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LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

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

TO BE COMPLETED BY TRANSFEROR TRANSFEROR: Dorothy A. Flores, Zola Flores Schultz and Matthew Schultz Name Address 1009 Ridgewood Court, West Des Moines, IA 50265 Number and Street or RR City, Town or P.O. Zip TRANSFEREE: Matthew J. Grubb and Ann Borseth Name Address 2912 Woodland Avenue, Truro, IA 50257 Number and Street or RR City, Town or P.O. Zio Address of Property Transferred: 2912 Woodland Avenue, Truro, IA 50257 Number and Street or RR City Town or P.O. Legal Description of Property: (Attach if necessary) Parcel "E", located in the Northwest Quarter of the Northwest Quarter (NW1/4NW1/4) of Section 12, Township 74 North, Range 26 West of the 5th P.M., Madison County, Iowa, containing 22.33 acres, as shown in the Plat of Survey filed in Book 3, Page 615 on August 9, 2000 in the Office of the Recorder of Madison County, Iowa.

#### 1. Wells (check one)

- X 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)

- X 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)

- X 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)

- X 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.

|     | rivate 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.  |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|--|
|     | 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 modification 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. The building which the sewage disposal system is connected will be demolished without being occupied. There is a building served by private sewage disposal system on this property. The building this property is 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 |  |  |  |  |  |  |  |  |
|     | mation required by statements checked above should be provided here or on separate its 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 | Telephone No.: <u>515-468-5533</u> Telephone No.: <u>515-468-5533</u> Telephone No.: <u>515-468-5533</u> Telephone No.: <u>515-468-5533</u>  |  |  |  |  |  |  |  |  |
|     | FILE WITH RECORDER DNR form 542-0960 (July 18, 2012)   |  |  |  |  |  |  |  |  |





## **Time of Transfer Inspection Report**

| Property Information                           |           |                  |                                       |              |  |                   |   |                                       |  |  |
|--|-----------|------------------|---------------------------------------|--------------|--|-------------------|---|---------------------------------------|--|--|
| Current Owner:                                 | Matt Sc   | hultz            |                                       |              |  |                   |   |                                       |  |  |
| Buyer: Realtor:                                |           |                  |                                       |              |  |                   |   |                                       |  |  |
| Mailing Address:                               |           |                  | · · · · · · · · · · · · · · · · · · · |              |  |                   |   |                                       |  |  |
| Site Address/County:                           | 29        | 12 Woodla        | nd Ave, Trui                          | ro / Madi    | son County                             |                   | W 7 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                       |  |  |
| Legal Description                              |           |                  |                                       |              |  |                   |   |                                       |  |  |
| No. of bedrooms:                               | 4         | 4 Last occupied: |                                       |              | Current                                | Records           | available:                              | yes                                   |  |  |
| Permit/ installation date                      | e:        | 12-16-04         |                                       | Separati     | on distances                           | (ok/no?):         | ok                                      |                                       |  |  |
| Septic System Informat                         | tion      |                  |                                       |              |  |                   |   |                                       |  |  |
| Septic tank(s): Size                           | e: 2x     | 1000 gal         | Material:                             |              | Plastic                                | Condition:        | Good                                    |                                       |  |  |
| Tank pumped?                                   | / D N     | Date:            | 10-23-                                | -20 Lic      | ensed pump                             | er: V             | Viegert                                 | ·                                     |  |  |
| Septic/Trash/Processing                        | g tank:   | Size:            |                                       | Mate         | rial:                                  | (                 | Condition:                              | -                                     |  |  |
| Tank pumped? ☐ Y ☐ N Date: Licensed pumper:    |           |                  |                                       |              |  |                   |   |                                       |  |  |
| Aerobic treatment unit                         | (ATU) mfg | r                |                                       | <del></del>  |  | <del></del>       | Size                                    | · · · · · · · · · · · · · · · · · · · |  |  |
| Tank pumped? ☐ Y ☐ N Date: Licensed pumper:    |           |                  |                                       |              |  |                   |   |                                       |  |  |
| Maintenance contract?                          | □ Y       | □N i             | Expiration d                          | ate:         |  | Service prov      | vider:                                  |                                       |  |  |
| Condition:                                     |           |                  |                                       |              | ······································ |                   |   |                                       |  |  |
| Pump tanks/vaults:                             | Туре:     | Con              | crete S                               | ize:         | 500 gal                                | Condition         | on: Go                                  | ood                                   |  |  |
| Distribution system:                           | Distribu  | tion box         | Pla                                   | stic C       | Outlets used                           | 8                 | Condition:                              | Good                                  |  |  |
| Header   | pipe(s):  | 4"sch            | 140 No                                | o. of line   | s: 8                                   | Pressu            | re dosed?                               | yes                                   |  |  |
| Secondary Treatment:                           |           |                  |                                       |              |  |                   | <del></del>                             |                                       |  |  |
| Length of absorption fi                        | 8x1       | 00'              | De                                    | etermined by | y: Co                                  | unty Map          |   |                                       |  |  |
| Condition of fields: Good                      |           | d/ Dry           |                                       | De           | etermined by                           | 7: H              | ydraulic Test                           |                                       |  |  |
| Type of trench material                        | l:        | 36" Cha          | mbers                                 |              |  |                   |   |                                       |  |  |
| Size of sand filter:                           |           |                  |                                       |              | Determined by:                         |                   |   |                                       |  |  |
| Vent pipes above grade? ☐ Y ☐ N                |           |                  |                                       |              | Discharge pipe located? □ Y □ N        |                   |   |                                       |  |  |
| Effluent sample taken                          |           |                  |                                       | Re           | esults:                                |                   |   |                                       |  |  |
| Media Filters: Type                            | :         |                  |                                       |              | -                                      |                   |   |                                       |  |  |
| Maintenance contract? ☐ Y ☐ N Expiration date: |           |                  |                                       |              |  | Service provider: |   |                                       |  |  |
| Condition:                                     |           |                  |                                       |              |  | •                 |   |                                       |  |  |
| NPDES General Permi                            | t No. 4:  | Required         | !? □ Y□                               | N P          | ermitted?                              | DYDN              | NOI provide                             | ed:                                   |  |  |

4/2010 cmz/dao DNR Form 542-0191



Des Moines IA 50319

# **Time of Transfer Inspection Report**

| Other component  | <b>5:</b>             |  |                     |                       |            |   |  |  |  |  |
|--|-----------------------|--|---------------------|-----------------------|------------|---|--|--|--|--|
| Alarms: XY   | N Working:            | XY ON                                  | Disinfection:       | $\square Y \square N$ | Working:   | DYDN                                    |  |  |  |  |
| Control Box:   | T                     | Timers:                                |                     | Inspection Ports:     |            |   |  |  |  |  |
| Other components:  |                       |  |                     |                       |            |   |  |  |  |  |
| Overall condition of the private sewage disposal system:   |                       |  |                     |                       |            |   |  |  |  |  |
| Report system status: System was working properly during the Inspection  |                       |  |                     |                       |            |   |  |  |  |  |
| Explain (attach ac   | lditional pages as n  | eeded):                                | Tanks were all      | in good condit        | ion. D-box | is in good                              |  |  |  |  |
| condition. Pump and alarm were both working. All plumbing goes to the septic. Hydraulic test was good.   |                       |  |                     |                       |            |   |  |  |  |  |
| Comments:  | Lateral field wa      | as dry.                                | ·                   |                       |            | *************************************** |  |  |  |  |
|  |                       | ······································ | <del></del>         | - <del>1.1 </del>     |            |   |  |  |  |  |
| Site status at conclusion of Time of Transfer inspection:  |                       |  |                     |                       |            |   |  |  |  |  |
| <ul> <li>Verify that controls are set on the appropriate mode.</li> <li>Power is on to all components.</li> <li>Revisit all components to verify lids are secure.</li> <li>Gather all tools for removal from the site.</li> <li>Verify that no sewage is on the ground surface.</li> </ul> |                       |  |                     |                       |            |   |  |  |  |  |
| Using this worksl  | neet, write a narrati | ve report of the i                     | nspection results a | and attach a site     | e 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 Cert  | fied Inspector:       | Ber Bedu                               | l                   | Date                  | e: 10-2    | 26-20                                   |  |  |  |  |
| Name (print):  | Ben Bedwell           |  |                     | Certificate           | #:         | 11612                                   |  |  |  |  |
| Address:   | 1500 N B St, Indi     | anola IA                               |                     | <del></del>           |            |   |  |  |  |  |
| Phone #:   | 515-681-2053          |  | -                   |                       |            |   |  |  |  |  |
| 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 D 502 E 9th St   | risposal Program      |  |                     |                       |            |   |  |  |  |  |

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