

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

TRANSFEROR:

Name Kevin P. Lone and Timothy A. Voy

Address IA

Number and Street or RR

City, Town or P.O.

State

Zip

TRANSFeree:

Name Yanhui Yu and Scott Iverson

Address 1717 Merriam Court, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

Address of Property Transferred:

1717 Merriam Court, Winterset, IA 50273

Number and Street or RR

City, Town or P.O.

State

Zip

Legal Description of Property: (Attach if necessary) Lot 6 of Hillcrest Subdivision, located in the East Half of the Northeast Quarter of Section 10, Township 76 North, Range 27 West of the 5th P.M., 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.

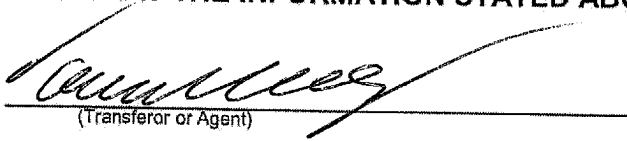
6. Private Sewage Disposal System (check one)

- 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:

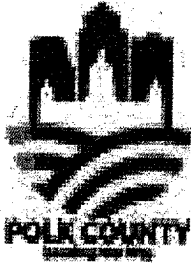
I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.

Signature: _____



(Transferor or Agent)

Telephone No.: 514-778-1613



COUNTY OF POLK
Public Works Department

Robert Rice, Director
5885 NE 14 Street
Des Moines, Iowa 50313
Ph 515.286.3705
Fax 515.286.3437

Time of Transfer (TOT) Inspection Review Coversheet

This coversheet must be completed and accompany all Iowa DNR TOT inspection forms.

Address of Property: 1717 Court ^{Memam} City: Winterset Zip: 50273

Property Owner/Seller: Tim Vay Email: timothy.vay@gmail.com
Address: 455 Galena City: Winterset Zip: 50273 Phone: 515-778-1013
W Apt 3211 Memam

Seller Real Estate Agent: Kelly Schall Email: robert.kelly@dsrrealtors.com
Phone: 515-250-2133

Buyer: Scott Iverson Email: vys.prospect@yahoo.com
Address: _____ City: _____ Zip: _____
Phone: 515-520-9951

Buyer Real Estate Agent: Kelly Schall Email: robert.kelly@dsrrealtors.com
Phone: 515-250-2133

If a Real Estate Agent(s) is not involved, enter "N/A".

Polk County will only accept coversheets and Iowa DNR inspection forms by email.

Email to: totinspection.review@polkcountyiowa.gov

Septic Inspection

Tim Voy (515-778-1613)

1717 Merriam Court

Winterset, Iowa 50273

Madison County

The septic system is in working condition at the time of the inspection. All pump components were in working order including breakers, alarms and GFI.

The sewage pump is breaker #34 and the alarm GFI is panel #2.

All effluent flows from the house to the septic tank pass the hydro test.

Scot Henss

Best Portable Toilets, Inc.

PO Box 3825

Urbandale, Iowa 50323

515-208-7481

#9160



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

Property information

Current Owner Tim Voy and Kevin Voy
Buyer Scott Iverson and Yanhui Yu Realtor Kelly Schall and Rob Langloss
Mailing Address _____

Site Address/County 1717 Merrim Court Waukegan IL 60073

No. of Bedrooms 4 Last Occupied? current Disposal? Y / N Softener? Y N H2O Supply? City

Records Available Yes Permit/Installation Date 9-30-16 Installer Sason DOP

Septic System Information

Septic Tank(s): Size 1500 Material Concrete Condition Working
Tank Pumped? 9-12-20 Yes Date 9-12-2020 Licensed Pumper Best Portable Toilets
Septic/Trash/Processing Tank: Size ~~1500~~ Material ~~Concrete~~ 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 Concrete Pump tank Size 500 Condition Working

Distribution System: Distribution Box Yes Outlets Used 5 Condition Working
Header Pipe(s) _____ Number of Lines _____
Pressure Dosed? _____

Secondary Treatment

Length of Absorption Fields 5x96' Determined by Probing + Pictures
Condition of Fields Working Determined by Probing + Visual inspection
Type of Trench Material PVC 36" Chambers

Size of Sand Filter _____ Determined by _____
Vent Pipes Above Grade? _____ Discharge Pipe Located? _____
Effluent Sample Taken? _____ Results _____

~~Media Filters: Type _____
Maintenance Contract? _____ Expiration Date _____ Service Provider _____
Condition _____~~

NPDES General Permit No. 4: Required? _____ Permitted? _____ NOI submitted _____



Time of Transfer Inspection Worksheet

Other Components

Alarms Yes Working? Yes Disinfection _____ Working? _____

Control Box _____ Timers _____ Inspection Ports _____

Other Components Caddy Box for electrical Junction

Overall condition of the private sewage disposal system

Acceptable? Yes Unacceptable? _____

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.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

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: [Signature] Date: 9-14-2020
 Name (print): Scott Heuss Certificate #: 9160
 Address: P.O. Box 3825 Urbandale 50323
 Phone #: 515-208-7481

Madison County
Office of Zoning and
Environmental Health

**Authorization to Construct a
Private On-site Wastewater
Treatment System (POWTS)**

112 N. John Wayne Drive
P.O. Box 152
Winterset, IA 50273-0152
Telephone: (515) 462-2636

Permit Number: 010-16

Date Issued: 04-7-2016

Issued to: Kevin Lone
Address: 1804 27th St.
Des Moines, IA 50310

Legal Description: Lot 6 3.39A Hillcrest Sub. PID# 400071020060000
Sec 10 T76N R27W Union TWP

POWTS Components Specifications 1500/500 gal. Septic/Pump Tank & 5 36" laterals @ 95'ea.

General Conditions:

1. System must be constructed in conformance with attached system layout, profiles, and cross-sections.
2. Structures must be constructed in conformance with 567 IAC Chapter 69 and the Madison County Environmental Health Regulations.
3. Permit shall be null and void if system is not constructed within one year of permit issuance. The Environmental Health Officer must approve any request for extension of permit.
4. The Environmental Health Officer must approve any design modifications to the permitted system prior to construction.
5. Once constructed, all system components must be uncovered for inspection and the system must be approved before it can be put into operation. Notice for inspection must be received with 24 hours in advance (8 a.m. through 4:30 p.m., Monday - Friday). If weather necessitates the need to cover the system components, then the system owner or contractor must notify and follow the procedures given by the Environmental Health Officer.

Special Conditions: Max. trench depth 24"



**Environmental Health Officer Assistant
Madison County
Office of Zoning and Environmental Health**