

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

**TRANSFEROR:**

Name James Scully, as Agent and/or Attorney-in-Fact for Eugene O. Scully

Address 2115 West Jones, Garden City, Kansas 67846  
Number and Street or RR City, Town or P.O. State  
Zip

**TRANSFeree:**

Name Jon R. Wiegert II

Address 1775 Windwood Trail, Prole, IA 50229  
Number and Street or RR City, Town or P.O. State  
Zip

**Address of Property Transferred:**

1773 Windwood Trail, Prole, IA 50229  
Number and Street or RR City, Town or P.O. State Zip

**Legal Description of Property: (Attach if necessary)**

Parcel "D" located in the Northwest Quarter (1/4) of the Southeast Quarter (1/4) of Section Eleven (11), Township Seventy-Six (76) North, Range Twenty-Six (26) West of the 5th P.M., Madison County, Iowa, containing 6.43 acres, as shown in Corrected Plat of Survey filed in Book 3, Page 250, on May 18, 1998, in the Office of the Recorder for 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: James Smith  
(Transferor or Agent)

Telephone No.: 620-287-1511



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

## Property information

Current owner Eugene Scully  
Buyer John Weigert Realtor none contract  
Mailing address 2115 West Jones Garden City Kansas 67846  
Site Address/County 1773 Windwood Trail Prole  
Legal Description \_\_\_\_\_

No. of bedrooms 2 Last occupied? NO Records available Yes

Permit/installation date 4-17-80 Separation distances OK no? \_\_\_\_\_  
# 1009

## Septic system information

Septic tank(s): size 750 material Concrete condition fair  
Tank pumped? yes date 1-8-20 licensed pumper Weigert 237  
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 yes outlets used 3 condition fair  
Header pipe(s) 3 # of lines 3 Pressure dosed? No

## Secondary treatment:

length of absorption fields 77ft @ 3 determined by probe  
condition of fields fair determined by probe & D box  
type of trench material ROCK

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 provided \_\_\_\_\_



## Time of Transfer Inspection Report

Other components:

Alarms \_\_\_\_\_ Working? \_\_\_\_\_ disinfection \_\_\_\_\_ working? \_\_\_\_\_

Control box \_\_\_\_\_ Timers \_\_\_\_\_ inspection ports \_\_\_\_\_

Other components \_\_\_\_\_

Overall condition of the private sewage disposal system

Report system status Fair for and older system

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. none

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: Mike Harkin Date: 1-8-20  
Name (print): MIKE HARKIN Certificate #: 9450  
Address: 3311 140th St Comming  
Phone #: 360-0399

Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or the person ordering the inspection, the county sanitarian/environmental health office, and to;

Iowa DNR  
Private Sewage Disposal Program  
502 E. 9<sup>th</sup> St.  
Des Moines, IA 50319