



Document 2020 GW2272

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Date 6/26/2020 Time 2:10:47PM

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**

**TRANSFEROR:**

Name Colton Eyerly and Samantha Eyerly

Address 1671 Fox Trl., Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

**TRANSFeree:**

Name Dewey Eyerly and Mary Eyerly

Address 3333 Hwy 169, Lorimor, IA 50149

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

1686 Fox Trail, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) Parcel "A" located in the Northeast Quarter (1/4) of the  
Northeast Quarter (1/4) of Section Eighteen (18), Township Seventy-five (75) North, Range Twenty-eight (28) West of the 5th  
P.M., Madison County, Iowa, containing 8.009 acres, as shown in Plat of Survey filed in Book 2020, Page 1328 on April 20,  
2020, in the Office of the Recorder of Madison County, Iowa.

**1. Wells (check one)**

☐ There are no known wells situated on this property.

☒ There is a well or wells situated on this property. The type(s), location(s) and legal status are stated below or set forth on an attached separate sheet, as necessary.

**2. Solid Waste Disposal (check one)**

☒ There is no known solid waste disposal site on this property.

☐ There is a solid waste disposal site on this property and information related thereto is provided in Attachment #1, attached to this document.

**3. Hazardous Wastes (check one)**

☒ There is no known hazardous waste on this property.

☐ There is hazardous waste on this property and information related thereto is provided in Attachment #1, attached to this document.

**4. Underground Storage Tanks (check one)**

☒ There are no known underground storage tanks on this property. (Note exclusions such as small farm and residential motor fuel tanks, most heating oil tanks, cisterns and septic tanks, in instructions.)

☐ There is an underground storage tank on this property. The type(s), size(s) and any known substance(s) contained are listed below or on an attached separate sheet, as necessary.

**5. Private Burial Site (check one)**

- ☒ 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 \_\_\_\_\_.

**Information required by statements checked above should be provided here or on separate sheets attached hereto:**

Two wells- one on south edge of yard and the other located southwest of house approximately 200 feet.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM  
AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature: \_\_\_\_\_

(Transferor or Agent)

Telephone No.: (515) 468-8208



# 031-20

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

## Property information

18-Lincoln

Current owner Colton Eyerly  
Buyer Dewey Eyerly Realtor \_\_\_\_\_  
Mailing address \_\_\_\_\_

Site Address/County 1686 Fox trail Winterset IA 50273  
Legal Description Same as address

No. of bedrooms 3 Last occupied? 5-20-20 Records available yes  
# 062-17

Permit/installation date 7-28-17 Separation distances ok/no?

## Septic system information

Septic tank(s): size 1500 gal material concrete condition looks good at this time  
Tank pumped? yes date 5-21-2020 licensed pumper yes St 435  
Septic/trash/processing tank: size \_\_\_\_\_ material \_\_\_\_\_ condition \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_

Aerobic treatment unit (ATU) mfg \_\_\_\_\_ size \_\_\_\_\_  
Tank pumped? \_\_\_\_\_ date \_\_\_\_\_ licensed pumper \_\_\_\_\_  
Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_  
Condition \_\_\_\_\_

Pump tanks/vaults: type \_\_\_\_\_ size \_\_\_\_\_ condition \_\_\_\_\_

Distribution system: distribution box concrete outlets used \_\_\_\_\_ condition \_\_\_\_\_  
Header pipe(s) plastic # of lines \_\_\_\_\_ Pressure dosed? no

## Secondary treatment:

length of absorption fields 3- @ 100 ft determined by map + probe  
condition of fields look ok at this time determined by grid + probe  
type of trench material chambered

Size of sand filter no determined by \_\_\_\_\_  
Vent pipes above grade? \_\_\_\_\_ discharge pipe located? \_\_\_\_\_  
Effluent sample taken? no Results \_\_\_\_\_

Media filters: type \_\_\_\_\_  
Maintenance contract? \_\_\_\_\_ expiration date \_\_\_\_\_ service provider \_\_\_\_\_  
Condition \_\_\_\_\_

NPDES General Permit No. 4: required? no permitted? \_\_\_\_\_ NOI provided \_\_\_\_\_

Mike  
okayed  
stuck



## Time of Transfer Inspection Report

Other components:

Alarms No Working? — disinfection No working? —

Control box No Timers No inspection ports Rises to top of ground

Other components has clean out by house

Overall condition of the private sewage disposal system

Report system status Everything looks ok at this time

Explain (attach additional pages as needed): has filter in tank

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.

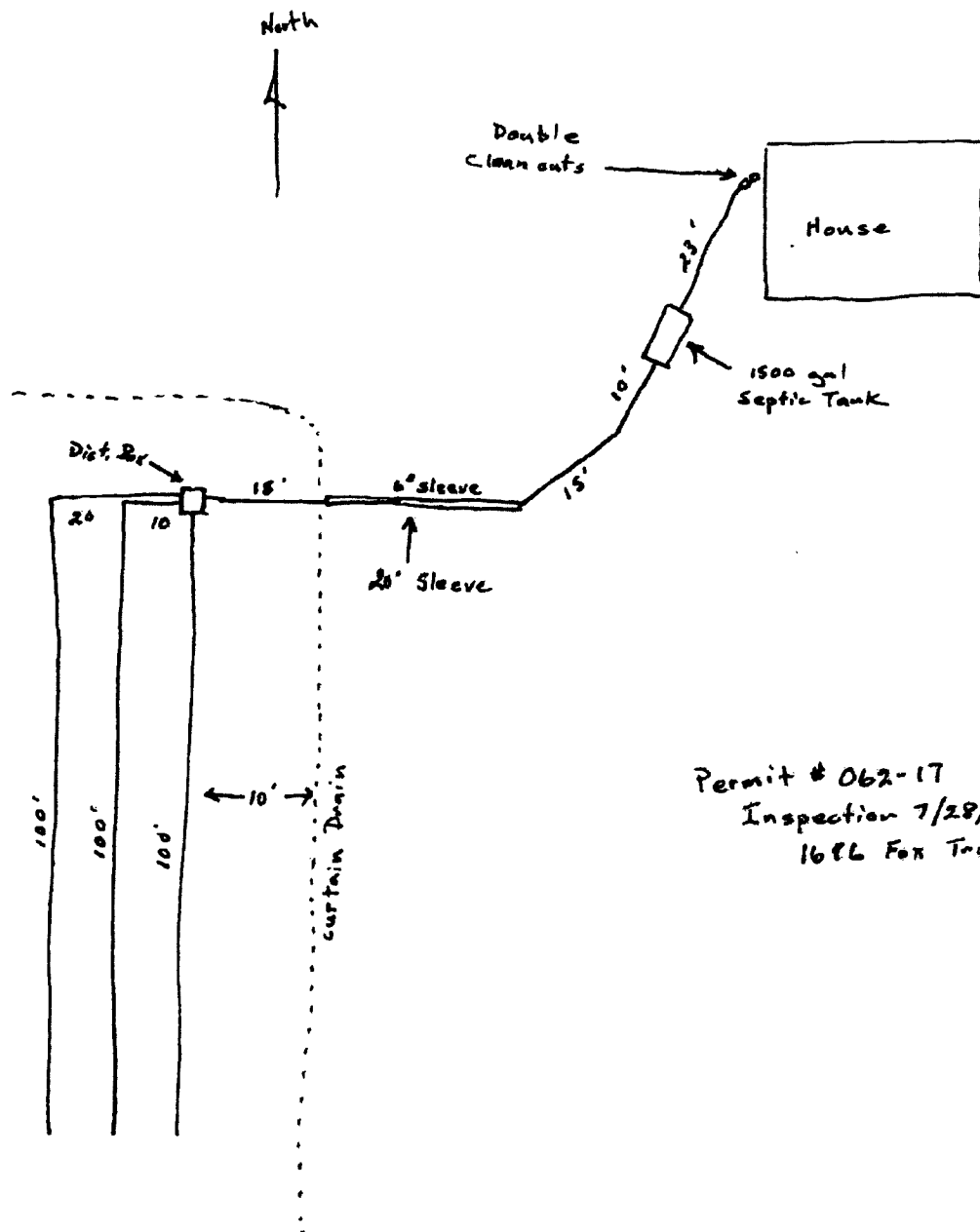
Using this worksheet, write a narrative report of the inspection results and attach a site sketch.

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: 5-21-2020  
Name (print): Allen Akers Certificate #: 1023  
Address: 2204 175th St Winterset 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<sup>th</sup> St.  
Des Moines, IA 50319



Permit # 062-17  
Inspection 7/28/17  
1686 Fox Trail