



Document 2026 GW303

Book 2026 Page 303 Type 43 001 Pages 17
Date 1/29/2026 Time 11:48:37AM
Rec Amt \$.00

BRANDY MACUMBER, COUNTY 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 McLain Property LLC

Address 6950 Stagecoach Drive, #1702, West Des Moines, IA 50266

Number and Street or RR

City, Town or PO

State

Zip

TRANSFeree:

Name Kaldenberg Enterprises LLC

Address 5555 NW Beaver Drive, Johnston, IA 50131

Number and Street or RR

City, Town or PO

State

Zip

Address of Property Transferred:

3395 218th Street, St. Charles, IA 50240

Number and Street or RR

City, Town or PO

State

Zip

Legal Description of Property: (Attach if necessary)

The South Half (1/2) of the Northeast Fractional Quarter (1/4) of the Southeast Quarter (1/4) of Section Thirty-six (36),

Township Seventy-six (76) 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.

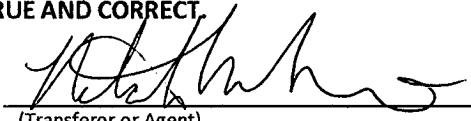
- B. If you checked any box stating "Condition Present" for any of the numbered sections above, continue below. You must complete this form, including providing all required information, and you must submit this form to the county recorder's office with declaration of value.

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

There is a well in the pasture just west of the home

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.:

515-210-3211

TIME OF TRANSFER INSPECTION TOT# 14661 SETH BROWN CERT # 13190

Site Information

Parcel Description: **460083682020000**

Address: **3395 218th St, St. Charles, IA 50240**

County: **Madison**

Owner Information

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

Business Name:

Owner Name: **Natalie McLain**

Email Address: **nmclain@rocketmail.com**

Address: **3395 218th St, St. Charles, IA 50240**

Phone No: **515-210-3211**

Additional Contact Information

Name	Email Address	Affiliate Type
Danielle Burnight	db@soldinspurs.com	Realtor

Site related information

No Of Bedrooms: **3** Inspection Date: **04/11/2025**

Facility Type: **Residential** Currently Occupied: **Yes**

Last Occupied:

System Installation Date:

Permit issued by County: **No**

Permit Number:

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: **Plastic**

Tank Corrosion Type: **None**

Liquid Level Type: **Normal**

No. of Compartments: **2**

Pump Tank Chamber: **No**

Licensed Pumper Name: **Rogers Septic**

Date Pumped: **4/11/2025** 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 System : **No**

General Distribution System Comments :

Secondary Treatment

Pkg Treatment Media Filter1

Media Type: Peat Moss	Manufacturer: Planet Care	Model Number: Ecopure
Serial Number: Unknown	Maintenance Contract: Yes	
Maintenance Provider: Rogers Septic		
System Hydraulic Loaded: Yes	Gallons Loaded: 100	Discharge At Time of Inspection: Yes
CBOD5 Results (mg/L): 8	TSS Results (mg/L): 4	DisInfection Present: Yes
Disinfection Type: Other	Tertiary Treatment Present: No	Tertiary Treatment Type:
Meets Setback to Well: N/A	Well Type:	Distance To Well (Ft.):
GP4 Permitted:	GP4 Required:	Vent(s) Present: Yes
Media Present: Yes	Outlet Found: Yes	Sample Taken: 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: **All wastewater goes to septic. 1500 gallon watertight plastic septic tank in working condition with no distortion. Accessible by inlet and outlet risers and lids. Inlet and outlet baffles present, outlet effluent filter present. Ecopure peat pod watertight and in working condition. Dispersing tray present. No cracks or breaks in pod. Foam present, emergency drains present. No ponding present, clumpy texture. Brown in color. Raked peat and pulled up a bag and there is still some good peat in it. Hydraulic load tested 100 gallons. Discharge pipe located, WATER SAMPLE COLLECTED. Water sample was collected prior to inspection and hydraulic load testing.**

TIME OF TRANSFER INSPECTION TOT# 14661 SETH BROWN CERT # 13190

Owner Name: **Natalie McLain**

Address: **3395 218th St , St. Charles , IA 50240**

County: **Madison**

Inspection Date: **04/11/2025** Submitted Date: **4/23/2025**

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).







Microbac Laboratories, Inc., Newton

CERTIFICATE OF ANALYSIS

1ID1333

Client Sample ID:	Natalie McLain 3395 218th St	Collected By:	SB
Sample Matrix:	Aqueous	Collection Date:	04/13/2025 13:36
Lab Sample ID:	1ID1333-02		

Determination of Conventional Chemistry Parameters	Result	RL	Units	DF	Note	Prepared	Analyzed	Analyst
SM 5210 B-2016								
CBOD (5 day)	<8	8	mg/L	4		04/14/25 1531	04/14/25 1632	MND
USGS I-3765-85								
Total Suspended Solids (TSS)	<4	4	mg/L	4		04/15/25 0835	04/16/25 1401	LAW

Microbac Laboratories, Inc., Newton

600 East 17th Street South | Newton, IA 50208 | 641-792-8451 p | www.microbac.com

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: 009-11

Date Issued: 4/12/11

**Issued to: James & Linda Leech
Address: 3395 218th Street
St. Charles, IA 50240**

460083682020000

Legal Description: FRL S1/2 NE SE Section 36 Crawford Twp.

POWTS Components Specifications: 1500 gal. Septic Tank & Eco-Pure Peat Filter

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: All fees Testing & Maintenance shall be in accordance with County & State guidelines.


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

Application to Construct
Private Sewage Disposal System (PSDS)

112 N. John Wayne Dr.
P O Box 152
Winterset, IA 50273
Telephone (515) 462-2636

*150 permit \$50 Ann Fee \$11 Recording

Office Use Only					Temp E911:	
Tracking No.	Date Received	Fee Paid	Check #	Date Issued		Section/Township
009-11	4/12/11	\$211	4612	4/12/11		36 Crawford

Application will not be accepted until site and soil analysis/percolation information 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 along with appropriate forms for recording before a permit will be issued.

Please Print All Information.

1. Owner Information (Applicant)		2. Installation Contractor Information		
First Name JAMES	Last Name LEECH	First Name GLEN	Last Name DEWELL	
Address 3395 218th ST.		Address 2924 Quaker		
City ST CHARLES	State IA	City ST CHARLES	State IA	
Zip 50240		Zip 50240		
Phone Number (area code) (641) 396 2305	Cell Phone 515 468 0327	Phone Number (area code) (641) 396-2462	Cell Phone (515) 681-0475	
3. System Requirement Information		4. Site and Soil Evaluator (Percolation Test/Soils Analysis)		
IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED		PERCOLATION/SOILS ANALYSIS MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT		
Minimum Tank Size Required				
1-3 Bedroom	1250	Date test taken <u>3/31/11</u> Test taken by <u>Vance + Hockstetler</u>		
4 Bedroom	1500	Passed: _____ Failed: <u>✓</u>		
5 Bedroom	1750	Percolation Rate: _____		
6 Bedroom	2000	Soils Loading Rate: _____		
5. Type of Submittal	6. Address Information			
<input type="checkbox"/> New House <input type="checkbox"/> Existing House <input type="checkbox"/> Repair, Tank <input type="checkbox"/> Repair, Treatment Area <input checked="" type="checkbox"/> System Replacement Previous Permit #:	911 Address or nearest road: <u>3395 218th St.</u> Legal Description: <u>FRL S 1/2 NE SE Section 36 - 76 - 26</u>			
7. Type of Building (Completed by Owner)				
Building Square ft.: <u>528</u>	Number of Bedrooms: <u>3</u>	Number of Bathrooms: <u>2</u>	Non-Residential uses:	
Other buildings served by this system: <u>None</u>		Any other circumstances which may affect water usage: Water softeners must be routed to a brine pit independent of septic system.		
Your contractor or system designer should complete the remaining portion of this application.				
8. Tanks				
Septic Tank	Type: <u>Concrete</u>	Size: <u>1500</u>	Manufacturer: <u>Lister</u>	
Pump Tank	Type:	Size:	Manufacturer:	
Additional Tank	Type:	Size:	Manufacturer:	
9. Secondary Treatment Area				
Laterals	Type:	Length of each:	Total number:	Maximum trench Depth:
Sand Filter	Square ft.:	Length:	Width:	
Peat System	Model: <u>ECO Pave</u>	Manufacturer		
Other	Description:			

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. Discharging systems must be covered by a maintenance agreement, which shall be recorded in the Madison County Recorders Office. Discharging systems also require periodic testing as set forth in IAC Chapter 69 and Madison County Environmental Health Regulations.

Applicant Signature:

Date:

4-12-11

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

Vance & Hochstetler, P.C.

Consulting Engineers

110 West Green Street

Winterset, Iowa 50273-1533

C.T. Vance, P.E. & L.S.

J.M. Hochstetler, L.S.

J. Russell Hochstetler, P.E.

Office Telephone (515) 462-3995

Office Fax (515) 462-9845

March 31, 2011

Madison County Environmental Health
Court House
Winterset, IA 50273

James Lynch - ext dwelling

Dear Sir:

The Leech property in Section 36 of Crawford Township was visited on March 13, 2011 to consider the suitability of an at-grade or some other soil-based septic system. The site was revisited on March 20, 2011 to update the original conclusion. The site would be a poor choice for a soil-based alternative system due to space concerns and the general soil conditions found there (clay content of the soil and the relatively high seasonal water table). It is recommended that he install a peat or sand filter.

Even if a spot is found to install an at-grade mound, it would be susceptible to clogging and have a shorter life span than desired. For this reason, spending the extra money to get a surface discharge system would pay off in the long run.

Respectfully Submitted,

Vance & Hochstetler, P.C.
Consulting Engineers

Charles T. Vance

Charles T. Vance PE/PLS

RLI1002 PID 460083682020000 00 Tax Dist 460 000 Class A INQUIRY
2010 061 Map# 000000836400005 GIS#

Inquiry

Property 003605100 DED Leech, James R & Linda M

Ownership 3395 218Th St
St Charles

IA 50240-

000000000

Location 3395 Street 218TH ST City ST CHARLES

Recorded REC 126 698

Documents

Misc	Exempt	Code	No	Ag	Cr	Vin
Sec-Twp-Rng 036 076 026	Cty-Adn-Blk		00036			Title

Legal Desc FRL S1/2 NE SE

Applications	Typ 1	AGL	Ovr Amt	9,344	Typ 2	H	Ovr Amt
	Typ 3		Ovr Amt		Typ 4		Ovr Amt

		Acres	Typ	Value	Rollback	Acres	
100%Gs	194,800	Gr	19.95	LND	14,100	9,731	18.50
100%Nt	194,800	Ex	1.45	DWL	146,300	70,999	
TaxGrs	104,471	PE	.00	BLD	34,400	23,741	
Milt		Dr	.00	EXM			1.45
TaxNet	104,471	Net	18.50				

F3=Exit F10=Owners F12=Prev F13=Rec Doc F14=Image F15=Legal F16=Notes
F17=IE F18=TaxHist F19=Aplc F20=Value F21=Print F22=View Image F23=Indexing

Permit No 009-11 Name: Leech 911 Sign Locate

Date of Inspection: 9/28/11 Inspected by: Elton Root

Contractor: Glenn Bedwell

Dwelling under construction or moved in Yes No

Setbacks

Meets required setbacks.

- | | | |
|---|---|-----------------------------|
| • Rural Water | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Private wells/heat pump wells/suction water lines/lakes | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Outside required 50-foot setback for tank | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Outside required 100-foot setback for laterals | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Streams/ponds (25-25 ft)-ditches (10-10 ft) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Indications of water lines under pressure | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

Comments:

Building Sewer

- | | | |
|---|---|-----------------------------|
| • Clean outs – one right outside of house | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • location of cleanout inside house and set requirement | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Pipe is SCH 40 and has a 4-inch diameter. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Grade – has adequate fall. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

Comments:

Tank

- | | | |
|--|---|---|
| • Septic Tank Size & Manufacturer 1500 Infiltrator | Concrete <input type="checkbox"/> | Plastic <input checked="" type="checkbox"/> |
| • Pump Tank Size & Manufacturer | Concrete <input type="checkbox"/> | Plastic <input type="checkbox"/> |
| • Septic compartments, meet the specs for capacity. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Baffle | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Inlet/Outlet tees are ok. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Effluent filter in the outlet. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Manuf. Tuf-Tite 4" filter | |
| • Tank depth. 12 inches | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Risers | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| • Lids above grade screwed on | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> Will be <input checked="" type="checkbox"/> |

Comments:

Distribution Box

- | | | | |
|------------------------------|-------|------------------------------|--|
| • Brand Tuf-Tite | Other | | |
| • Bedded in cement. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> Will be <input type="checkbox"/> |
| • Has required inlet baffle. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> Will be <input type="checkbox"/> |
| • Outlet levels –are level. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> Unknown <input type="checkbox"/> |

Comments:

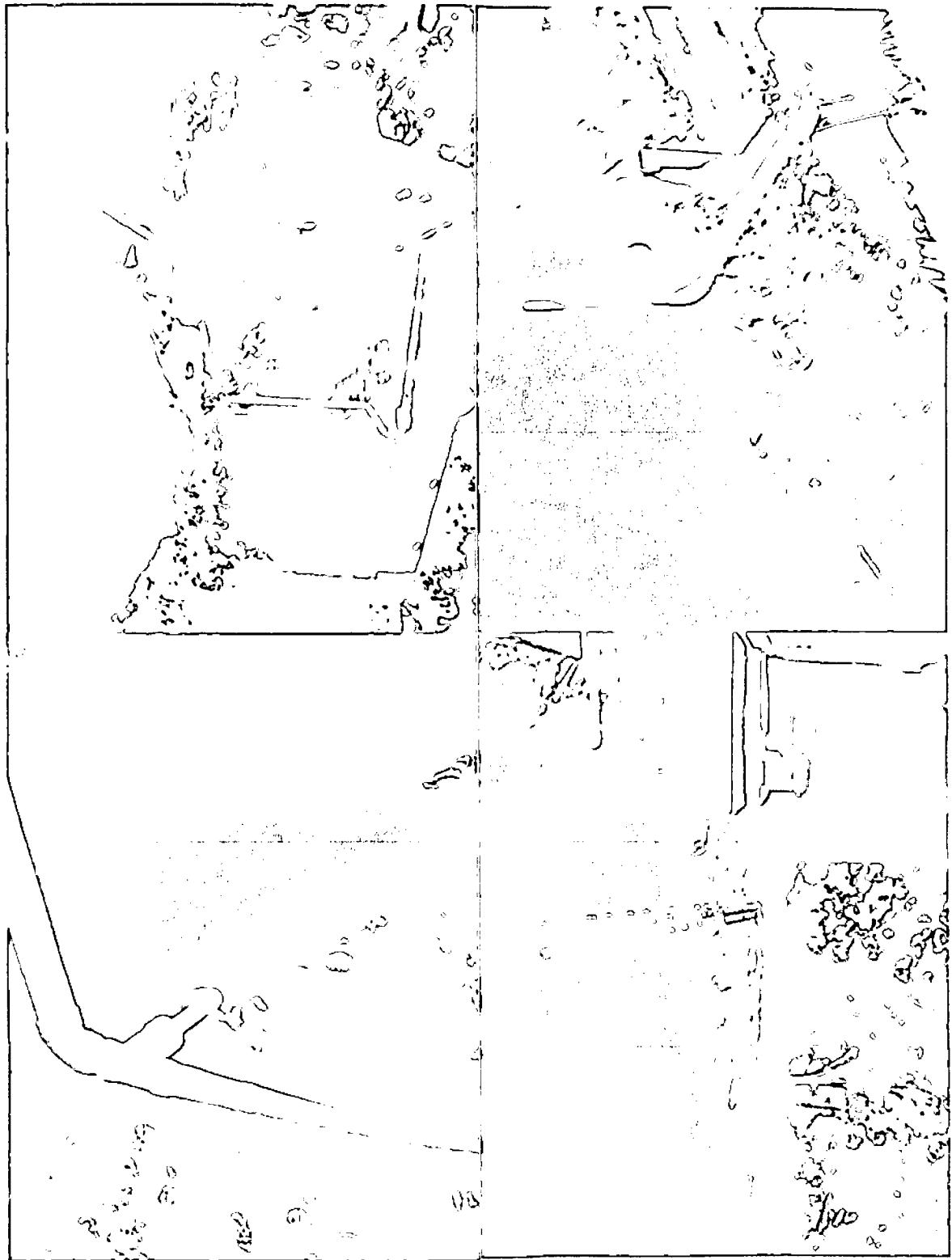
Laterals

- | | | | |
|---|------------|------------------------------|-----------------------------|
| • Distribution lines: -inch PVC pipe – | Reduction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Lateral used. | Perc depth | inches | |
| • Lateral depth. | | | |
| • Laterals were level. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Adequate amount of undisturbed soil between laterals. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Distance feet between laterals. | | | |

Comments: Secondary treatment is a Eco-Pure 300 series Peat Filter

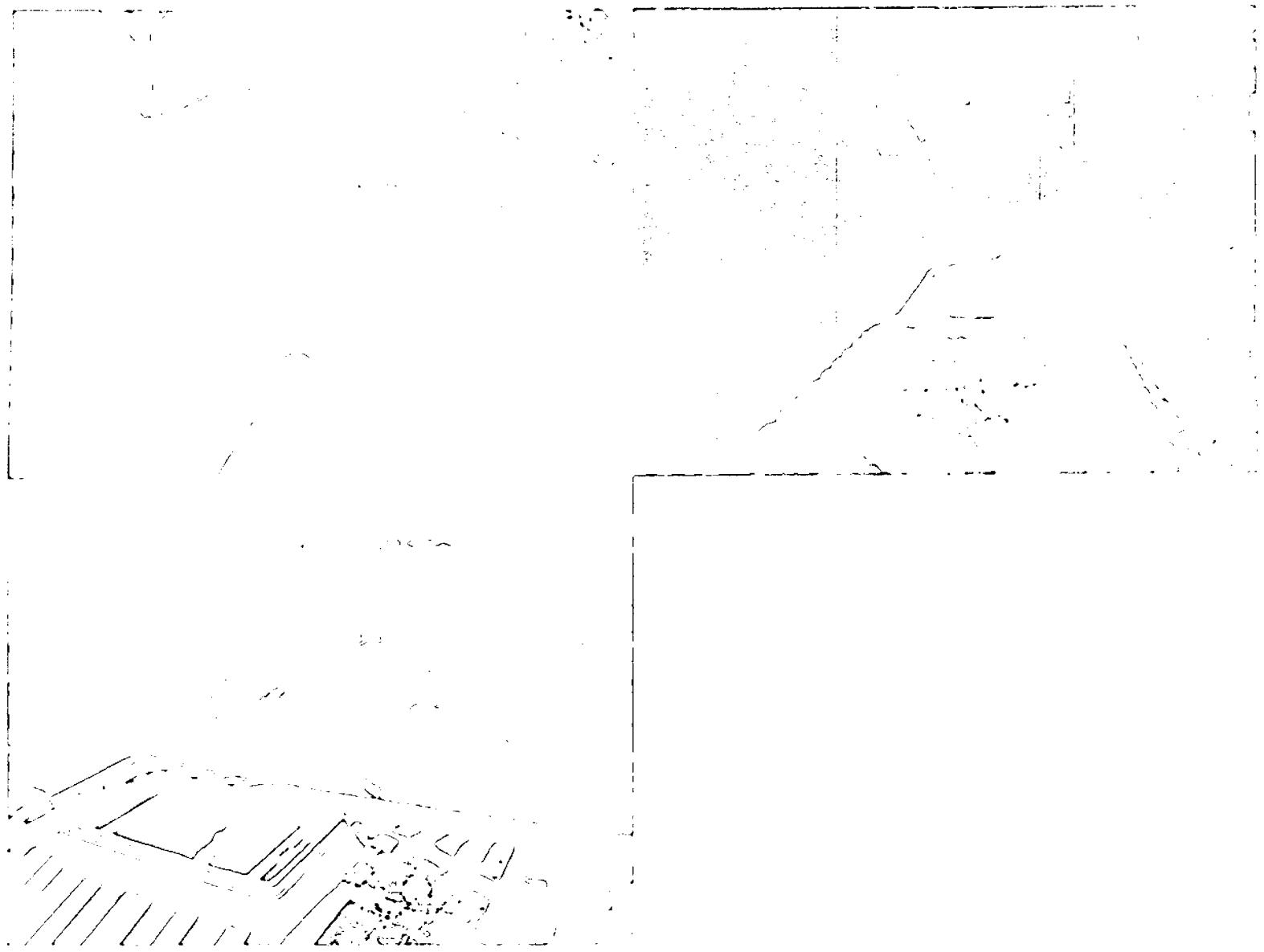
Permit # 009-11 Leech Inspection 9/28/11

3395 218th Street



Permit # 009-11 Leech Inspection 9/28/11

3395 218th Street



Permit # 009-11
Inspection 9/28/11
3395 - 218th Street

