

Document 2019 GW3535

Book 2019 Page 3535 Type 43 001 Pages 5 Date 11/05/2019 Time 12:18:45PM Rec Amt \$.00 IND)

INDX ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

TRANSF	EROR:			
Name	Shawn Nigg			
Address	704 North 10th Avenue, W	Vinterset, IA 50273		
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name	Cynthia A. Norman and Li	isa M. Schumacher		
Address				
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: lliwell Valley Court, Winter	rset, IA 50273		
Nun	nber and Street or RR	City, Town or P.O.	State 2	Zip
<u>X</u> TI TI		ed on this property. The type(s), loca		s are
	ated below or set forth on a Waste Disposal (check o r	n attached separate sheet, as neces ne)	sary.	
<u>X</u> TI	nere is no known solid wast	e disposal site on this property.		
	•	al site on this property and information	on related thereto is pro	vided
	Attachment #1, attached to			
	dous Wastes (check one)			
	nere is no known hazardous		rate e e a companyon	
		this property and information related	tnereto is provided in	
	tachment #1, attached to the ground Storage Tanks (cl			
		ound storage tanks on this property.	(Note exclusions such	26
		otor fuel tanks, most heating oil tanks		
	structions.)	1231 talino, most nouting on talino	, sisterno and copilo tar	, 111
	,	rage tank on this property. The type(s), size(s) and any knov	wn
		sted below or on an attached separat		

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.
	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
Inf	ormation required by statements checked above should be provided here or on separate
sh	eets attached hereto:
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	////
Się	gnature:
	(Transferor or Agent)



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

Property information
Current owner Shawh Nigg Buyer Cunthia Norman - Lisa Schumoche Realtor Campon Campos Mailing address 662 - 26th 5t Des Moines It 50312
Site Address/County 2208 Halliwell Vallage of interset IA < Legal Description Same as Address
No. of bedrooms 3 Last occupied? 4-2019 Records available 400
Permit/installation date #18.02 Separation distances 60 no?
Septic system information
Septic tank(s): size 1500 material ment condition of Tank pumped? Ment date 10-18-19 licensed pumper condition Septic/trash/processing tank: size 20 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 400 outlets used 5 condition of Header pipe(s) 400 # of lines 4 Pressure dosed?
Secondary treatment: length of absorption fields determined by probe & map condition of fields look ok at the standetermined by probe to great type of trench material paper to Sock
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?



Time of Transfer Inspection Report

Other components:
Alarms Working? disinfection working?
Control box No Timers No inspection ports Rizes on tout
Other components Clean out By house
Overall condition of the private sewage disposal system
Report system status Every Thing looks ok at sthis time
Report system status <u>Every Thing looks of at statio time</u> Explain (attach additional pages as needed): <u>May want to move postury</u> pun Line more south
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: Allen akers Name (print): Allen Akers Address: 2204 1754 ct wintaset IA 50273 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 th St. Des Moines, IA 50319

Permit # 018-02

2208 Holliwell Valley Ct.

