



Document 2025 GW2319

Book 2025 Page 2319 Type 43 001 Pages 13
Date 8/29/2025 Time 12:43:42PM
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BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

**REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT
TO BE COMPLETED 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: Charley Garcia

Address: 3392 265th St., Saint Charles, IA 50240

TRANSFeree:

Name: Collin Meisner

Address: 3392 265th St., Saint Charles, IA 50240

Address of Property Transferred:

3392 265th St., Saint Charles, Iowa 50240

Legal Description of Property: (Attach if necessary)

Lots One (1) and Two (2) of A T Cooper Subdivision located in the East 30 acres of the Northeast Quarter (¼) of the Southeast Quarter (¼) of Section Twenty-five (25), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa.

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:

well - North end of property - north of house approx. 70-80 feet

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

Signature: Charlytte E. Chan Garcia Telephone No.: 6414143360
(Transferor)

TIME OF TRANSFER INSPECTION TOT# 16736 BEN BEDWELL CERT # 11612

Site Information

Parcel Description: **500092582011000**

Address: **3392 265th St, St. Charles, IA 50240**

County: **Madison**

Owner Information

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

Business Name:

Owner Name: **Charley Garcia**

Email Address: **charleybudd11@gmail.com**

Address: **3392 265th St, St. Charles, IA 50240**

Phone No: **641-414-3360**

Site related information

No Of Bedrooms: **5**

Facility Type: **Residential**

Last Occupied:

Permit issued by County: **Yes**

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

Property Information Comments:

Inspection Date: **07/28/2025**

Currently Occupied: **Yes**

System Installation Date: **07/21/2023**

Permit Number: **2023-70**

County contacted for records: **Yes**

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Tank Material: **Concrete**

No. of Compartments: **2**

Date Pumped: **7/29/2025**

Distance To Well (Ft):

Risers Intact: **Yes**

Type: **Septic Tank**

Tank Corrosion Type: **None**

Pump Tank Chamber: **No**

Meets Setback to Well: **N/A**

Is Accessible: **Yes**

Effluent Filter Present: **Yes**

Tank Size (Gal): **1750**

Liquid Level Type: **Normal**

Licensed Pumper Name: **N/A**

Well Type:

Lid Intact: **Yes**

Watertight: **Yes**

Tank/Vault Pumped: **No** Inlet Baffle Present: **Yes** Outlet Baffle Present: **Yes** Functioning as Designed: **Yes**

Tank Comments: **The system is less than 3 years old and does not need pumped**

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: **5**

Total Length of Absorption Line: **500**

System Hydraulic Loaded: **Yes**

Gallons Loaded: **350**

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 functioning properly on the day it was inspected.**



IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 16736 BEN BEDWELL CERT # 11612

Owner Name: **Charley Garcia**

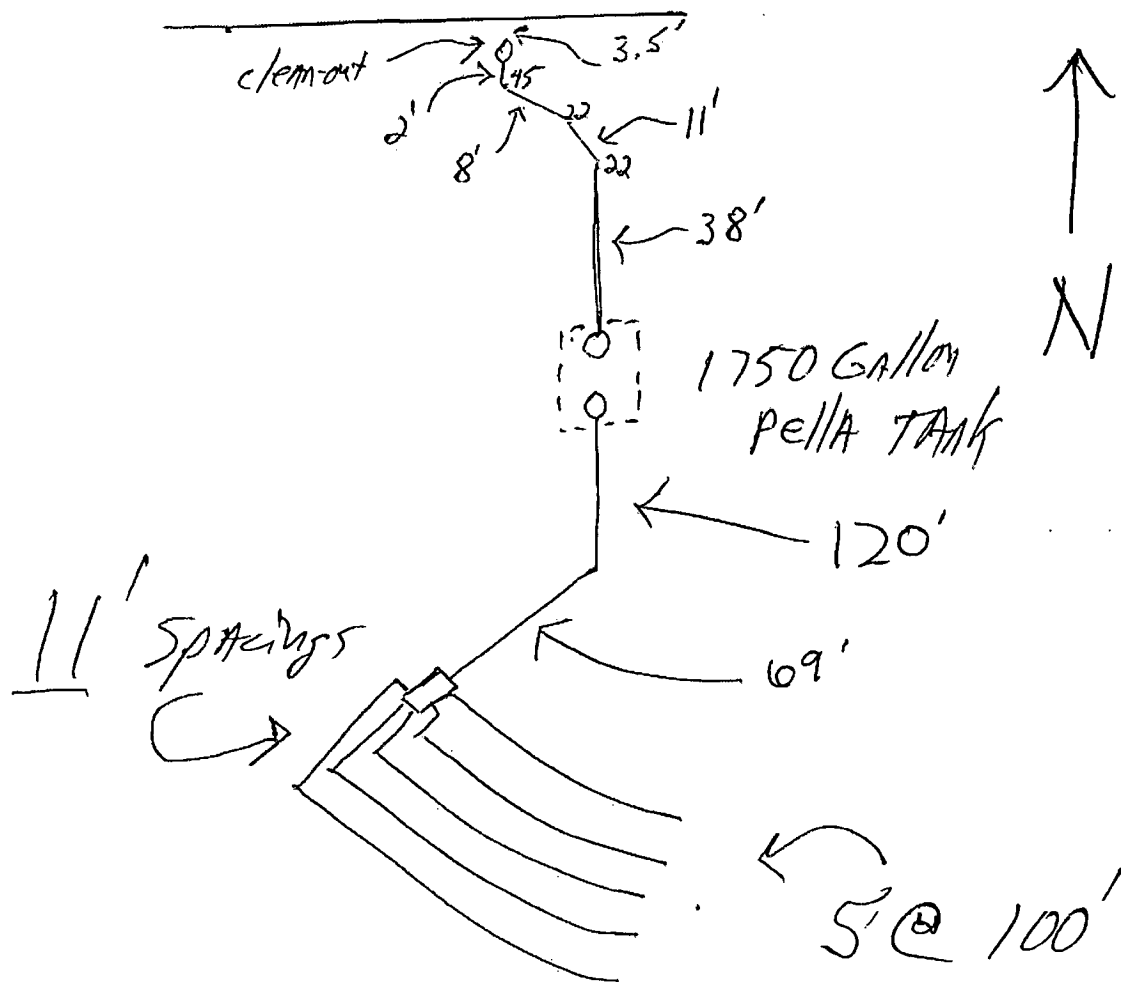
Address: **3392 265th St , St. Charles , IA 50240**

County: **Madison**

Inspection Date: **07/28/2025**

Submitted Date: **7/29/2025**

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).



3392 265th ST.
 ST CHARLES, IA
 MEASE CONSTRUCTION
 2023-70

MADISON COUNTY ENVIRONMENTAL HEALTH SEPTIC INSPECTION REPORT - LATERAL SYSTEM**General Information**

Owner: GARCIA, CHARLEY & OVAN (DED) Installer: Mark Mease
Address: 3392 265TH ST
Inspection Date/s: 07/21/2023 Inspected by: X

System Details: Rock and Pipe SB2 Chambers X EPS Aggregate

Sewer Pipe from Building to Primary Treatment

Sewer Pipe was installed in accordance with Chapter 69.7(1)-(3) & 69.9(1)g: Yes X or No
If no, explain Yes

Septic Tank

Septic Tank Size 1250 1500 X 1750 2000 Other Material: X Concrete
 septic tank only Plastic
 +500 gallon pump /siphon combination tank
 + Separate gallon pump/siphon tank Source: Pella
Septic tank was installed in accordance with Chapter 69.8(2)- 69.8(3): Yes X or No
If no, explain Yes

Piping from Tank to Distribution Box and Distribution Box

Piping after tank & d- box were installed according to Chapter 69.9(8)b-g & 69.8(11): Yes No or N/A X
If no, explain NA

Pump System

Pump system was installed according to Chapter 69.9(9): Yes No or N/A X
If no, explain NA

Construction Specifications

Lateral Feet required 500 Lateral Fee installed 500
Number of Lateral lines 5 Length of Lines (100' max) 100
Width of trenches (18"-36") 36 Depth of Trenches (36" max) 34

Laterals were installed in accordance with Chapter 69.9(1)-(8) & Tables III A,B,C,D : Yes X or No
If no, explain Yes

Minimum Distances for Closed and Open Portions of Treatment System

Both open and closed portion the the septic system have been installed in accordance with the minimum distances listed in Table 1 of Chapter 69.3(2): Yes X No
If no, explain Yes

Final Review: X Approved or Disapproved

TIME OF TRANSFER INSPECTION TOT# 16736 BEN BEDWELL CERT # 11612

Site Information

Parcel Description: **500092582011000**

Address: **3392 265th St, St. Charles, IA 50240**

County: **Madison**

Owner Information

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

Business Name:

Owner Name: **Charley Garcia**

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Last Occupied:

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Primary Treatment

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Risers Intact: **Yes**

Type: **Septic Tank**

Tank Corrosion Type: **None**

Pump Tank Chamber: **No**

Meets Setback to Well: **N/A**

Is Accessible: **Yes**

Effluent Filter Present: **Yes**

Tank Size (Gal): **1750**

Liquid Level Type: **Normal**

Licensed Pumper Name: **N/A**

Well Type:

Lid Intact: **Yes**

Watertight: **Yes**

Tank/Vault Pumped: **No** Inlet Baffle Present: **Yes** Outlet Baffle Present: **Yes** Functioning as Designed: **Yes**
Tank Comments: **The system is less than 3 years old and does not need pumped**

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: 5	Total Length of Absorption Line: 500	System Hydraulic Loaded: Yes
Gallons Loaded: 350	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 functioning properly on the day it was inspected.**

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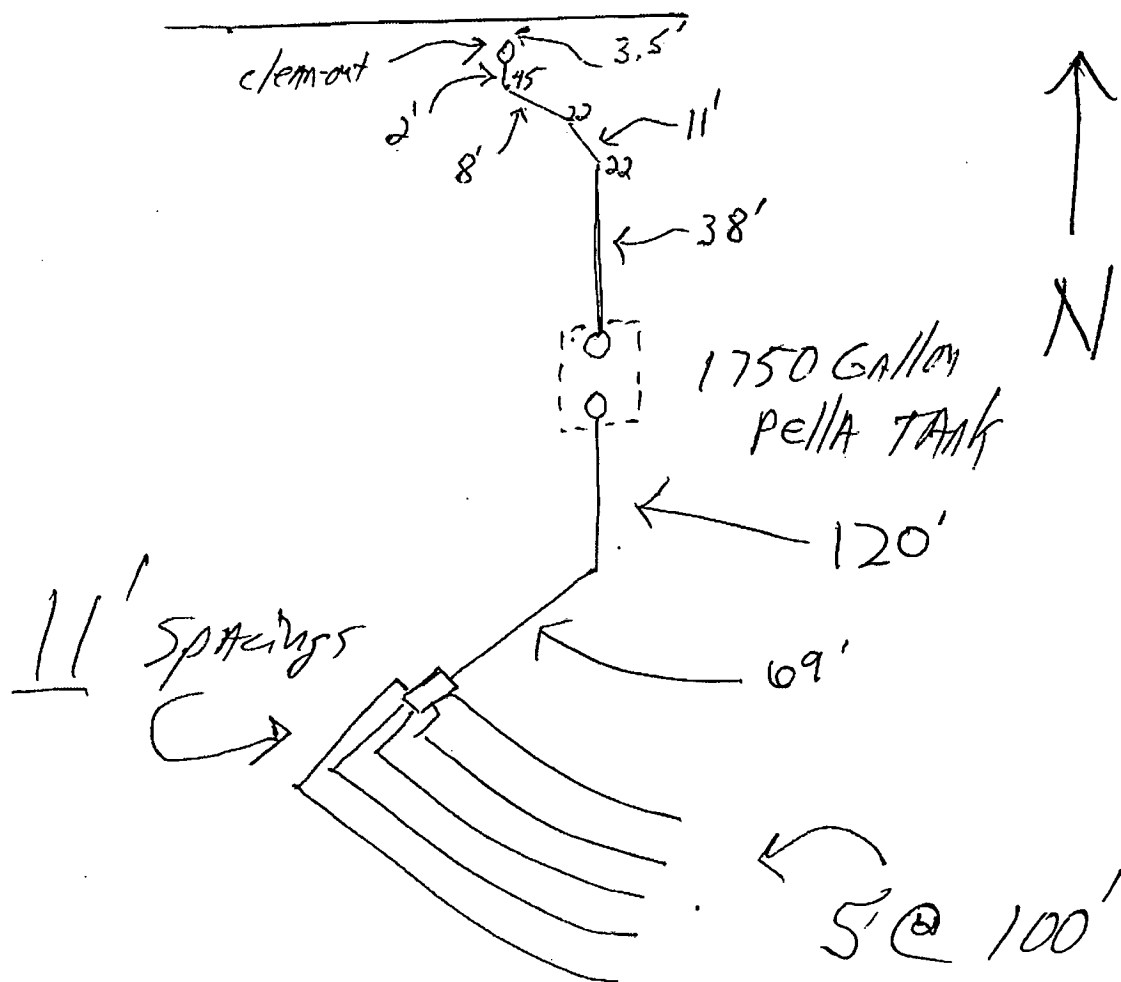
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If no, explain Yes

Final Review: X Approved or Disapproved