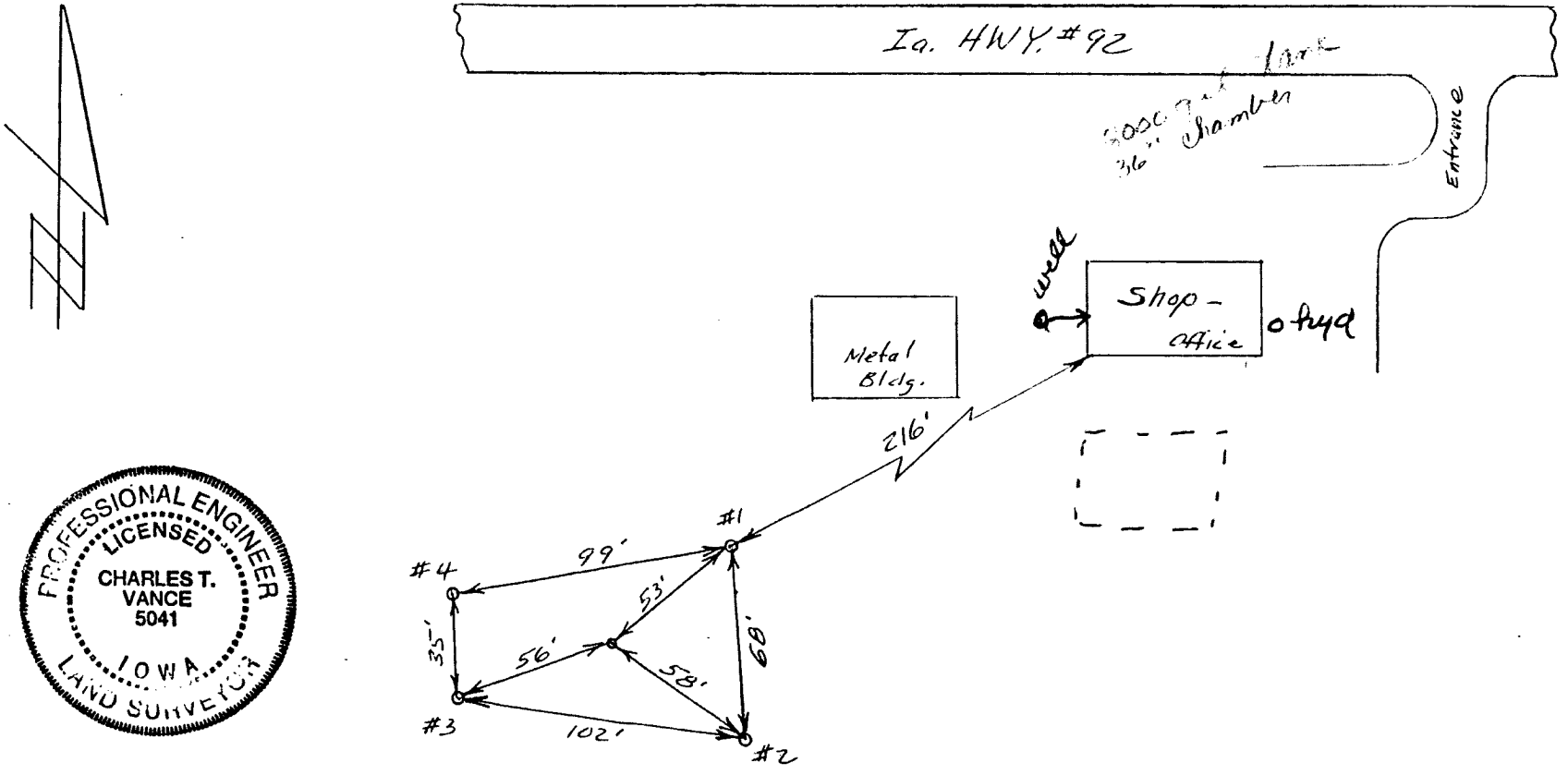
Results of 6 foot hole: No rock, No water

Min. recommended lateral footage per IAC Ch. 69: 400 feet — Drawing of perc site below.

Number of laterals required: 4 each — Average length of laterals: 100 feet

No ponds, streams
No ditches - 440

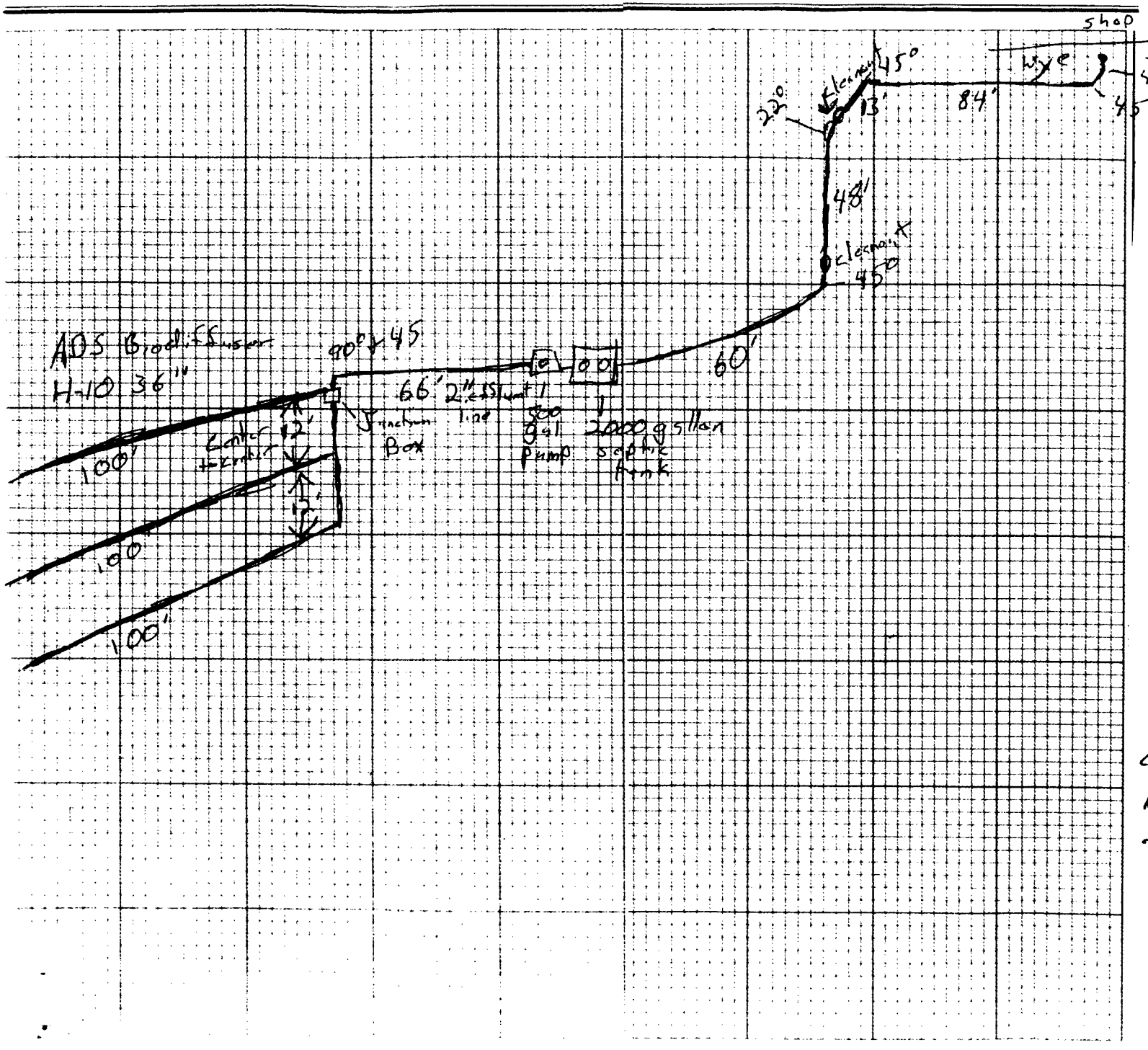
4m
468-1523



PROFESSIONAL ENGINEER LICENSED CHARLES T. VANCE 5041 IOWA LAND SURVEYOR

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.

Date: 22 March 2004 — Reg. No. 5041 — Exp. Date: 31 Dec 2005

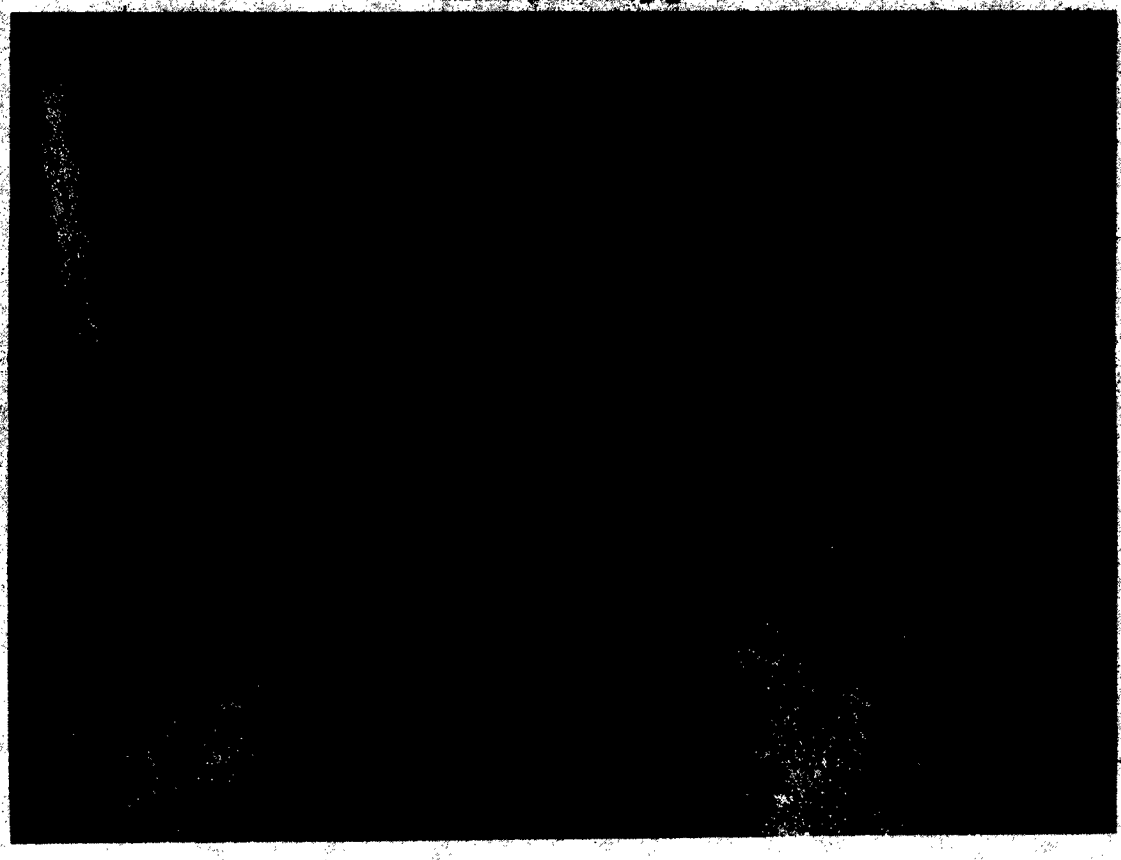


Liberty pump
model 250
double float
with high water
alarm

Zabel effluent
filter

Laterals 24"-30"
deep

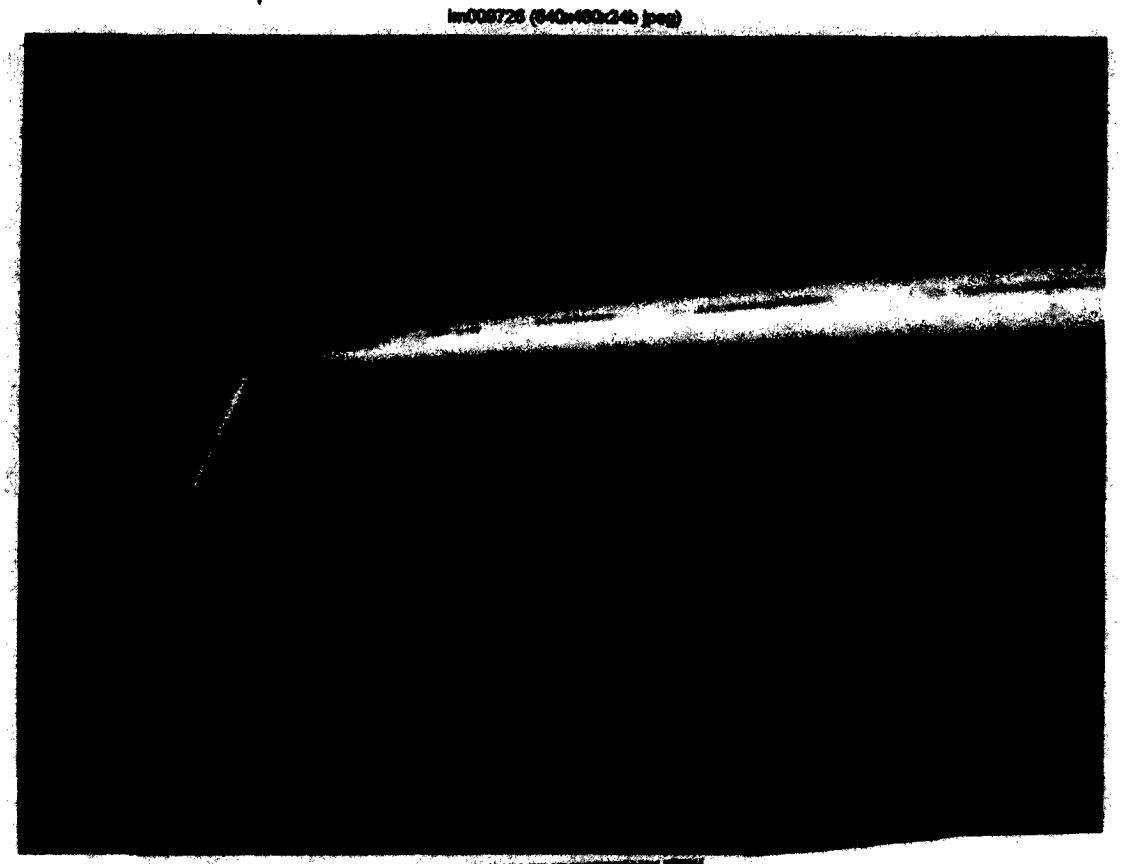
approximately 1'
of risers on tanks
lids to bring them
above grade

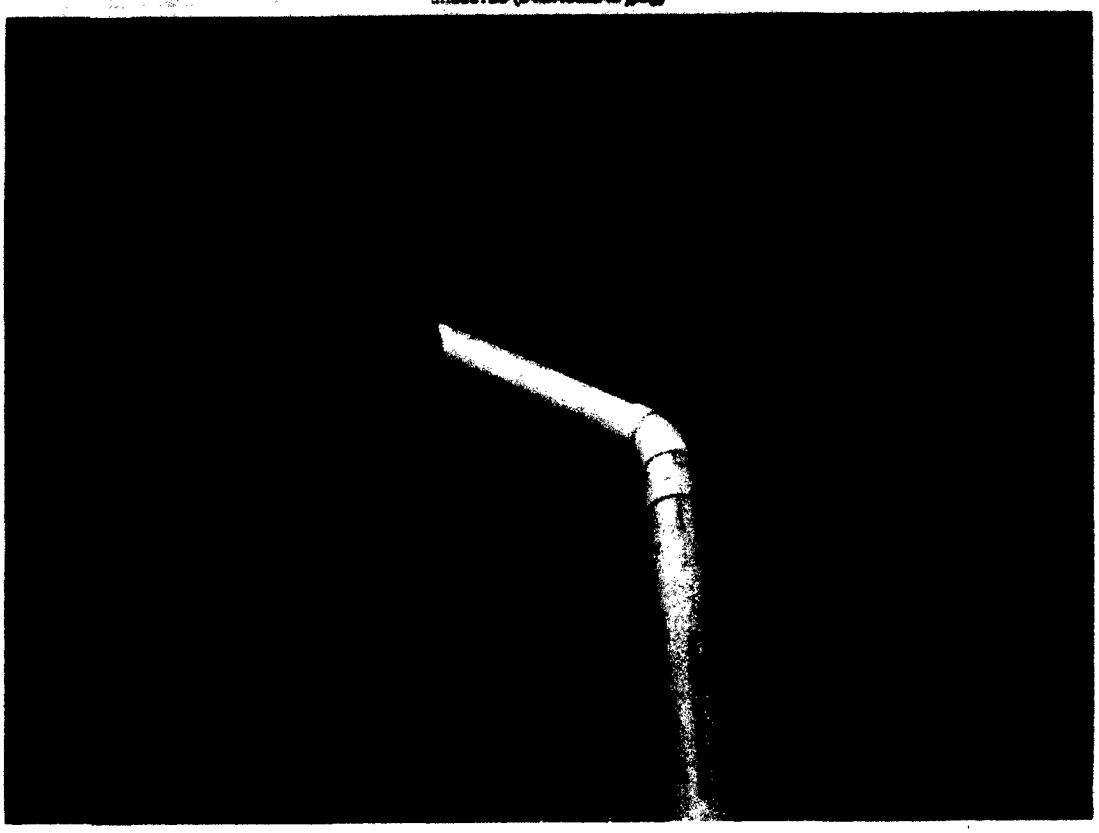


sewer line with wye for new building

cleanout @ existing shop

1st Clean out

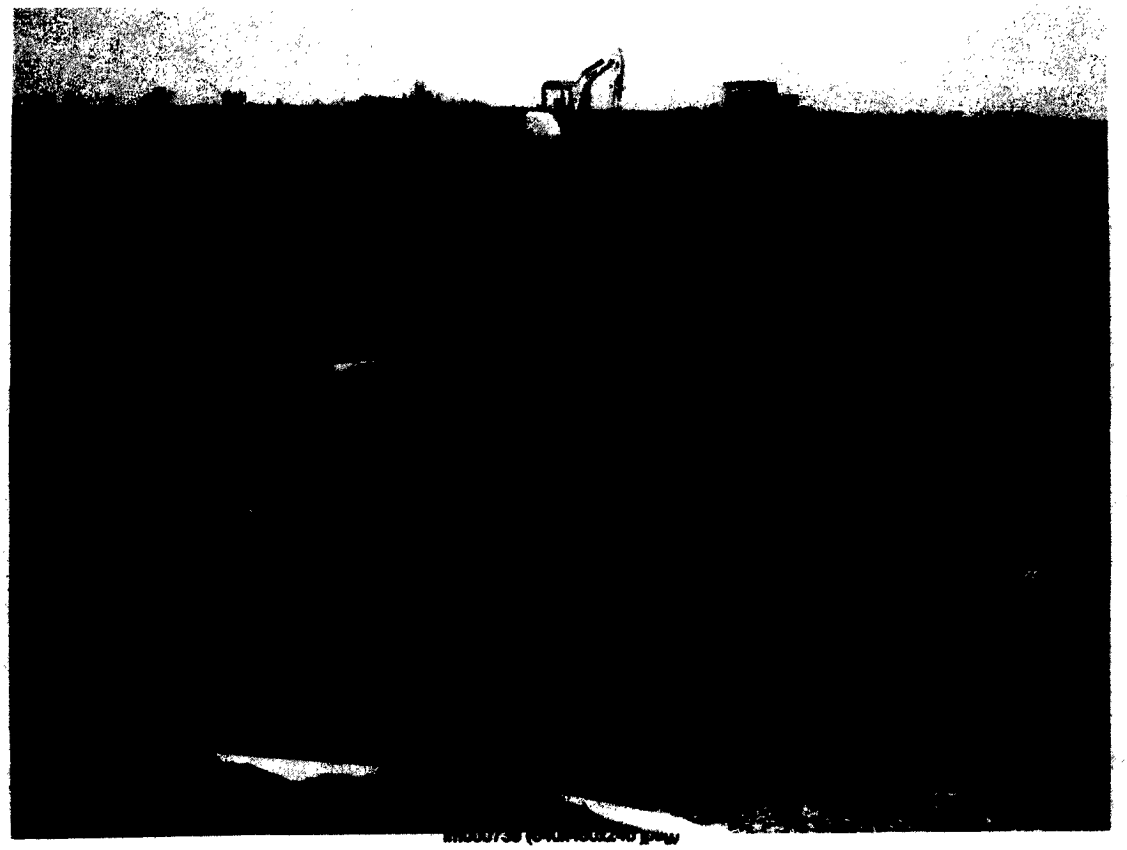




elbow at end of first straitaway

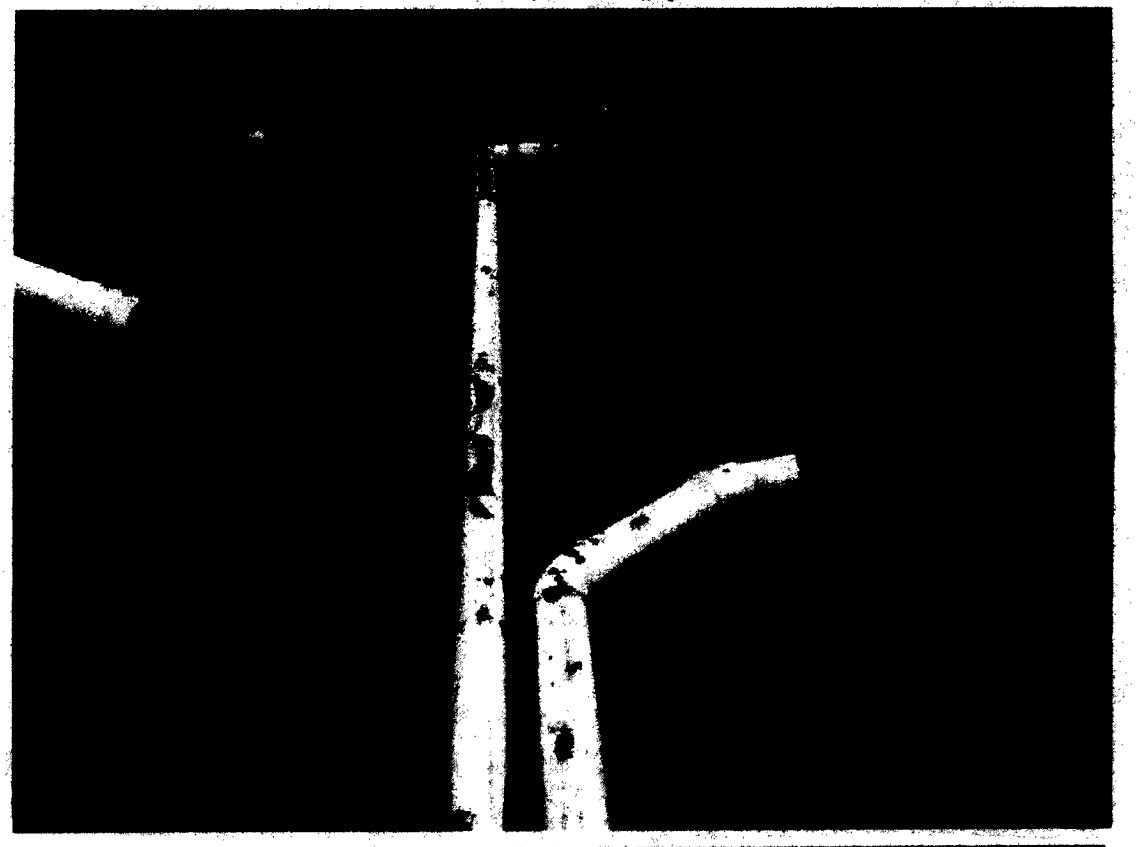
1st lat.

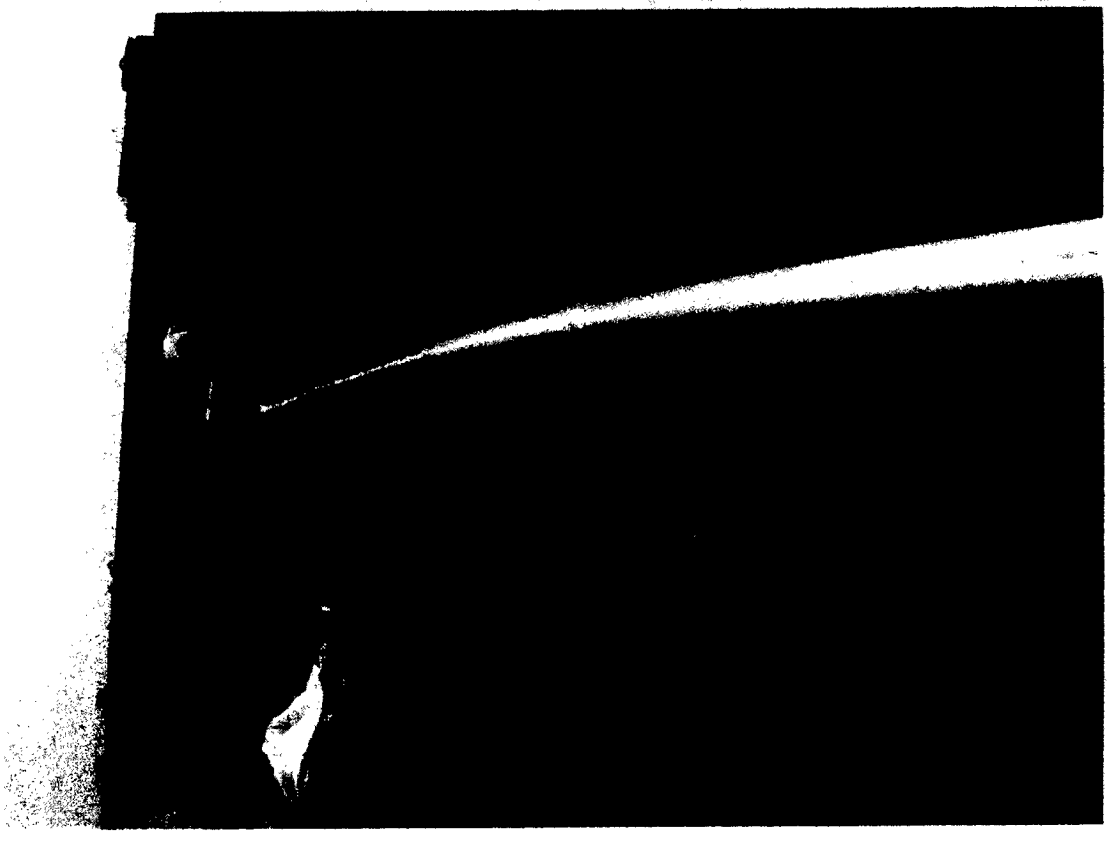
im000736 (640x480x24b jpeg)



2nd lateral

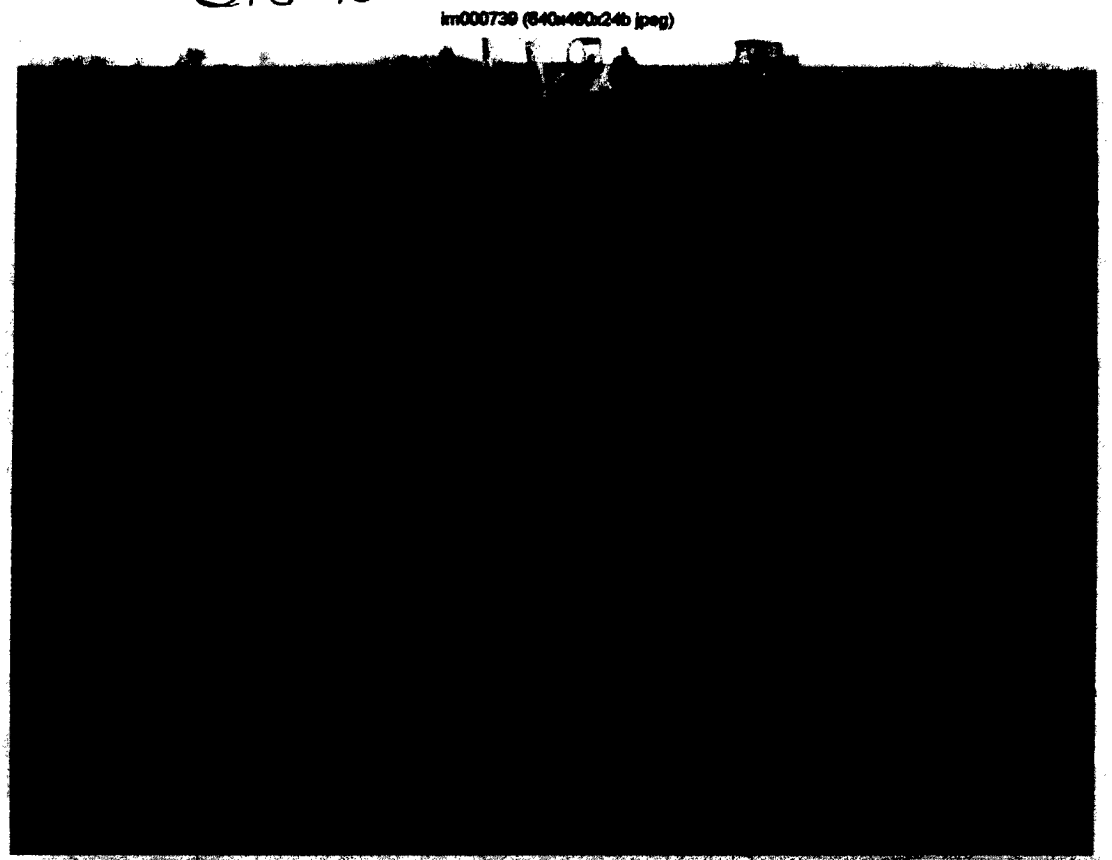
Effluent Manifold





second straightway with second element

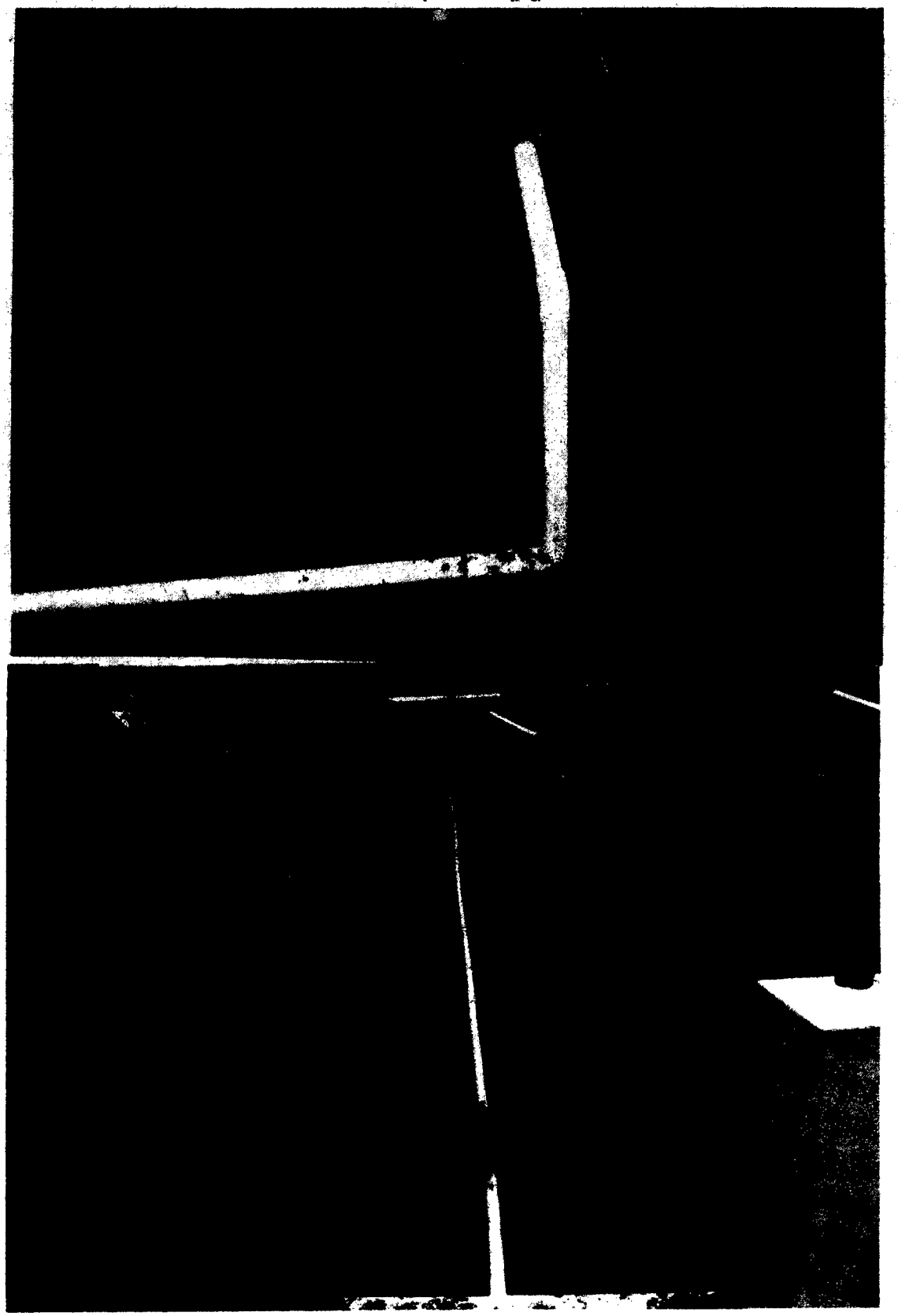
3rd lat.



1st lateral & Junction box with baffle tee screws & concrete

im000728 (640x480x24b jpeg)

2000 gallon pelle precast septic tank & 500 gallon pump tank



2" pump line with high water & pump control housing