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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

IRANSF				
Name	George J. Potzner and Julie	e R. Potzner		
Address	1684 - 170th Street, Winte	rset, Iowa 50273		
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name	Michael Buchhop and Karr	men Buchhop		
Address	660 - 2nd Street, Waukee,	Iowa 50263		
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: 70th Street, Winterset, Iowa	50273		
Nur	nber and Street or RR	City, Town or P.O.	State	Zip
$ \frac{\overline{X}}{\overline{X}} \overline{T} $ st 2. Solid $ \underline{X} \overline{T} $	ated below or set forth on a Waste Disposal (check o n here is no known solid wast	ed on this property. The type(s), n attached separate sheet, as ne	cessary.	
in 3. Hazar X Ti	Attachment #1, attached to dous Wastes (check one) here is no known hazardous	this document. s waste on this property. this property and information rela		
4. Under	rground Storage Tanks (cl	neck one)		
sr in	nall farm and residential mo structions.)	ound storage tanks on this proper tor fuel tanks, most heating oil tan age tank on this property. The ty	nks, cisterns and septic	c tanks, in
		sted below or on an attached sep		

5.	Private Burial Site (check one) X 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. X 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] Thi
sh	formation required by statements checked above should be provided here or on separate neets attached hereto:
	ne active well is located approximately 80 feet southeast of the dwelling house. ne active well is located approximately 1000 feet southwest of the dwelling house.
Się	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT. gnature: Telephone No.: (515) 971-9990 George J. Potzner



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

Property information
Current owner cearge Potaner
Buyer Michael Buch to Realtor W/A Mailing address 660 2ndst, Warker TA 50263
Mailing address 660 2ndst, Warker TA 50263
Site Address/County 1684 1784 ST. Winderset It 50273
Legal Description Same Ass ADD Ress
No. of bedrooms 3 Last occupied? Still There Records available upos Permit/installation date 6-96, Separation distances of no?
Permit/installation date Separation distances okono?
Septic system information
Septic tank(s): size 1250 gal material Cement condition Look's at the throat Tank pumped? Gless date 9-26-19 licensed pumper 400 Construction 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 36 Centralize 7ft Do Condition good
Distribution system: distribution box $\frac{1165 + 100}{100}$ outlets used 3 condition $\frac{100 \text{ Ks}}{100}$ of lines 3 Pressure dosed?
Secondary treatment: length of absorption fields 30 88 ft determined by Pitolas + Dug condition of fields Look of determined by Dug type of trench material 10" Shock
Size of sand filter determined by
Vent pipes above grade? discharge pipe located? Effluent sample taken? Results
Elliucht sample taken:
Media filters: type Maintenance contract? expiration date service provider Condition
NPDES General Permit No. 4: required? NOI provided



Time of Transfer Inspection Report

Other components: Alarms 40 Working? 40 disinfection 0 working?
Control box No Timers Ne inspection ports Geo
Other components Royer to Top of growing
Overall condition of the private sewage disposal system
Report system status pump is working alarm is working
Explain (attach additional pages as needed):
Comments: tees in tank Ryen to top of ground of DBOX in Plastic with General the to whit Speed Dist
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: Name (print): 7//en Aker Certificate #: 1023 Address: 22.04 175% T Winferset TA 50213 Phone # 515-468.0091
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

Des Moines, IA 50319

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