

BK: 2025 PG: 3139
Recorded: 11/19/2025 at 9:35:50.0 AM
Pages 17
County Recording Fee:
Iowa E-Filing Fee: \$0.00
Combined Fee:
Revenue Tax: \$0.00
BRANDY L. MACUMBER, RECORDER
Madison County, Iowa

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 Kevin L. Henter

Address 2500 140th St Van Meter IA 50261
Number and Street or RR City, Town or PO State Zip

TRANSFeree:

Name Jeffrey A. Dunn and Julie A. Dunn

Address 15418 Airline Ave Urbandale IA 50323
Number and Street or RR City, Town or PO State Zip

Address of Property Transferred:

2500 140th St, Van Meter, IA 50261

Number and Street or RR City, Town or PO State Zip

Legal Description of Property: (Attach if necessary)

See Addendum

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:

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.:

515-250-4051

ADDENDUM

Parcel "B", being the Southwest Quarter (1/4) of the Southwest Quarter (1/4) of Section Twenty-two (22), Township Seventy-seven (77) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 39.88 acres, as shown in Plat of Survey filed in Farm Plat Record 2, Page 779 on April 25, 1997, in the Office of the Recorder of Madison County, Iowa.

TIME OF TRANSFER INSPECTION TOT# 18138 DARYLE BENNETT II CERT # 1438

Site Information

Parcel Description: **22-77-27**
Address: **2500 140th st, Van Meter, IA 50261** County: **Madison**

Owner Information

Property is owned by a business: **No**
Business Name:
Owner Name: **Kevin Henter**
Email Address: **klhenteria@gmail.com**
Address: **2104 NW 145 st, Clive, IA 50325**
Phone No: **515-250-4051**

Site related information

No Of Bedrooms: **3** Inspection Date: **10/15/2025**
Facility Type: **Residential** Currently Occupied: **Yes**
Last Occupied: System Installation Date: **10/16/2006**
Permit issued by County: **Yes** Permit Number: **#136-06**
All plumbing fixtures enter septic system: **Yes** County contacted for records: **Yes**
Property Information Comments:
2nd TOT for above address which we believe is the correct address some records may not be accurate !!! includes inspection, pumping, cleaning and probing plus measurements and record clarification of county information. Probing and wheeling distance---RESULTS everything still working as designed

Primary Treatment

Tank 1

Tank Name: Tank 1	Type: Septic Tank	Tank Size (Gal): 1500 -fralo
Tank Material: Plastic	Tank Corrosion Type: None	Liquid Level Type: Normal
No. of Compartments: 2	Pump Tank Chamber: No	Licensed Pumper Name: DJ septic
Date Pumped: 10/3/2025	Meets Setback to Well: Yes	Well Type: Private
Distance To Well (Ft): over 100 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: **NO CLEAN OUT found prior too tank 1500 gallon Fralo 2 compartment tank with roth Twist lids,midwall was in its correct position8 '' fralo effluent screen cleaned and replaced with handle,working as it should as forementioned**

Tank 2

Tank Name: **Tank 2** Type: **Pump Tank** Tank Size (Gal): **500 gallon**
Tank Material: **Plastic** Tank Corrosion Type: **None** Liquid Level Type: **Normal**
No. of Compartments: **1** Pump Tank Chamber: **Yes** Licensed Pumper Name: **DJ septic**
Date Pumped: **10/3/2025** Meets Setback to Well: **Yes** Well Type: **Private**
Distance To Well (Ft.): **over 100 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: **500 gallon fralo 1 compartment pump tank,contains pump floats and wiring all working as they should except for alarm bulb Thrombus alarm box all tested ,drainback does work after pump shuts off. after running correctly**

General Primary Treatment Comments:
see comments above

Distribution Type

Pump System 1

Label: **Pump System 1** Accessible: **Yes** Control Box Functioning: **Yes**
Alarm(s) Present and Functioning: **Yes** Functioning As Designed: **Yes**

General Distribution System Comments : **all except high water alarm bulb audible works visual does not at time of inspection.**

Secondary Treatment

Mound1

Distribution Type: **Pump System** Material Type: **Rock and PVC Pipe** Total Absorption Area: **804**
System Hydraulic Loaded: **Yes** Gallons Loaded: **300** Meets Setback to Well: **Yes**
Well Type: **Private** Distance To Well (Ft.): **100 plus** Mound Probed: **Yes**
Valve Box(es) Present: **No** Saturation or Ponding Present: **No** Grass Cover Present: **Yes**
System Located on Owner Property: **Yes** Easement Present: **N/A** Functioning as Designed: **Yes**
Comments: **67 X 12 mound in tall pasture grass setting,we did probe repatitly and cannot find inspection port or vane control box seller states never seeing one area is mowed shorter than surrounding grasses. Walked and probed mound seeing NO ponding or stainin**

General Secondary Treatment Comments: **staining and there was NO sewage on top of the ground.**

Narrative Report

TOT Inspection Report Overall Narrative Comments: **2nd TOT septic inspection report for above address associated address. We**

did first contact Madison County environmental health dept. for maps and records which they provided look closely at address change .Upon arrival we were given code too enter recreational cabin,lower level we did find sinks ,shower,stool and washing machine. When water was ran it did appear at the septic tank see maps for measurements.We did open both Roth style lids X3 ona 1500 gallon 2 compartment septic tank and 500 gallon Fralo with roth lid 500 gallon pump tank,it was 1 compartment.It had 4 '' pvc inlet and NO clean out prior too tank seen. It had an 8 '' fralo effluent screen which we cleaned while pumping. And returned filter after cleaning and pumping.the second tank housed floats and pump and alarms and a thrombus alarm panel. all operated as they should except visual light,the audible did work. we seen NO tracer wire in pump tank so we went off county maps the distance from pump tank to mound was 447ft on top of the hill. We found a 67 X 12' wide mound in mowed pasture grass setting we did walk and probe the mound extensively,We seen NO ponding or staining and there was NO sewage on top of the ground in mowed grass area We did look for valve control box & inspection port too no avail,seller states hes never seen them either. We tehn walked back too cabin locked the door and reported too seller ,we replaced lids and picked up tools and hoses before leaving also replaced Roth style lids .This system is operating as it should during the time of our inspection. This will conclude our report and inspection...SPECIAL NOTICE CHECK ADDRESS ON ASSOCIATED PAPERWORK INCLUDED.

TIME OF TRANSFER INSPECTION TOT# 18138 DARYLE BENNETT II CERT # 1438

Owner Name: **Kevin Henter**

Address: **2500 140th st , Van Meter , IA 50261**

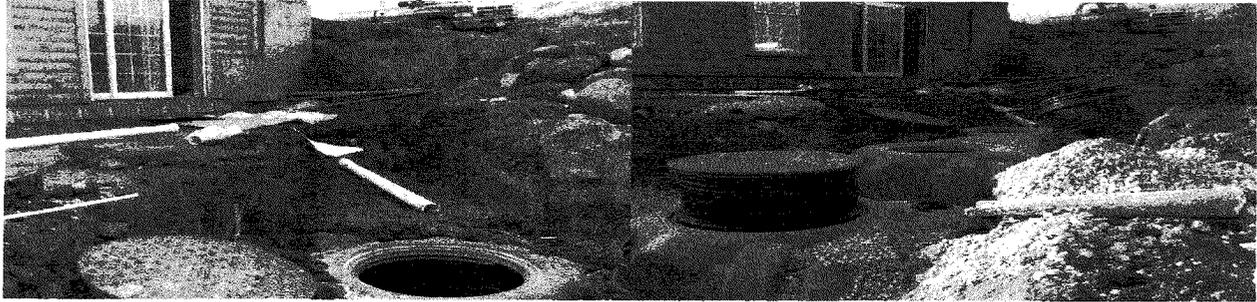
County: **Madison**

Inspection Date: **10/15/2025**

Submitted Date: **10/15/2025**

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).

Permit # 136-06 Henter Inspection Mound 12/5/06



On December 5, 2006 I was called by Ryan McKinney to do a mound inspection for this permit. When I arrived at the location the system was not yet completed. There are two Fralo tanks as pictured above one being a 1500 gallon divided septic tank and the other being a 500 gallon pump tank. The installer was advised to insure that a clean out was put in at the exit of the house.

The mound was installed using equipment from the down side of the slope with large equipment. I attempted to contact James Carroll the engineer for the design of this system but was not able to reach him while I was on site. I advised the installer to rough up the area around the mound and informed him that I would be discussing the system with the engineer.

Later in the evening of December 5th, I spoke with James Carroll about my concerns in the installation of the Mound. He advised me that he did not believe that there would be problems but the system should be looked at in the fall of 2007 for any seepage. Carroll sent a fax with this information on it.

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

Office Use Only					Temp E911			
Tracking No. 136-06	Date Received 10/16/06	Fee Paid 650	Date Issued 10/16/06	Date Inspected	Date Approved	Section/Township 22 Jefferson	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 Information.

1. Owner Information (Applicant) First Name: <u>Kevin</u> Last Name: <u>Heuter</u> Address: <u>2510 140th ST NOT CORRECT</u> City: <u>Van Meter</u> State: <u>IA</u> Zip: <u>add</u> Phone Number (area code): <u>515-270-2428</u> Fax or E-mail: <u>270-2468</u> Cell Phone: <u>250-4051</u>		2. Contractor Information First Name: <u>RO. McE...</u> Last Name: <u>...</u> Address: <u>...</u> City: <u>Waukee</u> State: <u>...</u> Zip: <u>...</u> Phone Number (area code): <u>...</u> Fax or E-mail: <u>202-2319</u> Cell Phone: <u>...</u>													
3. System Requirement Information IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED <table border="1"> <tr> <th></th> <th>Minimum Tank Size Required</th> </tr> <tr> <td>3 Bedroom</td> <td>1000</td> </tr> <tr> <td>4 Bedroom</td> <td>1250</td> </tr> <tr> <td>5 Bedroom</td> <td>1500</td> </tr> <tr> <td>6 Bedroom</td> <td>1750</td> </tr> </table>			Minimum Tank Size Required	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: <u>7-29-06</u> Test taken by: <u>Ann Carol</u> 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			
	Minimum Tank Size Required														
3 Bedroom	1000														
4 Bedroom	1250														
5 Bedroom	1500														
6 Bedroom	1750														
5. Type of Submittal <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 #: _____		6. Address Information Location, Number & Street of project (if unknown, indicate nearest road): <u>140th St.</u> Legal Description: <u>SW SW ALSO KNOWN AS PARCEL B SECTION 22-77-27</u>													
7. Type of Building (Completed by Owner) <input checked="" type="checkbox"/> Residential Number of Bedrooms: <u>1</u> <input type="checkbox"/> Commercial/Other Non-Residential Use: <input checked="" type="checkbox"/> Garbage Disposal <input type="checkbox"/> High Water Usage Appliance (i.e. whirlpool bath, water softener) Qty: _____ Other buildings served by this system: _____															
Your contractor or system designer should complete the remaining portion of this application.															
8. Primary and/or Mechanical Treatment Type: <u>Plastic</u> Manufacturer: <u>Fralo</u> Model: _____ Size (gal): <u>1000</u> Type: <u>Plastic</u> Manufacturer: <u>Fralo</u> Model: _____ Size (gal): <u>500</u>		9. Pump/Siphon <input type="checkbox"/> Not Applicable Type: _____ Manufacturer: _____ Model: _____ Dosing Frequency: _____													
10. Secondary Treatment Area Type: <input type="checkbox"/> Not Applicable <u>Mound 65'</u> <table border="1"> <tr> <th>Type of Laterals</th> <th>Number of Laterals</th> <th>Length of ea. Lateral</th> <th>Other</th> <th>Other</th> <th>Maximum Trench Depth (inches)</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				Type of Laterals	Number of Laterals	Length of ea. Lateral	Other	Other	Maximum Trench Depth (inches)						
Type of Laterals	Number of Laterals	Length of ea. Lateral	Other	Other	Maximum Trench Depth (inches)										

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 Recorder's 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: [Signature] Date: 10/16/06

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

Tank Comments: **1500 gallon Fralo plastic tank with 2 roth style twist lids. Midwall was in its correct position and pumped effluent screen cleaned and replaced 8" fralo filter, working as it should.**

Tank 2

Tank Name: Tank 2	Type: Pump Tank	Tank Size (Gal): 500 gallon	
Tank Material: Plastic	Tank Corrosion Type: None	Liquid Level Type: Normal	
No. of Compartments: 1	Pump Tank Chamber: No	Licensed Pumper Name: DJ septic	
Date Pumped: 10/3/2025	Meets Setback to Well: Yes	Well Type: Private	
Distance To Well (Ft): over 100 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: **500 gallon Fralo 1 compartment tank used for pump, floats all tested working as they should Thrombus alarm box above lid, drainback does work after pump ran and stopped**

General Primary Treatment Comments:
see comments above

Distribution Type

Pump System 1

Label: Pump System 1	Accessible: Yes	Control Box Functioning: Yes
Alarm(s) Present and Functioning: Yes	Functioning As Designed: Yes	

General Distribution System Comments : **pump in fralo pump tank tested ans well as floats and alarm audible worked visual did not**

Secondary Treatment

Mound1

Distribution Type: Pump System	Material Type: Rock and PVC Pipe	Total Absorption Area: 804
System Hydraulic Loaded: Yes	Gallons Loaded: 300	Meets Setback to Well: Yes
Well Type: Private	Distance To Well (Ft.): 100 plus	Mound Probed: Yes
Valve Box(es) Present: No	Saturation or Ponding Present: No	Grass Cover Present: Yes
System Located on Owner Property: Yes	Easement Present: N/A	Functioning as Designed: Yes

Comments: **67 ft X 12' wide in tall pasture grass been mowed tall probed walked Cannot find inspection port or clean out in tall grass and mound ,seller states never seeing one. Walked probed seen NO ponding or staining present and there was NO sewage on top o**

General Secondary Treatment Comments: **NO sewage on top of the ground did walk pipe access from pump tank too mound on to p of the hill**

Narrative Report

TOT Inspection Report Overall Narrative Comments: **TOT septic inspection report for the above associated address. We did first contact Madison county for maps and records which they provided. Upon arrival we were given code to enter recreational cabin ,lower level we did find sink,shower ,stool and washing machine. when water was ran it did appear at the septic tank. We did open roth type lids X 3 on a 1500 gallon plastic Fralo septic tank,2 compartment. It had 4" pvc inlet and midwall in place and 8" Fralo stack filter which we cleaned while pumping. and returned after tank was a 500 gallon 1 compartment Fralo plastic tank with roth style lid and it housed a pump floats and alarm floats and a thrombus control panel the audible alarm worked the visual did not. We then used amps and walked the pump line route up to top of hill we did test pump and floats all operated as it should we found NO tracer wire so we were walking with our best guess of pipe location over 300 ft too top of hill. There we found 12' wide by 67 ft long mound partially mowed in tall pasture grass we did walk and probe and seen NO ponding or staining and there was NO sewage on top of the ground we did spend an hour or so looking for control valve box or inspection port seller states he has never seen 1 either . We then walked back too cabin .locked the door informed seller,we picked up tools and hoses before leaving the property. This system is operating as it should at the time of our inspection.**

TIME OF TRANSFER INSPECTION TOT# 18118 DARYLE BENNETT II CERT # 1438

Site Information

Parcel Description: **22-77-27**
Address: **2510 140th st, Van Meter, IA 50261** County: **Madison**

Owner Information

Property is owned by a business: **No**
Business Name:
Owner Name: **Kevin Henter**
Email Address: **Klhenteria@gmail.com**
Address: **2104 NW 145th St, Clive, IA 50325**
Phone No: **515-250-4051**

Site related information

No Of Bedrooms: 3	Inspection Date: 10/03/2025
Facility Type: Residential	Currently Occupied: Yes
Last Occupied:	System Installation Date: 10/16/2006
Permit issued by County: Yes	Permit Number: #136-06
All plumbing fixtures enter septic system: Yes	County contacted for records: Yes

Property Information Comments:
TOT septic inspection for the above address too include ,inspection,pumping cleaning of filter and probing of mound ,pump and float test and probing of mound . resulte everything is working as it should -SEE REPORT

Primary Treatment

Tank 1

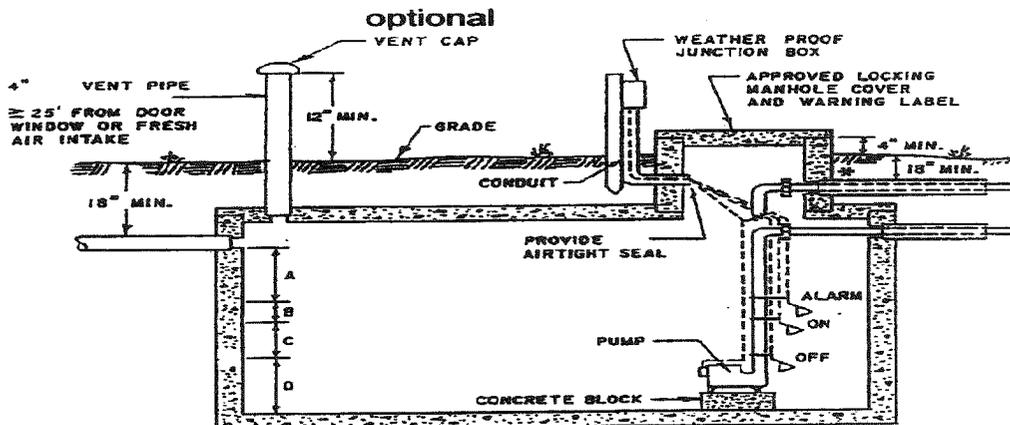
Tank Name: Tank 1	Type: Septic Tank	Tank Size (Gal): 1500 -fralo
Tank Material: Plastic	Tank Corrosion Type: None	Liquid Level Type: Normal
No. of Compartments: 2	Pump Tank Chamber: No	Licensed Pumper Name: DJ septic
Date Pumped: 10/3/2025	Meets Setback to Well: Yes	Well Type: Private
Distance To Well (Ft): over 100 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

Sample pump station layout for

2510 140 ST

NOT
Correct !!
Address...
1015125

Contact Jim Carroll when
Length and elevation is known



See IAC Chapter 69 for pump station requirements.

* Note: elevation difference is unknown. Measure exact difference

Set Dose volume at ? gallons

Pump Flow 12 gpm. Head feet.

Length is unknown

Force main length is assumed to be feet. If the length is greater then add feet to Head loss for every feet of force main length greater than assumed length.

The elevation difference between the pump and dsitribution pipe is assumed to be unknown feet. If the difference is greater add the difference to the Head loss.

FAILURE TO CORRECT FOR HEAD LOSS WILL CAUSE THE SYSTEM TO FAIL.

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: 136-06

Date Issued: 10/16/06

Issued to: **Kevin & Anne Henter**
Address: **2104 NW 145th**
Clive, IA 50325

2500 140th St.

Correct Address
as of 10/15/25

Legal Description: SW SW Also Know As Parcel B Section 22-77-27 Jefferson Twp.

POWTS Components Specifications: 1000 gal. Septic Tank & At Grade Mound

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: Mound shall be constructed in accordance with engineer design.


Environmental Health Officer
Madison County
Office of Zoning and Environmental Health

klhenteria@gmail.com

Kevin Henter 515 250 4051

TIME OF TRANSFER INSPECTION TOT# 18118 DARYLE BENNETT II CERT # 1438

Owner Name: **Kevin Henter**
Address: **2510 140th st , Van Meter , IA 50261**
County: **Madison**
Inspection Date: **10/03/2025** Submitted Date: **10/14/2025**

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).

ONSITE WASTEWATER SITE EVALUATION FOR SEPTIC SYSTEM
 OWNER NAME: Nealon, Heather PROPERTY ADDRESS: 2510 140th St
 PHONE # 254-315-0130 LOT SIZE: 3824 LEGAL DESCRIPTION: M 21.13 ac
 NO. BEDROOMS: 1 NO. TUBS: 1 DESIGN FLOW: 1.50 gallons PUMPER: NEW STRUCTURE: NEW EXISTING

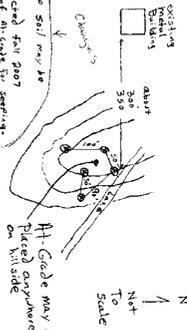
THE TREATMENT SITE SHALL BE PROTECTED FROM ANY AND ALL TRAFFIC, AND ANY SOIL DISTURBANCES.
 DISURBANCE TO THE TREATMENT SITE SHALL BE IMMEDIATELY REPORTED TO THE DESIGNER.
 THE DESIGNER SHALL BE RESPONSIBLE FOR VERIFYING THAT THE SYSTEM LAYOUT IS WITHIN THE PROPERTY BOUNDARIES. James Carroll
 has not verified the property boundaries, buried utilities, or any easements.
 Observations: structure: moderate-mod.

1. 5' hole
2. Bank Below 5' hole
3. 3" dia. pipe
4. 2" dia. pipe
5. 1" dia. pipe
6. 1/2" dia. pipe
7. 1/4" dia. pipe
8. 1/8" dia. pipe
9. 1/16" dia. pipe



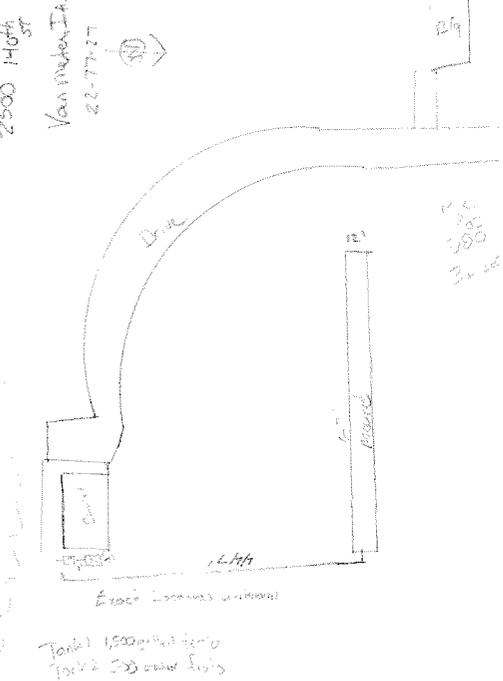
SOIL LANDING RATE: 5.11 gpm/ft² BASED ON SURFACE AREA OF TRENCH BOTTOM.
 TRENCH WIDTH: 3 FEET
 TRENCH LENGTH: 22 FEET
 TRENCH DEPTH: 3 FEET
 TRENCH VOLUME: 12.6 cu ft
 TRENCH FILL: 3 cu ft
 TRENCH FILL: 3 cu ft
 TRENCH FILL: 3 cu ft

ADDITIONAL NOTES: See attached design
2" dia. design is for
occasionally
3. up the grinder of the soil may be
4. The system should be placed 200'
away from the structure.



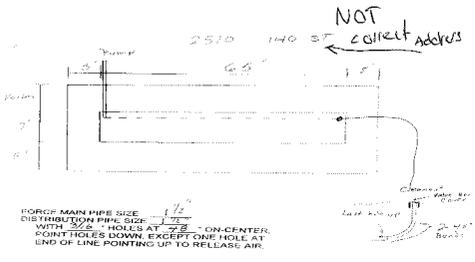
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Sheet # 11415

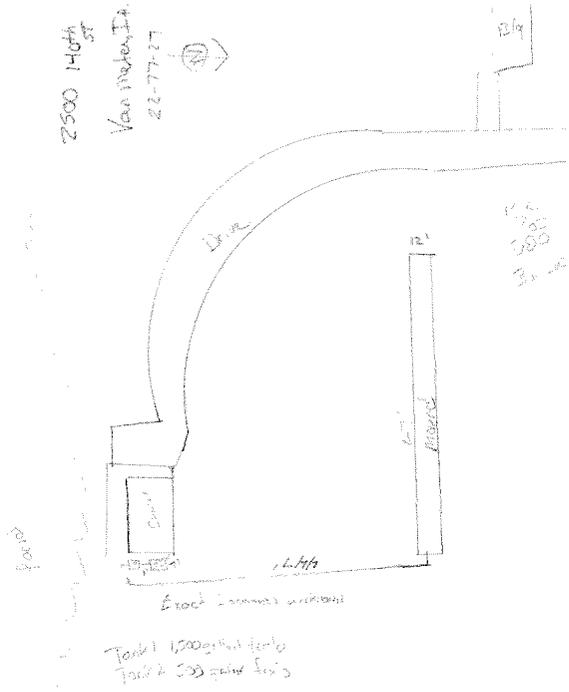


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FROM: 1114 CARROLL
 PROJ. NO.: 1515 229 5986
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10/15/2025 9:41:32 PM Page 7 of 8 DNR Form 542-0191



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