

Document 2020 GW2574

Book 2020 Page 2574 Type 43 001 Pages 4 Date 7/20/2020 Time 11:57:08AM Rec Amt \$.00 IND

INDX **ANNO** SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT TO BE COMPLETED BY TRANSFEROR

TRANSF	EROR:							
Name	Daniel Anderson and Debra Anderson							
Address	4838 Fable Hill Pkwy N., Hugo, MN 55038							
	Number and Street or RR	City, Town or P.O.	State	Zip				
TRANSF	EREE:							
Name	Virginia Marie Hawthorne	and Daniel B. Hawthorne						
Address	1780 Meadow Valley Cou	rt, Winterset, IA 50273						
	Number and Street or RR	City, Town or P.O.	State	Zip				
	of Property Transferred: adow Valley Court, Winter	set, IA 50273						
Nur	nber and Street or RR	City, Town or P.O.	State	Zip				
✓ TI — TI st	ated below or set forth on a	ed on this property. The type(s), k in attached separate sheet, as nec		atus are				
√_ TI TI in	nere is a solid waste dispos Attachment #1, attached to	te disposal site on this property. cal site on this property and informate of this document.	ation related thereto is	provided				
<u>√</u> TI — TI — At	tachment #1, attached to th	s waste on this property. this property and information relat his document.	ed thereto is provided	in				
,	ground Storage Tanks (c	•						
sn in:	nall farm and residential mostructions.)	ound storage tanks on this property otor fuel tanks, most heating oil tan	ks, cisterns and septic	tanks, in				
		rage tank on this property. The typ sted below or on an attached sepa						

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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)
U.	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.
	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:
U	
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	/ M 1
	A 11 7 M
Qi.	gnature:
သုပ္	gnature: Telephone No.: 3/3 48/-3 to 1
	(Calabara a rigary)



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

Property information

Current owner Tori DeRonde
Buyer Daniel Anderson Realtor Anne Timmins
Mailing address 1780 Meadow Valley Ct, Winterset
Site Address/County 1780 Meadow Valley Ct, Winterset Madison Co Legal Description
No. of bedrooms 6 Last occupied? no Records available
Permit/installation date Separation distances ok/ no?
Septic system information
Septic tank(s): size 2000 gal material Concrete condition working condition Tank pumped? YES date 10/9/18 licensed pumper Forest septic 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 <u>Plastic</u> outlets used _6 condition <u>working condition</u> Header pipe(s) # of lines Pressure dosed?
Secondary treatment: length of absorption fields determined by condition of fields determined by type of trench material
Size of sand filter 30ft x 48ft determined by County record/probe Vent pipes above grade? YES discharge pipe located? YES Effluent sample taken? YES Results Awaiting results
Media filters: type Maintenance contract? expiration date service provider Condition
NPDES General Permit No. 4: required? permitted? NOI provided



Time of Transfer Inspection Report

Other componen Alarms	its: Working?	disinfection	working?
Control box	Timers	inspection ports	
Other componen	ıts		
Overall condition	n of the private sewage dispos	sal system	
Report system st	atus		
tank with <u>risers and outle</u> tested the 30ft x 48ft san	et filter in working condition. nd filter with 400 gal waster.	. Plastic distribution box in w	om house to septic. 2000 gal concrete torking condition. Hydraulic load d probed dry and clean. Collected
VPRC	nclusion of Time of Transfer is Verify that controls are set on to one of the components. Revisit all components to verify that no sewage is on the verify that no sewage is on the controls.	the appropriate mode. fy lids are secure. om the site.	
Using this works	sheet, write a narrative report	of the inspection results and at	ttach a site sketch.
the inspection.	It does not guarantee that it writified inspector:	ate sewage disposal system at trill continue to function satisfac	etorily.
Address:Phone #	401 NE 52nd Ave, Des Moines, IA 5 515-745-8352	50313	
		port and sketch to the seller/age sanitarian/environmental heal	
Iowa DNR Private Sewage 502 E. 9 th St.	Disposal Program		

Des Moines, IA 50319