

Document 2020 GW2484

Book 2020 Page 2484 Type 43 001 Pages 5 Date 7/13/2020 Time 1:34:10PM

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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	Ruby O'Brien				
Address 17200 W. Bell Road, #2328, Surprise, AZ 85374					
	Number and Street or RR	City, Town or P.O.	State	Zip	
TRANSF	EREE:				
Name	Dale G. Wulf				
Address	613 12th Ave. North, Clinton	on, IA 52732			
	Number and Street or RR	City, Town or P.O.	State	Zip	
	of Property Transferred: ple Court, Winterset, IA 502	273			
Nur	nber and Street or RR	City, Town or P.O.	State	Zip	
	e 5th P.M., Madison County, Iowa, enty-seven (27) West of the 5th P.M	and in Sections Seven (7) and Eighteen (18) of M., Madison County, Iowa,	of Township Seventy-six (7	76) North,	
	(check one)				
	nere are no known wells situ				
		ed on this property. The type(s), locan attached separate sheet, as necess		is are	
	Waste Disposal (check on		sai y.		
	• •	e disposal site on this property.			
		al site on this property and informatio	n related thereto is pr	ovided	
	Attachment #1, attached to	this document.	·		
	dous Wastes (check one)				
	nere is no known hazardous	• • • • • • • • • • • • • • • • • • • •			
	nere is nazardous waste on tachment #1, attached to thi	this property and information related	thereto is provided in	í	
	ground Storage Tanks (ch				
<u>X</u> Tł sn	nere are no known undergro	ound storage tanks on this property. tor fuel tanks, most heating oil tanks,			
		age tank on this property. The type(sated below or on an attached separate			

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)
٠.	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
Inf	ormation required by statements checked above should be provided here or on separate
	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 THE IN CHARACTER STATES ADOTE IS TRUE AIR COUNTED.
Sic	nature: Man 1. Amete, Attorney Tolenhone No. 515-462-3731



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

Property information
Current owner Ruby O'Brian Buyer Dale Wolf Realtor Mark Smith
Mailing address
Site Address/County 1789 Maple Cf Winterset IA 50273  Legal Description Same as address
No. of bedrooms 3 Last occupied? Still there Records available yes
Permit/installation date 135-05 Separation distances 62 no?
Septic system information  Septic tank(s): size 1500 2 Comparation Consent condition Looks ok attheotime
Tank pumped? 4es date 6-15-2020 licensed pumper 4es 5+455  Septic/trash/processing tank: size material condition
Tank pumped? date licensed pumper  Aerobic treatment unit (ATU) mfgr size
Aerobic treatment unit (ATU) mfgr size  Tank pumped? date licensed pumper  Maintenance contract? expiration date service provider  Condition
Pump tanks/vaults: type size condition
Pump tanks/vaults: type size condition  Distribution system: distribution box plantic t carent outlets used condition lookes k at this to Header pipe(s) # of lines Pressure dosed? lookes k at this to the lines Pressure dosed? lookes k at this to the lines pressure dosed? lookes k at this to the lines pressure dosed? lookes k at this to the lines pressure dosed? lookes k at this to the lines pressure dosed? lookes k at this to the lines pressure dosed? lookes k at this to the lines pressure dosed? lookes k at this to the lines pressure dosed? lookes k at this lookes k
Secondary treatment:  length of absorption fields 3-94ff  condition of fields look's of determined by map t uncorrected  type of trench material Chambers  determined by map t uncorrected
Size of sand filter
Media filters: type
NPDES General Permit No. 4: required? No permitted? NOI provided



## Time of Transfer Inspection Report

Other components:	The state of the s
Alarms Norking? —	disinfection 20 working?
Control box Ro Timers Ro	inspection ports <u>Yess</u>
Other components <u>Filter</u> in tank	
Overall condition of the private sewage disposal sys	· · · · · · · · · · · · · · · · · · ·
Report system status Everything los	Ks ok at this time
Report system status <u>EveryThing love</u> Explain (attach additional pages as needed): <u>has</u> # Lid with Filter in it	e Rizer on tank 6" page
Comments:	
	188 - 188 -
Site status at conclusion of Time of Transfer inspective.  Verify that controls are set on the approximation.	··
Power is on to all components.	
Revisit all components to verify lids	s are secure.
Gather all tools for removal from the	
<ul> <li>Verify that no sewage is on the ground</li> </ul>	and surface.
Using this worksheet, write a narrative report of th	e inspection results and attach a site sketch.
This report indicates the condition of the private set the inspection. It does not guarantee that it will continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it will be a subject to the continue that it wil	
Signature of Certified inspector: Ollen	2kers Date: 6-18-2020
Name (print): Allen Akecs	. Certificate #: 1023
Name (print): Allen Akers Address: 2204 1252 ct win	terset IA 50273
Phone # 513-462-1015	to that the following
and the second s	The stands of the second stands in the second stands of the second stand
Provide a copy of this report, the narrative report a county sanitarian/environmental health office, county	
conducted and to;	ancy Recorder in the county the hispection was
Iowa DNR Onsite Wastewater Program	
502 E. 9 <sup>th</sup> St.	· · · · · · · · · · · · · · · · · · ·
Des Moines, IA 50319	

## Permit # 135-05 O'Brien Inspection 11/28/05

