



Document 2019 GW2596

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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

TRANSFEROR:

Name JOSHUA JAMES FREY & BRITTANY LEE FREY

Address 2045 Wildrose Avenue Prole Iowa 50229
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name MARK FIGUEROA & CHRISTINA JONES

Address 1674 - 170th Street Winterset Iowa 50273
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:
1674 - 170th Street Winterset Iowa 50273
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary) _____
Long Legal - See Attached Exhibit "A"

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 a 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 a 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 acknowledgement 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 acknowledgement is attached to this form.
- There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgement with the county board of health to install a new private sewage disposal system on this property with an agreed-upon time period. A copy of the binding acknowledgement 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 acknowledgement with the county board of health to demolish the building within an agreed-upon time period. A copy of the binding acknowledgement 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 _____.

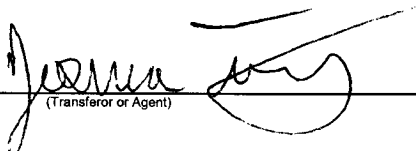
Information required by statements checked above should be provided here or on separate sheets attached hereto:

One well 150 ft south of house, has a post and a fence panel
over it

One well is 40 ft NW of house. Has old fence around it.

**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) 491-2759



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

Property information

Current Owner Brittany Frey, bwjfrey10@gmail.com
Buyer Christina Jones Realtor Cindy Stanford
Mailing Address 1674 170th St, Winterset, IA 50273, 515-468-3048

Site Address/County 1674 170th St, Winterset, IA 50273 Madison County, tburk@madisoncoia.us

No. of Bedrooms 4 Last Occupied? occu Separation distances ok?

Records Available _____ Permit/Installation Date _____

Septic System Information

Septic Tank(s): Size 1000 gal Material Concrete Condition Deteriorated
Tank Pumped? YES Date 7/24/19 Licensed Pumper Forest Septic
Septic/Trash/Processing Tank: Size _____ Material _____ Condition _____
Tank pumped? _____ Date _____ Licensed Pumper _____

Aerobic treatment unit (ATU) MFGR _____ Size _____
Tank Pumped? _____ Date _____ Licensed Pumper _____
Maintenance Contract? _____ Expiration Date _____ Service Provider _____
Condition _____

Pump Tanks/Vaults: Type _____ Size _____ Condition _____

Distribution System: Distribution Box Concret Outlets Used 6 Condition Deteriorat
Header Pipe(s) _____ Number 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 20ft x 40ft Determined by Probe
Vent Pipes Above Grade? NO Discharge Pipe Located? YES
Effluent Sample Taken? No(Dry) Results N/A

Media Filters: Type _____
Maintenance Contract? _____ Expiration Date _____ Service Provider _____
Condition _____

NPDES General Permit No. 4: Required? _____ Permitted? _____ NOI submitted _____



Time of Transfer Inspection Worksheet

Other Components

Alarms _____ Working? _____ Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components _____

Overall condition of the private sewage disposal system

Report of system status _____

Explain (attach additional pages as needed):

All waste water goes from house to septic. 1000 gal concrete tank is deteriorated and can probe through the outlet wall. Concrete distribution box is badly deteriorated and needs replaced. Hydraulic load tested the 20 x 40ft sand filter with 400 gal water. Sand filter probed dry and clean. Located discharge and the discharge is dry.

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: Rick Rogers Date: 7/25/2019
 Name (print): Rick Rogers Certificate #: 9597
 Address: 401 NE 52nd Ave, Des Moines, IA 50313
 Phone # (515)282-0777

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

**MADISON COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
PRIVATE SEWAGE SYSTEM INSPECTION REPORT
SAND FILTER SYSTEM**

GENERAL INFORMATION		
Owner: Josh Frey	Contractor: Self	
Address: 1674 170 th St.		
Inspection Date: 8-5-2019	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied
S = Satisfactory U = Unsatisfactory NA = Not Applicable		

S	U	NA	SITE PREPARATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septic Permit Issued # 022-19 <u>073-19</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soils Analyst ID: <u>Carroll</u> <u>CR/MG/NN</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System Exposed for Inspection

S	U	NA	SETBACKS
			Minimum Setbacks to Closed/Open Portions of Septic System
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Private Water Well 50' <u>100'</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shallow Public Water Well 200'/400'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deep Public Water Well 100'/200'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat Pump Borehole 50'/100'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lake or Reservoir 50'/100'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stream or Pond 25'/25'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Edge of Drainage Ditch 10'/10'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dwelling or Other Structure 10'/10'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Property Lines 10'/10' (unless an easement signed & recorded)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Subsurface Treatment Systems 5'/10'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Line Under Pressure 10'/10'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suction Water Line 50'/100'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foundation Drain or Subsurface Tiles 10'/10'

S	U	NA	SEWER PIPE FROM BUILDING TO PRIMARY TREATMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimum Setbacks to Wells Private Wells 10' / Public Wells 25'
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material Sch.40 Plastic Pipe (or SDR 26 or Stronger) or Cast Iron
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleanouts At Building & every 100' & each >45° Direction Change

S	U	NA	PRIMARY TREATMENT – SEPTIC TANK
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gallon Capacity <input type="checkbox"/> 1250 <input checked="" type="checkbox"/> 1500 <input type="checkbox"/> 1750 <input type="checkbox"/> 2000 <input type="checkbox"/> Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Watertight Material <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Plastic (ribbed const.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturer Pella
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compartments At least 2 Compartments or 2 tanks in series
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influent Compartment 1/2 to 2/3 of total tank capacity
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effluent Compartment 1/3 to 1/2 of total tank capacity
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inlet 2" to 4" higher than outlet
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baffles 4" Diameter Schedule 40 plastic tees
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Effluent Screen Meets NSF Standard 46 or equivalent

<input checked="" type="checkbox"/> <input type="checkbox"/>	Watertight Risers	Minimum 18" Diameter at or above ground surface
<input checked="" type="checkbox"/> <input type="checkbox"/>	Inlet/Outlet Connections	Self-sealing gaskets formed or cast into tank material
<input checked="" type="checkbox"/> <input type="checkbox"/>	Schedule 40 Pipe	At least 5' past outlet & 2' past disturbed ground
S U NA		
DOSING SYSTEMS		
<input checked="" type="checkbox"/> <input type="checkbox"/>	Type	<input type="checkbox"/> Pump <input type="checkbox"/> Siphon <input type="checkbox"/> Other:
<input checked="" type="checkbox"/> <input type="checkbox"/>	Watertight Pit	At least 24" in diameter
<input checked="" type="checkbox"/> <input type="checkbox"/>	Watertight Riser	With tight-fitting cover at or above ground level
<input checked="" type="checkbox"/> <input type="checkbox"/>	Pump	Submersible Pump of corrosion-resistant material
<input checked="" type="checkbox"/> <input type="checkbox"/>	Pressure Line Size	Not smaller than outlet of pump it serves
<input checked="" type="checkbox"/> <input type="checkbox"/>	Pressure Line Drainage	Drains between dosing or buried below frost level
<input checked="" type="checkbox"/> <input type="checkbox"/>	High Water Alarm	Visual or Audio Alarm to alert of high water in pit
<input checked="" type="checkbox"/> <input type="checkbox"/>	Electrical Connection	No Connections located inside pump pit

S U NA		Distribution Box
<input checked="" type="checkbox"/> <input type="checkbox"/>	Placement	Placed on undisturbed soil.
<input checked="" type="checkbox"/> <input type="checkbox"/>	Material	Corrosion-resistant rigid plastic
<input checked="" type="checkbox"/> <input type="checkbox"/>	Baffle	Pipe tee or baffle at inlet.
<input checked="" type="checkbox"/> <input type="checkbox"/>	Outlet heights	Outlets at same level and min. 4" above bottom of box.
<input checked="" type="checkbox"/> <input type="checkbox"/>	Levelers	Outlets equipped with leveling device for equal flow.
<input checked="" type="checkbox"/> <input type="checkbox"/>	Unused Outlets	Securely closed.
<input checked="" type="checkbox"/> <input type="checkbox"/>	Header Pipes	Rigid PVC (ASTM Standard 2729 or stronger).

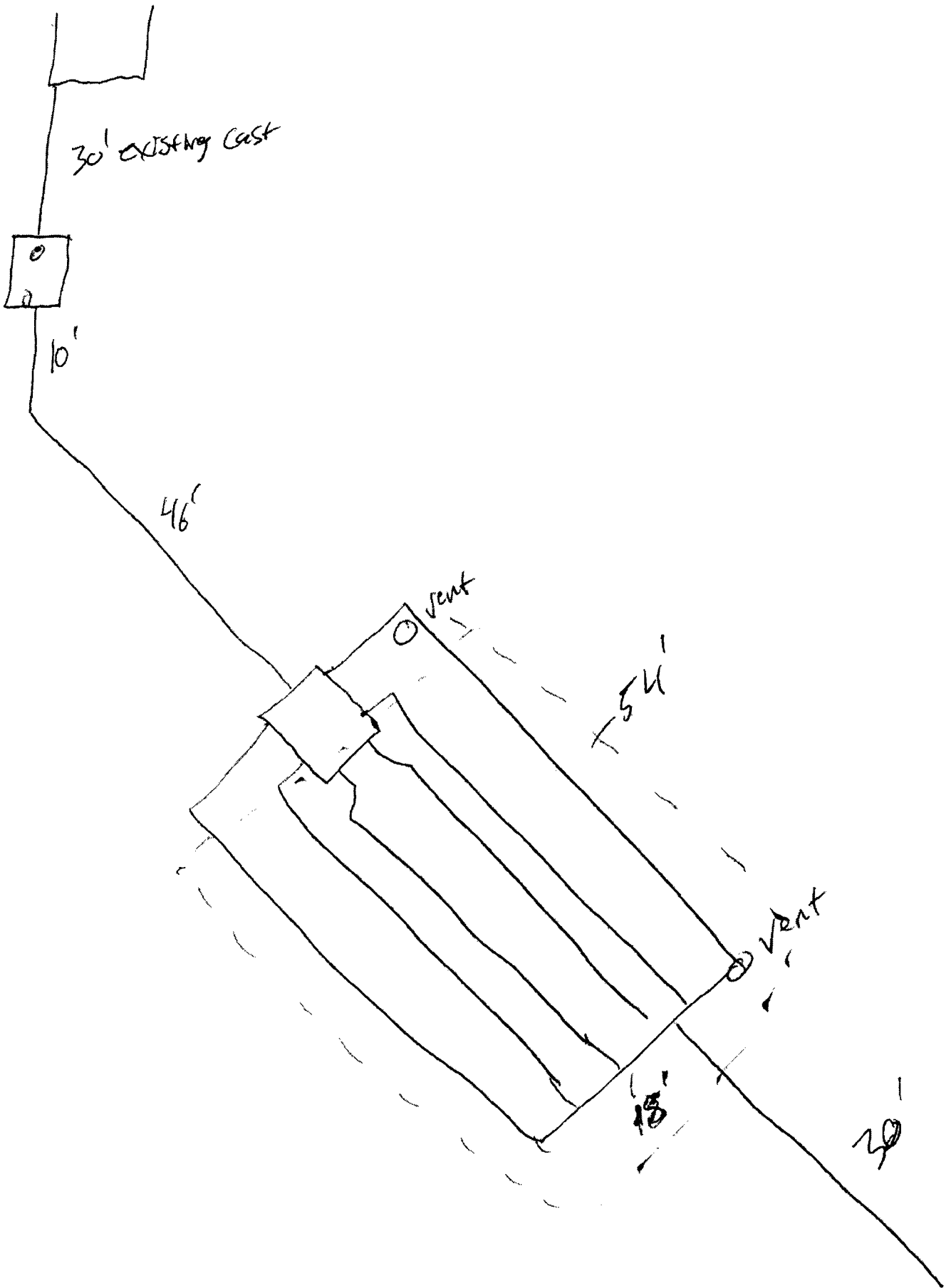
		Subsurface Sand Filter Bed(s)	
<input checked="" type="checkbox"/> <input type="checkbox"/>	Filter Beds	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Double
<input checked="" type="checkbox"/> <input type="checkbox"/>	Type	<input checked="" type="checkbox"/> Gravity	<input type="checkbox"/> Siphon-Dosed <input type="checkbox"/> Pressure-Dosed
<input checked="" type="checkbox"/> <input type="checkbox"/>	Size	Required: 960 sqft	Installed: 960 sqft
<input checked="" type="checkbox"/> <input type="checkbox"/>	No. of Collection Lines	4	
<input checked="" type="checkbox"/> <input type="checkbox"/>	Collection Line Material	4" SDR 35 or stronger PVC or approved material	
<input checked="" type="checkbox"/> <input type="checkbox"/>	Distribution Vent	Distribution lines tied to a common vent.	
<input checked="" type="checkbox"/> <input type="checkbox"/>	Sampling	Sampling available at discharge or sample port installed.	
Depth of layers (bottom to top)			
<input checked="" type="checkbox"/> <input type="checkbox"/>	Collection lines and river gravel	8"	
<input checked="" type="checkbox"/> <input type="checkbox"/>	Pea Gravel or Fabric	<input checked="" type="checkbox"/> Pea Gravel (3")	<input type="checkbox"/> Fabric
<input checked="" type="checkbox"/> <input type="checkbox"/>	DOT Concrete Sand	24"	
<input checked="" type="checkbox"/> <input type="checkbox"/>	Distribution lines and river gravel	12"	
<input checked="" type="checkbox"/> <input type="checkbox"/>	Pea Gravel or Fabric	<input type="checkbox"/> Pea Gravel (3")	<input checked="" type="checkbox"/> Fabric
<input checked="" type="checkbox"/> <input type="checkbox"/>	Soil Backfill	12"	

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 listed local & state ordinances have been adhered to. This does not guarantee the future condition or proper function of the system.



 Inspector 8-6-19

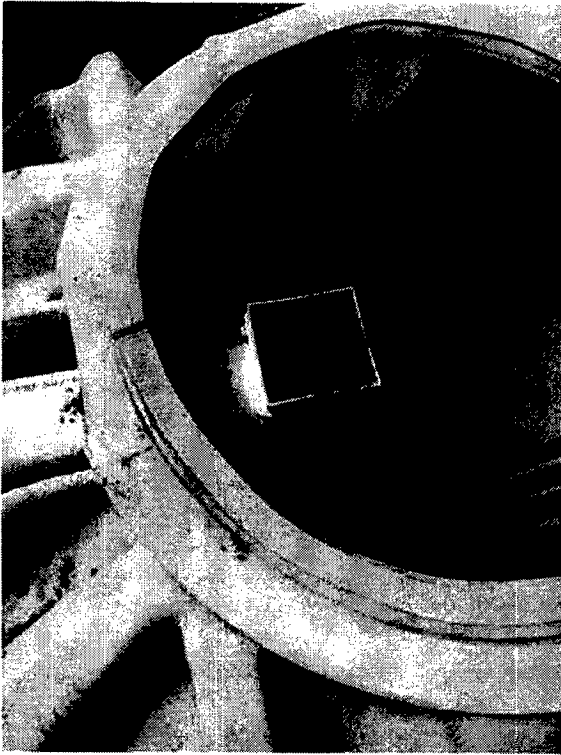
 Date



8-6-2019

1674 170th st.
Winterset

Permit# 073-19



8-6-2019

1674 170th st.
Winterset

Permit# 073-19

