

Book 2020 Page 4086 Type 43 001 Pages 5 Date 10/26/2020 Time 12:00:34PM

Rec Amt \$.00

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	Benjamin M. Applegate and Angela L. Applegate 2061 226th Court, Winterset, IA 50273						
Address							
	Number and Street or RR	City, Town or P.O.	State	Zip			
TRANSF	EREE:						
Name	Scott D. Hessenius and Di	ianne S. Hessenius					
Address	6559 Stagecoach Drive, W	Vest Des Moines, IA 50266					
	Number and Street or RR	City, Town or P.O.	State	Zip			
	of Property Transferred: th Court, Winterset, IA 50	273					
Nun	nber and Street or RR	City, Town or P.O.	State	Zip			
1. Wells _X_Th	(check one) nere are no known wells sit	enty-eight (28) West of the 5th P.M. euated on this property. ted on this property. The type(s), lo					
sta 2. Solid V <u>X</u> Th	ated below or set forth on a Waste Disposal (check o nere is no known solid was	an attached separate sheet, as nece ne) te disposal site on this property. sal site on this property and informat	essary.				
<u>X</u> Th Th	dous Wastes (check one) here is no known hazardou here is hazardous waste or tachment #1, attached to the	s waste on this property. In this property and information relate	ed thereto is provided	in			
4. Under X Th sm ins	ground Storage Tanks (c nere are no known undergr nall farm and residential mo structions.)		ks, cisterns and septic	tanks, in			

substance(s) contained are listed below or on an attached separate sheet, as necessary.

	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. 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 be 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 wi
	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 .
	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.
Sig	nature: Sain M Sylyt Telephone No.: (515) 240-7415



Property Information

Time of Transfer Inspection Report

Current Owner:						
Buyer:	Realt	or: Jenn	ifer Stover	· · · · · · · · · · · · · · · · · · ·		
Mailing Address:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****				
Site Address/County: 2061 226th Ct,	Winterset IA/ Madison	County				
Legal Description				· · · · · · · · · · · · · · · · · · ·		
No. of bedrooms: 4 Last of	cupied: Cur	rent Records	s available:	yes		
Permit/ installation date: 4-3-06	Separation d	listances (ok/no?):	ok			
Septic System Information						
Septic tank(s): Size: 1500 gal	Material: Conc	rete Condition:	Good			
Tank pumped? $\bigvee Y \square \overline{N}$ Date:	10-16-20 License	d pumper:	Wiegert			
Septic/Trash/Processing tank: Size:	Material:		Condition:			
Tank pumped? □ Y □ N Date:	License	d pumper:				
Aerobic treatment unit (ATU) mfgr			Size			
Tank pumped? □ Y □ N Date:	Licer	sed pumper:				
Maintenance contract?						
Condition:						
Pump tanks/vaults: Type: Conci	ete Size:	1000 Condit	ion: Good			
Distribution system: Distribution box	Plastic Outle	ets used 6	Condition:	Good		
Header pipe(s): 4"sch4	No. of lines:	6 Press	ure dosed?	yes		
Secondary Treatment:						
Length of absorption fields: 6x96'	Determ	nined by:	County Map			
Condition of fields: Good/ Dry	Deterr	nined by:	Hydraulic test			
Type of trench material: 36" Chaml	pers					
Size of sand filter:	Deterr	nined by:				
Vent pipes above grade? ☐ Y ☐ N	Discha	arge pipe located?	DYDN			
Effluent sample taken	Result	s:				
Media Filters: Type:						
Maintenance contract? ☐ Y ☐ N Ex	piration date:	Service provider:				
Condition:			 			
NPDES General Permit No. 4: Required? □ Y□ N Permitted? □ Y□ N NOI provided:						
4/2010 amg/dag		DNR Form	542-0191			



502 E 9th St

Des Moines IA 50319

Time of Transfer Inspection Report

Other components:								
Alarms: XIY□N Working:	ΣΥΟΝ	Disinfection:	\square Y \square N	Working:	\square Y \square N			
Control Box:	Timers: Inspection		on Ports:					
Other components:	Other components:							
Overall condition of the private sev	vage disposal system	n:						
Report system status: System was working properly during the Inspection								
Explain (attach additional pages as	needed):	Tank is in good	condition. D-l	box is in go	od condition.			
Hydraulic test was good. Lateral fie	eld was dry. All plur	mbing goes to the	e septic.					
Comments: Pump and ala	rm were both worki	ng during the Ins	pection.					
Site status at conclusion of Time of	Transfer inspection	1:						
 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 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:	Bon Bell	(Date	e; 10	-19-20			
Name (print): Ben Bedwe	11		Certificate	#:	11612			
Address: 1500 N B Street	, Indianola							
Phone #: 515-681-2053			<u> </u>					
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								

4/2010 cmz/dao DNR Form 542-0191

Kippy Lane Kippy Lane