



Document 2018 GW3259

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INDX
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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

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

TRANSFEROR:

Name Taylor Lynn Burke

Address 3159 230th Saint Charles IA 50240
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Doug Swigart

Address 3159-230th St SA. CHARLES IA 50240
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

3159 230th St Saint Charles IA 50240
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

A tract of land located in the Southeast Quarter (¼) of the Southwest Quarter (¼) and in the Southwest Quarter (¼) of the Southeast Quarter (¼) of Section Three (3), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, more particularly described as follows, to-wit: Commencing at the South Quarter (¼) corner of said Section Three (3), running thence South 86°50' West 220.4 feet along the section line, thence North 396 feet, thence North 86°50' East 550.9 feet, thence South 396 feet, thence South 86°50' West 330.5 feet to the point of beginning, containing 5 acres including 0.533 acres of county road right of way

1. Wells (check one)

- ☐ There are no known wells situated on this property.
☒ 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)

- ☒ There is no known solid waste disposal site on this property.
☐ 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)

- ☒ There is no known hazardous waste on this property.
☐ 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)

- ☒ 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.)
- ☐ 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)

- ☒ There are no known private burial sites on this property.
- ☐ 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)

- ☐ All buildings on this property are served by a public or semi-public sewage disposal system.
- ☐ This transaction does not involve the transfer of any building which has or is required by law to have a sewage disposal system.
- ☐ 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.
- ☐ 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.
- ☐ There is a building served by private sewage disposal system on this property. 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.
- ☐ 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 #9]
- ☐ This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption [Note: for exemption #9 use prior check box]: _____.
- ☒ The private sewage disposal system has been installed within the past two years pursuant to permit number 009-18.

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

#1: Abandon well located West Corner of garage
50-100 feet out

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

Signature: Paylin Lyn Burke Telephone No.: (515) 313-7822
(Transferor or Agent)

FILE WITH RECORDER

DNR form 542-0960 (July 18, 2012)

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: 089-18

Date Issued: 10/01/2018

Issued to: Kyle Burke & Taylor Warren
Address: 3159 230th St
St. Charles, IA 50240

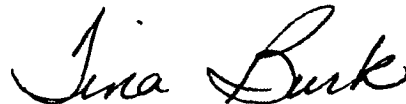
Legal Description: 3A SW Cor SW SE 2A SE Cor SE SW PID #500090386020000
Sec 3 T75N R26W South TWP

POWTS Components Specifications: 1500 gal. septic tank & Coco Filter System

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, construction, maintenance, & testing shall be in accordance with Engineer's design, County & State Codes. At least a 24 hour notice for inspections.



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

Application to Construct
Private Sewage Disposal System (PSDS)

Office Use Only					Temp E911:		
Tracking No.	Date Received	Fee Paid	Check #	Date Issued	Section/Township		
089-18	10/1/18	211.00	Cash	10/1/18	3-South		

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) First Name: <u>Kyle</u> Last Name: <u>Burke</u> Address: <u>3159 230th St. IA 50240</u> City: <u>515-609-3469</u> State: <u>IA</u> Zip: <u>50240</u> Phone Number (area code): _____ Cell Phone: _____		2. Installation Contractor Information Firm Name: <u>D.J. Services</u> Address: _____ City: _____ State: _____ Zip: _____ Phone Number (area code): _____ Cell Phone: <u>515-339-5718</u>	
3. System Requirement Information IAC CHAPTER 69 DOUBLE COMPARTMENT TANK REQUIRED Minimum Tank Size Required 1-3 Bedroom: 1250 4 Bedroom: <u>1500</u> 5 Bedroom: 1750 6 Bedroom: 2000		4. Site and Soil Evaluator (Percolation Test/Soils Analysis) PERCOLATION/SOILS ANALYSIS MUST BE COMPLETED AND APPROVED PRIOR TO THE ISSUANCE OF PERMIT Date test taken: _____ Test taken by: _____ Passed: _____ Failed: _____ Percolation Rate: _____ Soils Loading Rate: _____	

5. Type of Submittal ☐ New House ☒ Existing House ☐ Repair, Tank ☐ Repair, Treatment Area ☐ System Replacement Previous Permit #: _____	6. Address Information 911 Address or nearest road: <u>3159 230th St</u> Legal Description: <u>PID # 500090386020000</u> <u>3-75-26</u> <u>3A SW Cor SW SE 2A SE Cor SE SW</u>
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7. Type of Building (Completed by Owner) Building Square ft.: _____ Number of Bedrooms: <u>4</u> Number of Bathrooms: <u>1.5</u> Non-Residential uses: _____ Other buildings served by this system: _____ Any other circumstances which may affect water usage: _____ Water softeners must be routed to a brine pit independent of septic system.			
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8. Tanks Your contractor or system designer should complete the remaining portion of this application.			
Septic Tank	Type: <u>Plastic</u>	Size: <u>1500</u>	Manufacturer: <u>AK</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: _____	Manufacturer: _____		
Other	Description: <u>X</u> <u>COCO</u> <u>AD825</u>			

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 Records Office. Discharging systems also require periodic testing as set forth in IAC Chapter 69 and Madison County Environmental Health Regulations.		It is unlawful to start construction, reconstruction, or repair of any PSDS prior to issuance of a PSDS permit by the Environmental Health Officer.
Applicant Signature: <u>Kyle Burke</u>	Date: <u>10-1-18</u>	



IOWA DEPARTMENT OF NATURAL RESOURCES
ENVIRONMENTAL SERVICES DIVISION

NOTICE OF INTENT

TO BE COVERED UNDER NPDES GENERAL PERMIT No. 4
"DISCHARGE FROM PRIVATE SEWAGE DISPOSAL SYSTEMS"

(Type or Print)

Current Owner Kyle Burke

Address 3159 230th St.

City St. Charles

State IA **Zip** 50240

Telephone 515-689-3469

Has this private sewage disposal system been previously covered by General Permit #4?

If yes, please list authorization number: _____ and then proceed to Certification Section at the bottom of this form

If no, please provide the following location information:

Location of sewer system: (Required. If "same as above", please write "same")

Street address 3159 230th St.

City St. Charles Zip 50240

Legal description: (required unless lat./long. available)

¼ Section ¼ Section ¼ Section Section Township Range

SW ¼ of SW ¼ of SE ¼ of Sec. 3 T 75 N R 26 W/E

County (required)

Madison

Latitude: (if available) _____ (Deg./decimal-deg.) Longitude: _____

Type of Secondary Treatment:

Sand Filter (buried) ☐ Sand Filter (free access) ☐ Mechanical/Aerobic Unit ☐

Constructed Wetland ☐ Lagoon ☐ Other (describe) **X** Coco

Certification: For existing private sewage disposal systems, check off the first two items below. For new installations, check off all three items below:

☒ I certify the above information is true and accurate, to the best of my knowledge.

☒ I agree to abide by all terms and conditions of the DNR NPDES General Permit #4.

☒ I certify that the permitted system will be constructed in conformance with the requirements of IAC 567 - Chapter 69 and all applicable County requirements.

Signature Kyle Burke

Date 10-1-18

A copy of the permit will be mailed to you along with your discharge authorization.

Send completed form to:

Madison County

Prepared By & Return To
MADISON COUNTY BOARD OF HEALTH
P.O. BOX 152, WINTERSET, IOWA 50273 (515) 462-2636

**SURFACE DISCHARGING PERMIT
WASTEWATER TREATMENT SYSTEM**

PROPERTY OWNERS AGREEMENT TO FOLLOW CHAPTER 69 REQUIREMENTS

576—69.2 (455B) **Requirements when discharged into surface water.** All discharges from on-site wastewater treatment and disposal systems which are discharged into any surface water shall be treated in a manner that will conform with the requirements of NPDES General Permit No. 4 issued by the department of natural resources.

NPDES General Permit No. 4 covers the discharge from any On-Site Wastewater Treatment and Disposal System constructed in accordance with 567 IAC Chapter 69 which is not absorbed underground into the soil but discharges to the surface of the ground, into surface waters or into an underground drainage tile.

All conditions of the Iowa Department of Natural Resources National Pollutant Discharge Elimination System (NPDES) General Discharge Permit No.4 for **Discharge from On-Site Wastewater Treatment and Disposal Systems** and all conditions as set forth in Madison County Health regulations shall be met.

The NPDES permit is non-transferable and must be applied for with a Notice of Intent every time ownership is transferred.

The above requirements shall run in perpetuity with the real estate described as Follows: **3A SW Cor SW SE 2A SE
Cor SE SW Section 3 T75N R26W Book 2013 Page 3833**

Name: **Kyle Burke**

Address: **3159 230th St.**

City: **St. Charles**

State: **IA**

Zip Code: **50240**

Type of Disposal Treatment: Subsurface Sand Filter ☐ Free Access Sand Filter ☐ *Peat Biofilter ☐
*Mechanical Aerobic ☐ *Other ☒ **Coco**

*** System requires a maintenance contract with a manufacturer-certified technician shall be maintained at all times.**

Certification:

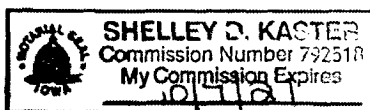
I certify the above information is true and accurate, to the best of my knowledge. I agree to abide by all of the terms and conditions stated above.

Signature: *Kyle Burke*

Printed Name: **Kyle Burke**

STATE OF IOWA S.S.
COUNTY OF MADISON

On this 1st day of October, 2018 before me a Notary Public in and for said County and State, personally appeared Kyle Burke to be the persons named in and who executed the foregoing and acknowledged that he/she executed same as his/her voluntary act and deed.



Shelley D. Kaster
NOTARY PUBLIC
STATE OF IOWA
My commission Expires: 10/11/21

DJB Services LLC

2460 337TH ST. Perry Ia. 50220

515 339-5718

2018-ON-SITE WASTEWATER SYSTEM-MAINTENANCE CONTRACT

Per the State of Iowa and County Enviro. Health codes, annual maintenance contracts ,provided by a "Certified Maintenance Provider," are required for all on-site wastewater systems that have pumps, alarms or open discharges and for all mechanical aerobic and fixed media style systems. Effluent water samples are required to be taken by a certified sampler on all open discharging systems and copies of the lab results filed with service provider, owner, County health dept and the IDNR.

We will inspect your wastewater treatment system and perform routine annual maintenance as required by the manufacturer, County and state and collect effluent water samples as applicable for the 2017 calendar year . Should we find problems with the system or high sludge levels in the tank or tanks we will contact you to discuss additional cost that apply. A copy of our report can be mailed to you on request.

This agreement includes charges for normal routine inspection ,maintenance, effluent water sampling and lab testing fees as applicable, this contract fee does not include cost for repairs to or replacement of any components of your wastewater treatment system or cost for pumping and disposal of septage from any tanks. Tanks and systems MUST be accessible for service

Textile or foam media (Scat/Orengo)- 1 time annual service	\$330
Peat system-1 time annual service <i>Coco</i>	\$250
Sand Filter -1 time annual service	\$240
Wetland system-1 time annual service	\$240
Mound or at Grade-1 time annual service	\$245
Pump dosed lateral system	\$175
Standard lateral system --- 2 times per year	\$100
TOTAL ANNUAL MAINTENANCE CONTRACT COST FOR YOUR TYPE OF SYSTEM	\$__

If you wish for us to provide the annual maintenance on your system, please fill out form below, sign and return signed copy to DJ Services By Feb.30 2018 along with payment. Upon receipt we will file copy with the county and/or state Depts, as required . Thank you.

Customer (print) Taylor Burk Signature Taylor Burk Date: 10-1-18
Mailing address: 3159 230th st
Home phone: 515 313 7822 Cell Phone Same

CONTACT US FOR ALL YOUR SEPTIC PUMPING NEEDS!!!!
NOW CIOWTS CERTIFIED!!!!!! MOVING ?????? ASK ABOUT TIME OF SALE RECORDS!!!!

**PRIVATE SEWAGE SYSTEM INSPECTION REPORT
SUBSURFACE PEAT/COCO FILTER SYSTEM**

GENERAL INFORMATION

Owner: **Kyle Burke**

Contractor: **DJ Bennett/DJB Services**

Address: **3159 230th St.**

Inspector: *F. Neel*

Inspection Date: **10/2/2018**

☒ Approved

☐ Disapproved

S = Satisfactory

U = Unsatisfactory

NA = Not Applicable

S U NA

SITE PREPARATION

☒ ☒ ☐

Sewer Permit

No: **089-18**

☒ ☒ ☐

Percolation/Soil Test

No:

☒ ☒ ☐

System Exposed for Inspection

S U NA

SETBACKS

Minimum Setbacks to Closed / Open Portions of Septic System:

☒ ☒ ☐

Private Water Well

50' / 100'

☒ ☒ ☐

Shallow Public Water Well

200' / 400'

☒ ☒ ☐

Deep Public Water Well

100' / 200'

☒ ☒ ☐

Heat Pump Borehole

50' / 100'

☒ ☒ ☐

Lake or Reservoir

50' / 100'

☒ ☒ ☐

Stream or Pond

25' / 25'

☒ ☒ ☐

Edge of Drainage Ditch

10' / 10'

☒ ☒ ☐

Dwelling or Other Structure

10' / 10'

☒ ☒ ☐

Property Lines

10' / 10' (Unless an easement is signed and recorded.)

☒ ☒ ☐

Other Subsurface Treatment Systems

5' / 10'

☒ ☒ ☐

Water Line under Pressure

10' / 10'

☒ ☒ ☐

Suction Water Line

50' / 100'

☒ ☒ ☐

Foundation Drain or Subsurface Tiles

10' / 10'

S U NA

SEWER PIPE FROM BUILDING TO PRIMARY TREATMENT

☒ ☒ ☐

Min. Setback to Wells

Private Wells 10' / Public Wells 25'

☒ ☒ ☐

Material

Sch. 40 Plastic Pipe (or SDR 26 or Stronger) or Cast Iron

☒ ☒ ☐

Cleanouts

At building, every 100', and each change of direction > 45°.

S U NA

PRIMARY TREATMENT – SEPTIC TANK

☒ ☒ ☐

Gallon Capacity

☐ 1000

☐ 1250

☒ 1500

☐ 2000

☐ Other:

☒ ☒ ☐

Watertight Material

☐ Concrete

☐ Fiberglass

☒ Plastic (ribbed const)

☒ ☒ ☐

Manufacturer

AK

☒ ☒ ☐

Compartments

At least 2 compartments or 2 tanks in series.

☒ ☒ ☐

Influent Compartment

1/2 to 2/3 of total tank capacity.

☒ ☒ ☐

Effluent Compartment

1/3 to 1/2 of total tank capacity.

☒ ☒ ☐

Inlet

2" to 4" higher than outlet.

☒ ☒ ☐

Baffles

4" diameter schedule 40 plastic tees.

☒ ☒ ☐

Effluent Screen

Meets NSF Standard 46 or equivalent.

Poly lock Bg 11

☒ ☒ ☐

Watertight Risers

Min. 18" diameter at or above ground surface.

☒ ☒ ☐

Inlet/Outlet Connections

Self-sealing gaskets formed or cast into tank material.

☒ ☒ ☐

Schedule 40 Pipe

At least 5' past outlet and 2' past disturbed ground.

S U NA			DOSING SYSTEMS			
☐	☐	☐	Type	☐ Pump	☐ Siphon	☐ Other:
☐	☐	☐	Watertight Pit	At least 24" in diameter.		
☐	☐	☐	Watertight Riser	With tight-fitting cover at or above ground level.		
☐	☐	☐	Pump	Submersible pump of corrosion-resistant material.		
☐	☐	☐	Pressure Line Size	Not smaller than outlet of pump it serves.		
☐	☐	☐	Pressure Line Drainage	Drains between dosing or buried below frost level.		
☐	☐	☐	High Water Alarm	Visual or audio alarm to alert of high water in pit.		
☐	☐	☐	Electrical Connections	No connections located inside pump pit.		

S U NA			SUBSURFACE PEAT/COCO FILTER			
☒	☐	☐	Filter Beds	☒ Single	☐ Double	
☒	☐	☐	Type	☒ Gravity	☐ Siphon-Dosed	☐ Pressure-Dosed
☒	☐	☐	Size	Minimum Required: 600 gpd	Installed: 600 gpd	
☒	☐	☐	Brand Name/Manufacturer	Brand Name: Fib Flo Coco	Manufacturer:	
☒	☐	☐	Model & Serial Numbers	Model #:	Serial #: ABD 825	
☒	☐	☐	Signed Maintenance Contract	Maintenance Provider: DJB Services		
☒	☐	☐	Installed per Manufacturer Specifications	AS per DJB Services		

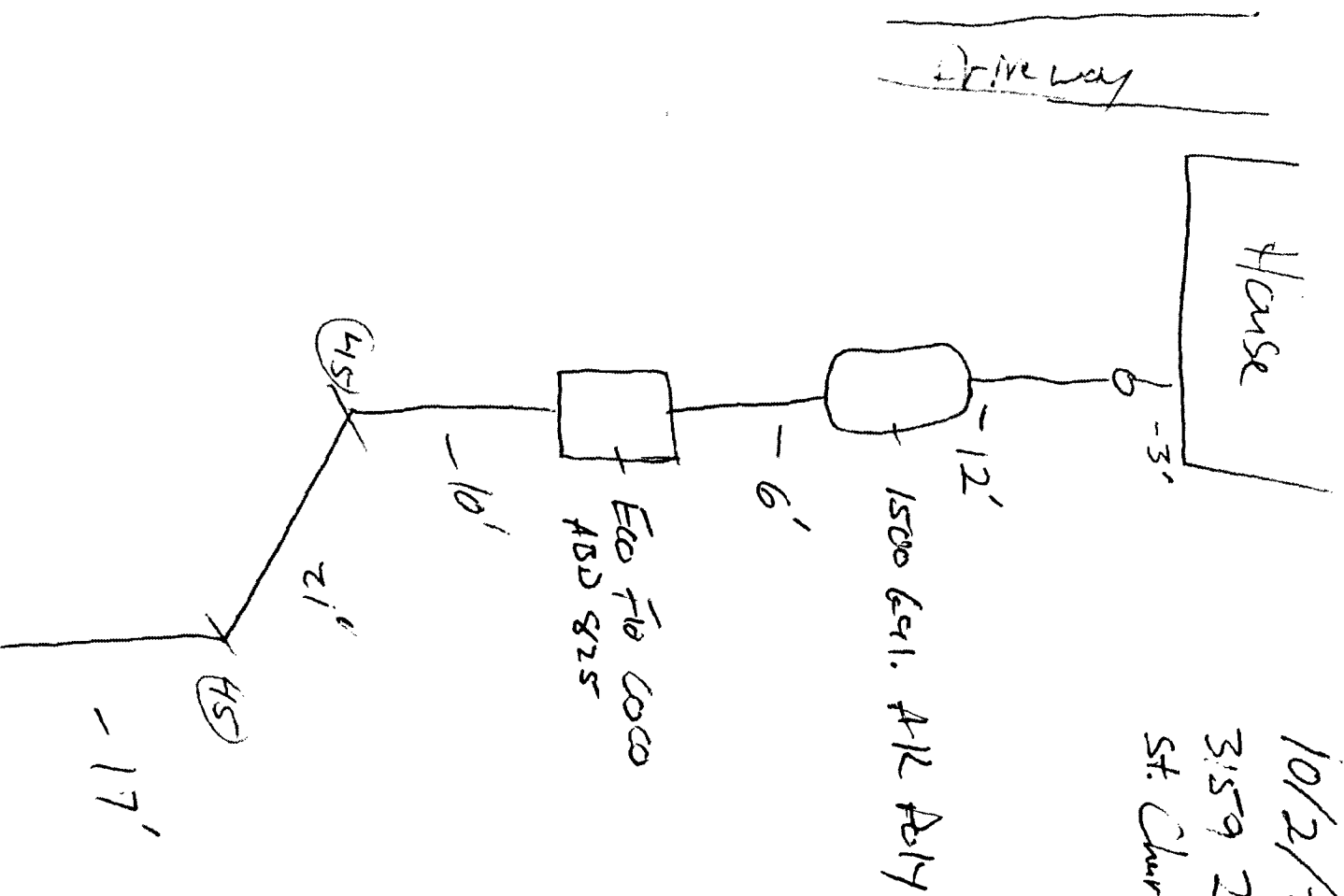
This report and the corresponding permit indicate the condition of the above-mentioned private sewage system at the time of inspection. To the best of my knowledge, all of the listed local and state ordinances have been adhered to. This does not guarantee the future condition or proper function of the system.

Inspector

Date

10-5-18

10/2/2018
3159 230th St
St. Charles, IA
50240



8000'

