



Document 2024 GW1835

Book 2024 Page 1835 Type 43 001 Pages 23

Date 7/31/2024 Time 1:19:05PM

Rec Amt \$.00

INDX

ANNO

SCAN

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 Joshua Eric Reelitz

Address 2055 S 40TH CT WEST DES MOINES, IA 50265

Number and Street or RR

City, Town or PO

State

Zip

**TRANSFeree:**

Name Aaron J Hayes and Genna R Hayes

Address 3327 144th Ct, CUMMING, IA 50061

Number and Street or RR

City, Town or PO

State

Zip

Address of Property Transferred:

3327 144th Ct, CUMMING, IA 50061

Number and Street or RR

City, Town or PO

State

Zip

Legal Description of Property: (Attach if necessary)

See attached.

**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: \_\_\_\_\_

**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:**

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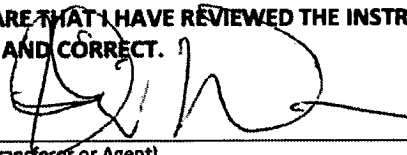
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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature: \_\_\_\_\_

(Transferor or Agent)



Telephone No.:

515-321-5277



# TIME OF TRANSFER INSPECTION TOT# 11014 GARY WELKER CERT # 12732

### Site Information

Parcel Description: **071012540140000**  
Address: **3327 144th Ct, Cumming, IA 50061** County: **Madison**

### Owner Information

Property is owned by a business: **No**  
Business Name:  
Owner Name: **Josh Reelitz**  
Email Address: **r409402@gmail.com**  
Address: **3327 144th Ct, Cumming, IA 50061**  
Phone No: **515-974-7731**

### Additional Contact Information

Name	Email Address	Affiliate Type
<b>Ingrid Williams</b>	<b>ingrid@homesbyingrid.com</b>	<b>Realtor</b>

### Site related information

No Of Bedrooms: <b>6</b>	Inspection Date: <b>07/05/2024</b>
Facility Type: <b>Residential</b>	Currently Occupied: <b>Yes</b>
Last Occupied:	System Installation Date: <b>09/09/2002</b>
Permit issued by County: <b>Yes</b>	Permit Number: <b>086-02</b>
All plumbing fixtures enter septic system: <b>Yes</b>	County contacted for records: <b>Yes</b>
Property Information Comments:	

### Primary Treatment

#### Tank 1

Tank Name: <b>Tank 1</b>	Type: <b>Septic Tank</b>	Tank Size (Gal): <b>2000</b>
Tank Material: <b>Concrete</b>	Tank Corrosion Type: <b>Moderate</b>	Liquid Level Type: <b>Normal</b>
No. of Compartments: <b>2</b>	Pump Tank Chamber: <b>No</b>	Licensed Pumper Name: <b>Bob's Septic</b>

Date Pumped: **7/29/2023**      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: **No**  
 Tank/Vault Pumped: **No**      Inlet Baffle Present: **Yes**      Outlet Baffle Present: **Yes**      Functioning as Designed: **No**  
 Tank Comments: **Center lid and lid on riser intact. However outlet lid broke upon removal.**

**Tank 2**

Tank Name: **Tank 2**      Type: **Pump Tank**      Tank Size (Gal): **500**  
 Tank Material: **Concrete**      Tank Corrosion Type: **Moderate**      Liquid Level Type: **Normal**  
 No. of Compartments: **1**      Pump Tank Chamber: **No**      Licensed Pumper Name: **Bob's Septic**  
 Date Pumped: **7/29/2023**      Meets Setback to Well: **N/A**      Well Type:  
 Distance To Well (Ft.):      Is Accessible: **Yes**      Lid Intact: **Yes**  
 Risers Intact: **Yes**      Effluent Filter Present:      Watertight: **No**  
 Tank/Vault Pumped: **No**      Inlet Baffle Present: **No**      Outlet Baffle Present: **No**      Functioning as Designed: **No**  
 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: **18**  
 Lines: **5**      Total Length of Absorption Line: **500**      System Hydraulic Loaded: **Yes**  
 Gallons Loaded: **300**      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: **Upon arrival we used past experiences to locate lid to both septic and pump tank. Opened both lids to find levels normal. Used ground probe to excavate approx. 2ft down to outlet side of tank to find inspection port lid above outlet pipe. Upon removal of outlet lid it broke apart. Noticed liquid level inside of outlet pipe and on outlet side of tank was higher than normal.**

**Began inspecting corrosion of the tank and noticed the rubber seal around the outlet was beginning to push out and appear to be loose. Used small screwdriver to perform a "poke" test to see if there was penetration through the pipe sleeve. Screwdriver penetrated with little to no resistance indicating that the corrosion has caused it to be not watertight. Began inspecting interior of pump tank and found that the pump tank has a hole drilled through the side enough for the electrical wires to be ran through. As well as noticed the inlet pipe coming from the septic tank was pointing upwards towards the top of the tank indicating that there is a break or shift of some sort in the line going from septic tank to pump tank.**

**Located distribution box using ground probe and map excavated approx 1ft and used waste inside pump tank to perform hydraulic load test with approx. 300gallons. All laterals took waste as designed. Placed what was left of outlet lid on the inspection port and managed to "cover" the rest of the hole with wood enough to backfill the hole. Placed all remaining lids on their respective positions.**



## TIME OF TRANSFER INSPECTION TOT# 11014 GARY WELKER CERT # 12732

Owner Name: Josh Reelitz

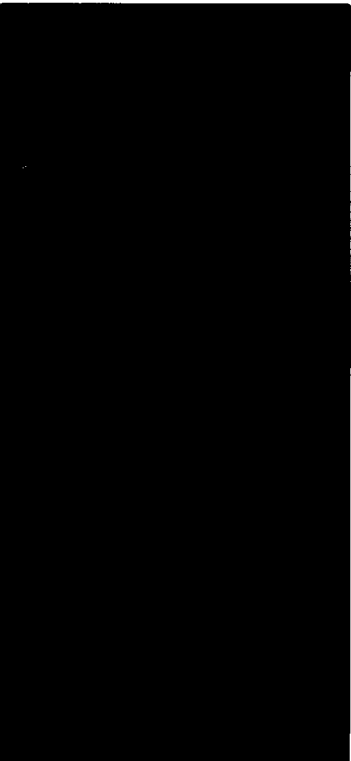
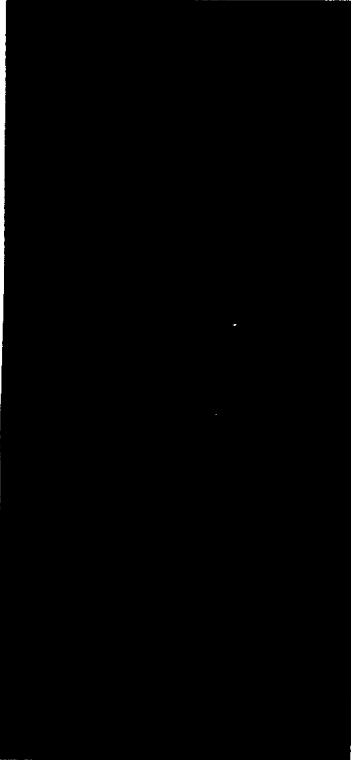
Address: 3327 144th Ct , Cumming , IA 50061

County: Madison

Inspection Date: 07/05/2024

Submitted Date: 7/10/2024

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).





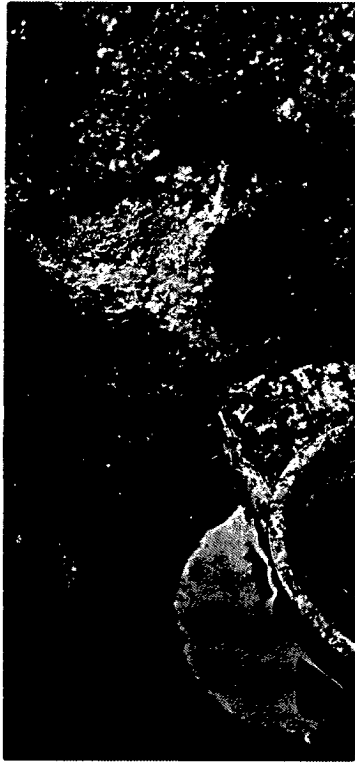












Madison County  
Office of Zoning and  
Environmental Health

**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: 086-02**

**Date Issued: 9/9/02**

**Issued to: John Andrasko**  
**Address: 6515 Orchard Dr.**

**West Des Moines, IA 50266**

3327 144th Ct.  
PID # 071012540140000

**Legal Description: Lot 14 Plat 2 Walnut Cove Sec. 25 T77 R26 Lee Twp.**

**POWTS Components Specifications: 1750 gal. Septic Tank & 5ea. 100ft. EQ24 Laterals**

**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 on laterals is 30 inches**

**Environmental Health Officer  
Madison County  
Office of Zoning and Environmental Health**

Application to Construct  
Private On-Site Wastewater Treatment  
System (POWTS)

Office Use Only					Temp E911: 3327 - 144 <sup>th</sup> Lane		
Tracking No.	Date Received	Fee Paid/150	Date Issued	Date Inspected	Date Approved	Section/Township	NPDES Authorization #
086-02	9/9/02	647	9/9/02			25/LEE	

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)				2. Contractor Information			
First Name		Last Name		First Name		Last Name	
John		Andraske		Larry		Huff	
Address				Address			
6515 ORCHARD DR, IA. 50266				2995 296th LN,			
City		State		City		State	
West Des Moines		IA		Winterset		IA	
Phone Number (area code)		Fax or E-mail		Phone Number (area code)		Fax or E-mail	
				462-3569			

3. System Requirement Information		4. Site and Soil Evaluator (Percolation Test)	
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 9/29/02 Test taken by Jim Vance	
1-3 Bedroom	1000	Test Results: Hole 1 24 min/in Hole 2 34.3 min/in	
4 Bedroom	1250	Hole 3 26.7 min/in Hole 4 26.7 min/in	
5 Bedroom	1500	Average 27.9 min/in Depth of Test Holes 30"	
6 Bedroom	1750	Number of Laterals Required 5	
		Length of Laterals Required 100 ft. ea	

5. Type of Submittal		6. Address Information	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Repair, Tank <input type="checkbox"/> Repair, Treatment Area <input type="checkbox"/> System Replacement Previous Permit #:		Location, Number & Street of project (if unknown, indicate nearest road): Legal Description: Lot 14 PLAT 2 Walnut Cove SEC 25 TOWNSHIP 077 RANGE 26	

7. Type of Building (Completed by Owner)			
<input checked="" type="checkbox"/> Residential	Number of Bedrooms: 4	<input type="checkbox"/> Commercial/Other Non-Residential	Use:
Other buildings served by this system: NONE		<input checked="" type="checkbox"/> Garbage Disposal	
		<input type="checkbox"/> High Water Usage Appliance (i.e. whirlpool bath, water softener) Qty: 2	

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

8. Primary and/or Mechanical Treatment		9. Pump/Siphon		10. Secondary Treatment Area	
Type: CONCRETE	Manufacturer: Lister	Type:	Manufacturer:	Type: <input type="checkbox"/> Not Applicable	
Type:	Manufacturer:	Type:	Manufacturer:	Type:	
Size (gal): 1750	Model:	Model:	Model:	Dosing Frequency:	
Type of Laterals: EG24	Number of Laterals: 5	Length of ea. Lateral: 100	Other:	Other:	Maximum Trench Depth (inches): 30

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: Randy Jordan	Date: 9-10-02	



Date taken: 8-20-02

By: Jim Vance

Owner: John Andrasko

Site Address: 3339 144th Ln.

Phone No. 226-8895

Lot Size: 3 Ac. Legal Description: Lot 14, Walnut Cove Estates, Plat No. 2 Sec.25-T77N-R26W

Structure: X New Existing # Bedrooms: 4 Installer: \_\_\_\_\_

Owner's Current Mailing Address: 6515 Orchard Dr., West Des Moines, Iowa 50266

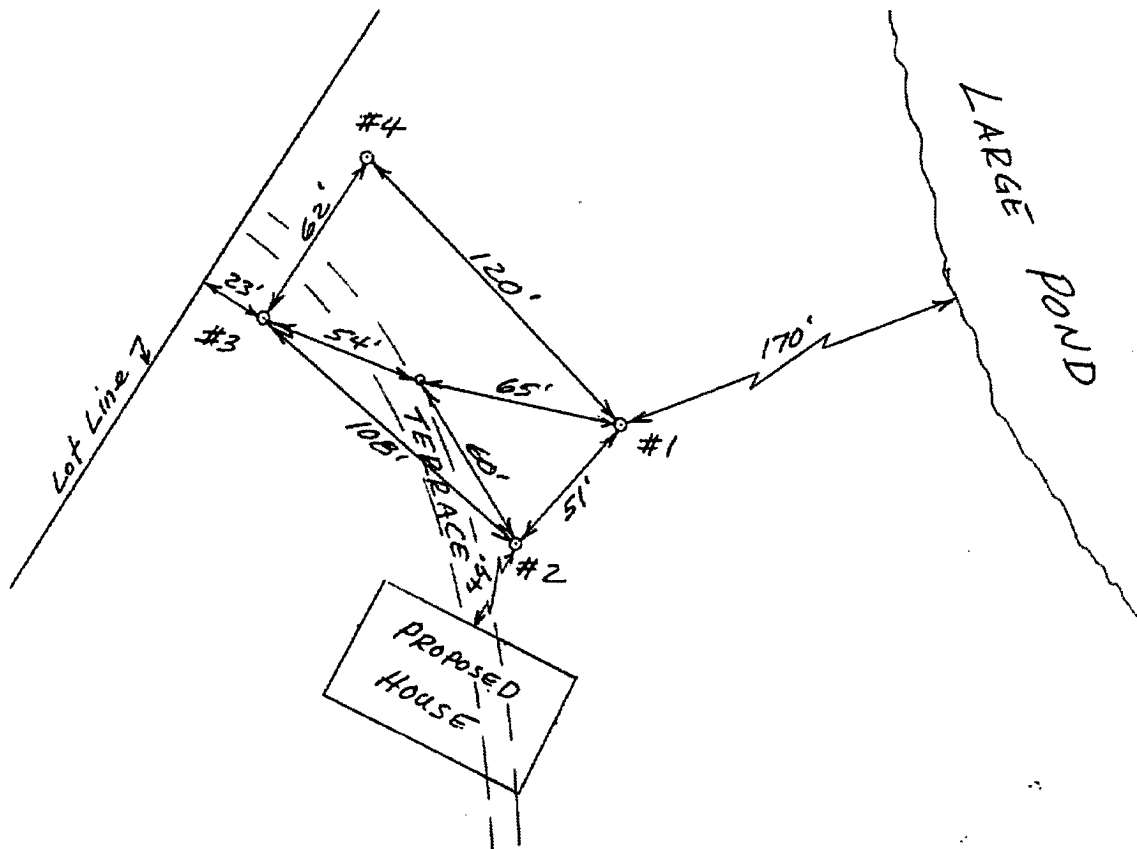
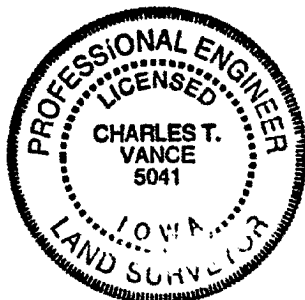
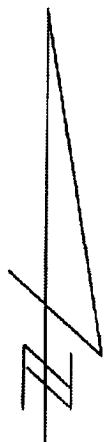
Time for 1 inch of water: 1. 24.0 min. 2. 34.3 min. 3. 26.7 min. 4. 26.7 min.

Depth of holes tested: 1. 30" 2. 30" 3. 30" 4. 30"

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: 20 Aug 2002

Reg. No. 5041

Exp. Date: 31 Dec. 2003

Date taken: 8-20-02

By: Jim Vance

Owner: John Andrasko

Site Address: 3339 144th Ln.

Phone No. 226-8895

Lot Size: 3 Ac. Legal Description: Lot 14, Walnut Cove Estates, Plat No. 2 Sec.25-T77N-R26W

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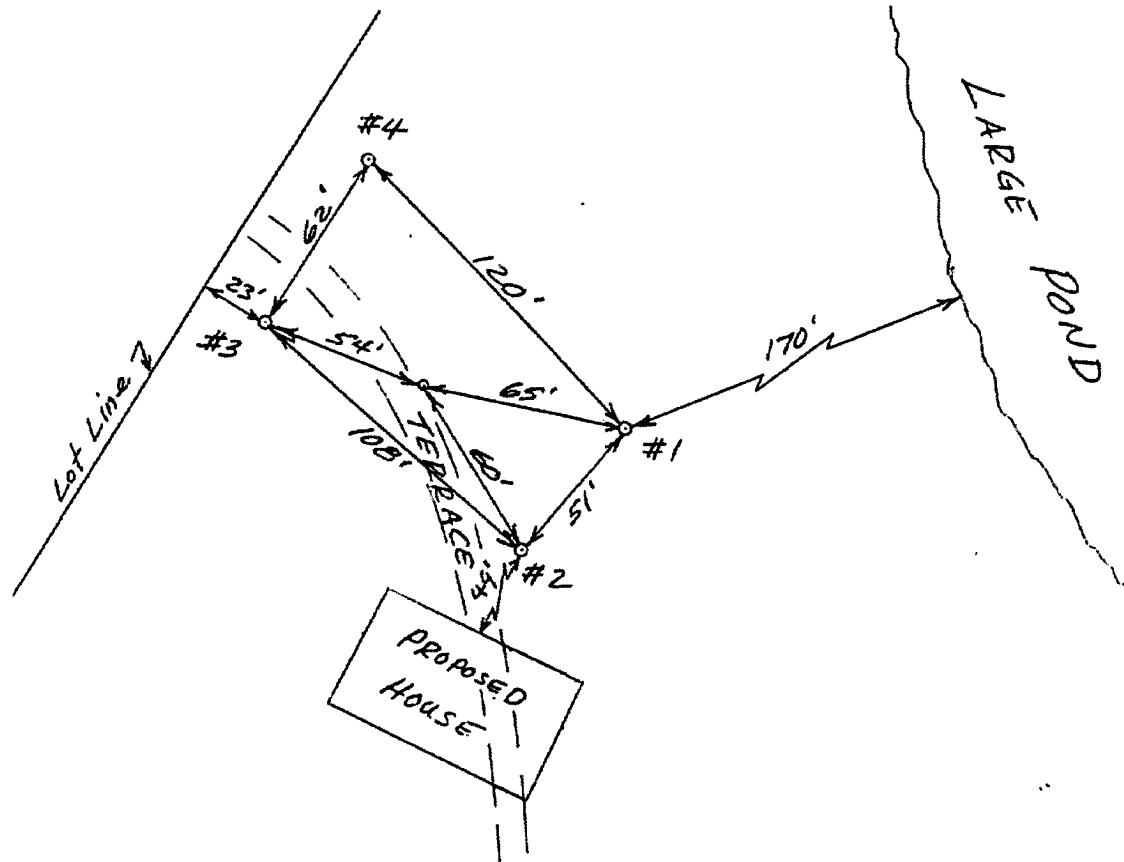
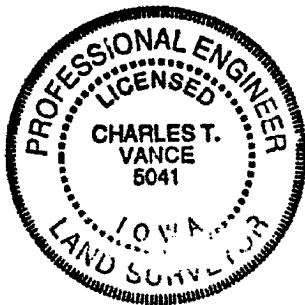
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I hereby certify that this engineering document was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Iowa.

Signed: Charles T. Vance

Date: 20 Aug 2002

Reg. No. 5041

Exp. Date: 31 Dec. 2003



Permit No 086-02 Name: John Andrasko 911 Sign Locate

Date of Inspection: 4/3/03 Inspected by: Elton Root

Contractor: Steve Mead

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:

**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 Septic 2000 gallon & pump 500 -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.
- Tank depth. 12
- Risers Yes  No
- Lids above grade screwed on Yes  No  Will be

Comments: Hydromatic 3/4 HP Pump & SJE Rhombus Alarm System

**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 – Sch 40
- Distribution lines screwed to laterals. Yes  No  Will be
- Lateral used. EQ24 Reduction? Yes  No
- Lateral depth 30 inches Perc depth 30 inches
- Laterals were level. Yes  No
- Adequate amount of undisturbed soil between laterals. Yes  No
- Distance 8-23 feet between laterals.

Comments: 2 inch SCH 40 from pump to Distribution Box

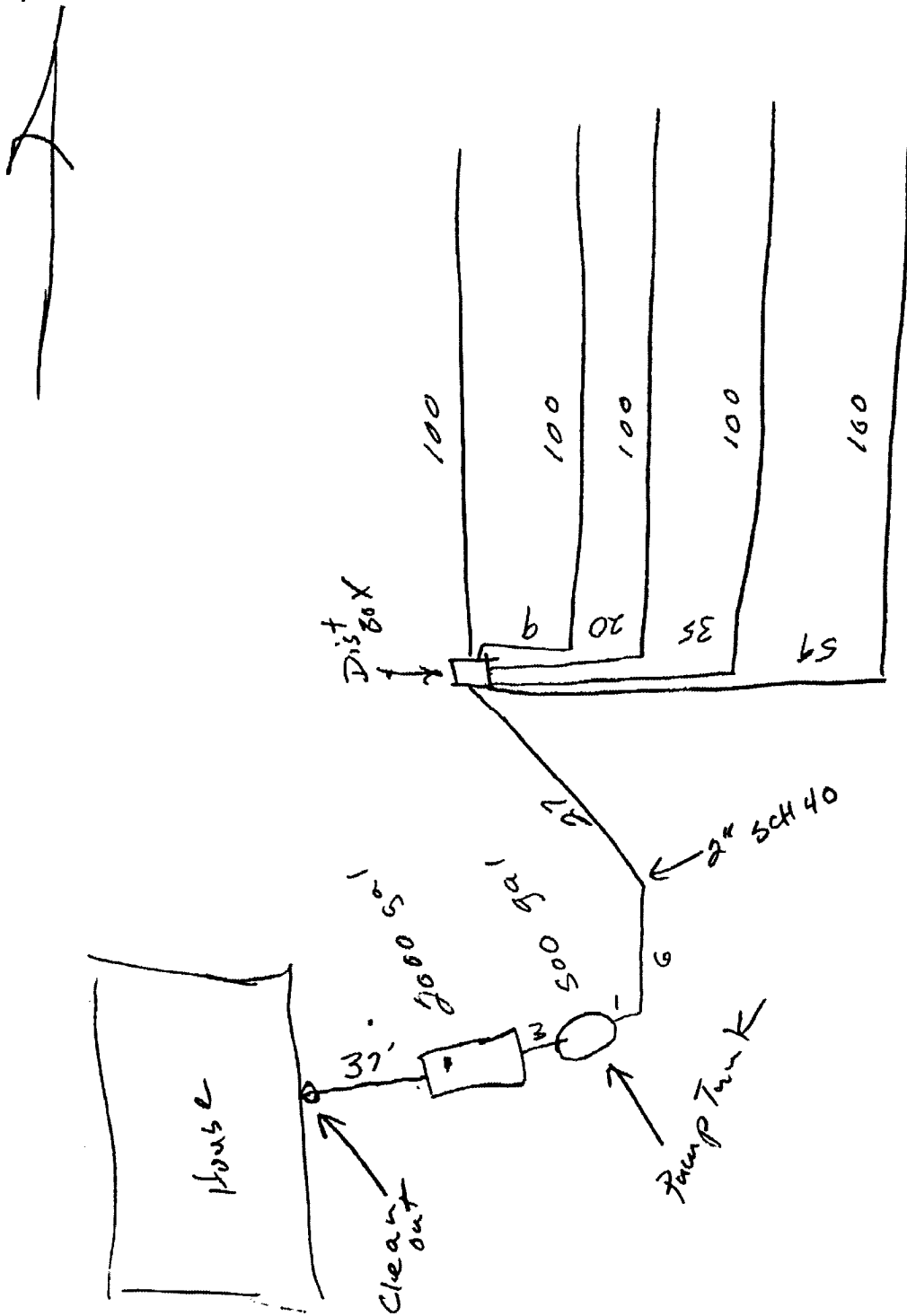
Permit # 086-02 Anddrasko Inspection 4/3/03



Permit # 086-02 Andrusko Inspection

4/3/03

North



## Legal Description

Lot Fourteen (14) of WALNUT COVE ESTATES SUBDIVISION, PLAT NO. 2, located in the Northwest Quarter ( $\frac{1}{4}$ ) of Section Twenty-five (25), Township Seventy-seven (77) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.