



Document 2019 GW2594

Book 2019 Page 2594 Type 43 001 Pages 7

Date 8/21/2019 Time 3:46:31PM

Rec Amt \$.00

INDX

ANNO

SCAN

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

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

TRANSFEROR:

Name Joshua E Mckinney

Address 2485 Hiatt Apple Trl Winterset IA 50273
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Travis M Struble

Address 4520 NE 38th Ave Des Moines IA 50317
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

2485 Hiatt Apple Trl Winterset IA 50273
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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:

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

Signature: *John M. King* Telephone No.: (515) 249-3657
 (Transferor or Agent)

EXHIBIT "A"

Lot Four (4) of Jones Creek Development located in the Northeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Twenty-three (23), Township Seventy-five (75) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa.



Time of Transfer Inspection Report

Other components:

Alarms: Y N Working: Y N Disinfection: Y N Working: Y N

Control Box: _____ Timers: _____ Inspection Ports: _____

Other components: _____

Overall condition of the private sewage disposal system: Good

Report system status: System was working properly on day of inspection.

Explain (attach additional pages as needed): Sample was taken in december
and therefore not required for this inspection.

Comments: System was working properly on day of the
inspection.

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: Joe Bedwell Date: 2-2-18

Name (print): Joe Bedwell Certificate #: 10974

Address: 1310 East Clinton Avenue Indianola, IA 50125

Phone #: 515-681-5885

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office and to:

Iowa DNR
Private Sewage Disposal Program
502 E 9th St
Des Moines IA 50319

Time of Transfer Inspection Report

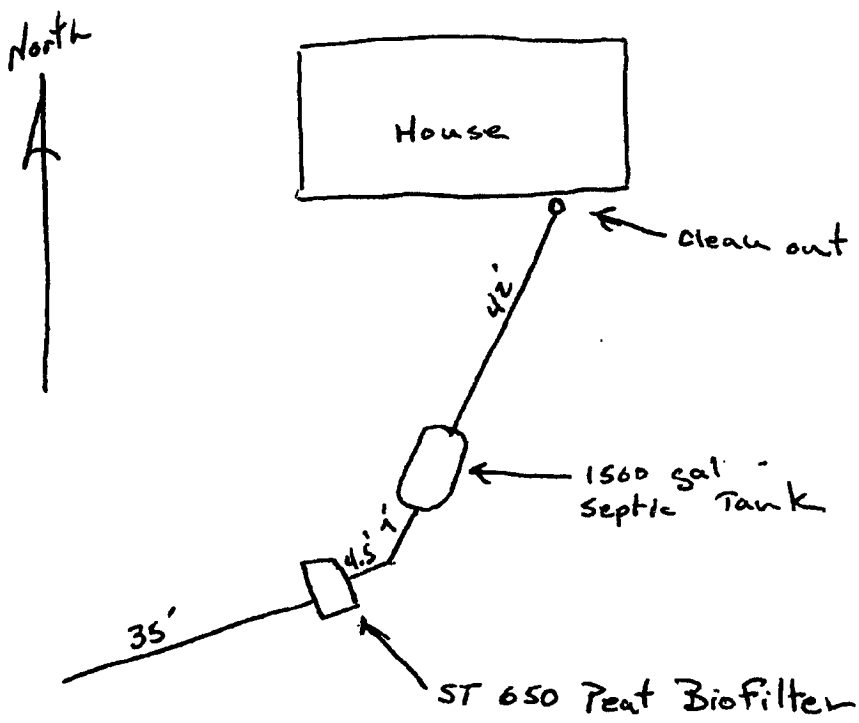
Property Information

Current Owner: Jared + Amanda Auten
 Buyer: _____ Realtor: Jennifer Stover
 Mailing Address: _____
 Site Address/County: 2485 Hixtt Apple trail Winterset, IA 50273
 Legal Description _____
 No. of bedrooms: 4 Last occupied: Jan 2018 Records available: yes
 Permit/ installation date: 3-30-2005 Separation distances (ok/no?): OK

Septic System Information

Septic tank(s): Size: 1500 gal Material: Plastic Condition: good
 Tank pumped? Y N Date: _____ Licensed pumper: _____
 Septic/Trash/Processing tank: Size: _____ Material: _____ Condition: _____
 Tank pumped? Y N Date: _____ Licensed pumper: _____
 Aerobic treatment unit (ATU) mfr _____ Size _____
 Tank pumped? Y N Date: _____ Licensed pumper: _____
 Maintenance contract? Y N Expiration date: _____ Service provider: _____
 Condition: _____
 Pump tanks/vaults: Type: _____ Size: _____ Condition: _____
 Distribution system: Distribution box _____ Outlets used _____ Condition: _____
 Header pipe(s): _____ No. of lines: _____ Pressure dosed? _____
 Secondary Treatment:
 Length of absorption fields: _____ Determined by: _____
 Condition of fields: _____ Determined by: _____
 Type of trench material: _____
 Size of sand filter: _____ Determined by: _____
 Vent pipes above grade? Y N Discharge pipe located? Y N
 Effluent sample taken No, not required Results: See attached
 Media Filters: Type: Peat biofilter
 Maintenance contract? Y N Expiration date: Dec. 2017 Service provider: Huff Well
 Condition: Good
 NPDES General Permit No. 4: Required? Y N Permitted? Y N NOI provided: yes

Permit # 004-05 Hall Inspection 3/30/05





State Hygienic Laboratory

The University of Iowa

TRAVIS WITT
 HUFF WELL LLC
 133 S 10TH AVE
 WINTERSET, IA 50273-

Accession Number 599920
 Date Sample Finalized 2017-12-19 08:40
 Date Received 2017-12-11 15:50
 Sample Source Non-Drinking Water
 Project
 Date Collected 2017-12-11 10:13
 Collection Site 2485 hiatt apple
 Collection Address
 WINTERSET,
 Sample Description waste water
 Client Reference auten
 Collector witt travis
 Phone 515/971-0549

Note: 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.

Results of Analyses

BOD, Carbonaceous 5 Day, SM 5210 B

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2017-12-13 06:45	Date Verified	2017-12-19 08:40
Analyst	AMJ	Verifier	JAE

Analyte	Result	Quant Limit
CBOD, 5 Day	<2	2

Note: One or more quality control parameters were observed outside the QC limits in the analysis of this sample.

Total Suspended Solids, USGS 1-57-65-85

Units	mg/L	Analyzed In	Ankeny
Date Analyzed	2017-12-12 13:10	Date Verified	2017-12-15 15:50
Analyst	MLS	Verifier	SLL

Analyte	Result	Quant Limit
Total Suspended Solids	<1	1

Description of Units used within this report

mg/L = Milligrams per Liter

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.

Iowa Environmental Laboratory IDs are: Ankeny #397, Iowa City/Coralville #027, Lakeside #393.

If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.