BK: 2020 PG: 3873

Recorded: 10/9/2020 at 1:24:33.0 PM

Pages 7

County Recording Fee: \$0.00 lowa E-Filing Fee: \$0.00 Combined Fee: \$0.00

**Revenue Tax:** 

LISA SMITH RECORDER Madison County, Iowa

#### **REAL ESTATE TRANSFER - GROUNDWATER HAZARD STATEMENT**

TO BE COMPLETED BY TRANSFEROR

TRANS	FEROR:	DE COMM EL LED BY HOURD ENCOR				
Name	Roger J. Benes and Janie	ce M. Benes				
Addres	s 1811 US Highway 169,	Winterset, IA 50273				
	Number and Street or RR	City, Town or P.O.	State	Zip		
TRANS	FEREE:					
Name	Mitchell Holeton and En	nily A. Holeton				
Address	Address 1811 US Highway 169, Winterset, IA 50273					
	Number and Street or RR	City, Town or P.O.	State	Zip		
	s of Property Transferred: S Highway 169, Winterset,	IA 50273				
١	lumber and Street or RR	City, Town or P.O.	State	Zlp		
Legal Description of Property: (Attach if necessary) Parcel "A", located in the Northeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Thirteen (13), Township Seventy-six (76) North, Range Twenty-eight (28), West of the 5th P.M., Madison County, Iowa, as shown in Plat of Survey filed in Book 3, Page 382, on February 16, 1999, in the Office of the Recorder of Madison County, Iowa.						
1. Well	s (check one)					
	There are no known wells s					
	There is a well or wells situa	ated on this property. The type(s), loca	ation(s) and legal sta	atus are		
		an attached separate sheet, as neces	sary.			
	d Waste Disposal (check of					
		ste disposal site on this property. osal site on this property and informatio	on rolated therete is	nva idad		
	n Attachment #1, attached		in related thereto is	provided		
	irdous Wastes (check one					
	There is no known hazardo					
		on this property and information related	thereto is provided	in		
	Attachment #1, attached to		·			
	erground Storage Tanks (					
<u> </u>	i here are no known underg small farm and residential m	round storage tanks on this property. notor fuel tanks, most heating oil tanks,	(Note exclusions su- cisterns and septic	ch as tanks in		
	nstructions.)					
·	There is an underground sto substance(s) contained are	orage tank on this property. The type(s listed below or on an attached separat	s), size(s) and any k e sheet, as necessa	nown Iry.		

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)
	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
Info	rmation required by statements checked above should be provided here or on separate
she	ets attached hereto:
-	
	I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM
	AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.
	<b>\$</b>
O:	1 17
Sigi	nature: Telephone No.: (515) 468-1521
	fire ment of tildenth



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

Property information
Current owner 2 de a 2
River CA FOR DIALOS
1/09 1100
Sitt Address/Country )
Legal Description As Adave MAdison
Legal Description As ABSTRACT MAdison (d
No. of bedrooms 4 Last occupied? Acaca L
Permit/installation date 0/5-13 Separation distances of 22
Separation distances ok/no?
Depute system information Repair Week
Septic tank(s): size
Tank number 1
Septic/trash/processing tank: size 5/05 9/4 material Doly condition of
Tank pumped? Voc
Aerobic treatment unit (ATU) mfgr Clear Tream size
Tank pumped? Ves date /// Size size
Maintenance contract? \( \frac{1}{2} \) expiration date \( \frac{1}{2} \) \( 1
Maintenance contract? Yes expiration date ZOZU service provider ALAN AKELS.
Notes Hers.
Pump tanks/vaults: type
condition
Distribution system: distribution
Header pipe(s) # of lines P condition
# of lines Pressure dosed?
Secondary treatment
length of absorption fields
containen of fields determined by
type of irench material determined by
Size of sand filter BIL-2000 Filter determined by County Record
Vest pipes above grade?  Effluent sample taken?  Vest pipes above grade?  discharge pipe located?
USURIUS INTO Located 2
RESULTS ) SO A A TITLE TO THE RESULTS A TITLE TO THE TITLE TO
Media filters: type
Maintenance contract?
Maintenance contract? expiration det
Maintenance contract? expiration date service provider
Maintenance contract? expiration date service provider
Maintenance contract? expiration date service provider  Condition  NPDES General Permit No. 4: required?
Maintenance contract? expiration date service provider  Condition expiration date service provider  NPDES General Pennit No. 4: required? permitted? NOI provided
Maintenance contract? expiration date service provider  Condition  NPDES General Permit No. 4: required?



## Time of Transfer Inspection Report

Olici components:
Alarms Yes Working? Yes disinfection working?
Control box inspection ports inspection ports ONE
Other components
Overall condition of the private sewage disposal system
Report system status See AHACHED PASES.
Explain (attach additional pages as needed):
Comments: AT Time OF INSPECTION LINEAR ACRETOR WAS NOT PRESENT AND WAS BEING REBUILD BY
ALAN AKUS AS OF 8-25-20 A erator 15 Working
Site status at conclusion of Time of Transfer inspection:
• Verify that controls
Verify that controls are set on the appropriate mode.
Power is on to all components.
<ul> <li>Revisit all components to verify lids are secure.</li> </ul>
• Gather all tools for removal from the site.
<ul> <li>Verify that no sewage is on the ground surface.</li> </ul>
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.
Francisco
Signature of Certified inspector: Date: 8-19-20
Name (print): Date: Date: Certificate #: 8805
Phone # 20 1/600 HOX 204 NORWAIK IN 5021/
110He#
Provide a copy of this report, the narrative report and sketch to the seller/agent, buyer/agent or he person ordering the inspection, the county sanitarian/environmental health office, and to;
owa DNR
Private Sewage Disposal Program 502 E. 9th St.
Des Moines, IA 50319

### Time of Transfer Report System Status

Address: 1811 Hwy 169 Date: 8-19-20	
Comments: Writerset DA 50273 Technician: Brian Rinard	
DRAW WASTEWATER From House Appears TO	
12/0 Saptile System. Jour gal Pre-Taul	
CRUISTICAM SEPTIC TANK HAD RISER AND	
WAS IN WORKING LONDITION. AT TYME OF	
INSPECTION HEVATOR WAS DOVE ( ALAN AKES THEIR MAINT	
fromair First taken it to Repuild Because it illect	
WORKING. HE HAS SINCE BUT IT BACK AND EVERTHING	
1) IN WORKENG CONDITION. EFFWORT Sample Posite Ano	
High possibly Because No Aeraton was present AT	
ARIGINAL Time OF INSPECTION. A BKZMIN WIAS	
Added to Replace ORIGINAU SOND-FILTER AND IS	
IN WERKING CONDITION:   THIS IS NOT A GUARANTER	
DIAGRAM OF SYSTEM THIS CEPTIFIES THAT HO	
See la good Condition	
A= Trans &P Tilenomic	Æ
County	
Records	

Person No. 015-13

Date of Impection: 4-26-13

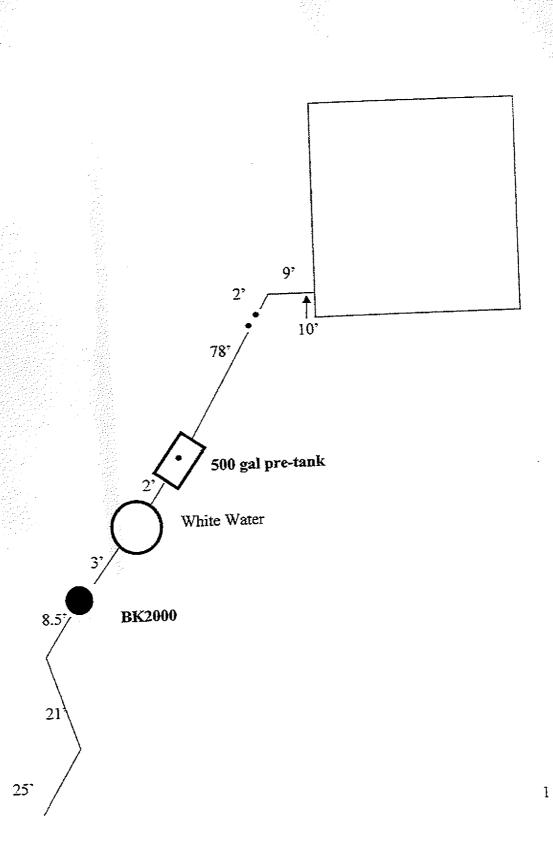
Contractor: Forest Septic

Name: Roger & Janice Benes 1811 US Highway 169

Inspected by: Jean Thompson

Emilies Deciling x

a BK2000 and abandoning sandfilter (has a 500 pre tank)





#### Des Moines Metropolitan WRA

Wastewater Reclamation Facility Laboratory, Bldg. 96 3000 Vandalia Rd. Des Moines, Iowa 50317 Lab (D:

IA Lab #133

Ph: 515-323-8002

Fax: 515-323-8063

CountrySide Septic & Grease Service

Date of Report:

8/27/2020

Laboratory Report

OrderID 20081919

Collect Date	Site	Test	Result	Units	Method	Analyst	Analysis Date
8/19/2020	Benes-1811 Hwy. 169, Winterset	CBOD	56	mg/L	SM 5210 B	Keystone	8/20/2020
8/19/2020	Benes-1811 Hwy. 169, Winterset	TSS	43	mg/L	SM 2540 D	jjlarson	8/20/2020