

Book 2019 Page 4043 Type 43 001 Pages 7 Date 12/19/2019 Time 3:42:46PM

Rec Amt \$.00

INDX **ANNO SCAN**

LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT

TO BE COMPLETED BY TRANSFEROR

IKANSF						
Name	Patricia J. Mortvedt					
Address	2259 Kippy Ridge Court, V	Vinterset, IA 50273				
	Number and Street or RR	City, Town or P.O.	State	Zip		
TRANSF						
Name	Bruce Wangler and Nicole					
Address	2259 Kippy Ridge Court, Winterset, IA 50273					
	Number and Street or RR	City, Town or P.O.	State	Zip		
	of Property Transferred: opy Ridge Court, Winterset, l	(A 50273				
Nun	nber and Street or RR	City, Town or P.O.	State	Zip		
<u>X</u> TI	(check one) nere are no known wells situ	ated on this property.	cation(s) and legal s	tatus are		
sta 2. Solid X Th Th	ated below or set forth on an Waste Disposal (check on the check of th	a attached separate sheet, as nece b) e disposal site on this property. Il site on this property and informat	essary.			
<u>X</u> Th — Th — At	tachment #1, attached to thi	this property and information relate s document.	ed thereto is provided	d in		
<u>X</u> The service of th	nall farm and residential mot structions.) nere is an underground stora	eck one) und storage tanks on this property or fuel tanks, most heating oil tank age tank on this property. The type ted below or on an attached separ	ss, cisterns and septi e(s), size(s) and any	ic tanks, in known		

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
_	
	formation 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.
	The state of the s
Sic	gnature:
•	(Transferofor Agent)



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

Property information
Current owner PATTI MOTTURE T Buyer Bruce & Nicole WANGler Realtor SQRAH COWMAN Mailing address 2259 Kiffy Ridge CT, Winterset, 74 50273
Buyer Bruce & Nicole WANGLES Realtor SORAH COWMAN
Mailing address 2259 Kiffy Ridge CT WINTERS.et IN 50273
Site Address/County SAME AS ABOVE MAdison to
Legal Description AS ABSTRACT /
No. of bedrooms 4 Last occupied? Present Records available Yes
Permit/installation date 009-17 Separation distances ok/no? 0k
Septic system information
Septic tank(s): size 500 94 material CONCLETE condition OK Tank pumped? M() date licensed pumper See Motes Septic/trash/processing tank: size material condition Tank pumped? date licensed pumper
Aerobic treatment unit (ATU) mfgr size
Pump tanks/vaults: type Pressure size 50194/ condition OK
Distribution system: distribution box outlets used condition Header pipe(s) # of lines Pressure dosed?
Secondary treatment: Secondary treatment:
Size of sand filter 15 x 50 determined by 0004 Record Vent pipes above grade? Yes 000 discharge pipe located? Yes Effluent sample taken? 00 Results 00 Flow To Sample
Media filters: type Sand Fiften Maintenance contract? YES expiration date 2019 service provider WARREN Booton Condition No 1015charge
NPDES General Permit No. 4: required? permitted? NOI provided

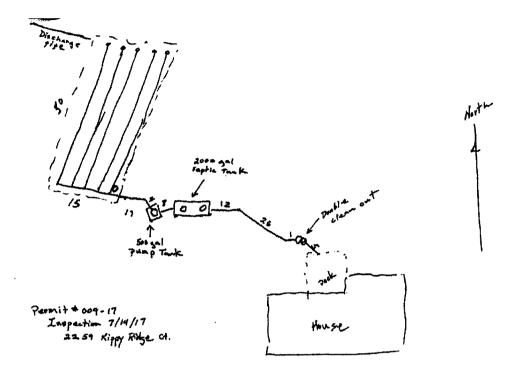


Time of Transfer Inspection Report

Other components:
Alarms VES Working? VES disinfection UO working?
Control box Timers inspection ports Finds of Pressure Sound Filter
Other components NONE
Overall condition of the private sewage disposal system
Report system status <u>See AHMEHEO PAGES</u>
Explain (attach additional pages as needed):
Comments: EFFUENT FILTER WAS PLUGGED AT TIME OF TWSPECTION PLEASE ALWAYS CLEAN FILTER AT LEAST ONCE A YEAR
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): Address: Phone #
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. 9 th St. Des Moines, IA 50319

Time of Transfer Report System Status

Address: 2259	Kippy Ridge CT Date f, Fd 50273 Technician	: 12-9-19		
Comments: WINT-ETS &	Technician	: Brian Rinard		
ALL WASTE	WATER From House Af	Rears 78		
PRAIN INTO SOPTIC	system. 1500 9410N/5	BO GALLIN		
COMBINATION SOPTIC TANK WITH HAD RISERS				
AND effulent Filter. All IN working Condition				
- 1	AND Cycled pump seve	4 .		
	EKED AT TIME OF THE			
A '	CEA'S ON Pressurized.	•		
BED AND EVERYTHING PROBED OK-(DRY)				
EFFUENT FILTER WAS Cleaned AT TIME OF FUSPELTION				
	is Not A quaranter	•		
	THAT THE SepTRE SYS			
	Udition AT TIME UF Th			
	DIAGRAM OF SYSTEM	•		
NOTE. SOPTIC TANK	See			
WAS NOT pumped Because it WAS				
INSTALLED NEW	County			
IN 2017	Records			
·				



Contract of the second of the

NO DISCHARGE SAMPLE FORM

I hereby certify that I attempted to obtain an effluent sample from the onsite wastewater discharge point at:			
NAME: PATTI MORTVed +			
ADDRESS: 2259 Kippy Ridge CT			
Winterset, IA			
I attempted to obtain a sample of the above onsite wastewater system, but found no evidence of an effluent discharging. I inspected the system for any signs of surface discharge, erosion, soil staining, etc. There did not appear to be any evidence of flow in the last six months. I will continue to monitor the system in accordance with Iowa Administrative Code 567-Chapter 69.2(455B) and Iowa Administrative Code 567-Chapter 64, General Permit # 4 Rules and the County specified sampling dates.			
Upon inspection of the system, the discharge pipe is:			
DATE AND TIME OF			

upon inspection of the system, the discharge pipe is:
clean and cleared of debris
covered or I was unable to locate the discharge
X other NO FLOW to SAMPLE
A Denice 100 FLOW 10 SAMPLE
DATE AND TIME OF CO.
DATE AND TIME OF 930 Am /12-9-19
/ 1
SAMPLER NAME: BRIAN
THE A PROTECTION OF A PARTIES AND A PARTIES
MAINTENANCE CONTRACTOR (Company Name, if used)
γ
Country Side Septic
* Cycled pump several times AND STILL HAD NO DISCHAIGE AT TIME OF INSPECTION.
-x cycles pomp several lines.
140 1-in How Mis Discharge
AND STILL TIME NO DISCHARGE
1 12 AF TA/SAOCTION
At The or I worker.