

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

TRANSFEROR:

Name Jerry Laverne Lockey

Address 1747 Warren Ave Norwalk IA 50211
Number and Street or RR City, Town or P.O. State Zip

TRANSFeree:

Name Larry Gene Wamsher

Address 6301 SW 7th St Des Moines IA 50315
Number and Street or RR City, Town or P.O. State Zip

Address of Property Transferred:

1747 Warren Ave Norwalk IA 50211
Number and Street or RR City, Town or P.O. State Zip

Legal Description of Property: (Attach if necessary)

The South Half (1/2) of the Southeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Twelve (12), Township Seventy-six (76) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, EXCEPT that part thereof conveyed for road purposes, as shown in Warranty Deed filed in Deed Record 94, Page 63 on July 29, 1966, 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:

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

Signature:  Telephone No.: (515) 313-6778
(Transferor or Agent)

GROUNDWATER HAZARD STATEMENT

ATTACHMENT #1

NOTICE OF WASTE DISPOSAL SITE

a. Solid Waste Disposal (check one)

- There is a solid waste disposal site on this property, but no notice has been received from the Department of Natural Resources that the site is deemed to be potentially hazardous.
- There is a solid waste disposal site on this property which has been deemed to be potentially hazardous by the Department of Natural Resources. The location(s) of the site(s) is stated below or on an attached separate sheet, as necessary.

b. Hazardous Wastes (check one)

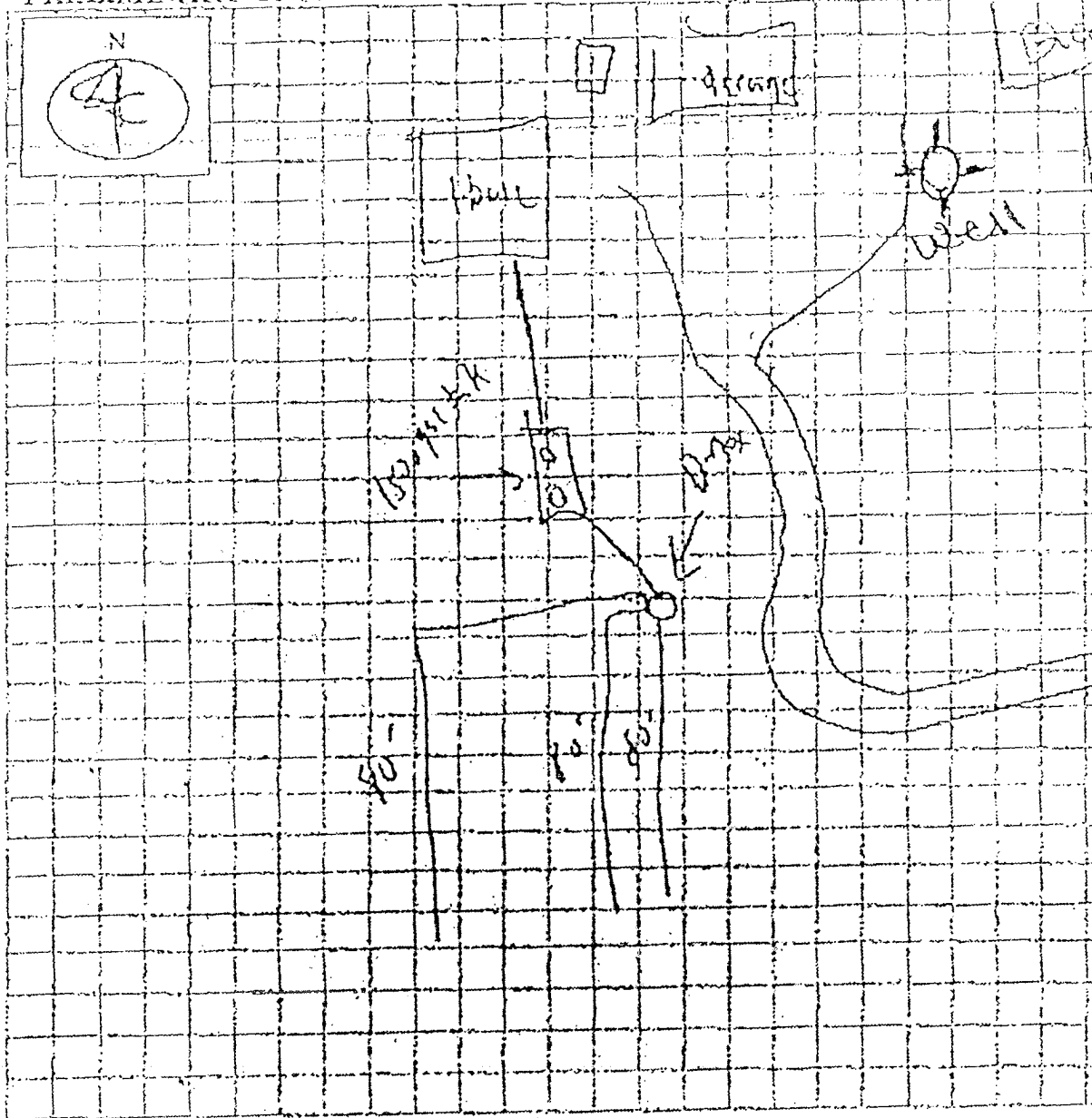
- N/A
- There is hazardous waste on this property and it is being managed in accordance with Department of Natural Resources rules.
 - There is hazardous waste on this property and the appropriate response or remediation actions, or the need therefore, have not yet been determined.

Further descriptive information:

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

Signature: *Jay Loley* Telephone No.: (515) 3136778
(Transferor or Agent)

PRELIMINARY ONSITE WASTEWATER TREATMENT SITE SPECIFICATIONS AND LAYOUT





BOB'S SEPTIC
2785 NE 46th Avenue
Des Moines, IA 50317
515-262-9174

TIME OF TRANSFER COVERSHEET

PROPERTY ADDRESS: 1747 WARREN AVENUE, NORWALK, IA 50211

OWNER/SELLER: JACKIE LOCKEY
ADDRESS: 1747 WARREN AVENUE, NORWALK, IA 50211
PHONE NUMBER: 515-360-6773
EMAIL: JACKIELOCKEY@ICLOUD.COM

SELLER'S REALTOR: AARON JAMES
ADDRESS: N/A
PHONE NUMBER: 515-371-7370
EMAIL: AKJONES@IOWAREALTY.COM

BUYER'S NAME: N/A
ADDRESS:
PHONE NUMBER:
EMAIL:

BUYER'S REALTOR: N/A
ADDRESS:
PHONE NUMBER:
EMAIL:

FEEL FREE TO CALL IF YOU HAVE ANY QUESTIONS!

515-262-9174

**BOB'S SEPTIC
DES MOINES, IA 50317
OFFICE@BOBSSEPTIC.COM**



Reset

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

Property information

Current owner JACKIE LOCKEY
 Buyer N/A Realtor AARON JAMES
 Mailing address 1747 WARREN AVENUE, NORWALK, IA 50211

Site Address/County 1747 WARREN AVENUE, NORWALK, IA 50211
 Legal Description S1/2 FRL SE NE

No. of bedrooms 2 Last occupied? CURRENT Records available NO

Permit/installation date N/A Separation distances ok/ no? OK

Septic system information

Septic tank(s): size 1500 GALLON material CONCRETE condition GOOD
 Tank pumped? YES date 8/23/2019 licensed pumper BOBS SEPTIC
 Septic/trash/processing tank: size _____ material _____ condition _____
 Tank pumped? _____ date _____ licensed pumper _____

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 YES outlets used 3 condition GOOD
 Header pipe(s) _____ # of lines _____ Pressure dosed? _____

Secondary treatment:
 length of absorption fields APPROX 240FT determined by PROBE & DIB
 condition of fields GOOD determined by HYDRAULIC TEST
 type of trench material ROCK

Size of sand filter _____ determined by _____
 Vent pipes above grade? _____ discharge pipe located? _____
 Effluent sample taken? _____ Results _____

Media filters: type _____
 Maintenance contract? _____ expiration date _____ service provider _____
 Condition _____

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



Time of Transfer Inspection Report

Other components:

Alarms NO Working? _____ disinfection _____ working? _____

Control box _____ Timers _____ inspection ports _____

Other components _____

Overall condition of the private sewage disposal system

Report system status SYSTEM IS OPERATING AS DESIGNED AT TIME OF INSPECTION.

Explain (attach additional pages as needed): About 300 gallons was put into system. All set backs are good. All plumbing from home goes to septic tank.


Comments: _____

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:  Date: 8/22/19
 Name (print): BRYCE BAILEY Certificate #: 11454
 Address: GALLON, INC. 2785 NE 46TH AVE. DES MOINES, IA 50317
 Phone # 515-331-0030

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

PRELIMINARY ONSITE WASTEWATER TREATMENT SITE SPECIFICATIONS AND LAYOUT

