

Document 2019 GW3537

Book 2019 Page 3537 Type 43 001 Pages 6 Date 11/05/2019 Time 12:24:29PM

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

IRANSF				
Name	Dennis and Linda Kraft			
Address	2938 187th Street, Wint	terset, IA 50273		
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE:			
Name	Benjamin and Adrienne			
Address	1509 West South Street,	Winterset, IA 50273		
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: 7th Street, Winterset, IA 5	0273		
Nur	mber and Street or RR	City, Town or P.O.	State	Zip
T st 2. Solid T in	ated below or set forth on Waste Disposal (check of here is no known solid wa here is a solid waste dispo Attachment #1, attached	ated on this property. The type(s), loc an attached separate sheet, as neces one) aste disposal site on this property. osal site on this property and informati to this document.	ssary.	
X TI TI At 4. Under X TI sr	here is hazardous waste of ttachment #1, attached to rground Storage Tanks (here are no known underg mall farm and residential n	ous waste on this property. on this property and information related this document.	(Note exclusions such	ı as
T		orage tank on this property. The type		

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]
	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
	ormation required by statements checked above should be provided here or on separate
sh	eets attached hereto:
	The well is close to the creek where the creek
	goes under the road. There is a line that runs west to the house where the pressure tank is located.
	west to the house where the pressure tank is located.
	The water has not been tested and has only been used for twestack
	Since the 1990's.
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	1/ be
Sig	mature:
٠	(Transferor or Agent)



Time of Transfer Inspection Report

Property Information

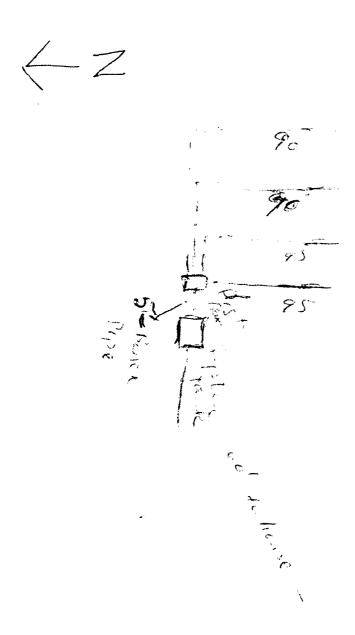
Current Owner:	Dennis Kraft								
Buyer: Realtor:				•					
Mailing Address: 2938 187th St, Winterset									
Site Address/County:	2938 187t	h St, Winterset/ N	Madison						
Legal Description			······································						
No. of bedrooms:	4	Last occupied:	Current	Records ava	ailable:	Yes			
Permit/ installation date:	4-30-	1976	Separation distance	s (ok/no?):					
Septic System Information	<u></u>			_					
Septic tank(s): Size:	1500	Material	: Concrete	Condition:	Poor				
Tank pumped? □ Y	N D	ate:	Licensed pump	oer:					
Septic/Trash/Processing	tank: Size:	A	Material:	Cor	ndition:				
Tank pumped? \Box Y	\square N D	ate:	Licensed pump	per:					
Aerobic treatment unit (A	ATU) mfgr	*************************************		Si	ize	-			
Tank pumped? $\square Y$	\square N D	ate:	Licensed pur	nper:					
Maintenance contract?	\square Y \square N	Expiration of	late:	Service provid	er:				
Condition:				•					
Pump tanks/vaults:	Гуре:	\$	Size:	Condition:		·			
Distribution system:	Distribution b	ox ye	s Outlets used	4	Condition:	Poor			
Header p	ipe(s):	4"sdr135 N	o. of lines: 4	Pressure	dosed?	no			
Secondary Treatment:	**************************************		***************************************	-					
Length of absorption fiel	lds:	4x93'	Determined b	y: Cou	nty Map				
Condition of fields:	75% work	ing	Determined b	y: Hyd	raulic				
Type of trench material:	Roc	k and pipe							
Size of sand filter:			Determined b	y:					
Vent pipes above grade?	\square Y \square 1	N	Discharge pip	e located?	□Y□N				
Effluent sample taken Results:									
Media Filters: Type:	440000000000000000000000000000000000000								
Maintenance contract?									
Condition:									
NPDES General Permit	No. 4: Rec	quired? □ Y□	N Permitted?	\square Y \square N	NPDES General Permit No. 4: Required?				

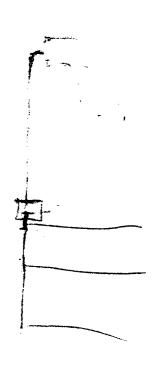


Time of Transfer Inspection Report

Other components:						
Alarms: $\square Y \nearrow N$	Working:	\square Y \square N	Disinfection:	\square Y \square N	Working:	\square Y \square N
Control Box: Timers: Inspecti		Inspection	on Ports:			
Other components:			······································			
Overall condition of the	private sewa	age disposal syst	em:			-,,-,,,,
Report system status:	Syste	m not working p	roperly at Inspecti	on	1	
Explain (attach addition	al pages as r	needed):	All plumbing g	oes to septic.	Tank baffle I	has fallen over.
D-box has slight rot and	is cracked,	but concrete arou	and it is keeping it	together. D-be	ox still holds	liquid.
Comments: We	est lateral di	d not take water.	There are no speed	d levelers in th	ne D-box. Ho	me owner
is planning on replacing	the tank. Ju	st needs to know	what to do with th	e secondary to	reatment.	
Site status at conclusion	of Time of	Transfer inspecti	on:		***************************************	
Power is on to allRevisit all comporGather all tools for	 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 Ir	ispector:	Bu Be	IN	Dat	te: 9-	-22-19
Name (print):	Ben Bedwell			Certificate	#:	11612
Address: 1106 N	6th St Unit	42, Indianola				
Phone #: 515-6	81-2053					<u> </u>
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





Huff Well L.L.C.

133 S 10th Ave Winterset, Ia 50273

Invoice

Date	Invoice #	
10/20/2019	564	

Bill To	,
Dennis Kraft	
2938 187th St	
Winterset IA 50273	

P.O. No.	Terms	Project		

Quantity	Description	Rate	Amount
Quantity	DENNIS G. KRAFT 01-88 LINDA D. KRAFT 2938 - 187TH ST. PH. 515-462-2685 WINTERSET, IA 50273-8150 PAYTOTHE FORDER OF FAFF WELL C. PAYTOTHE FORDER OF FAFF WELL C. PARMERS & MERCHANTS MEMO Septic Tauk T Lakerak	72-314/739 DATE 10/28	Amount 850.00 6,850.00 7.00% 0.00 16721 18721 18850.00 OLLARS 1
			Faid
-		Total	\$6,850.00