

Book 2019 Page 4103 Type 43 001 Pages 5 Date 12/26/2019 Time 3:05:09PM

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

TRANSF	EROR:			
Name	Dawn Wright, F/K/A Dawn	Pettit		
Address	1821 260th Street, Winterset	t, IA 50273		
	Number and Street or RR	City, Town or P.O.	State	Zip
TRANSF	EREE: Schumacker-Ke	Schumacker - KB		
Name	Nicholas Schumacher and E			
Address	5400 N.W. Torgerson Drive,	, Des Moines, IA 50310		
	Number and Street or RR	City, Town or P.O.	State	Zip
	of Property Transferred: 50th Street, Winterset, IA 5027	73		
Nu	mber and Street or RR	City, Town or P.O.	State	Zip
in the Offic	ce of the Recorder of Madison Count	s shown in Plat of Survey filed in Book 201: y, Iowa.		-,
	(check one)			
	here are no known wells situa		tion(a) and lovel sta	
		on this property. The type(s), locar attached separate sheet, as necess		itus are
	Waste Disposal (check one)	•	ary.	
	here is no known solid waste			
	here is a solid waste disposal Attachment #1, attached to the	site on this property and information	n related thereto is p	provided
	rdous Wastes (check one)	iis document.		
	here is no known hazardous v	vaste on this property.		
T	here is hazardous waste on th	nis property and information related	thereto is provided	in
	ttachment #1, attached to this			
	rground Storage Tanks (che		NI_4	-l
sr		nd storage tanks on this property. (or fuel tanks, most heating oil tanks,		
T	here is an underground storag	ge tank on this property. The type(sed below or on an attached separate		



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

Property information

6-2009

Correct owner Dann Wright
Buyer Nick + 612 3chumacker Reallor Home Start Realist Bet Breading) Mailing address 5400 NW Torgen Son Drive DES MOINES, 1A 50310
Site Address/County 1821 240th of Winterset IA 50273 Legal Description Same as address
No. of bedrooms 3 Last occupied? 5t. 11 Here Records available 400
Permit/installation date 4058-15 Separation distances 600007
Septic system information Septic tank(s): size 1500 feel material Carrest condition look of at this term Tank pumped? 400 date 11-15-19 licensed pumper 400 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 size condition
Distribution system: distribution box Electric 4 Comment outlets used 3 condition looks of Header pipe(s) 26.25 # of lines 3 Pressure dosed?
Secondary treatment: length of absorption fields 3- /asft determined by probe 7 Majo condition of fields - which allowed determined by probe to Majo type of trench material Champians
Size of sand filter
Media filters: type Maintenance contract? expiration date service provider Condition
NPDBS General Permit No. 4: required? NOI provided

542-1



Time of Transfer Inspection Report

Other components: AlarmsM Working? disinfection working?
Control box 10 Timers 10 inspection ports Chan out at hous
Other components Rigers on tank
Overall condition of the private sewage disposal system
Report system status 1500 gol Coment tank 2 Compartment
Explain (attach additional pages as needed):
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 Date: 11-15-19 Name (print): Allen Akers Certificate #: 1013 Address: 2204 175 act winterset TA 50273 Phone # 515-462-1018
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 B. 9 th St. Des Moines IA 50319

