

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

**TRANSFEROR:**

Name Gary A. Heck and Debbie L. Heck  
Address 604 W. Jefferson Street, Winterset, IA 50273  
Number and Street or RR City, Town or P.O. State Zip

**TRANSFeree:**

Name Old Post Properties, LLC  
Address 655 Indian Ridge Drive, Waukee, IA 50263  
Number and Street or RR City, Town or P.O. State Zip

**Address of Property Transferred:**

1638 US Highway 169, Winterset, IA 50273  
Number and Street or RR City, Town or P.O. State Zip

**Legal Description of Property: (Attach if necessary)** Parcel "N" located in the Southwest Fractional Quarter (SWFr. 1/4) of the Northwest Quarter (NW 1/4) of Section Six (6), Township Seventy-six (76) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 13.85 acres, as shown in Plat of Survey filed in Book 2014, Page 496 on March 4, 2014, in the Office of the Recorder of Madison County, Iowa.

**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 \_\_\_\_\_.

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

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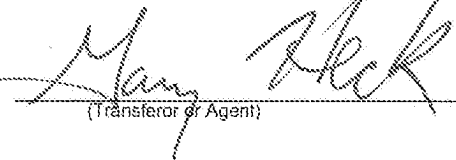


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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature:   
 (Transferor or Agent)

Telephone No.: (515) 493-9756



Time of Transfer Inspection Report (DNR Form 542-0191)

Property information

Current owner Gary & Debbie Heck 515 4939756
Buyer Rick Williams Realtor No
Mailing address

Site Address/County 1638 U.S. Hwy 169 Winifred IA 50273
Legal Description Same as address

No. of bedrooms 1 Cider Last occupied? Still there Records available 400

Permit/installation date 11/6/14 #065-14 Separation distances ok/no?

Septic system information

Septic tank(s): size 1500gal 2 Compartment material Cement condition looks ok of this tank
Tank pumped? yes date 7-24-2019 licensed pumper yes Country Side
Septic/trash/processing tank size 2000 material Cement condition looks ok of this tank
Tank pumped? yes date 7-24-2019 licensed pumper yes Country Side

Cider - 2000gal Cider side

Aerobic treatment unit (ATU) mfg size
Tank pumped? date licensed pumper
Maintenance contract? expiration date service provider
Condition

Pump tanks/vaults: type size condition

Distribution system: distribution box plastic Cement outlets used 6 condition looks ok
Header pipe(s) # of lines 6 Pressure dosed? no

Secondary treatment:

length of absorption fields determined by
condition of fields determined by
type of trench material

Size of sand filter 18/45 determined by Mapt probe
Vent pipes above grade? yes discharge pipe located? yes
Effluent sample taken? yes Results BOD 5 2 TSS 2

Media filters: type Gary Heck does his own testing bu
Maintenance contract? expiration date service provider Allen did it
Condition Plus Test

NPDES General Permit No. 4: required? no permitted? NOI provided

Allen Allen took this test 7-24-2019



### Time of Transfer Inspection Report

Other components:

Alarms working Working? yes disinfection no working? no

Control box no Timers no inspection ports yes

Other components Risers on both tanks filled on 1500 gal tank

Overall condition of the private sewage disposal system

Report system status Everything looks ok. 2000 gal tank had about 300 gal in it

Explain (attach additional pages as needed):

Comments: 2000 gal tank & down for rising risers to top of ground

Site status at conclusion of Time of Transfer inspection:

- Verify that controls are set on the appropriate mode.
- Power is on to all components.
- Revisit all components to verify lids are secure.
- Gather all tools for removal from the site.
- Verify that no sewage is on the ground surface.

Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

This report indicates the condition of the private sewage disposal system at the time of the inspection. It does not guarantee that it will continue to function satisfactorily.

Signature of Certified inspector: Allen Akers Date: 7-24-2019  
 Name (print): Allen Akers Certificate #: 1023  
 Address: 2204 175 ct  
 Phone #: 515-462-1015

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent, the county sanitarian/environmental health office, county Recorder in the county the inspection was conducted and to;

Iowa DNR Onsite Wastewater Program  
502 E. 9<sup>th</sup> St.  
Des Moines, IA 50319



|   |  |  |                       |
|---|--|--|-----------------------|
| Collection Location<br>discharge  | Collector and Phone<br>akers allen<br>515/462-1015 | Client Reference<br>gray heck<br><i>Gray</i> | Accession #<br>839155 |
| HWY 169<br>WINTERSET,   | Collected<br>2019-07-24 06:20                      | Received<br>2019-07-24 08:43                 | Project               |
| Report To<br><br>ALLEN AKERS<br><br>2204 175TH CT<br>WINTERSET, IA 50273- | Sample Description<br>waste water                  |  |                       |
|   | Sample Type<br>Non-Drinking Water                  |  |                       |
|   | Sample Source                                      |  |                       |
|   | Sample Note(s)<br>1                                |  |                       |

**RESULTS OF ANALYSIS - FINAL REPORT**

| TEST   | RESULT (mg/L) | QUANT LIMIT | ANALYSIS NOTE(S) |
|--|---------------|-------------|------------------|
| BOD, Carbonaceous 5 Day, SM 5210 B<br>CBOD, 5 Day                | <2            | 2           |                  |
| Total Suspended Solids, USGS I-3765-85<br>Total Suspended Solids | 2             | 1           |                  |

**SAMPLE AND ANALYSIS NOTES**

1. Upon arrival, sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

**ANALYSIS INFORMATION**

| TEST                                      | ANALYZED             | SITE | RELEASED             | ANALYSIS PREP |
|---|----------------------|------|----------------------|---------------|
| 1. BOD, Carbonaceous 5 Day, SM 5210 B     | 2019-07-24 11:00 AMG | 3201 | 2019-07-29 15:38 MLS |               |
| 2. Total Suspended Solids, USGS I-3765-85 | 2019-07-25 13:30 KAR | 3201 | 2019-07-29 10:10 MLS |               |

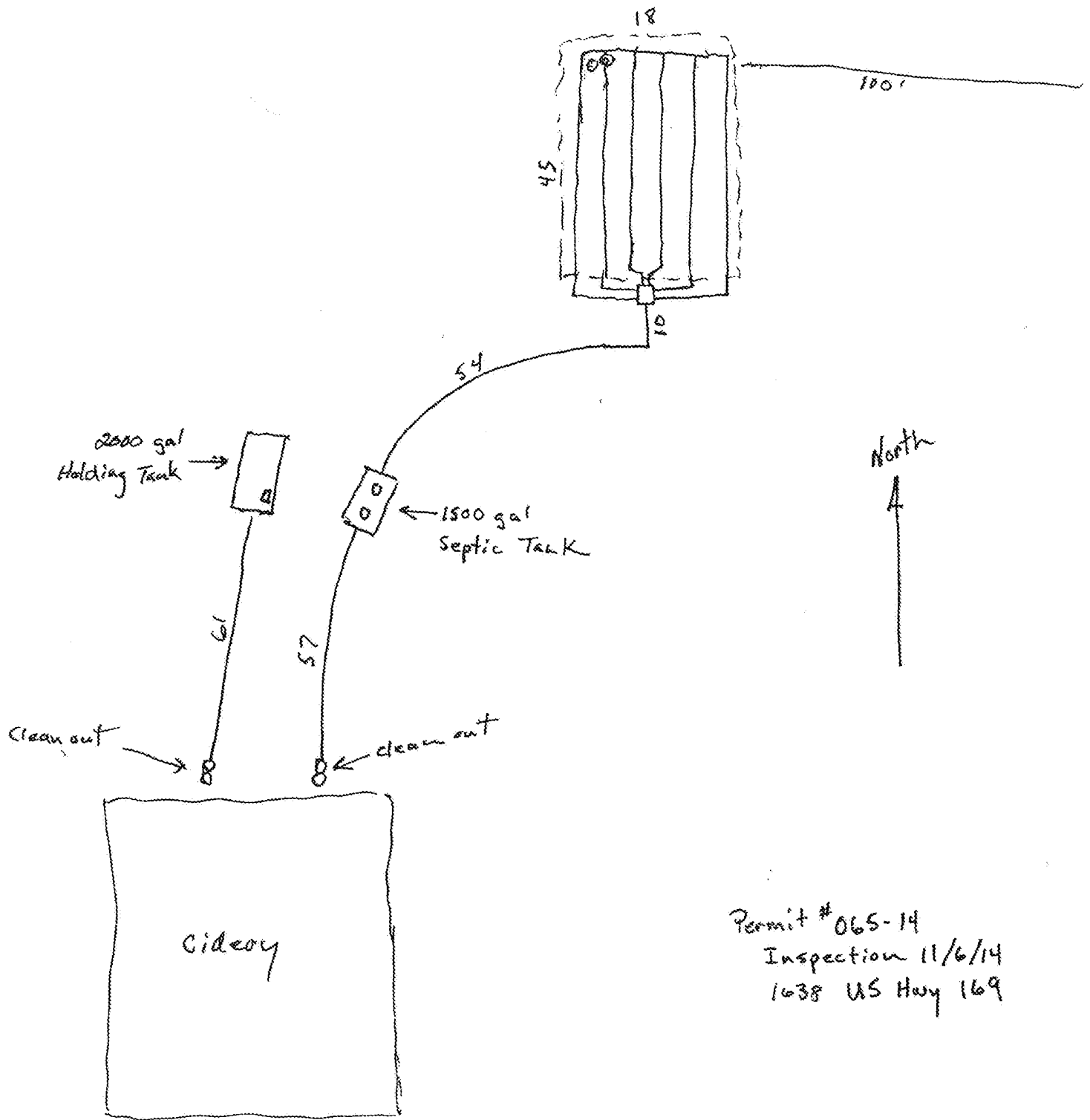
**DESCRIPTION OF UNITS**

mg/L = Milligrams per Liter

**SITE(S) PERFORMING TESTING**

3201 STATE HYGIENIC LABORATORY ANKENY, IOWA LABORATORIES COMPLEX, 2220 S ANKENY BLVD, ANKENY, IA 50023; Phone 515/725-1600; Fax 515/725-1642; Susie Yuan Dai, Ph.D., Associate Director; Wade K. Aldous, Ph.D. (D)ABMM, Associate Director; IOWA ENVIRONMENTAL LAB ID #397

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory. If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500.



Permit # 065-14  
 Inspection 11/6/14  
 1638 US Hwy 169